North East
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

April 2025

North East Cancer Screening Update

Keeping You Informed: HPV Edition

As of March 3rd, Pap tests have been replaced with human papilloma virus (HPV) testing in the Ontario Cervical Screening Program (OCSP).

North Bay Regional Health Centre is performing all the HPV tests in the North East:

705-474-8600 ext. 8111
1-888-418-6430

OCSP@nbrhc.on.ca

In Ontario, about 530 people are diagnosed with cervical cancer every year and 130 die from it.

Don't forget to vaccinate against HPV!

Pearls for Primary Care Providers (PCPs)

HPV vaccination status **does not** affect screening recommendations

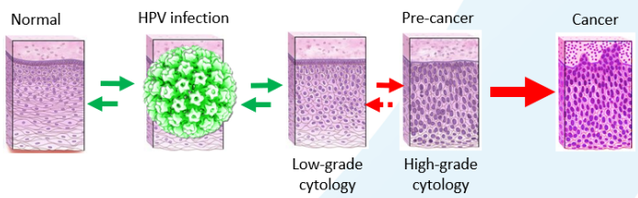
- Follow old Pap guidelines until the first HPV test is done: for an average risk patient the first HPV test is done 3 years after the last Pap - indicate "*average risk screening: every 5 years*" on the requisition
  - » If last Pap was ASCUS/LSIL – indicate *"HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)*" on the requisition
- Timing:
  - » Average risk – HPV every 5 years
  - » Moderate risk – HPV every 2 years
  - » Immunocompromised – HPV every 3 years
- Can only use the ThinPrep® system & **do not leave the broom head in the vial!**
- Always refer to colposcopy if:
  - » Positive for strains 16, 18/45
  - » Two positive HPV tests in a row
  - » Any positive HPV test if discharged from colposcopy for a 2-year follow-up
  - » Any positive HPV test if age 70-74

Human Papilloma Virus (HPV)

- Approximately 80% of sexually active people will get at least one HPV infection in their lifetime
  - » ~50% clear in 1 year
  - » ~70% clear in 2 years
  - » over 90% clear in 7 years
- HPV Test:
  - » **96.1% sensitive** [will pick up cervical pre-cancer (HSIL, AIS) and cancer in people who have cervical pre-cancer and cancer]
- If HPV positive, the lab will automatically provide:
  1. Partial genotyping – looking for the 13 oncogenic (cancer-causing) strains of HPV
     - » will report as: Positive (16, 18/45) or Positive (other high-risk subtypes)
  2. Reflex cytology (Pap)
- Results may come as 3 separate reports
- HPV positive does not mean no HPV infection - only none of the 13 oncogenic strains of HPV were found

Natural history of cervical cancer

- It takes 15 to 20 years for persistent infection with oncogenic types of HPV to develop into cervical cancer



Source: World Health Organization. Cervical Cancer [Internet]. 2019 [cited 2022 Sep 22]. Available from: https://www.who.int/news-room/fact-sheets/detail/cervical-cancer

For any issues with report viewing in EMRs, the EMR vendor should be the first point of contact to help resolve

What's Changed

Eligibility Criteria:

- Age ≥25 until age 69 (74 if immunocompromised, not screened between 65 and 69, or discharged from colposcopy and have not met criteria to return to routine screening by age 69)
- Have a cervix
- Have been sexually active
- No symptoms of cervical cancer
- OHIP coverage

HPV Testing:

- Must use the ThinPrep® system (white lid)
- After collection, push the broom into the bottom of the vial 10X forcing the bristles apart, swirl the broom vigorously and then discard the entire broom
- There are only 3 validated lubricants for the ThinPrep® system (must be water-soluble and carbomer-free):

ThinPrep® Lubricant Compatibility List

Lubricant	Manufacturer
Pap Test Lubricating Jelly	Aseptic Control Products
Surgilube Surgical Lubricant	HR Pharmaceuticals
CerviLube Lubricant	Sion Brands

- Must use new OCSP screening requisition and complete the testing indication
  - » If no indication is marked off and the lab cannot clarify with the provider, they will default to "average risk" indication and note this on the report - which may impact next steps recommendation
- Avoid covering the clear part of the vial – put the label on the label

Risk-Based Screening

- See the attached OCSP Guide to Cervical Screening

Screening risk category	Screening results	Risk of cervical pre-cancer and cancer	Clinical next step
Average risk	• HPV-negative	0.12% to 0.41% (5-year risk)[1]	Screen in 5 years
Immunocompromised	• HPV-negative	Unknown or variable	Screen in 3 years
Moderate risk	• HPV-positive (other high-risk types) with normal or low-grade cytology	1.3% to 3.7% (immediate risk)[2]	Re-screen in 2 years
Elevated risk	• HPV-positive (types 16, 18/45) with high-grade cytology • HPV-positive (types 16, 18/45) with normal or low-grade cytology • HPV-positive (other high-risk types) with high-grade cytology	≥6% (immediate risk)[3]	Refer to colposcopy

Source: Ontario Health (Cancer Care Ontario). Getting ready for the implementation of human papillomavirus (HPV) testing in the Ontario Cervical Screening Program (OCSP). [PowerPoint presentation]. [2024 Dec 5; cited 2025 Apr 22].

Resources & Education Opportunities

Final live NE regional HPV Implementation webinar *"HPV Testing in the Ontario Cervical Screening Program"* will be held Thursday, May 22, 2025 from 12:00-1:00 p.m.
Register here: bit.ly/3RafP7j

OH HPV resource hub
www.ontariohealth.ca/hpvhub

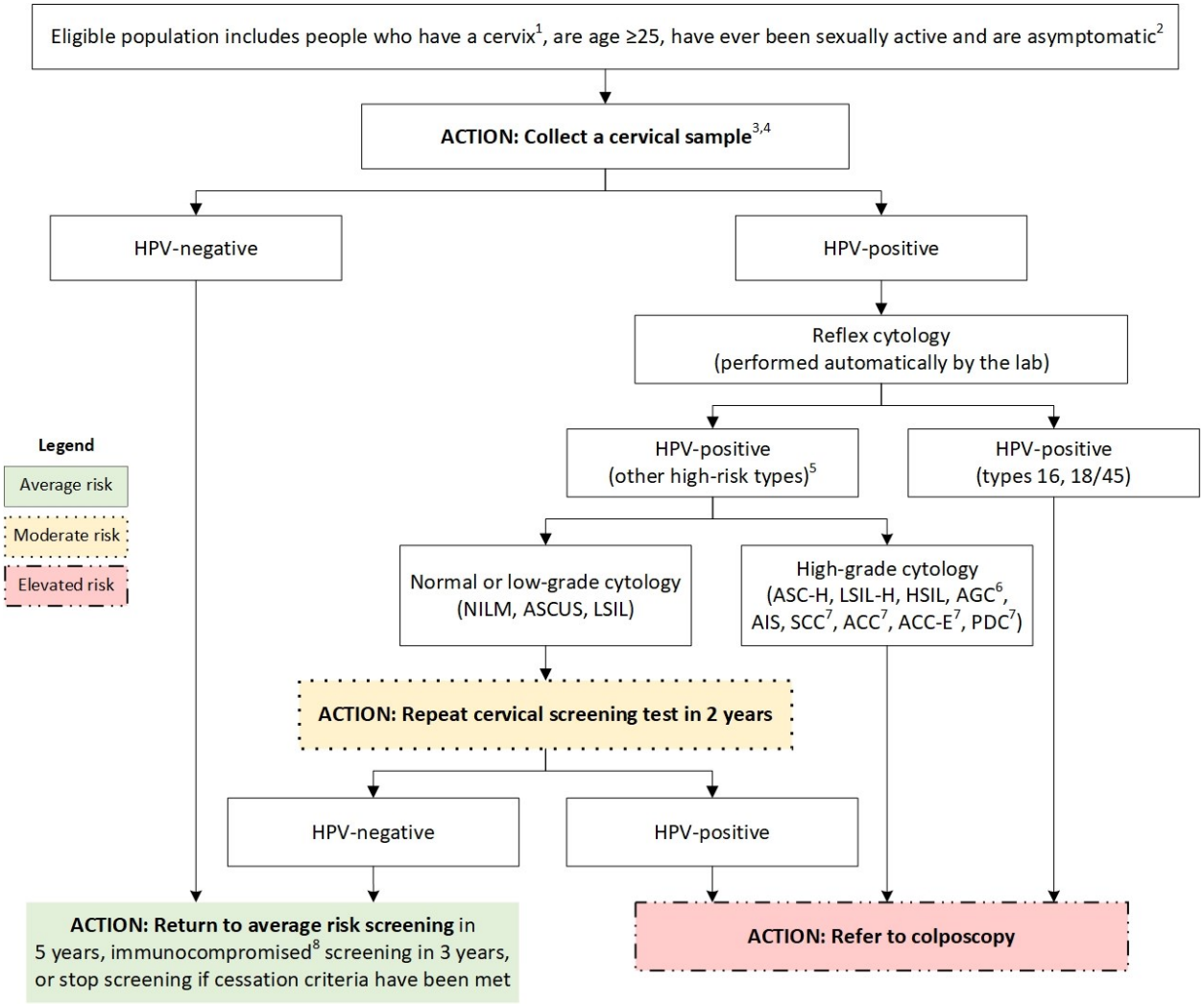
OCFP guideline summary
bit.ly/4ljgsMV

Ontario Health OCSP HPV webinar recording:
bit.ly/4j4LELd

References available upon request. Scrap the paper and become a subscriber!
Email us at northeastcancerscreening@hsnsudbury.ca

Ontario Health
Cancer Care Ontario

Ontario Cervical Screening Program (OCSP): Guide to Cervical Screening



ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AGC = atypical glandular cells;
AIS = adenocarcinoma in situ;
ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion;
ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus;
HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion;
LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL;
NILM = negative for intraepithelial lesion or malignancy; PDC = poorly differentiated carcinoma;
SCC = squamous cell carcinoma

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Ontario Health
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Footnotes:

1. Including women, Two-Spirit people, transmasculine people, nonbinary people, pregnant people, post-menopausal people, people who have undergone a subtotal hysterectomy and retained their cervix and people who have had the HPV vaccine. Routine screening is not recommended for people who have had their cervix removed as a result of a hysterectomy. For more information, refer to the OCSP's Vaginal Vault Testing Guidance at ontariohealth.ca/Vaginal-vault
2. Any visible cervical abnormalities or abnormal symptoms must be investigated, regardless of age. If a lesion is found during a routine cervical screening test, complete the test and refer the participant to colposcopy or a regional cancer centre. Do not wait for the cervical screening test results to refer someone for next steps.
3. The cervical screening test does not test for non-oncogenic types of HPV, such as those that cause genital warts, or other sexually transmitted infections.
4. If the HPV test component of the cervical screening test is invalid, repeat sample collection at the participant's earliest convenience, within 3 months. If the repeat HPV test is invalid, refer to colposcopy.
5. If the test is HPV-positive (other high-risk types) with unsatisfactory cytology, repeat the cytology test only (i.e., do not repeat the HPV test) at the participant's earliest convenience, within 3 months. If the repeat cytology test is unsatisfactory, refer to colposcopy. After an unsatisfactory cytology result, a course of intravaginal estrogen therapy should be considered for people using transition-related hormone therapy (i.e., androgen therapy) or in post-menopausal people.
6. Includes AGC-N/NOS, AEC-N/NOS (AGC-N = atypical glandular cells, favour neoplastic; AGC-NOS = AGC, not otherwise specified; AEC-N = atypical endocervical cells, favour neoplastic; AEC-NOS = AEC, not otherwise specified).
7. If someone has SCC, ACC, ACC-E or PDC results, refer them urgently to colposcopy or if they have an obvious lesion, consider referral to gynecologic oncology.
8. The following immunocompromised populations may be at a higher risk of cervical pre-cancer and cancer, and should screen every three years if their last HPV test was negative: people living with HIV/AIDS, regardless of CD4 cell count; people with congenital (primary) immunodeficiency; transplant recipients (solid organ or allogeneic stem cell transplants); people requiring treatment (either continuously or at frequent intervals) with medications that cause immune system suppression for three years or more; people who are living with systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment; and people who are living with renal failure and require dialysis.