Ontario Health

Memo

Date: March 24, 2025

To: Ontario cervical screening and colposcopy providers

From: Ontario Health (Cancer Care Ontario)

Re: Important reminders about human papillomavirus (HPV) testing in the Ontario Cervical Screening Program (OCSP)

Human papillomavirus (HPV) testing was introduced in the Ontario Cervical Screening Program (OCSP) on March 3, 2025. The purpose of this communication is to review:

- Reminders about sample collection and ordering to minimize specimen rejections and ensure accurate clinical management recommendations and correspondence
- Guidelines on how to manage patients as they transition from cytology to HPV-based testing

Reminders about sample collection and ordering in the OCSP:

Issue	Impact	Action requested	Additional information
Incorrect requisition used OR Missing or incomplete test indication	The lab will apply a default average risk test indication (will note on the report) if they are not able to confirm this information with the provider. The action required in the provider report and in the participant's result letter may be inaccurate.	Contact your lab as soon as possible if you have submitted an incorrect requisition or a requisition with missing information. Confirm the appropriate action required based on your patient's last screening test result if you receive a report that notes a default test indication has been applied.	Requests must be submitted on the new OCSP requisitions available on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub and may also be available through your electronic medical record vendor. For more information on how a default test indication impacts patient management, see question 33 in the HPV Testing Frequently Asked Questions.
Collection device left in vial	Specimens with devices (i.e., broom head, brush or spatula) left in the collection vial will be rejected for testing by the lab.	Do not leave any part of a collection device in the vial.	Step-by-step guidance on how to collect a cervical specimen using the ThinPrep® system is available on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub.

Managing patients during the transition from cytology to HPV-based testing:

Patients should be screened with the new cervical screening test when they are next due based on their last cytology result and the OCSP cytology-based guidelines.

Patient screening result history	When to test next	Test indication on new HPV OCSP requisitions
• History of normal cytology results only • Returned to average risk screening after a low-grade cytology result	• Immunocompetent: Screen in 3 years • Immunocompromised: Screen in 1 year	• Average risk screening: every 5 years • Immunocompromised screening: every 3 years
• First-time ASCUS/LSIL cytology result • ASCUS/LSIL cytology result followed by a normal cytology	Screen in 1 year	HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
Screening annually after discharge from colposcopy with persistent low-grade cytology or an HPV-positive test result	Screen in 1 year	HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
People who meet criteria to return to average risk screening after discharge from colposcopy	• Immunocompetent: Screen in 3 years • Immunocompromised: Screen in 1 year	• Average risk screening: every 5 years • Immunocompromised screening: every 3 years
People with histologic evidence of dysplasia in the cervix at the time of hysterectomy that require a vaginal vault test	Screen 6 to 12 months post-hysterectomy	People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing
People in colposcopy who have not been treated	Review the OCSP colposcopy pathways at ontariohealth.ca/hpvhub for recommended co-test timing	Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected.
People in colposcopy who have been treated	Review the OCSP colposcopy pathways at ontariohealth.ca/hpvhub for recommended co-test timing	Co-testing during post-treatment follow-up for HSIL or adenocarcinoma in situ (AIS)

Please refer to questions #31-#38 in the HPV Testing Frequently Asked Questions document for more information on transitional guidance on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub.

If you have any questions, please contact Ontario Health at cancerinfo@ontariohealth.ca