



Cervical Cancer Screening during the COVID-19 Pandemic

Primary Care / General guidance

- It is reasonable to delay initiation of screening to age 25
- People at average risk who are due for screening should be offered a pap when they are in the office or as soon as an in-person visit is feasible
- **Do not delay routine pap smears for more than 18 months**
- Virtual counselling should be used to encourage cervical cancer screening in high risk populations
- People whose most recent screening result was low grade (LSIL or ASCUS) should be rescreened with cytology within 12 months
 - Individuals with two consecutive cytologic abnormalities should be referred for colposcopy
 - ASC-H, HSIL, and AGC results should still be referred for colposcopy immediately
- The groups noted below are at elevated risk and **should still be screened annually**:
 - Discharged from colposcopy with persistent low grade cytology
 - Discharged from colposcopy with an HPV positive test
 - Immunocompromised (organ transplant, immunosuppressive medications, HIV/AIDS)
- A speculum exam should be performed for patients with significant symptoms including
 - post-coital bleeding
 - persistent intermenstrual bleeding
 - a persistent vaginal discharge that cannot be explained by benign causes such as infection

Colposcopic Guidance

- ASCUS / LSIL – may defer up to 6-12 months
- ASC-H / HSIL – may defer up to 3 months
- Excisional procedures for high grade without suspected invasion – may defer up to 3 months
- Suspected invasive disease – see within 4 weeks