

Cervical Cancer Screening Kit FAQ for Primary Care Providers

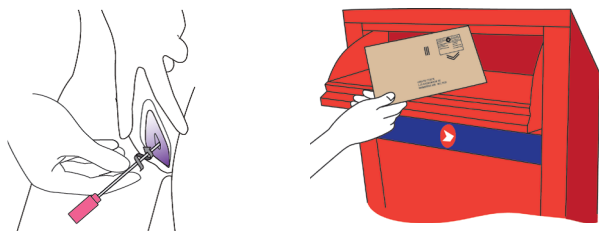
Project Overview

CancerCare Manitoba's CervixCheck was awarded a grant from the Canadian Partnership Against Cancer (CPAC) to help make cervical cancer screening more accessible during the COVID-19 pandemic. The purpose of the project is to increase participation in cervical cancer screening by inviting those who have not had a Pap test in more than five years to complete a cervical cancer screening kit at home.

Cervical Cancer Screening Kit

The cervical cancer screening kit is a test done in the patient's home. The kit includes a letter, the collection swab, swab bag, postage paid return envelope, reply form, instructions, and brochure.

The patient removes the swab from the tube, inserts the swab into the vagina, and rotates four times to collect a sample. The swab is re-inserted into the tube and mailed to Cadham Provincial Lab to be tested for high-risk human papillomavirus (hrHPV). For more detailed instructions, visit cervixkit.ca.



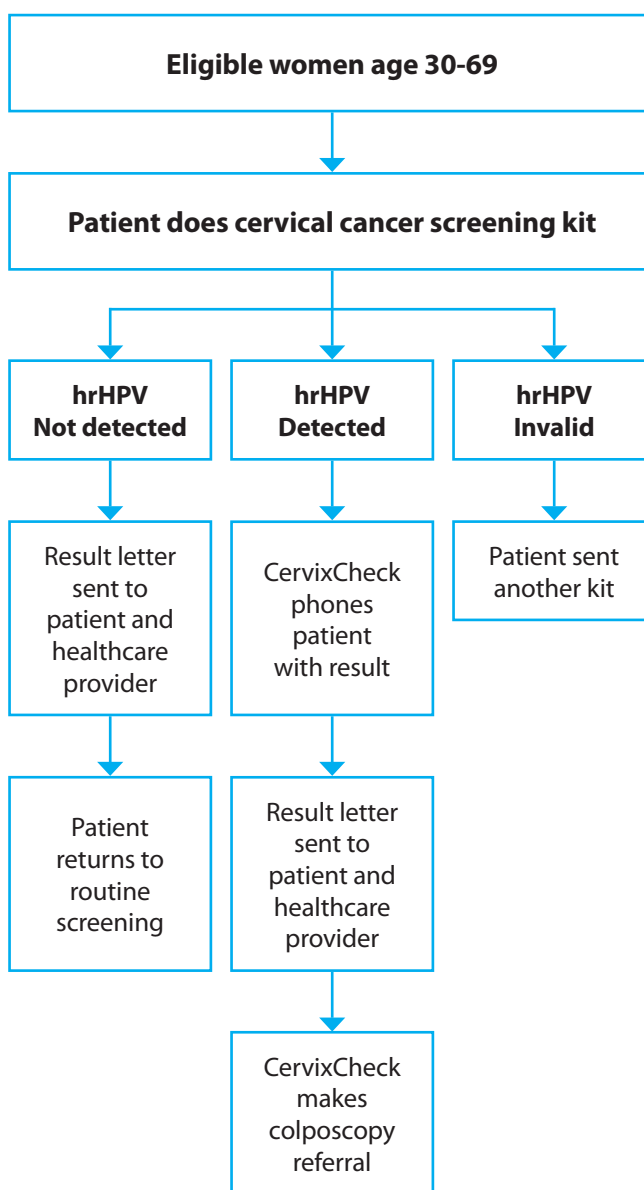
Eligibility Criteria

Individuals age 30-69 who are overdue for cervical cancer screening have been randomly selected to participate. Fifteen thousand eligible individuals are sent a letter from CervixCheck. Patients cannot self-select for this project.

Timeline

Invitations to eligible individuals will begin in spring 2022 and continue for approximately six months.

Project Pathway



Learn more at cervixkit.ca

Frequently Asked Questions

Eligibility

Can I enroll my patient in the project?

No. Eligibility will be determined using the CervixCheck registry.

Can a patient get a cervical cancer screening kit on their own?

No. Individuals cannot self-select for this project.

If my patient has had the HPV vaccine and is invited to participate in the project, should they participate?

Yes. Because the vaccine does not protect against all HPV types that can cause cervical cancer, even those who have been vaccinated against HPV should still participate in cervical cancer screening.

If my patient is pregnant and is invited to participate in the project, should they participate?

No. Patients who are pregnant or have given birth in the last three months should not participate.

Pap Test vs. HPV Test

What is HPV testing?

HPV DNA testing is a molecular genotyping test that detects oncogenic HPV types that cause cervical cancer and its precursors. The benefits of HPV testing compared to the Pap test include:

- ▶ a higher detection rate for pre-cancerous lesions,
- ▶ with not detected high-risk HPV test results, greater reassurance that women are at low risk of developing cervical cancer,
- ▶ improved screening for cervical adenocarcinoma, and
- ▶ the potential to increase cervical cancer screening participation in unscreened women by offering at-home testing.

What is the difference between a Pap test and an HPV test?

HPV Test	Detects genotypes of HPV on the cervix that are more likely to grow into cancer.
Pap Test	Looks for abnormal cells on the cervix caused by HPV.

Does the kit test for anything other than HPV?

No. The kit only tests for high-risk types of HPV. If a patient requires testing for other sexually transmitted infections (STIs), they should make an appointment with you.

What happens when the Cervical Cancer Screening Kit project comes to an end?

If your patient has received a cervical cancer screening kit, encourage them to complete the test as soon as possible. Once the project is complete and the patient is due for their next cervical cancer screening, participants should return to routine cervical cancer screening (Pap test) through their healthcare provider.

Kit Specimen Collection

Can a patient collect their sample if they have their period?

Ideally, patients should have finished their period for at least two days before collecting a sample. Small amounts of blood in the sample are unlikely to affect the analysis of the result.

Can a patient collect their own sample if they are using vaginal creams?

Yes.

What if my patient has difficulty collecting a sample?

The sample should be quick and easy for patients to collect. If your patient is having difficulty, they can talk to you, or:

- ▶ Visit cervixkit.ca to view an instructional video.
- ▶ Call CervixCheck at 1-855-95-CHECK (1-855-952-4325) during the hours of 8:30am – 4:30pm. Interpreter services are available.

Can I help my patient collect the sample using the kit?

Yes. Collect the sample using the swab as per the instructions provided with the kit and mail in the swab and the completed reply form using the supplied postage prepaid envelope. We also recommend doing a Pap test at the same time and sending it in with the standard Cervical Cytology Request Form to the lab you normally send specimens to.

If my patient has lost their kit or has a damaged kit, can they request a new one?

Yes. Advise your patient to request a new kit in one of two ways:

- ▶ Online at cervixkit.ca
- ▶ Call CervixCheck at 1-855-95-CHECK (1-855-952-4325).

If my patient needs an interpreter, is there a service I can direct them to?

Yes. Direct the patient to call CervixCheck at 1-855-952-4325. Interpreter services can be facilitated over the phone by CervixCheck staff.

How accurate is a sample collected by a patient?

Self-collected cervical specimens detect 76% of CIN2 or more severe lesions. It is less sensitive than a clinician collected sample but it is still a good screening option.ⁱ

Does the swab need to be inserted into the cervical os?

No. The sample is collected at the top of the vagina. See the *Cervical Cancer Screening Kit Instructions* and the accompanying video at cervixkit.ca.

Results

Will I receive my patient's result? If yes, how long will it take to get the results?

If the patient has indicated a healthcare provider on the reply form that is returned with the collected specimen, the healthcare provider will receive a copy of the result. The patient and their healthcare provider will get the result about two or three weeks after the sample has been mailed to the lab. Healthcare providers will receive results via fax.

What will CervixCheck communicate to a patient who has a high-risk HPV detected result?

CancerCare Manitoba's CervixCheck program will contact the patient with their detected result by phone and letter to deliver the following message:

A high-risk type of HPV has been detected in the sample you collected. This type of HPV is more commonly associated with abnormal cells which can lead to cervical cancer, but this does not mean you have or will get cervical cancer. It could mean that you have a higher chance of developing abnormal cells, which could lead to cervical cancer over time. At this time CervixCheck strongly recommends that you attend a follow-up test called colposcopy to take a closer look at your cervix. We will be sending a referral for you. Do you have any questions?

What will CervixCheck communicate to a patient with a not detected high-risk HPV result?

CancerCare Manitoba's CervixCheck program will send the patient their not detected result letter to say:

No high-risk types of HPV have been detected in the sample you collected. At this time, CervixCheck recommends that you continue with cervical cancer screening with your healthcare provider. Do you have any questions?

What should I tell a patient who has high-risk HPV detected in their sample and feels their partner has been unfaithful?

When high-risk human papilloma virus has been detected, it does not mean that a partner has been unfaithful. HPV passes from person-to-person through sexual contact (wanted or unwanted). There is no way to know when or from whom HPV was passed. A person can have HPV for many years before it develops into a cervical abnormality.

If I request a patient screening history, will it list a cervical cancer screening kit result?

Yes, if your patient completed a kit, the CervixCheck cervical cancer screening history will show a cervical cancer screening kit result just as it would for a Pap test or colposcopy.

Where can I get more information on colposcopy for my patient?

Direct the patient to cervixkit.ca for more information on colposcopy.

How does HPV get treated?

HPV itself cannot be cured. Healthcare providers can remove the signs of HPV (genital warts and abnormal cells), through colposcopy treatments. This is done by a colposcopist in a colposcopy clinic with cryosurgery, laser surgery or LEEP (loop electrosurgical excision procedure).

Will the treatment get “all” of the HPV?

The purpose of treatment in colposcopy is to remove high-grade dysplasia (abnormal cells) on the cervix caused by HPV. Doctors will tell if all the dysplasia is treated through follow-up visits in colposcopy, although they will not test to see if the HPV is gone. It is important for a patient to continue with routine screening with Pap tests once discharged from colposcopy. The interval for routine screening should be based on the patient’s cervical cancer screening history in alignment with the CervixCheck Screening Guidelines.

Partners

How does a person know which partner gave them HPV?

It is not possible to know when an HPV infection was acquired. With each new point of sexual contact there is the risk of HPV transmission. Most people who have ever had sexual contact will get an HPV infection.

If a person is in a long-term, monogamous sexual relationship, how did they acquire HPV?

HPV can be acquired from any prior sexual relationship of either partner, and live in the body for many years. There is no sure way to know when or from whom an HPV infection is passed. Research shows the possibility that HPV can lie dormant and be reactivated in the future, so a person can have HPV for many years before it is detected.

Should a patient inform their partner that high-risk HPV has been detected in their sample?

Discussing your HPV infection with a partner is an individual decision. It is important to know that HPV transmission is a normal part of being sexually active, and that most sexually active people will have at least one HPV infection at some point in their lives. There is no HPV test for males at this time.

HPV Vaccine

Can a patient still benefit from HPV vaccination if high-risk HPV has been detected?

Yes. Patients who have been exposed to HPV may still benefit from receiving the HPV vaccine, since they are unlikely to have been exposed to all types of HPV in the vaccine. Choosing to get the HPV vaccine is a personal decision and should involve an informed discussion with a patient’s healthcare provider.

If a patient has had the HPV vaccine, do they still need regular screening?

The HPV vaccine does not protect against all types of HPV that can cause cervical cancer, therefore it is important the patient continue with screening with Pap tests every three years.

For more information about the HPV vaccine visit PracticePrevention.ca.

Other Jurisdictions

Are there other jurisdictions that are also using self-sampling kits?

Yes. Within Canada, New Brunswick, British Columbia, and Newfoundland are doing similar projects. Outside of Canada, the United Kingdom’s National Health Services also has a self-sampling campaign.

HPV and Cervical Cancer

Human Papillomavirus (HPV) and Cervical Cancer ^{ii, iii}

- ▶ HPV is estimated to be the most prevalent sexually transmitted infection in the United States and Canada. Most sexually active individuals will have an HPV infection at some point during their lifetime, including over 80% of women who have been sexually active.
- ▶ Almost all cervical cancers can be traced to oncogenic HPV types, with over 70% being traced to HPV 16 and HPV 18. These HPV types are considered high risk due to their link to cervical cancer. Other HPV types are considered low risk for causing cancer and are primarily associated with genital warts. For example, HPV types 6 and 11 cause 90% of genital warts.
- ▶ The psychological impact of an abnormal cervical cancer screening test result, colposcopy procedure, genital warts or cancer diagnosis on an individual can be significant.

Risk Factors for HPV

Genital HPV is transmitted by:

- ▶ **Current and previous sexual contact (wanted and unwanted) including sexual intercourse and skin-to-skin genital contact (including oral, genital and anal sex, and sex with shared sex toys).** HPV can be transmitted between any two people regardless of sexual orientation or gender identity. It is not possible to identify the origin of an individual's HPV infection.

Occasionally, HPV can be transmitted by:

- ▶ **Vertical transmission.** HPV has been shown to transmit non-sexually through vertical transmission. HPV infections that are transmitted from a mother to her baby in utero or during childbirth are uncommon, and rarely persist more than six months after birth. ^{iv, v}

Factors that may put a person at increased risk for HPV include:

- ▶ **Number of sexual partners.** Increasing the number of sexual partners can increase the risk of acquiring HPV infection. However, HPV transmission can occur with only one sexual

encounter. Some research indicates that nearly half of women were infected with HPV by their first partner. ^{vi}

- ▶ **Early age of onset of sexual activity.** Early onset of sexual activity has been identified as a possible co-factor for HPV infection due to the probability of more sexual partners. The potential for initial infection begins with onset of sexual activity, and each sexual encounter augments the risk of infection. ^{vii, viii, ix}
- ▶ **The sexual behaviour of the woman's male partner.** Studies have indicated that the risk of HPV infection and cervical cancer incidence in women increased with the number of her male partner's sexual partners, and with the male partner's early age at first intercourse. ^x
- ▶ **Male partners who are not circumcised.** Uncircumcised male partners have more HPV infections than men who are circumcised. ^{xi} Uncircumcised men are also more likely to be infected with carcinogenic HPV types compared to circumcised men and to pass that infection on to their female partners. ^{xii} HPV infection in uncircumcised men is also more likely to persist compared to HPV infections in circumcised men. ^{xiii}

Risk Factors for Cervical Cancer

Factors that can contribute to the development of cervical cancer include:

- ▶ acquisition of high-risk HPV
- ▶ persistent high-risk HPV infection
- ▶ not being screened for cervical cancer

To learn more about HPV, cervical cancer, and the burden of disease, visit these resources:

- ▶ [Cervical Cancer Screening Learning Module for Healthcare Providers, chapter 2](#)
- ▶ [HPV: Frequently Asked Questions](#)
- ▶ [Contemporary Clinical Questions on HPV-Related Diseases and Vaccination](#)

Contact Information

CancerCare Manitoba's CervixCheck program

cervixkit.ca

screening@cancercare.mb.ca

1-855-95-CHECK (1-855-952-4325)

Messages to Highlight with Patients ^{xiv, xv}

HPV transmits easily

- ▶ HPV passes from person-to-person through sexual contact (wanted or unwanted). Sexual contact includes oral, genital or anal skin-to-skin contact, or sex with shared sex toys.
- ▶ HPV is easily spread. Nearly half of women acquire an HPV infection from their first sex partner. There is no way to know when or from whom HPV was passed.

HPV is common

- ▶ Most people will have at least one HPV infection in their lifetime.
- ▶ Having HPV does not mean that a partner has had other partners recently.
- ▶ A person can have HPV for many years before it develops into an infection.

HPV is transient

- ▶ 90% of HPV infections will disappear on their own. Very few people who have HPV get cervical cancer.

Follow-up for persistent high-risk HPV infections is essential

- ▶ If high-risk HPV is detected, a referral to colposcopy will be made to see if treatment is needed. Encourage patients to attend all colposcopy appointments until discharged by the colposcopist.

Get vaccinated against HPV

- ▶ Patients with detected high-risk HPV can still benefit from being vaccinated against HPV.
- ▶ Cervical cancer screening is still recommended for those who have been vaccinated against HPV because the HPV vaccine does not protect against all types of HPV that can cause cervical cancer.

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