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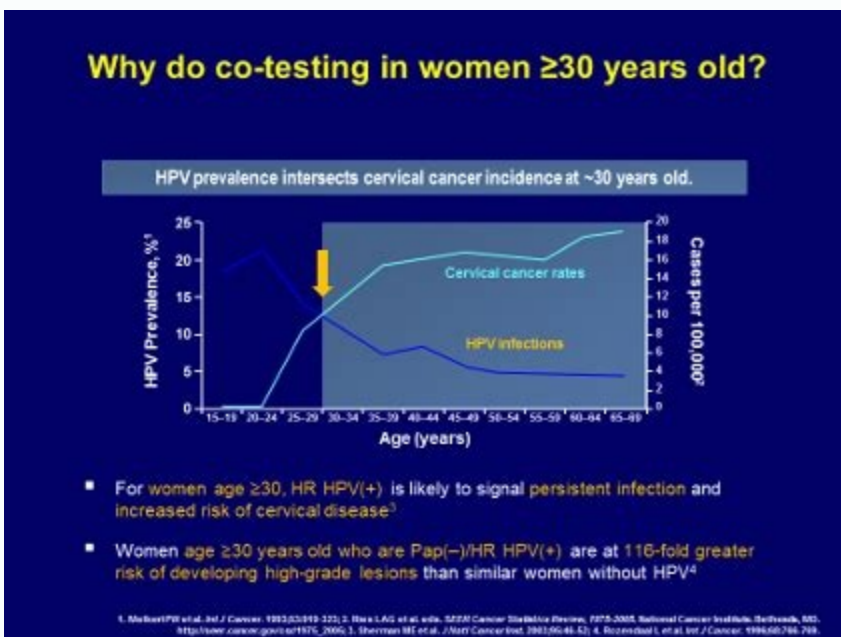
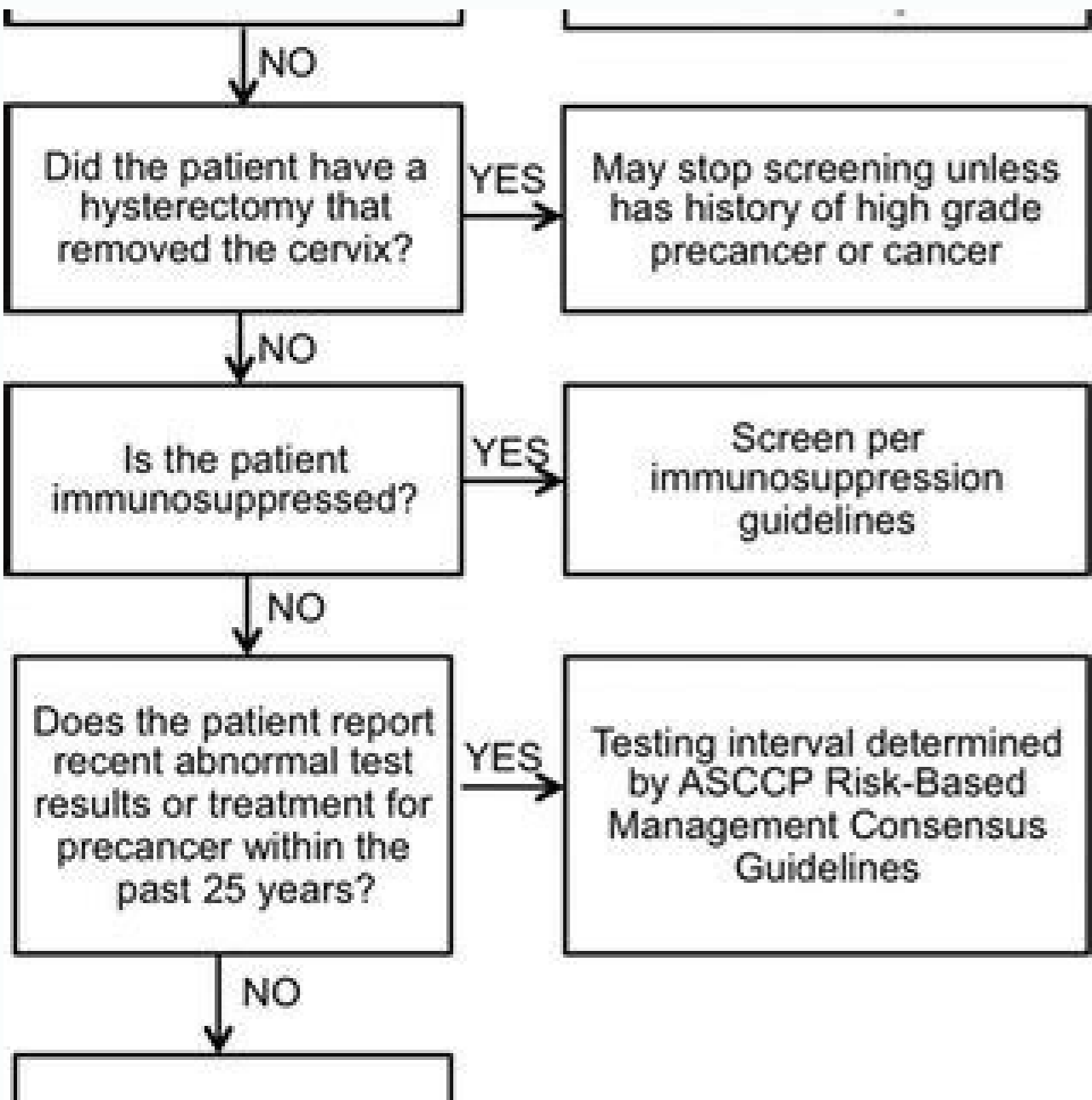
Ontario cervical screening guidelines summary



Screening Method	Frequency	Age Group	Notes
Pap alone	Every 3 years	21-65	Standard screening
Pap and HPV co-testing	Every 5 years	21-65	Longer interval due to dual testing
HPV alone	Every 5 years	21-65	Alternative to co-testing

Variable	ACS-ASCC-ASCP Draft 2011	ACOG 2009	USPSTF Draft 2011
Age to start	21 yr	21 yr	21 yr
Testing frequency	Every 3 yr	Every 3 yr	Every 3 yr
Age 21 to 29 (Pap alone)	Every 3 yr	Every 3 yr	Every 3 yr
Age 30 yr and older	Every 3 yr	Every 2 yr	Every 3 yr
Pap alone	Recommended but no more frequently than every 3 yr	Allowed but no more frequently than every 3 yr	Insufficient data to recommend
Pap and HPV co-testing	Recommended but no more frequently than every 3 yr	Allowed but no more frequently than every 3 yr	Insufficient data to recommend
Age to stop	65 yr after three negative Pap tests or two negative HPV tests in past 3 years	65-70 yr after three negative tests in preceding 10 years	65 yr after adequate screening
After hysterectomy	Discontinue if no dysplasia or cancer	Discontinue if no dysplasia or cancer	Discontinue if no dysplasia or cancer
Screening after HPV vaccination	Same as when unvaccinated	Same as when unvaccinated	Not addressed

*ACOG denotes American College of Obstetricians and Gynecologists, ACS American Cancer Society, ASCCP American Society for Colposcopy and Cervical Pathology, ASCP American Society for Clinical Pathology, HPV human papillomavirus, Pap Pap smear, and USPSTF U.S. Preventive Services Task Force.



Ontario cervical screening cytology guidelines summary.

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Accessed 2 February 2020. I World Health Organization. Geneva: World Health Organization; 2020. The resumption of the letters of invitation, invitation, 24Smith M, Hall M, Simms K, Killen J, Sherrah M, Oá e Farrell X, et al. All authors contributed to the conception and design of the study. 8 Ontario Health (Cancer Care Ontario). Between May and August 2020, the volumes of cervical cytology tests have begun to gradually increase, but they are still reduced compared to the same months in 2019 (range: Á e Á 85.8 Á e Á 41.0%). [. At the same time, the average monthly decrease in cervical treatment volumes was 31.1% (range: Á <43.5% to Á < 23.6%) or 288 (95% CI 147Á >310) Cervical treatments compared to the same months in 2019 (Figure 3, Table S3). The opinions, results, opinions and conclusions reported in this publication are those of the authors and do not necessarily reflect those of Ontario Health (Cancer Care Ontario). JG and NJ analyzed the data. 6 Ontario Health (Cancer Care Ontario). Therefore, from the beginning of the pandemic in March 2020, on average 292 (Á e Á251.0%) individuals with a high-degree cytological result were identified every month by screening. Variations in cytology of cervical screening, colposcopy and volumes treated; Individuals with high-grade cytology waiting for colposcopy. Similar reductions related to the Covid-19 in cervical screening volumes have been observed internationally.16-20 of particular concern in Ontario, the cytological high-level screening results recorded in each of the first 6 months of the pandemic decreased by about the 50% compared to each of the previous 4 months. Ontario, Canada. As the pandemic continues, you need a continuous monitoring of the use of the service to inform the answer and restore the system. Longer these individuals await, the greater the risk that they are lost for Follow up, and potentially present at a later time with a more advanced illness. Advanced, which is harder to cure and cure, increases. To support PCP and colposcopists, in June 2020, Ontario Health (Cancer Care Ontario) released two fact sheets outlining considerations for the resumption of cervical screening and colposcopy services, including risk-based priority ranking frameworks.25, 26 The recommendations of these fact sheets include that, where capacity colposcopy is limited, patients with high-grade cytology should have priority for colposcopy. In addition, for patients with low-grade cytology outcomes, colposcopy is not recommended; instead, PCPs are encouraged to repeat the cytology within 12 months, as there is a risk of cervical dysplasia HPV infection that will not cause cervical cancer.25, 26 Finally, PCPs are encouraged to adopt the planned change of starting cervical screening at the age of 25/26 (instead of 21), given it is highly unlikely that screening before that age would be beneficial.27 Similar recommendations could be considered by other jurisdictions facing similar capacity constraints. Timing: WHO response to COVID-19 [Internet]. No statement. 14Nayar R, Wilbur DC. In addition, it is difficult to determine whether a cytological test with CytoBase was performed for screening or diagnostic purposes, so it is possible that a small number of cytological tests included in these tests were performed for diagnostic purposes. People 21Á 69Á years of age who have completed at least one cervical screening cytology test, colposcopy or treatment procedure for cervical dysplasia between January 2019 and August 2020. COVID-19 has had a substantial impact on cervical screening and screening services. .adanaC .adanaC .oiratno Ni CytoBase, a centralized database that includes cervical cytology tests analyzed in some community-based laboratories throughout Ontario13, was used to identify the results of cervical cytology. In August 2020, 1159 (29.2%) individuals with high-level screening cytology were waiting for follow-up colposcopy. Geneva: World Health Organization; 2014 [. Work out of the campus? Feasibility and need tumors screening in the community during the Covid-19 pandemic in Taiwan. New South Wales: Cancer Research Division, Cancer Council NSW; 2020 [. The Covid-19 pandemic has had a considerable impact on the main cervical screening and follow-up services in Ontario. PATOBIOLOGY 2020; 7 Á e Á 6 Á e Á 10. How are women managed with high-degree abnormalities of the Smear PAP? Between November 2019 and February 2020 572 individuals have been identified on average with a high-level cytological result each month; On the contrary, from March to August 2020, the average number of individuals with a result of high-grade cytology identified per month was 280. The differences between the monthly volumes of cervical screening, colposcopy and of the cytology were calculated Cervical treatment during the first 6 months of the pandemic (e March 2020Á e Á e Á e Á eAugust 2020) and the corresponding monthly volumes in 2019. Any query (except for the missing content) must be addressed to the corresponding author of the article. Secondly, some PCPs have not resumed personal visits for preventive care. Coronavirus disease (Covid-19): Update outbreaks [Internet]. Although the greatest of correspondence relating to cervical screening remains paused and the management of the Covid-19 pandemic remains an absolute priority for managers of the health system, continuous access to screening and e otatlusir nu id otuages A .enoizalopp allus otasab oiduts onU .6ÁA55:82;0202 neerC deM J .91-DIVOC li etnarud onallorc irotacramoius ius icigoloco tset e ehcinorc eittalam elled enituar id gñineercs .91-DIVOC aimednap alled "Á0202 otsoagaÁ 0202 ozram "Áoic(isem imirp i etnarud e)0202 oiarbbefÁ 9102 oianneg "Áoic(amirp etnemataidemi .adanaC .oiratno ni otnemattart id izivres e aipocspoloc .elacivrec gñineercs id imulov i eratornroc rep enoizalopp allus otasab ovittesporter elanoizavresso oiduts onu otodnoc otats Á .07 Á 362 .61 .2102 sid tearT tineG woLJ .RM latskcoB naV .C tnalag J nekevednaV .Y toiuG .CM rekeamesleP ed61 .etnenitrep are non ilatnemadnof itatlusir id tes id osuál .izivres led ozzilituállen itnemaibmac i eratulav are oiduts etneserp led ovitteiboál ©ÁhcioP .krowteN hcrasesR htlaeH CIPE 71 .oretuáled olloc led orcnac led itatlusir ius 91-DIVOC alla etagei inoizaburtep elled ottapmál erednerpmoc rep irutur izofrs irassecen onnars . 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