

Date:
March 2026

Memo

To: Regional Primary Care Leads, Regional Cervical Screening and Colposcopy Leads, and Regional Cancer Screening Managers

From: Ontario Cervical Screening Program (OCSP)

Re: Emerging OCSP change management focus areas

The purpose of this communication is to provide an update on five areas for change management in the OCSP.

Action: Please share this information with any appropriate networks and integrate this messaging into your ongoing regional change management communications and activities.

1. Screening at the appropriate OCSP interval to avoid specimen rejections:

Issue: Rejection due to a recent cervical screening test on file is now the most common reason for specimen rejection in the OCSP. Tests performed more often than the OCSP's recommended screening intervals will be rejected by the laboratory service provider.

Action for providers: Follow the OCSP screening intervals at ontariohealth.ca/OCSP-recommendations. The OCSP's screening intervals are evidence-based and ensure the careful balance between the benefits of screening and the potential harms of over-screening. Refer to questions #29 and #30 in the HPV Testing [Frequently Asked Questions](#) document on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub for more information on why the OCSP does not recommend more frequent screening.

2. Managing people with annual screening intervals during the transition to HPV testing:

Issue: The percentage of people who should be referred to colposcopy and have no follow-up within 6 months has increased by 4.2% in Q4 FY24/25. Analysis shows that this increase is largely driven by people who were being screened annually based on the previous cytology-based guidelines. This means that these people may not be getting appropriate follow-up during the transition to HPV testing.

Action for providers: For people who had a history of abnormal cytology (ASCUS/LSIL) results requiring a repeat test in primary care or who were screening annually after discharge from colposcopy before HPV testing implementation, choose the "HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)" test indication on the screening requisition. These people should be referred to colposcopy if their first HPV test result is positive, regardless of HPV type or reflex cytology result. Attaching the historical abnormal cytology result with the referral to colposcopy may help prevent rejections from

colposcopy during the transition to HPV testing. Providers offering colposcopy should accept referrals for these people with only one HPV-positive (other high-risk types) result as they are now considered elevated risk and see them in a timely manner. Refer to questions #32 and #33 in the HPV Testing [Frequently Asked Questions](#) document on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub for more information on next steps during the transition to HPV testing.

3. Choosing the appropriate “specimen site” field on OCSP requisitions:

Issue: A significant number of OCSP requisitions have been submitted with the “vaginal” specimen site selected for test indications other than vaginal vault testing (i.e., one-time post-hysterectomy vaginal vault testing).

Action for providers: Choose only one specimen site. The “vaginal” specimen site should only be chosen when collecting a specimen from someone who meets the criteria for one-time vaginal vault testing (i.e. post total hysterectomy). For all other test indications, choose the “cervical/endocervical” site, including for people whose cervix could not be adequately visualized. For more information, refer to the [OCSP guidance on how to collect a cervical sample](#) and [guidance for vaginal vault testing frequently asked questions](#) .

4. Managing people who are experiencing abnormal symptoms:

Issue: Laboratory service providers have noted that a number of screening requisitions have been submitted for people experiencing symptoms. Cervical screening is only for people who are not experiencing abnormal symptoms and should not be used as a diagnostic test.

Action for providers: People with any visible abnormality or symptoms suggestive of cervical cancer (e.g., abnormal vaginal bleeding or post coital bleeding) need further clinical assessment and/or referral to a specialist, regardless of their cervical screening test results. Any testing done as part of the clinical work-up should be ordered outside of the OCSP using a non-OCSP requisition.

5. Incorrect or incomplete screening participant mailing address on OCSP requisitions:

Issue: Screening participants may not get OCSP correspondence letters if their mailing address listed on the OCSP requisition is incomplete or incorrect. The most common missing information is PO boxes or apartment/unit number.

Action: Clinics should have a process in place to check whether someone’s mailing address listed on the OCSP requisition is complete and up to date, including PO boxes or apartment/unit numbers, where applicable.

If you have any questions, please contact the OCSP at OCSP@ontariohealth.ca