Pap pointers

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Clinical questions

• When collecting a cervical sample for a ThinPrep pap smear, what can clinicians do to increase the quality of the sample?
• What should we do if a woman comes in for a pap while menstruating or using medication or contraception that results in unpredictable menses?
• What should we do if a sample needs to be re-collected?

Recommendations

At Kaiser Permanente Washington, pap smears should be performed without delay, whenever the need is identified.

Requiring a woman to reschedule when she is spotting or menstruating, when she has recently had sex, or when menses are unpredictable due to use of long-acting reversible contraception (LARC) is not patient-centered and can present an unnecessary barrier to life-saving cervical cancer screening.

While it is not unreasonable to reschedule if the bleeding is heavy or the patient prefers it, that should not be the default option.

Preparing to take the sample

The presence of lubricant or blood in a sample can increase the possibility of an unsatisfactory pap. If material is present on the cervix, the best practice is to use a dry, large swab to gently clear any lubricant, mucus, inflammatory exudate or blood from the cervix prior to collecting the sample. Do not use saline for cleaning the cervix, as it can reduce the number of cells in the specimen.

Note: The Surgilube product used at KPWA is water-soluble and carbomer-free. Using a small drop on the speculum's inferior blade only should not routinely interfere in pap interpretation; however, do not apply lubricant to the tip or superior blade of the speculum. If lubricant is present on the cervix, it should be cleaned away before the sample is collected. Be aware that personal lubricants, vaginal medications, and spermaticides used by patients are often not water-soluble/carbomer-free and can lead to unsatisfactory paps. (Carbomers or carbox polymers are thickening agents in products that may interfere with obtaining a satisfactory sample or cause artifact in the alcohol-based transport medium.)

Using the ThinPrep Pap broom (preferred)

1. Insert the central bristles of the broom into the endocervical canal far enough to allow the shorter bristles to contact the ectocervix.
2. Push gently and rotate clockwise for 5 complete 360-degree turns to collect the sample.
3. Immediately place the broom in the vial and push it against the bottom 10 times, forcing the bristles apart. (Do not allow sample to become dry as cells will stick to the broom.)
4. Swirl the broom vigorously to release the material.
5. Remove the entire broom, including the head, from the vial and discard.
6. Use two patient identifiers to ensure correct labeling of the sample.

Using the endocervical brush/spatula for ThinPrep *(if broom not available)*
1. Select the contoured end of the plastic spatula and rotate it 360 degrees around the entire ectocervix.
2. Rinse the spatula quickly in the vial, swirling the spatula vigorously 10 times. Discard the spatula.
3. Insert the endocervical brush device into the cervix until only the bottom-most bristles are exposed.
4. Slowly rotate ¼ or ½ turn in one direction. **Do not over-rotate the brush**, as this can cause bleeding and lead to an unsatisfactory sample.
5. Rinse the brush quickly 10 times along the side of the vial, then swish the brush vigorously in the vial.
6. Discard the brush.
7. Use two patient identifiers to ensure correct labeling of the sample.

What if an unsatisfactory pap occurs despite excellent technique?
In rare cases, an unsatisfactory pap will need to be re-collected, which is done at no cost to the patient. For a re-collection, it is best to achieve optimal pap collection conditions. Ideally, the pap should be collected 2 weeks after the first day of the last menstrual period. The patient should not use vaginal medication, vaginal contraceptives, or douches and should refrain from vaginal sex for 48 hours before the exam. The techniques above should again be used for re-collection.

**How could this change my practice?**
- Performing paps when a woman is already in clinic is a great service and improves access.
- Reducing barriers to screening by performing paps when they are needed will help improve screening rates.
- Using excellent pap technique can reduce the need for re-collection of the pap.

**Why did we choose this topic?**
- Cervical cancer screening rates at KPWA and in Washington state decreased in 2018 despite the knowledge that this screening saves lives.
- The change to ThinPrep pap testing at KPWA requires care teams to learn a new collection technique, which is slightly different than for other liquid-based tests.
- LARC contraception use is increasing, and many women who use this method don’t have predictable menses.
- Cervical cancer screening is a HEDIS® clinical quality measure. Performance figures below are from December 2018:

<table>
<thead>
<tr>
<th>Cervical cancer</th>
<th>Target</th>
<th>KPWA</th>
<th>Care Del</th>
<th>Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 21–64 years of age (excluding women who have undergone hysterectomy with removal of the cervix) who have had a Pap test within the last three years or who are aged 30–64 and who have had a Pap test within the last <strong>five</strong> years with HPV co-testing.</td>
<td>82.0%</td>
<td>69.3%</td>
<td>72.5%</td>
<td>63.3%</td>
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