

# Manitoba Cervical Cancer Screening Program

## Operations & Statistical Report

2003 and 2004



MANITOBA  
CERVICAL CANCER  
SCREENING PROGRAM  
PROGRAMME  
MANITOBAIN DE  
DÉPISTAGE DU CANCER  
DU COL UTÉRIN



# **MANITOBA CERVICAL CANCER SCREENING PROGRAM**

## **2003 and 2004 Operations & Statistical Report**

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# Manitoba Cervical Cancer Screening Program

## 2003 and 2004 Operations and Statistical Report

### Introduction

The Manitoba Cervical Cancer Screening Program (MCCSP) was established in January 2000 with a mandate to ensure that Manitoba women receive organized, high quality cervical cancer screening services. MCCSP is supported by Manitoba Health and managed by CancerCare Manitoba. On April 27, 2001, an amendment to the Public Health Act requiring the reporting of all cervical cancer screening tests to the MCCSP commenced operation of the MCCSP Registry. The Registry is a central and confidential record of Pap test, colposcopy and biopsy results.

The goal of the Manitoba Cervical Cancer Screening Program is to reduce the incidence of and mortality from invasive cervical cancer. To accomplish this goal, the MCCSP is guided by the following five objectives:

1. Increase Pap test utilization province-wide.
2. Develop and maintain a population-based information system and registry.
3. Facilitate and support quality assurance for cervical cancer screening services.
4. Facilitate and support a common laboratory network.
5. Establish monitoring and evaluation methodology.

Organized screening programs include population based recruitment, identification of target populations to improve participation rates and facilitate recruitment initiatives, education and promotion activities for women and health care providers, and an information system to support monitoring follow up activity, evaluation and quality assurance standards. Manitoba currently operates all elements of an organized screening program. However, population based recruitment through letters of invitation to women has not been initiated to date.

MCCSP recommends that cervical cancer screening with the Pap test be initiated with the onset of sexual activity. The recommended screening interval is three annual Pap tests for any woman initiating screening. If all three results are negative, screening should continue every two years. Screening may be discontinued at the age of 70 in discussion with a health care provider.

For 2004, the most common reason for Manitoba women presenting with cancer of the cervix was their not having regular Pap tests<sup>1</sup>. Other reasons include false negative Pap tests, inappropriate management and histology with a known rapid biologic course.

In 2004, the MCCSP more than doubled the number of health service sites participating in a one-day walk-in Pap Clinic to 17 from the original 2003 initiative. Over 4 times as many women attended the 2004 clinic day compared to 2003 – from 117 to 505. Sixty-five percent of the women receiving a Pap test had not had a Pap

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<sup>1</sup> Dr. R. Lotocki, Gynecological Oncology, CancerCare Manitoba

test within the previous two years and fifty-four percent had not had a Pap test within the previous three years. Of the women who participated in the 2004 initiative, fifteen percent had an abnormal Pap test result and one-third of the women identified that English was not their language of choice.

The 2003 and 2004 operations and statistical report provides a program update and statistical reports for the period January 01, 2003 to December 31, 2004. MCCSP results are reported for women who are Manitoba residents, between the ages of 18-69 and include data on cytology results, participation rates by region and age, rescreening rates for women with negative results, and volume of colposcopy reports by reason for referral.

## Program Update

Having regular Pap tests and following through with recommended medical care after an abnormal Pap test result reduces the risk of developing invasive cervical cancer. The MCCSP promotes the importance of Pap tests as a screen for cervical cancer, supports and expands alternative service delivery models which increase the number of women attending for Pap tests, and actively monitors and facilitates follow up for Manitoba women with abnormal Pap test results.

### Objective 1: Increase Pap test utilization province-wide

#### Recruitment Activities

- Launched Pap Test Awareness Week on October 21, 2003 with the Minister of Health, Government of Manitoba, unveiling “Regular Pap Test” poster and announcement of an Inner City Pap Test Clinic (Appendix A).
- Organized 7 Inner City Community Clinics to offer a one-day walk-in Pap test clinic during Pap Test Awareness Week (October 19 – 25, 2003). The MCCSP demonstrated that targeted awareness activities connected with increasing accessibility to service is effective in reaching under-screened populations of women.
  - 117 women participated in the Inner City Pap Test Clinic held at seven inner city clinics.
  - 75% of these women represented the under-screened population as they had not had a Pap test in the previous two years.
  - 24% of the women who participated had a Pap test with an abnormal result.
- Expanded the 2003 Pap Test Awareness Week clinics to include three rural clinics in North Eastman RHA (Whitemouth, Black River and Hollow Water).
  - 69 women participated in the three rural clinics.
  - 45% of these women represented the under-screened population as they had not had a Pap test in the previous two years.
  - 5% of the women who had a Pap test had an abnormal result.
- Expanded the 2004 one-day walk-in Pap test clinic day to 17 sites throughout the City of Winnipeg in partnership with city clinics and private physician offices. (Appendix B)
  - 505 women participated with 488 women having a Pap test.
  - 54% of the women attending were underscreened (no Pap test in the last 3 years; 65% no Pap test in the last 2 years).
  - 15% of the women had an abnormal Pap test.
  - Approximately one-third of the women identified that English was not their language of choice.
- Partnered with Manitoba Breast Screening Program Mobile Teams to promote cervical cancer screening to women between the ages of 50-69 (MBSP’s target population). Women’s calls for screening histories increased by 80% as a result of this partnership.
- Developed and focus group tested seven radio commercials targeting Aboriginal women. Partners in development were Aboriginal Health and Wellness, Nor’ West Community Health Centre, Nine Circles Community Health Centre, First Nations Inuit Health Branch – Health Canada , Klinik and Literacy Partners of Manitoba. Commercials were focus tested by all development partners and representatives

from each Provincial Regional Health Authority and Health Directors from the Assembly of Manitoba Chiefs. Commercials were successfully aired on NCI radio station in Manitoba.

- Implemented Indo-Canadian Screening Outreach Project with MBSP.
  - One lay educator presented in Hindi, Urdu and Punjabi.
  - Six lay community women provided support and facilitated community presentations.
  - Over 30% of the women who attended an education session joined their community members as part of a group trip for Pap tests to a participating clinic. Most women who participated in the group trip were underscreened.
  - Over 70% of the women who attended an education session indicated that it was important to receive the information in their own language.

#### Resource Development

- Developed Pap Chart Sticker Reminder System to improve screening participation rates and awareness of screening interval guidelines for health care providers.
- Produced Colposcopy Client Education Video in partnership with Health Action Centre and Health Sciences Centre, funded by CancerCare Manitoba Foundation. The purpose of the video is to increase awareness about the importance of follow-up care for cervical abnormalities.
- Partnered with Manitoba Public Libraries to distribute Colposcopy Client Education Video in DVD and VHS format to enable easy access throughout the province.
- Developed Fact Sheet on interpreting Pap test results to empower and assist women to understand their Pap test results.
- Developed plain language, easy to read bookmark providing basic Pap test facts for women in 22 languages (Appendix C).
- Developed "Over 50" fact sheets targeting women over 50 years of age with information about the importance of Pap tests.
- Partnered with Mount Carmel Clinic, Sexuality Education Resource Centre, Klinik, Aboriginal Health and Wellness, First Nations Inuit Health Branch Health Canada, North Eastman Regional Health Authority and Health Action Centre for the development of a Pap Test Video.

#### Continuing Education and Development

- Coordinated continuing professional education conference "Screening for Cervical Cancer – New Technologies" to update cytopathologists, cytotechnologists and colposcopists on the current trends and developments in the screening, diagnosis, and prevention of cervical cancer (Appendix D).
- Established New Technologies in Cervical Cancer Screening Working Group to review the range of new technologies from a Manitoba perspective and develop a proposal to support the adoption of new technology within Manitoba.

### **Objective 2: Develop and maintain a population-based information system and registry**

- Implemented MCCSP Registry software upgrade from Artificial Intelligence in Medicine (AIM) Inc for the collection of provincial colposcopy reports effective November 2003.
- Expanded data entry services to retroactively enter colposcopy reports collected as of September 2002.

- Participated with Diagnostic Services Manitoba in the development of cytology report information systems for St. Boniface General Hospital and Health Sciences Centre as part of the Laboratory Information System Upgrade.
- Continued with system modifications and enhancements to improve registry operations.

**Objective 3: Facilitate and support quality assurance for cervical cancer screening services**

- Provided access to all cytology laboratories for screening history information to support and enhance quality assurance activities.
- Implemented MCCSP Registry software upgrade for colposcopy report collection.
- Provided statistical data to each cytology laboratory, as required by the College of Physicians and Surgeons of Manitoba, Manitoba Quality Assurance Program (MANQAP).
- Expanded screening history information to reflect cytology and colposcopy report information.
- Produced 2002 Statistical Report on Pap test rates and cytology results.
- Identified specifications for future development of cytology – histology correlation reports to support laboratory quality assurance activities.

**Objective 4: Facilitate and support a common laboratory network**

- Convened Cytology Laboratory Director Sub-Committee to evaluate and review developing trends, issues and the role of MCCSP in supporting network operations.

**Objective 5: Establish monitoring and evaluation methodology**

- Collected Colposcopy Reports from all Manitoba colposcopists as of January 2003.
- Completed contract with AIM Inc for MCCSP Registry software development to enable colposcopy report collection.
- Developed specifications and criteria for provincial reporting of program statistics with support from CancerCare Manitoba Information Services.
- Supported Regional Health Authority initiatives through statistical reporting of participation by age and community.
- Supported Regional Health Authority projects to increase access to Pap tests through development of resources, provision of screening histories, and support for special clinic advertising.

## 2003-2004 Statistical Reports

The statistics presented in the following tables reflect Pap test and colposcopy results reported to the MCCSP.

Table 1 shows the proportion of women who had at least one Pap test by age group and Regional Health Authority (RHA) during the calendar years 2003 and 2004. The two-year participation rate for all RHAs was 52.7%. Participation rates ranged from 44% in NORMAN to 61% in Brandon. A total of 227,276 women had at least one Pap test during this two year period.

**Table 1. Participation<sup>1</sup> by age group and Regional Health Authority, 2003 and 2004**

| Age Group | Assiniboine | Brandon | Burntwood | Central | Churchill | Interlake | Norman | North Eastman | Parkland | South Eastman | Winnipeg | Manitoba |
|-----------|-------------|---------|-----------|---------|-----------|-----------|--------|---------------|----------|---------------|----------|----------|
| 18-19     | 49.0        | 59.3    | 57.9      | 36.0    | 87.5      | 44.3      | 56.8   | 49.4          | 51.6     | 30.6          | 45.6     | 46.4     |
| 20-29     | 56.5        | 66.5    | 62.2      | 54.6    | 63.5      | 59.9      | 50.4   | 63.9          | 56.7     | 55.3          | 57.3     | 57.3     |
| 30-39     | 55.1        | 62.3    | 52.8      | 54.2    | 56.7      | 58.5      | 45.1   | 59.4          | 49.5     | 57.7          | 55.2     | 55.2     |
| 40-49     | 50.0        | 59.5    | 45.1      | 49.7    | 36.9      | 54.2      | 42.5   | 56.2          | 46.8     | 52.8          | 54.3     | 53.2     |
| 50-59     | 46.5        | 58.0    | 33.4      | 47.9    | 27.1      | 51.7      | 38.3   | 53.7          | 43.0     | 49.2          | 51.8     | 50.1     |
| 60-69     | 40.7        | 54.8    | 23.3      | 40.2    | 31.0      | 44.0      | 32.1   | 50.1          | 38.6     | 41.5          | 45.6     | 45.1     |
| All Ages  | 50.0        | 61.0    | 49.7      | 49.6    | 48.0      | 53.7      | 44.0   | 56.5          | 47.5     | 51.6          | 53.4     | 52.7     |

Notes: 1. Not adjusted for hysterectomy, migration, death or cervical cancer.  
2. 14,429 women not attributed to an RHA and are not included (6.3% of all women who had a Pap test).

Table 2 shows the proportion of women who had at least one Pap test by age group and RHA for a three year time period from 2002 to 2004. The three-year participation rate for all RHAs was 62.3%. Participation rates ranged from 52.3% in NORMAN to 70.2% in Brandon. A total of 266,469 women had at least one Pap test during this three year period.

Three year participation rates are presented as the National Wait Time Benchmarks<sup>2</sup> recommend that women should have a Pap test every three years following two negative results. This recommendation is consistent with the 1989 National Workshop on Cervical Cancer Screening. MCCSP analysis of rescreening rate indicates that the majority of women go beyond a two year time period between Pap tests. This supports the presentation of participation rates over a three year time period.

<sup>2</sup>Health Canada. December 12, 2005. First Ever Common Benchmarks Will Allow Canadians to Measure Progress in Reducing Wait Times. Retrieved from [http://www.health.gov.on.ca/english/media/news\\_releases](http://www.health.gov.on.ca/english/media/news_releases) 8

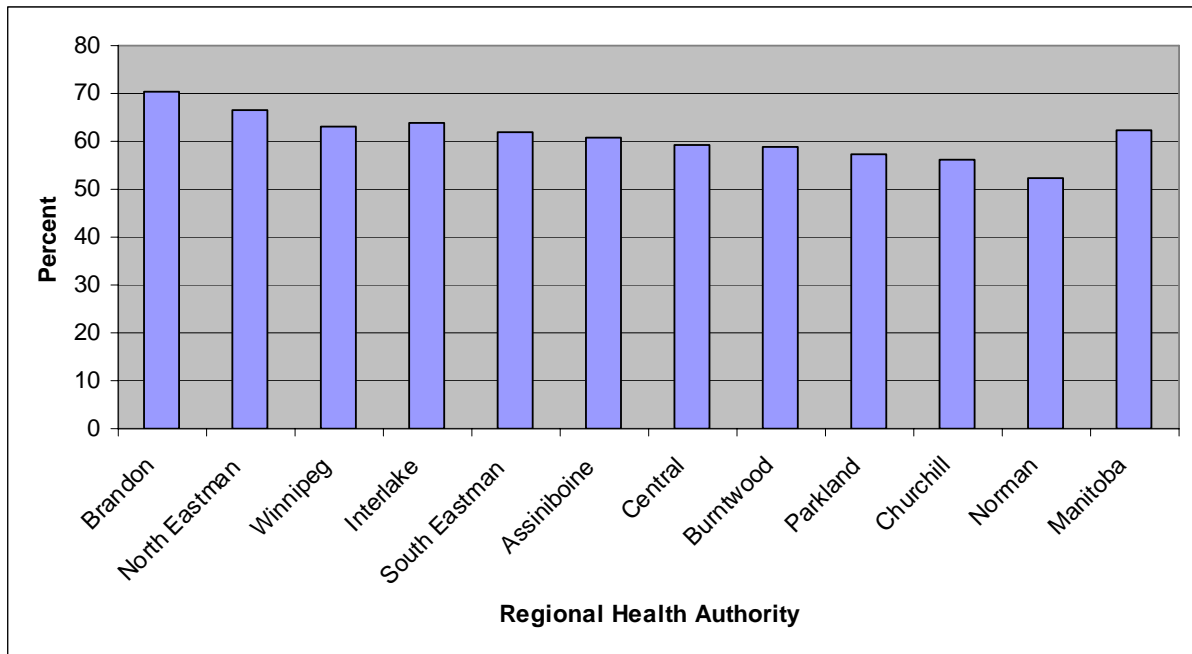
**Table 2. Participation by age group and Regional Health Authority, 2002, 2003 and 2004**

| Age Group | Assiniboine | Brandon | Burntwood | Central | Churchill | Interlake | Norman | North Eastman | Parkland | South Eastman | Winnipeg | Manitoba |
|-----------|-------------|---------|-----------|---------|-----------|-----------|--------|---------------|----------|---------------|----------|----------|
| 18-19     | 62.6        | 72.2    | 74.0      | 46.6    | 100.0     | 63.2      | 64.9   | 60.6          | 61.5     | 44.1          | 58.3     | 58.8     |
| 20-29     | 65.3        | 73.8    | 69.8      | 64.2    | 74.0      | 68.3      | 59.0   | 72.6          | 65.8     | 65.3          | 67.2     | 66.3     |
| 30-39     | 66.6        | 72.1    | 62.1      | 64.9    | 59.6      | 68.7      | 54.6   | 70.6          | 59.2     | 67.4          | 65.5     | 65.1     |
| 40-49     | 60.4        | 69.6    | 53.5      | 59.4    | 48.2      | 64.9      | 50.0   | 67.1          | 57.0     | 64.9          | 63.6     | 62.7     |
| 50-59     | 57.1        | 65.9    | 41.9      | 56.7    | 31.5      | 60.8      | 46.4   | 62.6          | 52.9     | 57.3          | 60.6     | 59.0     |
| 60-69     | 51.7        | 65.4    | 31.1      | 49.5    | 35.7      | 53.9      | 38.4   | 58.9          | 47.5     | 52.9          | 54.8     | 55.1     |
| All Ages  | 60.6        | 70.2    | 58.8      | 59.4    | 56.2      | 63.9      | 52.3   | 66.4          | 57.2     | 62.1          | 63.2     | 62.3     |

Notes: 1. Not adjusted for hysterectomy, migration, death or cervical cancer.  
 2. 16,292 women not attributed to an RHA and are not included (6.1% of all women who had a Pap test).

Figure 1 illustrates the three-year participation rates by RHA and Manitoba.

**Figure 1. Participation by Regional Health Authority 2002, 2003 and 2004**



Tables 3 and 4 show Pap test results in 2003 and 2004 by age group and cytologic diagnostic category (Appendix E). The breakdown of results by diagnostic category is similar in both years. The majority of women received a negative Pap test result. Forty-four women received a cytology result that suggested invasive cervical cancer in 2003 and 2004.

**Table 3. Pap test results<sup>1</sup> by age group and cytologic diagnostic category, 2003**

| <b>Age Group</b> | <b>Negative</b> | <b>ASC</b>    | <b>GCA</b>    | <b>LSIL</b>   | <b>HSIL</b>   | <b>Cancer</b> | <b>Unspecified</b> | <b>Unsatisfactory</b> | <b>Total</b>    |
|------------------|-----------------|---------------|---------------|---------------|---------------|---------------|--------------------|-----------------------|-----------------|
| 18-19            | 4,352           | 199           | 1             | 381           | 246           | 0             | 1                  | 80                    | 5,260           |
| 20-29            | 32,333          | 1,229         | 18            | 1,448         | 1,108         | 3             | 2                  | 406                   | 36,547          |
| 30-39            | 33,155          | 780           | 27            | 597           | 560           | 9             | 2                  | 350                   | 35,480          |
| 40-49            | 33,896          | 879           | 53            | 516           | 303           | 11            | 90                 | 248                   | 35,996          |
| 50-59            | 25,662          | 565           | 57            | 222           | 154           | 12            | 42                 | 212                   | 26,926          |
| 60-69            | 13,994          | 214           | 19            | 80            | 42            | 9             | 7                  | 179                   | 14,544          |
| <b>Total</b>     | <b>143,392</b>  | <b>3,866</b>  | <b>175</b>    | <b>3,244</b>  | <b>2,413</b>  | <b>44</b>     | <b>144</b>         | <b>1,475</b>          | <b>154,753</b>  |
| <b>(%)</b>       | <b>(92.66)</b>  | <b>(2.50)</b> | <b>(0.11)</b> | <b>(2.10)</b> | <b>(1.56)</b> | <b>(0.03)</b> | <b>(0.09)</b>      | <b>(0.95)</b>         | <b>(100.00)</b> |

1. Highest, most severe result counted for each woman if more than one Pap test occurred within the reporting period.

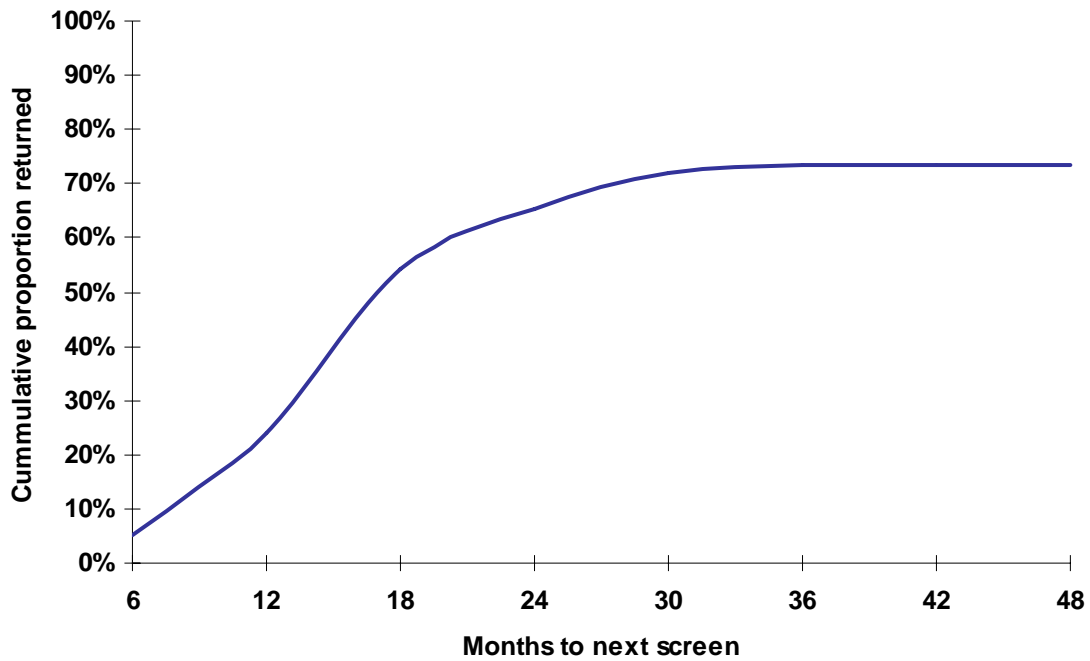
**Table 4. Pap test results<sup>1</sup> by age group and cytologic diagnostic category, 2004**

| <b>Age Group</b> | <b>Negative</b> | <b>ASC</b>    | <b>GCA</b>    | <b>LSIL</b>   | <b>HSIL</b>   | <b>Cancer</b> | <b>Unspecified</b> | <b>Unsatisfactory</b> | <b>Total</b>    |
|------------------|-----------------|---------------|---------------|---------------|---------------|---------------|--------------------|-----------------------|-----------------|
| 18-19            | 4,253           | 246           | 3             | 403           | 234           | 0             | 0                  | 68                    | 5,207           |
| 20-29            | 31,570          | 1,631         | 15            | 1,755         | 1,171         | 3             | 1                  | 433                   | 36,579          |
| 30-39            | 31,824          | 1,002         | 52            | 660           | 565           | 11            | 0                  | 381                   | 34,495          |
| 40-49            | 33,156          | 1,018         | 74            | 599           | 294           | 11            | 92                 | 289                   | 35,533          |
| 50-59            | 25,743          | 675           | 67            | 233           | 164           | 12            | 26                 | 269                   | 27,189          |
| 60-69            | 13,766          | 233           | 27            | 71            | 50            | 7             | 7                  | 188                   | 14,349          |
| <b>Total</b>     | <b>140,312</b>  | <b>4,805</b>  | <b>238</b>    | <b>3,721</b>  | <b>2,478</b>  | <b>44</b>     | <b>126</b>         | <b>1,628</b>          | <b>153,352</b>  |
| <b>(%)</b>       | <b>(91.50)</b>  | <b>(3.13)</b> | <b>(0.16)</b> | <b>(2.43)</b> | <b>(1.62)</b> | <b>(0.03)</b> | <b>(0.08)</b>      | <b>(1.06)</b>         | <b>(100.00)</b> |

1. Highest, most severe result counted for each woman if more than one Pap test occurred within the reporting period.

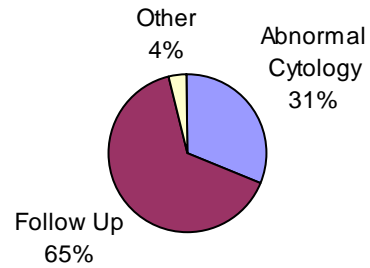
Figure 2 illustrates the rescreening rate for women who had a Pap test in 2002 with a negative result. Fifty percent of women returned for their next regular Pap test at 18 months, 60% returned between 18 and 24 months, and 70% by 30 months.

**Figure 2. Rescreening rate for women who had a Pap test in 2002 with a negative result**

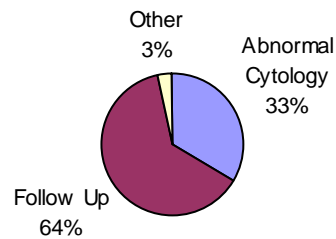


In 2003, a total of 11,151 colposcopy reports were registered. Sixty-five percent identified the reason for colposcopy as follow up, 31% were due to abnormal cytology and 4% were for other reasons such as a clinically abnormal cervix or vulvar dysplasia. In 2004, a total of 12,572 colposcopy reports were registered. Sixty-four percent identified the reason for colposcopy as follow up, 33% were for abnormal cytology and 3% were for other reasons.

**Figure 3. Reason for Colposcopy, 2003**



**Figure 4. Reason for Colposcopy, 2004**



Thirty-seven percent of women had a first colposcopy visit within 12 weeks of an abnormal index Pap test in 2004; 57% had a colposcopy visit within 16 weeks and 78% within 24 weeks. Twenty-two percent of women waited longer than 6 months to have a first colposcopy visit.

## APPENDIX A



# Every woman should have a regular Pap smear.

Pap smears prevent cervical cancer.

Pap Smear Screening Day - Oct 22, 2003

For Oct. 22 - No appointment necessary at the following locations

**Aikins Community  
Health Centre**  
601 Aikins  
10:00 am to 4:00 pm

**Hope Centre  
Health Care Inc.**  
240 Powers  
10:00 am - 4:30 pm

**Nine Circles Community  
Health Centre**  
705 Broadway  
1:00 pm - 7:30 pm

**Women's  
Health Clinic**  
3rd floor  
419 Graham  
1:00 pm - 7:30 pm

**Health Action Centre**  
425 Elgin  
10:00 am - 5:00 pm

**Klinik**  
870 Portage  
9:00 am - 7:00 pm

**Mount Carmel Clinic**  
886 Main St  
9:00 am - 4:30 pm

Beverages and Child Care may be available at some sites





Every  
woman  
should know  
about  
Pap tests.  
Have you had  
yours?

## Pap Test Day October 27, 2004

Walk In Sites - No appointment necessary at the following locations

### Downtown/ Point Douglas

**Aboriginal Health and Wellness**  
215-181 Higgins  
9 am until 4 pm

**Aikine Street Community  
Health Centre**  
601 Aikine  
9 am until 4 pm

**Health Action Centre**  
425 Elgin  
9 am until 4 pm

**Hope Centre Health Care Inc**  
240 Powers  
9 am until 4 pm

**Klinik**  
870 Fortage Ave  
10 am until 8 pm

**Mount Carmel Clinic**  
886 Main St.  
10 am until 8 pm

**Nine Circles Community  
Health Centre**  
705 Broadway  
10 am until 8 pm

**Peace Village**  
598 Ellice  
9 am until 4 pm

**Women's Health Clinic**  
3rd floor - 419 Graham  
10 am until 8 pm

### St. Boniface/St. Vital

**Centre de santé  
Saint-Boniface**  
(for Francophones of  
Winnipeg &/or women living in  
postal codes R2H, R2J, R3X)  
D1048-409 Tache  
9 am until 4 pm

**Youville Centre**  
6-845 Dakota Street  
9 am until 4 pm

### St. James- Assinibola /Assiniboine South

**St. James Street  
Medical Centre**  
1600 Fortage Ave.  
9 am until 4 pm

**Tuxedo Park Family  
Medical Centre**  
250-2025 Corydon  
9 am until 4 pm

### River East

**Access River East**  
975 Henderson Hwy  
10 am until 8 pm

### Seven Oaks/Inkster

**Nor'West Co-op  
Community Health Centre Inc.**  
103-61 Tynball  
10 am until 8 pm

### River Heights/ Fort Garry

**River Avenue Community  
Health Centre**  
385 River Avenue  
10 am until 8 pm

**University Health Service**  
University of Manitoba  
(for U of M students only)  
9 am until 4 pm

You should have a Pap test at least every two years.



**APPENDIX C**



**Manitoba Cervical Cancer Screening Program  
Order Form**

Tel: 204.788.8626  
Fax: 204.779.5748  
Toll Free: 1.866.616.8805

Date: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preview most of these items on our website, [www.cancercare.mb.ca/MCCSP/](http://www.cancercare.mb.ca/MCCSP/)

**Multilanguage Resources:**

|                | Easy to Read Q & A Bookmark |                | Registry Facts and Information |            | Pap smear - What every woman needs to know | Abnormal Results |                | Pap Test - Understanding your results |
|----------------|-----------------------------|----------------|--------------------------------|------------|--|------------------|----------------|---------------------------------------|
| English        |                             | English/French |                                |            |  |                  | English/French |                                       |
| French         |                             |                |                                |            |  |                  |                |                                       |
| Amharic        |                             | Chinese        |                                | Chinese    |  |                  |                |                                       |
| Arabic         |                             | Cree           |                                | Cree       |  |                  |                |                                       |
| Chinese        |                             | German         |                                | German     |  |                  |                |                                       |
| Cree Roman     |                             | Hindi          |                                | Hindi      |  |                  |                |                                       |
| Cree           |                             | Polish         |                                | Polish     |  |                  |                |                                       |
| Dinka          |                             | Portuguese     |                                | Portuguese |  |                  |                |                                       |
| Farsi          |                             | Punjabi        |                                | Punjabi    |  |                  |                |                                       |
| German         |                             | Spanish        |                                | Spanish    |  |                  |                |                                       |
| Hindi          |                             | Tagalog        |                                | Tagalog    |  |                  |                |                                       |
| Italian        |                             | Vietnamese     |                                | Vietnamese |  |                  |                |                                       |
| Korean         |                             |                |                                |            |  |                  |                |                                       |
| Ojibway        |                             |                |                                |            |  |                  |                |                                       |
| Polish         |                             |                |                                |            |  |                  |                |                                       |
| Portuguese     |                             |                |                                |            |  |                  |                |                                       |
| Punjabi        |                             |                |                                |            |  |                  |                |                                       |
| Russian        |                             |                |                                |            |  |                  |                |                                       |
| Serbo Croation |                             |                |                                |            |  |                  |                |                                       |
| Spanish        |                             |                |                                |            |  |                  |                |                                       |
| Tagalog        |                             |                |                                |            |  |                  |                |                                       |
| Ukrainian      |                             |                |                                |            |  |                  |                |                                       |
| Urdu           |                             |                |                                |            |  |                  |                |                                       |
| Vietnamese     |                             |                |                                |            |  |                  |                |                                       |



**English Resources:**

|  |  |
|--|--|
| HPV - What Everyone Should Know About Genital HPV - Regular size, brochure |  |
| HPV - What Everyone Should Know About Genital HPV - Small size, brochure   |  |
| Over 50 Information Sheet - Tear off pad of 100 sheets                     |  |
| Chart Sticker Package, For opportunistic screening                         |  |
| Poster for General Use (10" x 17")   |  |
| Poster for General Use (8 1/2" x 11")                                      |  |
| Poster for Advertising Clinics (10" x 17")                                 |  |
| Where can I go? Winnipeg card  |  |
| Where can I go? Manitoba card  |  |
| Winnipeg Pap Day Information Sheets  |  |

**Call to borrow any of these resources:**

|   |         |         |            |         |            |
|---|---------|---------|------------|---------|------------|
| 2 Multilanguage videos: 1 - The Pap Test and 2 - Colposcopy both available (in VHS and DVD) in the following languages: |         |         |            |         |            |
| English   | Chinese | Hindi   | Portuguese | Spanish | Urdu       |
| French  | Cree    | Ojibway | Punjabi    | Tagalog | Vietnamese |
| Display board - tri fold  |         |         |            |         |            |
| Common Sense Game - laminated version, preview on website   |         |         |            |         |            |
| Visual Display of abnormal cervixes   |         |         |            |         |            |

**Other resources:**

|      |  |
|------|--|
| Pens |  |
|------|--|

Check this out! Available online: our Resource Guide for Health Professionals and Powerpoint presentations to use when educating women! Visit [www.cancercare.mb.ca/MCCSP/mccsp\\_professionals\\_pubs.shtml](http://www.cancercare.mb.ca/MCCSP/mccsp_professionals_pubs.shtml)

## Appendix D



### Screening for Cervical Cancer

## New Technologies

**Saturday, June 5, 2004**

Clarion Hotel  
1445 Portage Ave.  
Winnipeg, Manitoba



### Screening for Cervical Cancer

## New Technologies

Saturday, June 5, 2004  
Clarion Hotel  
Winnipeg, Manitoba

|              |  |
|--------------|--|
| 0800 to 0830 | Registration   |
| 0830 to 0845 | <b>Opening Remarks – the Canadian Scene</b><br><i>Bob Lotocki</i>  |
| 0845 to 0945 | <b>Human Papillomavirus: The Life and Times</b><br><i>Nick Antonishyn</i>  |
| 0945 to 1045 | <b>Liquid – based Cytology: Can we do it better?</b><br><i>Meg McLachlin</i>   |
| 1045 to 1100 | Coffee   |
| 1100 to 1200 | <b>“Borderline Cytology Results”</b><br><b>Can we use testing for high-risk HPV to triage?</b><br><i>Howard W. Jones III</i> |
| 1200 to 1315 | LUNCH  |
| 1315 to 1415 | <b>Liability, Litigation and the Pap test</b><br><i>Susan Swiggum</i>  |
| 1415 to 1515 | <b>Primary Screening for Cervical Dysplasia/Cancer with HPV</b><br><i>Howard W. Jones III</i>                                |
| 1515 to 1530 | Coffee   |
| 1530 to 1630 | <b>New Technologies - New Directions for Manitoba</b><br><i>Bob Lotocki</i>  |
| 1630         | Closing Remarks  |

## Appendix E

### *Manitoba Cervical Cancer Screening Guidelines*

- Women of all ages who are or ever have been sexually active should be screened.
- After three negative for intraepithelial results at one-year intervals, screening should be continued every two years.

*NOTE: These recommendations do not apply to those women who have had previous abnormal Pap test results.*

#### Follow-up of Abnormal Results

| <b>Diagnosis</b>   | <b>Follow-up Recommendation</b>   |
|--|---|
| Specimen Rejected  | Repeat Pap test in three (3) months. Let patient know repeat is not due to abnormal findings.   |
| Unsatisfactory for Evaluation  | Repeat Pap test in three (3) months. Let patient know repeat is not due to abnormal findings.   |
| Organisms Reactive/Repair  | Check for and treat infections. Follow routine screening schedule.  |
| Endometrial Cells:<br>1. Out of cycle in a woman over 40 with no history given of hormones or IUCD<br>2. Woman over 40, menstrual history not known<br>3. Post menopausal woman with no history given of HRT | Endometrial biopsy.   |
| ASC, ASC-US favouring HPV, LSIL  | Repeat Pap test in six (6) months. If follow-up result is negative resume routine schedule. If follow-up result demonstrates any persistent ASC, refer to colposcopy. <i>Referral to colposcopy may be appropriate if patient is unreliable or anxious.</i> |
| ASC-H, HSIL, Atypical Glandular Cells (AGC)  | Refer to colposcopy. After discharge from colposcopy, begin regular screening schedule.   |
| Carcinoma In Situ  | Refer to Colposcopy. After discharge from colposcopy, begin regular screening schedule.   |
| Invasive Carcinoma   | Refer to colposcopy or oncology. After discharge screen as per oncology recommendation.   |
| <i>Note: Any visual abnormalities of the cervix and/or abnormal bleeding</i>   | <i>Refer to colposcopy. Cytology has a high false-negative rate.</i>  |