

# Cervical Cancer Screening in Manitoba

2007-2009 REPORT





# Table of Contents

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<b>Executive Summary</b> .....	2	<b>Program Volumes</b> .....	7
<b>Introduction</b> .....	3	Fail Safe Activities .....	7
<b>Program Highlights</b> .....	4	<b>Screening Performance Measures</b> .....	8
<b>Recruitment and Health Promotion</b> .....	4	<b>Coverage</b> .....	8
Manitoba Pap Test Week .....	4	Participation .....	8
Pap Test Clinics .....	4	Retention .....	9
TellEveryWoman .....	4	<b>Cytology Performance</b> .....	9
Reduce Your Cancer Risk .....	5	Specimen Adequacy .....	9
It Matters to You .....	5	Screening Test Results .....	10
HPV Vaccine Fact Sheet .....	5	<b>System Capacity</b> .....	11
Pap Test Learning Module for Health Care Providers .....	5	Cytology Turn-Around Time .....	11
<b>Quality Assurance Activities</b> .....	6	Colposcopy Follow-Up Rate .....	11
Screening Guidelines .....	6	<b>Follow-up</b> .....	12
Reports to Labs .....	6	Cytology-Histology Agreement .....	12
Reports to Colposcopists .....	6	<b>Outcomes</b> .....	12
Physician Report Cards .....	6	Pre-Cancer Detection Rate .....	12
		Cancer Incidence .....	12
		Cancer Diagnosed at Stage I .....	13
		Screening History in Cases of Invasive Cancer .....	13
		<b>Appendix</b>	
		Appendix 1. Educational Resources .....	14
		Appendix 2. Screening Guidelines .....	15

# Executive Summary

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The mandate of CervixCheck, CancerCare Manitoba (formerly the Manitoba Cervical Cancer Screening Program) is to decrease cervical cancer incidence and mortality through the development and management of comprehensive and equitable cervical cancer screening for Manitoba women. The program operates a registry of all Pap test, colposcopy and biopsy results, facilitates awareness and education about the importance of Pap tests, works with health care professionals to increase screening access, and supports health care provider, laboratory, and colposcopy quality assurance.

**CervixCheck recommends that sexually active women have a Pap test every two years until 70 years of age.**

This report illustrates program activities and screening outcomes from January 1st, 2007 to December 31st, 2009.

## Recruitment and Health Promotion

- ▶ 55% of women who had a Pap test during Manitoba Pap Test Week (2007 – 2009) were overdue for a Pap test.
- ▶ TellEveryWoman was launched as the program's new awareness strategy, aiming to create conversation about the importance of Pap tests.
- ▶ Access to screening services was expanded by increasing partnerships with stakeholders province-wide.
- ▶ In partnership with BreastCheck, ColonCheck and the CancerCare Manitoba Foundation, the program produced "Reduce Your Risk" activities and resources and the "It Matters to You" awareness campaign.
- ▶ Produced the HPV Vaccine Fact Sheet for health care providers and the public.
- ▶ Produced the Pap Test Learning Module for health care providers to increase Pap test competency.

## Screening Outcomes

- ▶ 65.9% of women had at least one Pap test between January, 2007 and December, 2009.
- ▶ 80.4% of women who had a Pap test in 2007 were re-screened within three years.
- ▶ 93.7% of women had a negative Pap test result, 5% had a low-grade Pap test result, and 1.3% had a high-grade Pap test result.
- ▶ 80.5% of women with a high-grade Pap test had a follow-up colposcopy within 12 months.
- ▶ The pre-cancerous detection rates were 5.6 per 1,000 women screened in 2007 and 5.4 per 1,000 women screened in 2008.
- ▶ The incidence rate of invasive cervical cancer for women 20 to 69 years of age was 11.53 per 100,000 women (2005 – 2008).
- ▶ 54% of women with invasive cervical cancer were diagnosed at stage I.
- ▶ For women who were diagnosed with invasive cervical cancer from 2005 to 2008, 44.5% had a Pap test six months to three years before diagnosis, 10.9% had a Pap test three to five years before diagnosis, and 44.5% had a Pap test more than five years before their diagnosis or never.

# Introduction

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

The mandate of CervixCheck is to decrease invasive cervical cancer incidence and mortality through the development and management of comprehensive and equitable cervical cancer screening for Manitoba women. To accomplish this mandate, CervixCheck is guided by the following five objectives:

1. **Maximize screening uptake in the eligible population.**
2. **Operate and enhance a population-based registry.**
3. **Facilitate and support quality assurance activities.**
4. **Monitor and evaluate screening outcomes.**
5. **Participate in the review, evaluation and implementation of new technologies.**

CervixCheck promotes screening participation by coordinating public awareness campaigns about the importance of Pap tests and supporting increased access to Pap tests through alternative service delivery models. The program monitors and facilitates follow-up for Manitoba women who have abnormal Pap tests.

CervixCheck recommends that cervical cancer screening with the Pap test be initiated three years after the onset of sexual activity and be performed every two years. Screening can be discontinued if a woman is 70 years of age or older and has had three or more negative Pap tests in the previous 10 years with no change in sexual partners.

This report highlights health promotion and quality assurance activities, program volumes and screening outcomes from January 01, 2007 to December 31, 2009. Data are provided for the core performance indicators as identified by the Screening Performance Working Group, Cervical Cancer Prevention and Control Network, Public Health Agency of Canada (2009). Screening outcomes are reported for women who are Manitoba residents between the ages of 20 and 69.

# Program Highlights

## RECRUITMENT AND HEALTH PROMOTION

### Manitoba Pap Test Week

In an effort to improve screening rates, increase access to screening, and reach Manitoba’s underscreened and unscreened populations, CervixCheck partnered with clinics, nursing stations, and health centers across the province to offer walk-in, no appointment Pap test services throughout the year. The most well known event each year is Manitoba Pap Test Week when facilities offer walk-in Pap test clinics for women in their community during October. This method of service delivery consistently reaches Manitoba’s highest risk population.

Pap Test Week combines awareness and education with access to service which communicates the importance of cervical screening, connects Pap tests with cancer prevention, and makes it as easy as possible for a woman to be screened. Pap Test Week results from 2003 to 2009 are shown in Table 1.

**TABLE 1.** Manitoba Pap Test Week results, 2003 to 2009.

	CLINICS PARTICIPATED	WOMEN ATTENDED	SCREENING HISTORY <sup>1</sup>			CYTOLOGY RESULTS		
			SCREENED	UNDERSCREENED	UNSCREENED	NEGATIVE	LOW GRADE	HIGH GRADE
2003	7	117			75%	76%	20%	6%
2004	17	505			65%	85%	12%	3%
2005	16	503			58%	89%	9%	2%
2006	78	1,578	34%	28%	38%	92%	7%	1%
2007	104	1,425	42%	26%	32%	92%	5%	1%
2008	96	1,700	46%	24%	30%	91%	5%	1%
2009	76	1,471	46%	28%	24%	93%	3%	2%

<sup>1</sup> Screened: women who have had a Pap test in the previous two years; Underscreened: women who have not had a Pap test in the previous two years; Unscreened: women who have not had a Pap test in the previous five years or longer. 2006 is the first year that the program can report unscreened rates for at least five years.

### Pap Test Clinics

In addition to the Pap test clinics that CervixCheck helped coordinate during Pap Test Week, the program facilitated Pap test clinics throughout the year with community partners. There was an increase from 20 communities who hosted a Pap test clinic in 2007 to 32 communities in 2009.

### TellEveryWoman

In an effort to increase awareness and provoke dialogue about Pap tests, as well as to generate recognition of CervixCheck, TellEveryWoman was launched in October, 2008, as the program’s new branding strategy. TellEveryWoman is based on the belief that women will better understand the importance of Pap tests if the message comes from someone they trust and care about.

Resources and activities associated with TellEveryWoman include free greeting cards, posters, print ads, radio commercials, a web site, and an annual flower giveaway event in Winnipeg on the eve of Manitoba Pap Test Week. TellEveryWoman resources provide consistent messages that encourage individuals to “Tell her how much you care. Tell her about Pap tests. TellEveryWoman.ca.”

## Reduce Your Cancer Risk

On April 26th, 2008, in partnership with the BreastCheck and ColonCheck programs and the CancerCare Manitoba Foundation (CCMF), CervixCheck hosted an afternoon “Reduce Your Risk” educator training session and evening “Beat Cancer Drum Café.”

The educator training session hosted over 90 professional and volunteer health educators from around the province. The purpose of the session was to introduce and distribute a “Reduce Your Risk” Educator Tool Kit to health educators throughout the province. Participants were introduced to the CCMB screening programs and the CCMF key health promotion messages and were encouraged to disseminate this information by facilitating “Reduce Your Risk” groups in their own communities.

The evening “Beat Cancer Drum Café” was a public education event to facilitate awareness about screening and cancer risk reduction. The evening included an audience participation drum jam featuring “Drum Café,” guest speakers from the screening programs Multicultural Project, and launched CCMB’s new “Reduce Your Risk” video. A health fair reception followed where members of the community had the opportunity to view health displays featured in the reception area. Over 200 people attended this event.

## It Matters to You

The “It Matters to You” campaign is an initiative of the CCMB screening programs and the CCMF. The campaign features the faces and stories of Manitobans who have been impacted by screening, a cancer diagnosis, or cancer treatment.

The first product of this campaign was a four page “Reduce Your Cancer Risk” flyer distributed in the Winnipeg Free Press on November 18th, 2008. Over 160,000 copies of the flyer were distributed.

The campaign expanded in 2009 to highlight people from different cultural backgrounds that have been affected by cancer or screening. These Manitobans were featured in targeted media outlets including newspapers, Safeway ad bars, bus boards, and TV commercials. The campaign provided an opportunity to increase screening program exposure, streamline public education messages, and promote screening to target audiences.

## HPV Vaccine Fact Sheet

In 2008, CervixCheck developed and distributed an HPV Vaccine Facts sheet for public and professional use.

## Pap Test Learning Module for Health Care Providers

In 2009, in collaboration with Clinic Community Health Centre as well as the Burntwood, Central, Interlake, Assiniboine, NOR-MAN, North Eastman and Winnipeg Regional Health Authorities (RHAs), CervixCheck produced and distributed a Pap Test Learning Module for Health Care Providers. The module is a resource for health care providers who wish to a) learn about cervical cancer and Pap test competency, b) mentor colleagues to become competent in cervical cancer screening, and c) review current research, guidelines, and techniques about cervical cancer screening in Manitoba.

Components of the module include a document which provides an overview of cervical cancer screening in Manitoba and two videos illustrating “The Pap Test Procedure” and “Carcinoma of the Cervix.”

The module supports the RHAs to increase the number of clinicians who provide access to cervical cancer screening, enhance local training competence and evaluation, and improve community-based training initiatives using local health care resources.

[See Appendix 1 for a list of public and professional educational resources.](#)

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## QUALITY ASSURANCE ACTIVITIES

### Screening Guidelines

In February, 2010, CervixCheck changed the program's screening management guidelines including initiation of screening, screening interval, and management of low-grade Pap test results for women under 21 years of age. The changes reflect an increased understanding of human papillomavirus (HPV) and cervical cancer etiology. The new guidelines aim to maximize the benefits of screening while minimizing the harms of screening. The CervixCheck Screening Guidelines were distributed to all clinicians who performed at least one Pap test in Manitoba in 2008 (see Appendix 2). A rationale was circulated with the guidelines, highlighting the evidence to support the recommended changes (see Appendix 1).

### Reports to Labs

The College of Physicians and Surgeons of Manitoba oversees the operation of the Manitoba Quality Assurance Program (MANQAP) which establishes standards and facilitates accreditation and compliance for Manitoba diagnostic facilities. As part of the reporting requirements for MANQAP and CervixCheck quality assurance activities, CervixCheck distributes reports to each of the Manitoba cytology laboratories. The following provincial and laboratory reports were distributed for each calendar year (2007 – 2009).

1. Cytology-histology correlation
2. Screening results by age and diagnosis
3. Screening outcomes by age
4. Specimen adequacy
5. Unsatisfactory specimens
6. Specimen limitations

### Reports to Colposcopists

CervixCheck distributed reports to Manitoba colposcopists active in 2008. Reports included the following:

1. Colposcopy workload
2. Time to colposcopy
3. Impression-histology correlations

### Physician Report Cards

In 2008, CervixCheck distributed two reports to Manitoba clinicians who performed at least one Pap test from January 1, 2006 to December 31, 2006. These reports included information on cytology results by screening outcome and age group for all Manitoba providers and for each individual provider.



# Program Volumes

Table 2 shows the number of Pap tests and colposcopy reports received by the program for 2007 to 2009.

**TABLE 2.**  
Number of Pap tests and colposcopy reports received, 2007 to 2009.

TIME PERIOD	TOTAL NUMBER OF PAP TESTS RECEIVED	TOTAL NUMBER OF COLPOSCOPY REPORTS RECEIVED
2007	199,351	12,868
2008	197,057	12,788
2009	200,729	12,625

## Fail-Safe Activities

CervixCheck notifies health care providers and women when the appropriate management for abnormal cytology has not occurred within a specified time frame. Table 3 shows the number of letters sent to health care providers and women, 2007 to 2009.

**TABLE 3.**  
Number of letters sent to health care providers and women, 2007 to 2009

TIME PERIOD	NUMBER OF LETTERS SENT TO HEALTH CARE PROVIDERS	NUMBER OF LETTERS SENT TO WOMEN
2007	1,444	301
2008	2,295	1,358
2009	3,676	2,571

# Screening Performance Measures

In 2007, the Cervical Cancer Prevention and Control Network, Public Health Agency of Canada, identified core cervical cancer screening performance in five areas: coverage, cytology performance, system capacity, follow-up and outcomes. These indicators are presented below for women 20 to 69 years of age for 2007 to 2009 unless otherwise indicated.

## COVERAGE

### Participation

Participation is the percentage of eligible women in the target population who had at least one Pap test in a three-year period. Table 4 shows cervical cancer screening participation for 2006 to 2008 and 2007 to 2009 by age group uncorrected for prior hysterectomy. Participation was highest for women 20 to 29 years of age (77.8% in 2006 to 2008 and 75.9% in 2007 to 2009) and declined with age. However, since hysterectomy rates tend to increase with age, the participation of women in the older age groups may be an underestimate of the actual participation rate.

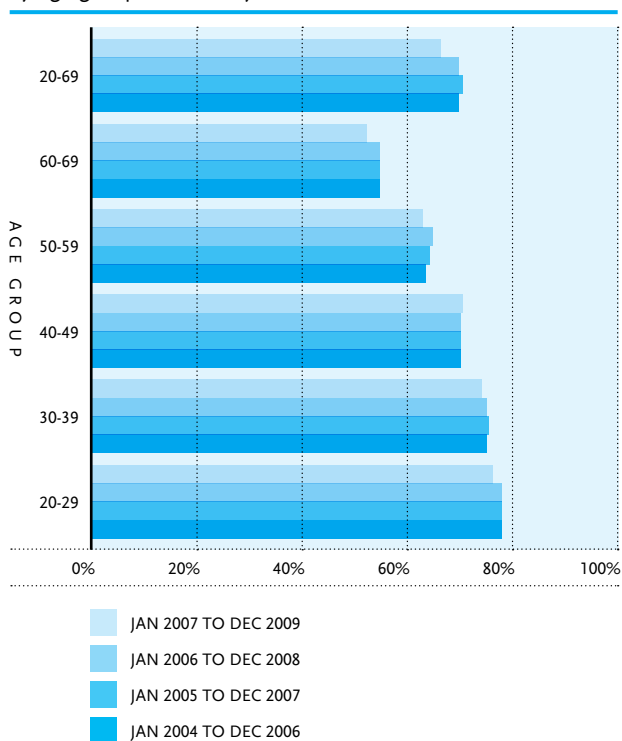
**TABLE 4.**  
Percentage of women who had at least one Pap test by age group, 2006 to 2008 and 2007 to 2009.

AGE GROUP	JAN 2006 TO DEC 2008	JAN 2007 TO DEC 2009
20-29	77.8%	75.9%
30-39	75.0%	73.8%
40-49	69.9%	70.1%
50-59	64.6%	62.9%
60-69	54.6%	52.2%
<b>TOTAL 20-69</b>	<b>69.4%</b>	<b>65.9%</b>

Notes: Population was calculated using Manitoba Health population data at the mid-point of the time frame; Not corrected for hysterectomy.

Figure 1 shows participation rates by age group over four three-year time periods. Participation decreased slightly over time from 69.4% in 2004 to 2006 to 65.9% in 2007 to 2009.

**FIGURE 1.**  
Percentage of women who had at least one Pap test by age group and three-year time frame.



Notes: Population was calculated using Manitoba Health population data at the mid-point of the time frame; Not corrected for hysterectomy.

## Retention

Retention is the percentage of eligible women re-screened within three years after a negative Pap test in a 12-month time frame. Table 5 shows the retention rate for women screened in 2007 by age group. Overall, 80.4% of women who had a negative Pap test in 2007 had a subsequent Pap test. Retention was highest for younger women and decreased with age.

**TABLE 5.**  
Percentage of women re-screened within three years after a negative Pap test by age group, 2007 (n = 116,362).

CLINICS AGE GROUP	PERCENTAGE OF WOMEN RE-SCREENED
20-29	84.4%
30-39	80.5%
40-49	79.6%
50-59	79.5%
60-69	75.0%
<b>TOTAL 20-69</b>	<b>80.4%</b>

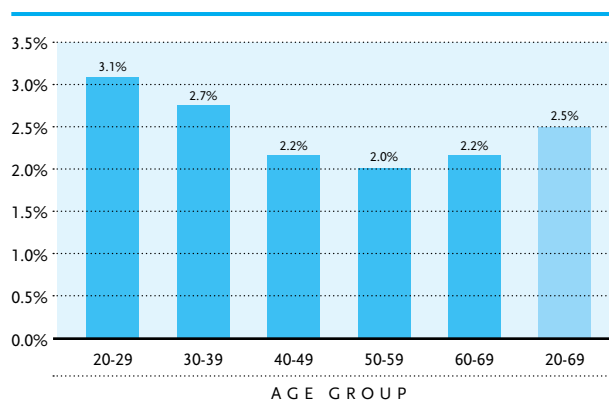
## CYTOLOGY PERFORMANCE

### Specimen Adequacy

Specimen adequacy is the percentage of Pap test results reported as unsatisfactory in a 12 month period. An unsatisfactory Pap test may be due to insufficient cells, the presence of any material that obscures the interpretation of the slide, or mechanical difficulties with the slide. In Manitoba, conventional cytology is used for all Pap tests. The percentage of unsatisfactory Pap test results was 2.2% in 2007, 2.5% in 2008, and 2.9% in 2009.

Figure 2 shows the percentage of unsatisfactory Pap tests by age group for 2007 to 2009. The percentage of unsatisfactory Pap tests decreased with age and then increased slightly for the 60 to 69 year age group. In total, 2.5% of women had an unsatisfactory Pap test result.

**FIGURE 2.**  
Percent of unsatisfactory Pap test results by age group, 2007 to 2009.



## CYTOLOGY PERFORMANCE CONTINUED

### Screening test results

Screening test results is the percentage of women by their most severe Pap test result in a 12 month period using the Bethesda System 2001<sup>1</sup> of classification.

Table 6 shows the screening test results by age group for women who had a Pap test from 2007 to 2009. Most women (93.7%) 20 to 69 years of age had a negative result. The percentage of women who had an abnormal result decreased with age from 12% for women 20 to 29 years of age to 1.9% for women 60 to 69 years of age. The percentage of women who had a high-grade squamous intraepithelial lesion (HSIL) or more severe Pap test result ranged from 2.0% for women 20 to 29 years of age to 0.2% for women 60 to 69 years of age.

**TABLE 6.** Screening results by age group, 2007 to 2009 (N=457,144).

AGE GROUP	CYTOLOGY RESULTS					
	NEGATIVE	ASC-US	LSIL	AGC	ASC-H	HSIL+
<b>20-29</b>	88.0%	4.8%	4.6%	0.0%	0.5%	2.0%
<b>30-39</b>	93.7%	3.0%	1.9%	0.1%	0.3%	1.0%
<b>40-49</b>	94.8%	2.9%	1.4%	0.1%	0.2%	0.5%
<b>50-59</b>	96.8%	1.9%	0.7%	0.1%	0.2%	0.3%
<b>60-69</b>	98.1%	1.1%	0.3%	0.1%	0.1%	0.2%
<b>20-69</b>	<b>93.7%</b>	<b>3.0%</b>	<b>2.0%</b>	<b>0.1%</b>	<b>0.3%</b>	<b>0.9%</b>

Notes: ASC-US (Atypical squamous cells of undetermined significance); LSIL (Low-grade squamous intraepithelial lesion); AGC (Atypical glandular cells); ASC-H (Atypical squamous cells, cannot rule out high-grade); HSIL+ (High-grade squamous intraepithelial lesion or more severe).

<sup>1</sup> Nayar R, Solomon D. National Cancer Institute Bethesda Web Atlas. Available from: <http://nih.techriver.net>; 2004.

## SYSTEM CAPACITY

### Cytology turn around time

Cytology turn around time is the median number of days from the date the Pap test was performed to the date the Pap test report was issued by the laboratory over a 12 month period. The cytology turn around time was 11 days in 2007, 10 days in 2008, and 13 days in 2009.

### Colposcopy follow-up rate

The colposcopy follow-up rate is the percentage of women with a high-grade Pap test (ASC-H and HSIL+) who had a follow-up colposcopy examination within three, six, nine and twelve months. A colposcopy is a visual examination of the cervix that may be accompanied by a biopsy to confirm a cervical abnormality. The colposcopy follow-up rate is influenced by the cytology turn around time and whether or not Pap test results are triaged appropriately.

Table 7 shows the colposcopy follow-up rate by age group for the 3,492 women who had a high-grade Pap test in 2008 and 2009. Overall, 41.2% of women had a colposcopy within three months and 63.7% of women had a colposcopy within six months. Almost 20% of women had not had a colposcopy one year after a high-grade Pap test.

**TABLE 7.** Colposcopy follow-up rate by age group, 2008 and 2009 (n=3,492).

AGE GROUP	NUMBER OF DAYS FROM THE HIGH-GRADE PAP TEST FOR COLPOSCOPY				FOLLOW-UP NOT COMPLETE AT 12 MONTHS
	1 TO 90 DAYS	182 DAYS	274 DAYS	365 DAYS	
<b>20-29</b>	40.7%	61.6%	72.6%	78.3%	21.7%
<b>30-39</b>	42.8%	67.5%	78.4%	81.6%	18.4%
<b>40-49</b>	43.7%	67.8%	79.1%	84.2%	15.8%
<b>50-59</b>	33.5%	57.3%	77.8%	84.5%	15.5%
<b>60-69</b>	42.0%	64.0%	76.0%	83.0%	17.0%
<b>20-69</b>	<b>41.2%</b>	<b>63.7%</b>	<b>75.3%</b>	<b>80.5%</b>	<b>19.5%</b>

## FOLLOW-UP

### Cytology-histology agreement

The cytology-histology agreement is the percentage of high-grade Pap test results (ASC-H and HSIL+) that had a histological confirmation of a CIN II (moderate dysplasia) or CIN III+ (severe dysplasia, carcinoma in situ, and invasive cancer) in a 12 month period. The percentage of biopsy results that agreed with the Pap test result was 42.7% in 2007 (n=390), 44.4% in 2008 (n=391), and 51.5% in 2009 (n=453).

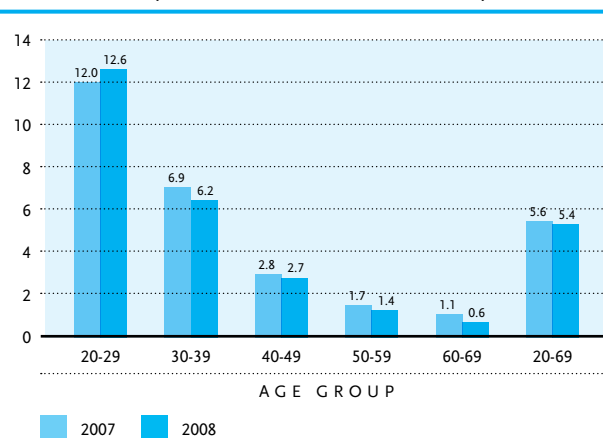
## OUTCOMES

### Pre-cancer detection rate

The pre-cancer detection rate is the number of pre-cancerous lesions (CIN II and CIN III biopsy results – moderate and severe dysplasia and cervical carcinoma in situ excluding adenocarcinoma in situ) detected per 1,000 women who had a Pap test in a 12 month period.

Figure 3 shows the number of women 20 to 69 years of age diagnosed with a pre-cancerous lesion per 1,000 women screened for 2007 and 2008. For women 20 to 69 years of age, the pre-cancerous detection rates were 5.6 per 1,000 women screened in 2007 and 5.4 per 1,000 women screened in 2008. The pre-cancer detection rate was highest in women 20 to 29 and then decreased with age.

**FIGURE 3.** Pre-cancer detection rate per 1,000 women by age group, 2007 and 2008 (N=850 for 2007, N=832 for 2008).

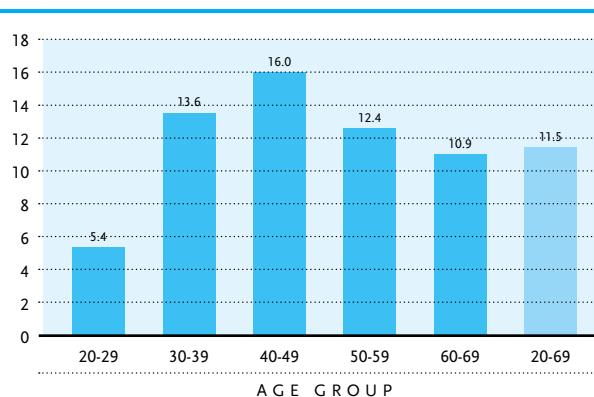


### Cancer incidence

Cancer incidence is the number of new cases of invasive cervical cancer per 100,000 women. Invasive cancer includes squamous cell cancers, adenocarcinomas, adenosquamous carcinomas, and unclassified cervical cancers. From 2005 to 2008, the incidence rate of invasive cervical cancer in women 20 to 69 years of age was 11.53 per 100,000 women.<sup>2</sup>

Figure 4 illustrates the invasive cervical cancer incidence rate per 100,000 women by age group for 2005 to 2008. Incidence ranged from 5.4 per 100,000 for women 20 to 29 years of age to 16.0 per 100,000 for women 40 to 49 years of age.

**FIGURE 4.** Invasive cervical cancer incidence rate per 100,000 by age group, 2005 to 2008 (N=178).



Sources: Manitoba Cancer Registry, CancerCare Manitoba, Manitoba Health Population Reports.

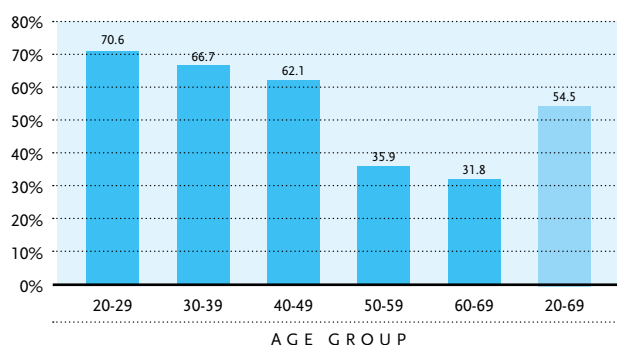
<sup>2</sup> The 2008 invasive cervical cancer incidence rate for all age groups was 8.21 per 100,000 (Manitoba Cancer Registry, CancerCare Manitoba).

## Cancers diagnosed at stage 1

Cancers diagnosed at stage 1 is the percentage of invasive cervical cancers that were diagnosed at stage 1 using the International Federation of Gynecology and Obstetrics (FIGO) stage classification system. In stage 1, cervical cancer cells have grown from the surface layer of the cervix into deeper cervical tissues. The cancer may be growing into the body of the uterus but not outside the uterus.

Figure 5 shows the percentage of invasive cervical cancers detected at stage 1 by age group for 2005 to 2008. Fifty-four percent of invasive cancers were diagnosed at stage 1. Women 20 to 29 years of age had the highest percentage of cancers diagnosed at stage 1 (70.6%). The percentage of cancers diagnosed at stage 1 decreased with age to 31.8% for women 60 to 69 years of age.

**FIGURE 5.**  
Percent of invasive cervical cancers diagnosed at stage 1 by age group (2005 to 2008) (N=97).



## Screening History In Cases of Invasive Cervical Cancer

Screening history in cases of invasive cervical cancer is a summary of screening prior to diagnosis. Screening history is measured as the percentage of women with invasive cancer of the cervix by the time since the previous screening Pap test. The time since the last screening Pap test is divided into three categories: 0.5 to less than three years, three to five years, and greater than five years or never. Greater than five years includes women who had no record of a Pap test or who had a Pap test during the six months before diagnosis as this Pap test was most likely performed for diagnostic not screening purposes.

Table 8 shows the screening history for 155 women diagnosed with invasive cervical cancer from 2005 to 2008 (23 women were excluded because of insufficient data). Forty-four and a half percent of women had a Pap test six months to three years before diagnosis, 11.0% of women had a Pap test three to five years before diagnosis, and 44.5% of women had a Pap test greater than five years before diagnosis or had no record of ever having had a Pap test.

**TABLE 8.**  
Percentage of women 20 to 69 years of age diagnosed with invasive cervical cancer by time since last Pap test, 2005 to 2008.

LAST SCREENING PAPER TEST	NUMBER (%)
0.5 to 3 years	69 (44.5%)
3 to 5 years	17 (11.0%)
> 5 years or never	69 (44.5%)

# Appendix 1. Educational Resources

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Public and professional resources are free from CervixCheck.

To view, download and order our multilingual education materials, visit [TellEveryWoman.ca](http://TellEveryWoman.ca).

## Resources for Health Care Professionals and Educators

- ▶ TellEveryWoman Tool Kit
- ▶ “Reduce Your Risk” Educator Tool Kit and Video
- ▶ Pap Test Learning Module for Health Care Providers
- ▶ The Pap Test Procedure: Dual Sampling Technique
- ▶ Screening Guidelines
- ▶ Rationale for the new CervixCheck Screening Guidelines
- ▶ Human Papillomavirus (HPV) Clinician Fact Sheet
- ▶ HPV Vaccine Facts Sheet
- ▶ Cervical Cancer Screening Image Gallery
- ▶ Pap Clinic Posters (English/French)
- ▶ TellEveryWoman Posters (English/French)
- ▶ Power-Point Presentations
- ▶ “Cancer Screening Saves Lives” Display Board

## Resources for Women

- ▶ Pap Tests: What you need to Know Brochure (English/French)
- ▶ Pap Tests: Understand Your Results/Colposcopy: What to Expect Brochure (English/French)
- ▶ Multilingual TellEveryWoman Bookmarks
- ▶ TellEveryWoman Greeting Cards
- ▶ The Pap Test Video
- ▶ Colposcopy Video



## Appendix 2. Screening Guidelines

### General Guidelines

Initiation of Screening	<ul style="list-style-type: none"> <li>▶ All women who are, or have ever been sexually active (sexual intercourse and intimate touching) should be screened.</li> <li>▶ Screening should begin three years after first sexual activity.</li> </ul>
Routine Screening	▶ Screen every two years.
Cessation of Screening	▶ Screening can be discontinued if a woman is 70 years or older and has had three or more Negative Pap tests in the previous 10 years with no change in partner.

### Screening Women with Special Circumstances

Never Been Sexually Active	Focus on education and the benefits of regular screening once sexually active.
HPV Vaccinated	Routine screening should begin three years after first sexual activity.
Previous High Grade Lesions	Screen every year.
Immunocompromised or HIV Positive	Screen every year.
Pregnant	<p>Screening pregnant women is unnecessary if:</p> <ul style="list-style-type: none"> <li>▶ The woman has had routine Negative Pap tests,</li> <li>▶ The woman has no symptoms of cervical cancer and/or no visual abnormalities.</li> </ul> <p>Women with symptoms of cervical cancer and/or visual abnormalities should be evaluated with colposcopy. If a Pap test is required, it should occur during the first trimester using a spatula and saline-moistened cotton swab (a cytobrush should not be used).</p>
Hysterectomy	<p>Screening the vaginal vault is unnecessary if:</p> <ul style="list-style-type: none"> <li>▶ Hysterectomy was total,</li> <li>▶ Hysterectomy was performed for a benign disease (pathology negative for dysplasia), and</li> <li>▶ The woman has no previous abnormal Pap tests.</li> </ul> <p>If Pap test results or hysterectomy pathology is not available, continue screening until two annual Negative vaginal vault tests occur.</p>
Women Having Sex With Women	Screen every two years.
Transgender	Screen every two years.

**NOTE:** Any visual cervical abnormalities and/or abnormal symptoms must be investigated regardless of cytology findings.

## Appendix 2. Screening Guidelines Continued

Cytology Result	Management												
Negative	Routine screening.												
ASC-US (Atypical squamous cells of undetermined significance)	<table border="1"> <tr> <td>&lt; 21 years of age</td> <td>≥ 21 years of age</td> </tr> <tr> <td>Repeat Pap test in 12 months</td> <td>Repeat Pap test in 6 months</td> </tr> <tr> <td rowspan="3">Colposcopy not recommended for persistent ASC-US or LSIL</td> <td> <table border="1"> <tr> <td>Negative</td> <td>Abnormal</td> </tr> <tr> <td>Repeat Pap test in 6 months</td> <td>Colposcopy</td> </tr> <tr> <td colspan="2">                     Negative ▶ Routine screening                      Abnormal ▶ Colposcopy                 </td> </tr> </table> </td> </tr> </table>	< 21 years of age	≥ 21 years of age	Repeat Pap test in 12 months	Repeat Pap test in 6 months	Colposcopy not recommended for persistent ASC-US or LSIL	<table border="1"> <tr> <td>Negative</td> <td>Abnormal</td> </tr> <tr> <td>Repeat Pap test in 6 months</td> <td>Colposcopy</td> </tr> <tr> <td colspan="2">                     Negative ▶ Routine screening                      Abnormal ▶ Colposcopy                 </td> </tr> </table>	Negative	Abnormal	Repeat Pap test in 6 months	Colposcopy	Negative ▶ Routine screening Abnormal ▶ Colposcopy	
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	Negative	Abnormal											
	Repeat Pap test in 6 months	Colposcopy											
Negative ▶ Routine screening Abnormal ▶ Colposcopy													
LSIL (Low-grade squamous intraepithelial lesion)													
ASC-H (Atypical squamous cells, cannot rule out high grade)	Refer for colposcopy.												
HSIL (High-grade squamous intraepithelial lesion)	Refer for colposcopy.												
AGC (Atypical glandular cells)	Refer for colposcopy, endocervical curettage and if the woman is ≥ 35 years of age or has abnormal bleeding, endometrial biopsy.												
AIS (Adenocarcinoma in situ)	Refer for colposcopy and endocervical curettage.												
Squamous carcinoma, adenocarcinoma, other malignant neoplasms.	Refer for colposcopy and oncology.												
Unsatisfactory	Repeat Pap test in 3 months. If persistent (2 consecutive), refer for colposcopy.												

Other Results	Management
Absence of Transformation Zone Cells	▶ Screen according to cytology result if woman has had routine Negative Pap tests.
Rejected Specimen	▶ Repeat Pap test in three months. Inform woman repeat is not due to abnormal cytology.
Endometrial Cells	▶ Refer for Endometrial biopsy if: <ol style="list-style-type: none"> <li>1) Over 40, has irregular bleeding and no history of hormones or IUCD,</li> <li>2) Over 40 and her menstrual history is unknown, or</li> <li>3) Post-menopausal with no history of HRT.</li> </ol>



# Cervical Cancer Screening in Manitoba

2007–2009 REPORT

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