

# UNDERSTANDING THE NEW SCREENING GUIDELINES FOR CERVICAL CANCER

CervixCheck has updated guidelines for cervical cancer screening in Manitoba. Changes have been made to the recommendations for screening initiation and the screening interval, and aim to maximize the benefits of screening while minimizing the harms.

## Screening Initiation

RECOMMENDATION	RATIONALE
<p>Screening should be <b>initiated at 21 years of age</b> for all women who have ever been sexually active.</p> <p>Health care providers should discuss the benefits and harms of screening with their patients.</p>	<p><b>The harms of screening women under 21 years of age outweigh the benefits.</b></p> <ul style="list-style-type: none"> <li>• Pap tests and follow-up procedures expose young women to anxiety and harms including reduced reproductive performance (preterm delivery, low birth weight, increased caesarean section rate, and premature rupturing of membranes).<sup>1</sup></li> <li>• Cervical cancer in young women is very rare. Since 1980, 0.18% of invasive cervical cancers in Manitoba were diagnosed in women under 21.<sup>2</sup> Evidence suggests that these cancers would not have been detected by screening.<sup>3</sup></li> <li>• Most cytological abnormalities in young women are low-grade and non-oncogenic. 90% will spontaneously regress within 24 months.<sup>4,5</sup></li> <li>• The latency period between HPV infection and the development of precancerous lesions and invasive cervical cancer is approximately 7 to 10 years.<sup>6</sup> Delaying the start of screening in young women still provides the opportunity to detect and treat lesions.</li> </ul> <p>Although the Canadian Task Force on Preventive Health Care recommends not routinely screening women aged 20-24, a “weak recommendation” is assigned due to the uncertainty of the evidence. Screening may still be minimally effective to reduce cervical cancer incidence in this age group.<sup>7</sup> Initiating screening at 21 years of age is consistent with the recommendation made in most other Canadian provinces and territories, and is also the recommendation made by the U.S. Preventive Services Task Force. CervixCheck will continue to respond to the evolving evidence to support screening guidelines.</p> <p>Some sexually active women may choose to delay onset of screening until 25 years of age. The decision to delay should take into consideration patients’ values, preferences and beliefs.</p>

## Screening Interval

RECOMMENDATION	RATIONALE
<p>In the absence of abnormal cytology, routine screening should be performed <b>every 3 years</b>.</p> <p>Health care providers should discuss the benefits and harms of screening with their patients.</p>	<p><b>Screening every 3 years maintains the benefits of screening while decreasing the harm from overscreening.</b></p> <ul style="list-style-type: none"> <li>• Shorter screening intervals (1-2 years) do not significantly decrease the incidence of cervical cancer more than screening every 3.<sup>8,9,10,11,12</sup> Annual screening significantly increases the number of women who are sent for further tests which increase the harms of screening.</li> <li>• Most countries recommend a 3-5 year interval.</li> </ul>

**The greatest reduction in cervical cancer will be achieved by screening eligible women who have not previously been screened, not by screening women earlier or more often.**

To support the new guidelines, CervixCheck will be phasing in reminder letters to women who are overdue for a Pap test.

To support your patients’ understanding of the new guidelines, order our new resource for women, “Pap testing in Manitoba has changed: What you need to know” at [TellEveryWoman.ca](http://TellEveryWoman.ca)

For more information, contact **CervixCheck**, or visit [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca).



[cervixcheck@cancercare.mb.ca](mailto:cervixcheck@cancercare.mb.ca)  
 5-25 Sherbrook Street, Winnipeg, MB R3C 2B1  
 Tel: (204) 788-8626 Fax: (204) 779-5748  
 Toll Free: 1-866-616-8805  
[cancercare.mb.ca/screening](http://cancercare.mb.ca/screening)

- 
- <sup>1</sup> Kyrgious, M., Koliopoulos, G., Martin-Hirsch, P., Arbyn, M., Prendville, E., Paraskevaidis, E. (2006). Obstetric and fertility outcomes after conservative treatment for intraepithelial or early invasive cervical lesions: A systematic review and meta-analysis of the literature. *Lancet*, (367):489-98.
- <sup>2</sup> Manitoba Cervical Cancer Screening Program. Statistical Report. Retrieved January 8th, 2010.
- <sup>3</sup> Sasieni, P., Castanon, A., Cuzick, J., Snow, J. Effectiveness of cervical screening with age: Population based case-control study of prospectively recorded data. *BMJ* 2009; 339: b2968.
- <sup>4</sup> Dunne, E.F., Unger, E.R., Sternberg, M., McQuillan, G., Swan, D.C., Patel, S.S. & Markowitz, L.E. (2007). Prevalence of HPV infection among females in the United States. *JAMA*, 297(8):813-819.
- <sup>5</sup> Holowaty, P., Miller, A.B., Rohan, T. & To, T. (1999). Natural History of Dysplasia of the uterine cervix. *Journal of the National Cancer Institute*, 91 (3):252-258.
- <sup>6</sup> Schlecht et al. (2003). Human papillomavirus infection and time to progression and regression of cervical intraepithelial neoplasia. *Journal of the National Cancer Institute* (95):1336-1343.
- <sup>7</sup> Popadiuk, C. et al (2012). Invasive cervical cancer incidence and mortality among Canadian women aged 15 - 29 and the impact of screening. *Journal of Obstetrics and Gynaecology Canada*. 34(12): 1167-1176.
- <sup>8</sup> Screening for squamous cervical cancer: duration of low risk after negative results of cervical cytology and its implication for screening policies. IARC Working Group on evaluation of cervical cancer screening programs. *Br Med J* 1986;293:659-64.
- <sup>9</sup> Sawaya, G.F., Kerlikowske, K., Lee, N.C., Gildengorin, G., Washington, A.E. (2000). Frequency of cervical smear abnormalities within 3 years of normal cytology. *Obstetrics and Gynecology*, (96):219-23.
- <sup>10</sup> Eddy, D.M. (1987). The frequency of cervical cancer screening. Comparison of a mathematical model with empirical data. *Cancer*, (60):1117-22.
- <sup>11</sup> Sasieni, P., Adams, J., Cuzick, J. (2003). Benefit of cervical screening at different ages: Evidence from the UK audit of screening histories. *Br J Cancer*, (89):88-93.
- <sup>12</sup> World Health Organization. International Agency for Research on Cancer. IARC handbooks of cancer prevention: cervix cancer screening. Vol 10. Lyon: IARC Press; 2005.