

# CERVICAL CANCER SCREENING IN CANADA

## What primary care providers need to know

The consequences of not screening eligible women are clear: invasive cancers that could be prevented aren't being detected early enough. In other words, screening eligible women can save lives.

*Cervical Cancer Screening in Canada (2016)* is a report by the Canadian Partnership Against Cancer that looks at a series of cervical cancer screening quality performance measures based on data from most provinces and territories. Taken as a whole, these measures provide a big picture view of the state of cervical cancer screening in Canada.



37% of women diagnosed with squamous cell carcinoma and 30% of women diagnosed with non-squamous cell carcinoma had their last Pap test more than

**five years before their diagnosis.**

or had no record of a Pap test at all.



Up to **30%**

of eligible women were not screened for cervical cancer.



New guidelines released in 2013 do not recommend screening for women 18 to 20 years of age. Between 2010 and 2013,

**49% to 90%**

of women in this age group had a Pap test.



Across the provinces and territories, the incidence of invasive cervical cancer ranges from

**8.8 to 12.1 per 100,000 women.**

The target of 5.5 cases per 100,000 women could be reached by 2037 with an 80% screening participation rate and a 70% immunization rate.



HPV vaccination acceptance rates vary across the country from

**66% to 94%**

(for 2 doses out of a recommended 2 or 3 doses, depending on the province).



In the reporting provinces, only

**19% to 31%**

of women with a high-grade Pap test result had a follow-up colposcopy within six weeks. The target is 90% of women.



The percentage of eligible women who had at least one Pap test in a three-year period was lowest among women in the 60 to 69 age group, at

**63.7%**

(corrected for hysterectomy).

## The case against screening young women

There's no evidence that screening young women is beneficial, and too many are being screened unnecessarily.

Cervical cancer is extremely rare in women 20 years of age and younger, and almost all low-grade abnormalities in these women regress within 36 months.

By delaying screening to the mid-20s, transient reversible lesions associated with HPV have time to regress, while more significant lesions requiring intervention can be detected at a later age without an increase in cancer incidence. In addition, the anxiety created by informing these women that they have a pre-cancerous lesion, together with the adverse outcomes associated with treatments such as loop electrosurgical excision procedures (LEEP), causes harm. Screening these young women also costs the health-care system millions of dollars a year (an estimated \$57.5 million in 2012).

It's important to note that almost all provinces and territories currently recommend against screening this age group, and the Canadian Task Force on Preventive Health Care strongly recommends (based on high-quality evidence) women under 20 should not be screened.

HPV vaccination is a key element of cancer control and will help to further protect women from cervical cancer, and reduce the incidence of cervical cancer to meet the 2037 target of 5.5 cases per 100,000 women.

## What can you do?

- You are key to providing information to women about the benefits and harms of cervical cancer screening and supporting informed decision-making.
- Do not screen women below the recommended age.
- If a woman has a high-grade Pap test, educate her about the importance of attending her follow-up appointment.
- Make sure you're still screening eligible women in the 60 to 69 age range.
- If you see girls aged nine to 14 years old in your practice, inform their parents about the importance of HPV vaccination and their ability to access school-based, publicly-funded vaccination programs. All women up to age 26 should consider the vaccine, and the most recent Canadian guidelines suggest it could be considered in some women over 26. Some provinces also cover the vaccine for boys.

## The Canadian Task Force for Preventive Health Care recommends the following cervical cancer screening guidelines for women:

Start age:	<b>25</b>
Interval:	<b>Every 3 years</b>
Stop age:	<b>70 years of age</b> with an adequate negative screening history in the previous 10 years (3 or more negative tests).

For more information about the Task Force guidelines, visit [canadiantaskforce.ca](http://canadiantaskforce.ca).

The guidelines in your province or territory may have slightly broader screening guidelines than the Task Force guidelines. Contact your provincial or territorial cervical cancer screening program for more information: <http://www.cancerview.ca/preventionandscreening/screening-programsacrosscanada/>

## About the report

*Cervical Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators* (available at [cancerview.ca/cervicalcancerscreening](http://cancerview.ca/cervicalcancerscreening)) is the third such report released by the Canadian Partnership Against Cancer, and includes 2011 to 2013 data that was provided by most provinces and territories, as well as a special section that focuses on the harms of screening women 18 to 20 years of age.

## About the Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer was created in 2007 by the federal government with funding through Health Canada. Since then, our primary mandate has been to move Canada's cancer control strategy into action and to help it succeed through coordinated system-level change across the full cancer care continuum—from prevention and treatment through survivorship and palliative care.