

CERVICAL CANCER SCREENING IN CANADA

A report summary

Cervical cancer screening has led to significant reductions in cervical cancer incidence and mortality. Despite this success, about 1,500 Canadian women will be diagnosed with invasive cervical cancer and 380 will die from the disease each year. Many of these women were not screened in the five years before their diagnosis, were not followed up appropriately, or a Pap test failed to detect their cancer. We also know that women with lower levels of income or education, new immigrants, women living in rural or remote locations, and who have limited access to screening are less likely to be screened.

For these reasons, the Pan-Canadian Cervical Cancer Screening Network (PCCSN)—supported by the Canadian Partnership Against Cancer—continually monitors and evaluates cervical cancer screening in Canada. In our most recent report, ***Cervical Cancer Screening in Canada***, we looked at several key measures of cervical cancer screening performance, as well as how much cervical cancer screening occurs among women 18 to 20 years of age who are younger than the recommended start age for screening.

Measuring cervical cancer screening

We found that cervical cancer screening participation rates for women 21 to 69 years of age were fairly high across Canada (ranging from 63 to 74 per cent), but no province or territory met the target of 80 per cent. In addition, only three provinces provided hysterectomy-corrected participation rates; removing women that have had a hysterectomy is necessary to calculate an accurate rate, particularly for older women.

Ensuring that participation is high is a key part of preventing cervical cancer. This became even clearer when we examined the screening history of women who have been diagnosed with invasive cervical cancer: 38 per cent of women diagnosed with squamous cell carcinoma and 28 per cent of women diagnosed with non-squamous cell carcinoma had not had a Pap test in the previous five years or had never had a Pap test. These cancers could have been prevented with regular screening.

The provinces and territories have implemented a variety of strategies at the individual, system and provider levels to

improve cervical cancer screening. These include sending letters of invitation or reminders to women, improved access to Pap test clinics and implementing population-based, organized screening programs. All provinces and territories also provide school-based HPV vaccination programs that have the potential to significantly decrease cervical cancer incidence. However, our report found that the vaccination rate among girls in the grades eligible for vaccination ranged by province from 65 to 94 per cent.

We measured how long it takes for women who have a high-grade abnormal test to have a colposcopy. Colposcopies are the next step in the cervical cancer screening pathway and are an important part of providing high-quality care. Long delays to colposcopy can increase the anxiety that women experience after having an abnormal Pap test. The percentage of women with a high-grade Pap test that had a colposcopy within six weeks ranged from 19 to 31 per cent for the five provinces that provided data. The target is 90 per cent.

Screening in young women

We examined the rate of screening in women 18 to 20 years of age. We found that 49 to 90 per cent of women in this age group had at least one Pap test from January 2010 to June 2013. New provincial cervical cancer screening guidelines have been introduced over the past few years which no longer recommend screening in women less than 21 years of age (and sometimes less than 25 years of age). In January 2013, the Canadian Task Force on Preventive Health Care published updated recommendations: the Task Force recommends against routinely screening women less than 20 years of age (strong recommendation against, high quality evidence) or women 21 to 24 years of age (weak recommendation against, moderate quality evidence). These recommendations are based on evidence about the harms of cervical cancer screening in young women (anxiety, adverse outcomes associated with treatments such as premature labour and rupture of the membranes), the etiology of the HPV virus (approximately 90 per cent of low-grade cervical abnormalities in young women regress within 36 months and only 3 per cent progress to high-grade disease), and the incidence of cervical cancer in this age group (≤ 0.3 cases per 100,000). The estimated cost of these Pap tests and the associated treatment is about 58 million dollars.

Future directions and challenges

The goals of screening are to decrease cervical cancer incidence and mortality. The current age-standardized invasive cervical cancer incidence rate in Canada ranges from 8.8 to 12.1 per 100,000 women. The target is to reduce this to 5.5 cases per 100,000 by 2037. To do this, we will need a screening participation rate of 80 per cent and an HPV vaccination rate of 70 per cent. This means ensuring that the right women are screened for cervical cancer at the right interval using evidence-based, high-quality screening technology.

Our report found that 30 per cent of women are not screened for cervical cancer. To help address this issue, the PCCSN will continue to support collaborations and knowledge exchange across the country. We are working on improving the quality of screening data by encouraging the collection of comprehensive data. We have created a working group that includes colposcopy providers from across the country to review international standards to develop additional ways to measure and improve colposcopy quality. Finally, our on-going work at the PCCSN includes collaborating nationally to identify groups of women that are the most likely to be unscreened or not vaccinated, and supporting the development of targeted cervical cancer control strategies for these women.

Learn more about cervical cancer screening in Canada at cancerview.ca/cervicalcancerscreening

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.