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The Canadian Strategy for Cancer control.

How is the Strategy helping me and those I care about?

Taking action to eliminate cervical cancer.

Hosting the Elimination of Cervical Cancer Summit.

Helen Hallovy Hicks: This action plan we will be discussing today is an early example of how the priorities of the Canadian strategy for cancer control can be met.

Deb Keen: Isn't this amazing? We have every province and territory in the room today.

Prof. Karen Canfell: As you've heard the Draft Strategic Plan includes what I call the 90-70-90 Triple Intervention Target, so it's acting simultaneously on three fronts.

Priority 1: Decrease the risk of people getting cancer.

Dr. Heather Bryant: There is quite a bit yet to be done in uptake of vaccination and you'll see here we have a few provinces notably in Atlantic Canada, we tend to have uptake rates of above 80% for immunization, but most of the provinces fall below that.

Goal: Improve HPV Immunization rates.

Target: By 2025, 90% of 17-year-olds are fully vaccinated with HPV vaccine.

Prof. Karen Canfell: Scaling up vaccinations so that 90% of girls of fully immunized by age 15 that will have long-term benefits to protect young cohorts and young generations against cervical cancer.

Dr. Julie Torode: We need to involve the youth of today not only because they need to understand about cervical cancer but they're going to be the people that lead elimination.

Linda Wu: Building awareness and the important role of vaccination is what we need to amplify.

Prof. Karen Canfell: First generation vaccines which became available from 2006 onwards had extraordinary protective efficacy.

Priority 2: Diagnose cancer faster, accurately and at an earlier stage.

Dr. Heather Bryant: The number one thing we can do to eliminate cervical cancer the fastest is to move the HPV test with 16/18.

Goal: Implement HPV primary screening.

2030 Targets: 90% of eligible individuals have been screened with an HPV test.

90% of eligible individuals are up-to-date with cervical screening.

No less than 80% of eligible individuals in any identifiable group are up-to-date with cervical screening.

Prof. Karen Canfell: We can now open up possibilities for HPV self-collection and for point-of-care testing. These are two new options possible with HPV testing that are not possible with sitology.

Dr. Heather Bryant: The difference in the number of deaths is about 1,750 deaths that we could avoid if we moved to the HPV test with triage, so that's significant.

Priority 3: Deliver high-quality care in a sustainable, world-class system.

Prof. Karen Canfell: Now really critical to all of this is the concept that we can do the same management strategy whether a woman has been offered vaccination, at what age she was vaccinated, how many doses she's had because we basically test for HPV and we manage what we find. We manage her risk as we find it in the screening program.

Goal: Improve follow-up of abnormal screening results.

2030 Targets: 90% of all individuals identified as being at elevated risk for significant cervical abnormalities have colposcopy in a timely manner.

90% of all individuals with an abnormal screening result (positive HPV test) should have a clear plan of appropriate follow-up designed and communicated to them within three months of the test that generated the positive result.

No less than 90% of individuals in an identifiable group receive follow-up.

Dr. Heather Bryant: Perhaps women in remote areas they great screened, they have an abnormality but it's a long way to go to sort that out. And so it's something, "Well it's just an abnormal pap test, just an abnormal screening test, doesn't mean you have cancer." And perhaps they're not getting the intervention at the time they need to actually prevent the cancer from developing.

Dr. Julie Torode:	Building partnerships is always the way to success and I hope your example today can inspire new partnerships in other countries.
Dr. Heather Bryant:	In terms of cervical cancer incidence amongst First Nations, Inuit and Métis screening rates were known to be lower in the past. Very recent studies look like those rates are getting to be more like the rest of the Canadian population, but those studies are very small those studies don't reflect the experience throughout Canada and we still have some real questions.
Dr. Craig Earle:	I think one thing that's really clear to me from today is that we cannot create silos on this immunization feeds into screening which feeds into management of abnormal call rate and we've got to make sure that all are involved, you know, even though there are kind of three different areas of work it's all related.
Deb Keen:	There's a way we can eliminate a cancer in Canada together. Who gets to say that?

Visit cancerstrategy.ca to learn more.

Canadian partnership against cancer.

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