

20 February 2013

POSITION STATEMENT

Recommendations on screening for cervical cancer

Joint response to the guidelines produced by the Canadian Task Force on Preventive Health Care (CTFPHC) and published in the January 2013 edition of the CMAJ.

How do the existing guidelines compare to the new 2013 CTFPHC guidelines?

	Existing provincial guidelines	CTFPHC 2013 guidelines
Initiation (When to begin obtaining Pap tests)	Age 21	Age 25
Interval (Frequency of Pap tests)	Every 2-3 years	Every 3 years
Cessation (When to stop obtaining Pap tests)	Age 65-70	Age 70

The CTFPHC guidelines agree with provincial guidelines that cervical cancer screening with the Pap test is an effective method to prevent cervical cancer. We encourage Canadian women to obtain a Pap smear regularly.

We have reviewed the guidelines carefully, as well as the evidence used to articulate the recommendations. Although the CTFPHC focused on the most important topic (i.e. decreasing mortality), we find it unfortunate that articles focusing on other important aspects of health were not given full consideration.

As subject matter experts responsible for health issues related to female sexual and reproductive health as well as gynaecologic cancers such as cervical cancer, increased consultation with professional/provincial organisations could have been beneficial to the development process and could help harmonize guidelines, as was done in the United States.

Our conclusions

1. Until better data exists to support the safety of delaying the initiation of screening, we are of the opinion that screening be initiated at the age of 21.
2. The role of HPV testing in current screening programmes must be considered. As a result, the recommendations seem out of step with a number of provincial programs, including Ontario which has already recommended the incorporation of HPV testing, and British Columbia that is considering such changes to its guidelines. Until there is clarity and initiation of co-testing (Pap test combined with HPV testing), it is recommended that provinces maintain the frequency of testing currently identified in their respective guidelines.
3. While we agree with decreasing harms from screening (e.g. overtreatment), the guidelines should also address strategies to increase benefits (e.g. decrease in incidence and mortality from cervical cancer).
4. We hope that, as HPV vaccination is implemented and young women are protected against HPV-related disease, these recommendations will be adjusted in a timely manner.

The new recommendations are very similar to the existing national guidelines. Most provinces and territories have been making comparable recommendations for some time now. (Refer to bullet 5 of the key considerations below for a breakdown of provincial/territorial guidelines.) However, there are some important ongoing debates in terms of initiation and frequency of screening that give rise to some concerns.

Key considerations regarding the new CTFPHC national guidelines on screening for cervical cancer

1. *These updated national guidelines do not apply to all Canadian women.*

As indicated in the new guidelines, the recommendations are intended for “healthy” women; not those with a history of abnormal Pap smears, or women at increased risk.

2. *Cervical cancer is a disease of young women as well as older women. The age of initiation remains controversial, and there is no consensus to support raising the age when women begin to be screened for cervical cancer in Canada to 25.*

Cervical cancer is the second most common cancer in Canadian women between the ages of 20 and 44, and the mortality rate is approximately 25%. Because of the impact of cancer treatment on fertility and sexual function in young women, our goal should be to find and treat cancer **precursors** at an early stage, when treatments are less invasive. We should remember that screening 21-25 year old women for **precursors** has the potential to prevent **cancer** in women in their 30s, when cervical cancer rates start to rise.

As stated in the CTFPHC guidelines, the evidence to support the recommendation to begin Pap tests at the age of 25 is weak. Some studies that show it is safe to defer screening until the age of 25 were conducted in countries where individuals (on average) become sexually active at a later age. Some studies also looked at the age when women were invited for screening, and failed to take into account that in many cases, Pap testing had already been taking place.

As a result, we believe that the decision to begin screening for cervical cancer should be taken after discussion with a health-care professional, and that for many women, 21 may be the appropriate age to start.

3. *While we agree that a delicate balance must be reached between benefits (reducing incidence and mortality) and harms (overtreatment), we disagree with the CTFPHC that the best way to reach this balance is by withholding screening in women 21-25.*

In general, we support the goal of implementing initiatives to reduce the volume and frequency of unnecessary medical procedures and their associated risks. It is also desirable to reduce the time and financial burden on the health system, but we must ensure that doing so will not negatively affect women and the health-care system in the medium to long-term.

We support recommendations not to conduct any cervical cancer screening for women before the age of 21 because we find the evidence against this practice is strong enough.

For women between 21-25, we believe that new colposcopy guidelines that specifically seek to address the issue of over-treatment, will enable women in this age group to benefit from screening, while keeping harm to a minimum.

Moreover, changes in pathologic understanding of the disease are helping to further reduce unnecessary interventions. The use of molecular biomarkers helps more accurately define the true “high grades” of abnormal cells that need to be treated. The better definition of “high grade disease” by the histopathologist, paired with the more conservative colposcopy guidelines (*Colposcopic Management of Abnormal Cervical Cytology and Histology*) published in the December 2012 edition of the *Journal of Obstetrics and Gynaecology Canada*, present a different situation from those studied in the past. Under these new management guidelines, women with abnormal smears will be provided with careful follow-up and monitoring to enable treatment should their disease progress. It is inappropriate to reduce screening when the problem has been addressed by adopting a more conservative response to abnormal findings.

4. **The greatest factor resulting in the development of cervical cancer and mortality from this disease remains under-screening or no screening. This is where efforts must be directed. It would have been useful for the CTFPHC to inform us on the best ways to reduce under screening, as this is what will likely decrease incidence and mortality.**

50% of all cancers develop in women who were never screened, or who lapsed in their Pap tests. Attention needs to be focused on reaching out to the under-screened women in our society and addressing barriers to screening.

The CTFPHC recommendations are based on systems in which women are screened every three years. As we know, this is not an interval that can be easily remembered by most patients. An effective screening program requires a system of tracking and recalling women for Pap smears at three-year intervals. Currently, such systems are only in place in a limited number of Canadian provinces.

5. **Provincial and territorial guidelines are very similar to one another and to the new national guidelines.**

Health is a provincial jurisdiction. As a result, provinces and territories have adopted guidelines which sometimes differ slightly from one another and from the national guidelines. Age of initiation is where the main differences appear. Having said this, we believe each province/territory, with appropriate expert consultation, knows how best to screen and provide surveillance of the population for which it is responsible.

Jurisdiction	Initiation (When to begin Pap tests)	Interval (Frequency of Pap tests)	Cessation (When to stop Pap tests)
Alberta	Age 21 or 3 years after becoming sexually active (whichever occurs later)	Every year, until there are 3 consecutive negative results; then every 3 years	Age 70 (if last 3 tests done in the last 10 years were normal)
British Columbia	Age 21 or within 3 years of first sexual contact	Every year, until there are 3 consecutive negative results; then every 2 years	Age 70
Manitoba	3 years after becoming sexually active	Every 2 years	Age 70 (if last 3 or more tests done in the last 10 years were normal)
New Brunswick	Age 21 or 3 years after first intimate sexual activity (whichever occurs later)	Annually, until there are 3 consecutive negative results; then every 2-3 years	Age 70 (if adequate negative screening history in the previous 10 years)
Newfoundland	Age 20	Annually, until there are 3 consecutive negative results; then every 3 years	Age 70
Northwest Territories	Age 21 or 3 years after the onset of intimate sexual activity (whichever occurs earlier)	Annually until there are 3 consecutive normal test results; then every 2 years	Age 69+ (if 3 or more normal smears in the last 10 years)
Nova Scotia	Within 3 years of becoming sexually active or by age 21	Annually until there are 3 consecutive normal test results; then every 2 years	Age 75
Nunavut	?	?	?
Ontario	Age 21 (if you are or have been sexually active)	Every 3 years (if cytology is normal)	Age 70
Prince Edward Island	As soon as you become sexually active or reach the age of 18	At least every 2 years	Age 70

Quebec	Age 21 (if you are or have been sexually active)	Every 2-3 years	Age 65 (if the results of the last 2 tests done in past 10 years were normal)
Saskatchewan	Age 21 or 3 years after first intimate sexual activity (whichever occurs later)	Every 2 years until 3 consecutive normal results; then every 3 years	Age 70 (if the last 3 consecutive tests done the last 10 years were negative)
Yukon	Once you become sexually active	Annually until there are at least 3 consecutive normal test results; then every 2 years	Age 70 (if no past results were abnormal)

Closing remarks

The recommendations around cervical cancer screening will require ongoing evaluation as the knowledge around this disease and HPV increases, as the uptake of immunization increases, as the vaccines themselves change, as screening procedures (Pap test screening versus HPV testing) continue to be analyzed and improved, and as the behaviour of the population changes.