

### Cervical Cancer in Canada: A Response to the Release of the CCS/NCIC Cancer Statistics 2006

#### To the Editor:

Cervical cancer is the second most common cancer among women worldwide.<sup>1</sup> In Canada, it is estimated that 1350 women will be diagnosed with cervical cancer this year and 390 women will die of a disease that is largely preventable.<sup>2</sup> There have been several national initiatives to support the development of organized cervical cancer screening in Canada, and thereby, to reduce the burden of disease.

The Cervical Cancer Prevention and Control Network (CCPCN) applauds the work of the Canadian Cancer Society and the National Cancer Institute of Canada for their recently released Canadian Cancer Statistics 2006 Report.<sup>2</sup> The report presents the latest national multi-modal screening data and highlights the issue of cancer screening. In particular, it identifies a significant gap in the availability of cervical screening data.

Although the provincial age-standardized incidence rates of cervical cancer vary, ranging from 6/100 000 in Manitoba and Saskatchewan to 17/100 000 in Prince Edward Island, the national incidence of cervical cancer remains at 8/100 000 women.<sup>2</sup>

Not participating in screening remains one of the most significant risk factors for this disease. Cervical cancer usually progresses very slowly: it can take up to 10 years for precancerous lesions to develop into carcinoma *in situ*.<sup>1</sup> This provides a window of opportunity to identify abnormal cervical cells (most often before there are symptoms) and to ensure appropriate treatment.

It is well recognized that fully organized programs in other countries (e.g., Finland, Australia, and the United Kingdom) have significantly reduced the burden of cervical cancer disease.<sup>3</sup> Since organized screening was first introduced in the United Kingdom in 1986, the reported incidence of cervical cancer has decreased from 16.0/100 000 to 9.6/100 000.<sup>4</sup>

Opportunistic screening to prevent cervical cancer has been available to women across Canada since 1969.

An overview of participation in cervical screening (Table) suggests that significant gains have been realized in provincial monitoring of screening activities over the past several years.

Actual participation rates are known to be more accurate than self-reported rates: the accuracy of recall for self-reported data is limited and may result in overestimation.<sup>5</sup>

In Canada, numerous recommendations have been made in the past thirty years to develop comprehensive and organized cervical cancer screening programs. These national

#### Three-year Pap test rates for Canadian women\* ages 20 to 69, by jurisdiction 1996–1998 and 2001–2003

Percent screened							
Years	BC	MB	NS	PE	NL	ON	YK
1996–1998	67	69	74	71			
2001–2003	63	64	73	65	63	69	75

\* Women counted only once regardless of the number of Pap tests in the three-year period.

Source: Data (not corrected for hysterectomy) submitted by provincial programs.

Notes:

BC denominator data: Health Data Warehouse

MB denominator: Manitoba Health Population Data

MB rate calculated from April 27, 2001, to December 31, 2003

NS denominator data: 2001 post-census from Statistics Canada

PE denominator data: PE Medicare Registry.

NL denominator data: Dept of Economics and Finance, NL

ON denominator data: Annual Demographic Statistics 2004; participation

estimates derived from Cytobase which represents approximately 80%+ Pap test data in Ontario

YK denominator data: Bureau of Statistics

recommendations, which include population-based recruitment, recall, follow-up, and quality management components, require the support of computerized information systems. Eight of the 13 provinces and territories have recommended and/or implemented elements of an organized screening program. Programs (full or partial) have been implemented in the following jurisdictions: British Columbia (1960), Nova Scotia (1991), Manitoba (1999), Alberta (2000), Ontario (2000), Saskatchewan, Prince Edward Island (2001), and Newfoundland and Labrador (2003).

In 2003, the Pan-Canadian Forum on Cervical Screening recognized that reporting on various indicators at a national level was limited because there was—and still is—no centralized national database.<sup>6</sup> The implementation of a comprehensive population-based cervical screening database was recommended. The development of a set of pan-Canadian population-based performance indicators and targets for cervical screening was also recommended.

There are new opportunities on the horizon related to the prevention and control of cervical cancer. The imminent availability of preventive vaccines, other new technologies,

and emerging research will also affect cervical cancer screening and the health of Canadian women.

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