A stylized map of Canada in a light teal color, serving as a background for the title text.

Cervical Cancer Screening in Canada

PROGRAM PERFORMANCE RESULTS REPORT

JANUARY 2009 – DECEMBER 2011

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

Acknowledgments

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Executive Summary

The goal of cervical screening is to decrease cervical cancer incidence and mortality through the early detection and treatment of pre-cancerous lesions and early-stage invasive cervical cancer. In recent years, there have been significant changes to recommended practice for cervical screening including a later age of initiation and longer intervals between screens. Human papillomavirus (HPV) testing is being evaluated in several provinces and the first HPV-vaccinated cohort is approaching the age for screening. Monitoring program performance is essential to evaluate these changes as they are incorporated into practice.

In 2009, the Screening Performance Indicators Working Group (under the guidance of the Public Health Agency of Canada's Steering Committee for the Cervical Cancer Prevention and Control Network) developed 12 performance indicators for cervical cancer screening programs in five areas to help monitor cervical screening progress: coverage, cytology performance, system capacity, follow-up, and outcomes.¹

The monitoring of cervical cancer screening performance is a priority of the Pan-Canadian Cervical Cancer Screening Network, a national cervical cancer screening forum supported by the Canadian Partnership Against Cancer (the Partnership). To address this priority, the Network collaborated closely with cervical cancer screening programs to develop standardized reporting definitions, submit data and produce an inaugural report that provided information on cervical cancer screening across Canada from 2006–08.

This second report presents data for the years 2009–11 for the 12 cervical screening program performance indicators for women aged 20 to 69 years, plus descriptive information about the use of HPV testing and immunization. This report also provides more detailed cervical cancer information for 20 to 24 year old women and by histological subtype (squamous cell carcinoma and non-squamous cell carcinomas).

Although the degree of cervical cancer screening program organization varies across the country, eight provinces contributed data for this report: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Each provincial cervical screening program reviewed and approved its data and report and all provinces and territories were kept informed of the process.

The results provide updated information about cervical cancer screening outcomes from across Canada. In most cases, the submitting provinces were able to provide data on more indicators than for the first report. As a result of discussions with the members of the Pan-Canadian Cervical Cancer Screening Network, there is also greater clarity on data definitions, which has led to improvements in data quality and interpretation. Some provinces were unable to submit data for various reasons including data unavailability, data incompleteness, human resource issues, and lack of information system capacity and technical resources. These gaps must be addressed because reliable, valid screening information is essential for evaluating cervical cancer screening in Canada.

The next step in the process of monitoring the performance of cervical cancer screening programs is the development of national targets for the current indicators and the continued evaluation of HPV testing and vaccination. Through this project and other initiatives, the Pan-Canadian Cervical Cancer Screening Network and the Partnership will continue to support the development of provincial and territorial organized cervical cancer screening programs.

Key results by indicator include the following:

Participation Rate

Participation is the percentage of eligible women in the target population who had at least one Pap test in a three-year period. The participation rate should exclude women who have had a total hysterectomy because these women do not need routine screening. Not correcting for hysterectomy is likely to underestimate participation rates in older women. Age-standardized participation rates corrected for hysterectomy were available for three provinces; those rates were 64.9%, 69.5% and 70.1%. Hysterectomy-corrected participation was stable until age 50 and then decreased to 60.0% for women aged 60 to 69, confirming a decrease in participation with age. Age-standardized participation rates not corrected for hysterectomy were available from five provinces and ranged from 64.6% to 74.4%. Participation has remained stable since the last report.

Retention Rate

Retention is the percentage of eligible women who were re-screened within three years after a negative Pap test. Retention reflects the ability to screen women repeatedly over time as well as the acceptability of the test. Retention rates ranged from 74.3% to 95.3% and were lowest for women aged 60 to 69 (76.0%). The retention rate appears to be stable over time. Additional strategies may therefore be required to ensure that hard-to-reach women are re-screened at the recommended interval.

Specimen Adequacy Rate

Specimen adequacy is measured by the percentage of unsatisfactory Pap tests. The percentage of unsatisfactory tests for the provinces combined was 2.9%. The percentage of unsatisfactory Pap tests using conventional cytology ranged from 0.9% to 4.0%. The percentage of unsatisfactory tests using liquid-based cytology (LBC) ranged from 0.7% to 3.0%.

Screening Test Results

Screening test results categorize women by their most severe cytology result in a 12-month period. The percentage of women who had a negative Pap test result was 95.0%. The percentage of women who had an abnormal cytology result was 5.0% (range, 3.8% to 6.4%). Overall, 3.9% of abnormal cytology results were low grade (atypical squamous cells of undetermined significance — ASC-US, or low-grade squamous intraepithelial lesions — LSIL) and 1.1% were high grade (atypical glandular cells — AGC, atypical squamous cells, high-grade — ASC-H, or high-grade squamous intraepithelial lesions — HSIL or more severe).

Cytology Turnaround Time

Cytology turnaround time is the median number of days from the date of specimen collection to the date the laboratory issues the Pap test report. The median cytology turnaround time for 2011 ranged from 13 to 57 days. The majority of provinces had median turnaround times between 13 and 17 days.

Time to Colposcopy

Time to colposcopy is the percentage of women with a high-grade abnormal Pap test result (AGC, ASC-H or HSIL+) who had a colposcopy within three, six, nine and 12 months. The percentage of these women who had a colposcopy within 12 months ranged from 82.5% to 84.7%. Twice as many provinces were able to report this data than in the previous report, which is particularly important given the increased emphasis on reducing the time to diagnosis as much as possible.

Histological Investigation

Histological investigation is the percentage of women with a high-grade abnormal Pap test result (ASC-H or HSIL+) who had a colposcopy, histological investigation, or both. Compared with the previous report, significantly more provinces were able to provide this data. The percentage of women who had an ASC-H or HSIL+ Pap test result who had histological investigation for 2009-10 was 80.7% (range, 70.4% to 89.7%). The percentage of women who had an ASC-H or HSIL+ Pap test result and a colposcopy who had histological investigation was 90.1% (range, 82.1% to 96.5%). The differences reflect referral to or attendance at colposcopy.

Cytology-Histology Agreement

Cytology-histology agreement is the percentage of high-grade abnormal Pap test results (ASC-H or HSIL+) that had histological confirmation of cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia) and CIN 3+ (severe dysplasia, carcinoma in situ, or invasive cervical cancer). The percentage of biopsy results that showed CIN 2 or 3+ following an ASC-H Pap test result ranged from 35.4% to 58.5%. The percentage of biopsy results that showed CIN 2 or 3+ following an HSIL+ Pap test result ranged from 59.5 to 82.1%.

Pre-cancer Incidence Rate

The pre-cancer incidence rate is the number of pre-cancerous lesions detected per 1,000 women screened in a 12-month period. The pre-cancerous incidence rate ranged from 3.1 to 7.5 per 1,000 women screened, was highest for the 20 to 29 age group (12.6 per 1,000 women screened), and decreased with age. The higher rate in younger women reflects the increased prevalence of HPV infections in younger women as well as the potential over-diagnosis that may be occurring.

Cancer Incidence Rate

Cancer incidence is the number of new cases of invasive cervical cancer per 100,000 women. The age-standardized invasive cervical cancer incidence for women aged 20 years or older was 7.1 per 100,000 for squamous cell carcinoma and 3.6 for non-squamous cell carcinoma. These numbers are comparable to those in the previous report, which presented only a combined cancer rate.

Cancers Diagnosed at Stage 1

Cancers diagnosed at Stage 1 is the percentage of invasive cervical cancer cases detected at Stage 1 according to the International Federation of Gynaecology and Obstetrics (FIGO) classification system. Cancers diagnosed at Stage 1 ranged from 44.8% to 62.7%.

Screening History in Cases of Invasive Cancer

Screening history in cases of invasive cancer is a retrospective summary of screening prior to diagnosis and is measured as the percentage of women diagnosed with invasive cervical cancer since their last Pap test. The percentage of women diagnosed with invasive cervical cancer who had a Pap test more than five years before or who had never had a Pap test was 62.1% for squamous cell carcinoma and 67.9% for non-squamous cell carcinoma. These cases of cancer may have been prevented with regular screening.

Background

INTRODUCTION

Screening using the Papanicolaou test (Pap test, or cervical cytology) has led to significant reductions in cervical cancer incidence and mortality in Canada.² Despite this success, over 1,400 Canadian women are diagnosed with invasive cervical cancer each year.³ Studies have found that women diagnosed with invasive cervical cancer were not screened in the five years before diagnosis, were not followed appropriately after an abnormal Pap test result, or the Pap test failed to detect their cancer.⁴ It is therefore critical to continuously monitor and evaluate cervical cancer screening to ensure that Canadian women receive high-quality cancer prevention services.

In Canada, cervical screening has typically occurred spontaneously or opportunistically; however, organized screening programs, which provide the components required to effectively reduce the burden of cervical cancer and permit the evaluation of screening effectiveness, are becoming more developed across the country. Supporting organized cervical cancer screening is a key priority for the Pan-Canadian Cervical Cancer Screening Network, a national cervical cancer screening forum supported by the Canadian Partnership Against Cancer.

In 2010, the Pan-Canadian Cervical Cancer Screening Network formed a working group to collaborate with provincial and territorial screening programs to submit and analyse screening data using the 12 program performance indicators previously developed by the Screening Performance Indicators Working Group and the Public Health Agency of Canada.¹ This report is the second produced by the Pan-Canadian Cervical Cancer Screening Network and provides information on the 12 performance indicators for women aged 20 to 69 for the years 2009–11. The results differ across the country and are influenced by the level of program organization, the target population, service access and provision, reporting thresholds for test results, follow-up and treatment, and screening interval recommendations. Data availability and completeness also differ by province. Appendix B provides detailed information about cervical cancer screening programs in Canada.

HUMAN PAPILLOMAVIRUS

Cervical cancer is caused by the human papillomavirus (HPV). Of the more than 100 types of identified HPV, 40 infect the genital tract; of these, approximately 15 are considered high risk, with types 16 and 18 causally linked to 70% of cervical cancer cases. HPV is a highly prevalent sexually transmitted virus; peak prevalence occurs during adolescence and the early 20s after the commencement of sexual activity. Most HPV infections are transient and are cleared by the immune system without signs or symptoms. However, a small percentage of women experience persistent infections. For these women, the average time between becoming infected with a high-risk HPV type and developing a pre-cancerous lesion is 24 months, with a further eight to 12 years before the development of invasive cervical cancer. Because of this long natural history, screening is an effective strategy for the identification and treatment of pre-cancerous cervical lesions.

PRE-CANCEROUS LESIONS

The goal of cervical screening is to decrease cervical cancer incidence and mortality through the early detection and treatment of pre-cancerous lesions which include moderate and severe cervical dysplasia – CIN 2 and 3 – and cervical carcinoma in situ. If a pre-cancerous lesion is removed or destroyed, invasive cervical cancer can usually be prevented.

CERVICAL CANCER

Cervical cancer is a malignancy of the cells lining the surface of the cervix. Approximately 80% of cervical cancers are squamous cell carcinomas (cancers that arise from squamous cells), 15% are adenocarcinomas (cancers that arise from glandular or columnar cells) and 5% are mixed adenosquamous cell carcinomas and other rare histological types. Invasive cervical cancer is a relatively uncommon disease in Canada owing to the widespread use of screening and the diagnosis and treatment of pre-cancerous lesions. In 2007, 1,405 Canadian women were diagnosed with invasive cervical cancer and 370 died from the disease.³ Invasive cervical cancer incidence has declined from 15.4 per 100,000 in 1977 to an estimated 7.4 per 100,000 in 2013, while invasive cervical cancer mortality has declined from 4.8 per 100,000 in 1977 to an estimated 1.6 per 100,000 in 2013.³

History of Cervical Cancer Screening in Canada

In Canada, cervical cancer screening policy and organization occurs at the provincial and territorial level. Historically, the delivery of cervical cancer screening has been largely opportunistic and depends on the initiative of the individual woman or her health-care provider. However, cervical screening programs in Canada are becoming increasingly organized. As early as 1973, the Conference of Deputy Ministers of Health recognized that cervical cancer screening should be implemented through organized screening programs, a recommendation repeated by a variety of task forces and published reports.^{5,6}

The minimum essential elements of an organized cervical screening program are as follows:

- An explicit screening policy with specific age categories, methods, and intervals for screening
- A defined target population
- A management team responsible for program implementation
- A health-care team that can provide care
- A quality assurance structure
- A method for identifying cancer occurrence in the target population⁷

By 2013, seven provinces had partially organized cervical screening programs and two had organized programs that include population-based recruitment and recall systems (Appendix B).

Cervical Cancer Screening Process

Figure 1 illustrates the cervical cancer screening process. Eligible women are given a Pap test by their health-care provider and the sample cells are then processed by a laboratory. Women who have a negative Pap test result should be re-screened every two to three years, depending on provincial or territorial guidelines. Those who have an abnormal result undergo a repeat Pap test, or a colposcopy, biopsy or both, depending on the severity of the abnormality. In an organized screening program, eligible women are invited to screening and are recalled based on their Pap test results.

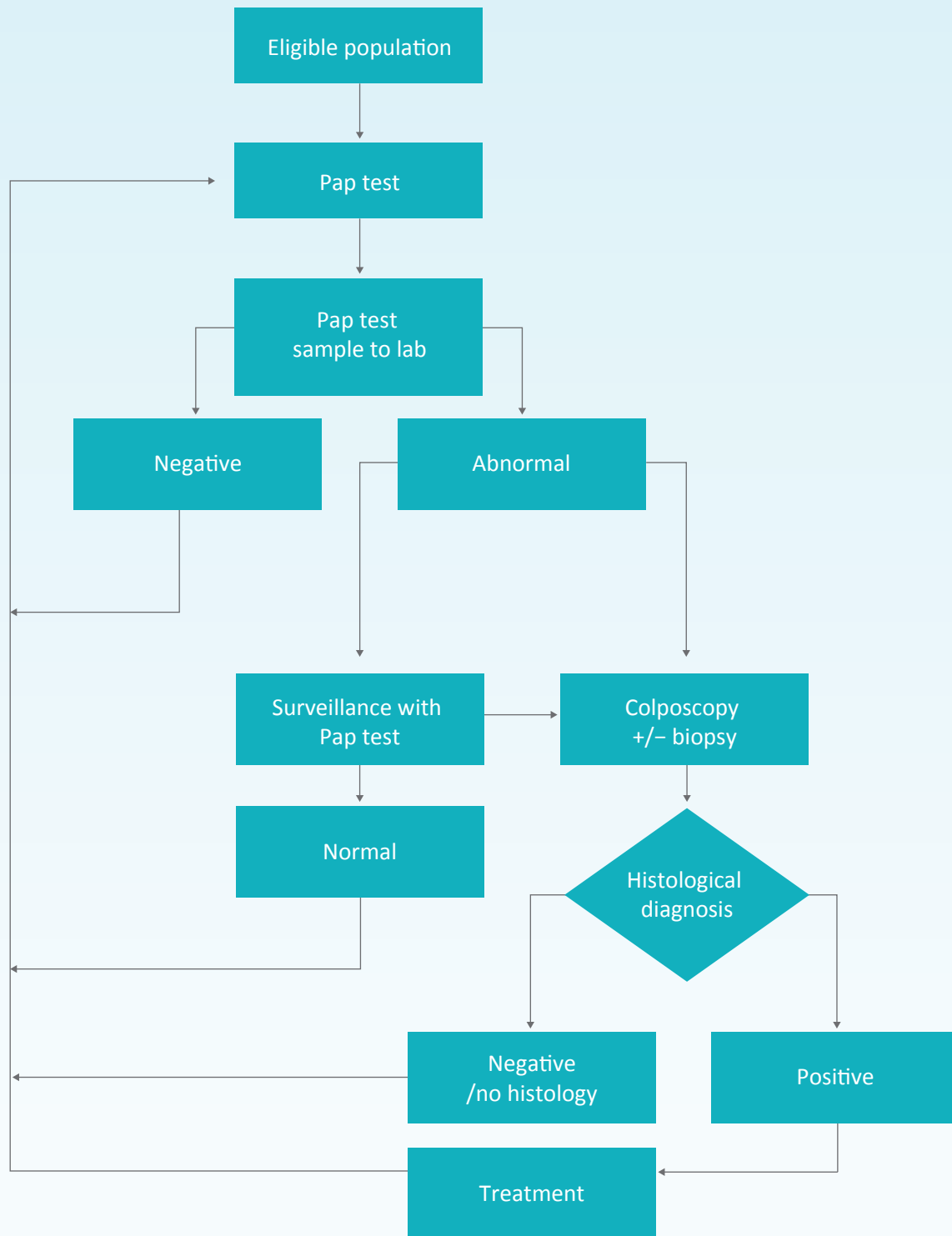
PAP TEST

The Pap test (cervical cytology) screens for abnormal changes in cervical cells. A sample of cervical cells is smeared on a slide (conventional cytology) or placed in a liquid fixative (liquid-based cytology — LBC) and screened for squamous or glandular pre-cancerous changes. These changes are classified on a scale of increasing severity using standardized terminology. In Canada, the most common classification system used is the 2001 Bethesda System.⁸

FOLLOW-UP AND TREATMENT

Although guidelines vary slightly, the Pap test is usually repeated in six months for low-grade abnormalities. For high-grade abnormalities, the woman is referred for colposcopy, during which a detailed examination of the cervix is performed. In some cases, a biopsy is conducted to confirm the nature of the changes and the lesion is treated by local excision, cryotherapy, laser ablation, or conization.

FIGURE 1
Cervical Cancer Screening Process



Methods

DEVELOPMENT OF PROGRAM PERFORMANCE INDICATORS

In 2009, a performance monitoring guide for cervical screening programs in Canada was published by a Screening Performance Indicators Working Group formed under the guidance of the Public Health Agency of Canada's Steering Committee for the Cervical Cancer Prevention and Control Network (CCPCN). The Working Group identified 12 indicators to facilitate the comparison of cervical cancer screening performance across Canada (Figure 2).¹

Table 1 summarizes the definitions for the 12 indicators; Appendix C provides more detailed definitions.

INDICATOR	DEFINITION
1. PARTICIPATION RATE	Percentage of eligible women in the target population with at least 1 Pap test in a 3-year period
2. RETENTION RATE	Percentage of eligible women re-screened within 3 years following a negative Pap test in a 12-month period
3. SPECIMEN ADEQUACY RATE	Percentage of test results reported as unsatisfactory in a 12-month period
4. SCREENING TEST RESULTS	Women categorized by their most severe Pap test result in a 12-month period
5. CYTOLOGY TURNAROUND TIME	Median number of days from date of Pap test to date the test report is issued by the laboratory in a 12-month period
6. TIME TO COLPOSCOPY*	Percentage of women with a high-grade abnormal Pap test result (AGC, ASC-H or HSIL+) who had follow-up colposcopy examination within 3, 6, 9 and 12 months of the Pap test
7. HISTOLOGICAL INVESTIGATION*	Percentage of women with a high-grade abnormal Pap test result (ASC-H or HSIL+) who had a histological investigation within 12 months of the Pap test
8. CYTOLOGY-HISTOLOGY AGREEMENT	Percentage of high-grade abnormal Pap test results (ASC-H or HSIL+) that had a CIN 2 (moderate dysplasia) or CIN 3+ (severe dysplasia, carcinoma in situ or invasive cervical cancer) biopsy result within 12 months of the Pap test
9. PRE-CANCER INCIDENCE RATE*	Number of pre-cancerous lesions (CIN 2 – moderate dysplasia, CIN 3 – severe dysplasia or cervical carcinoma in situ, excluding adenocarcinoma in situ) detected per 1,000 women screened in a 12-month period
10. CANCER INCIDENCE	Number of new cases of squamous cell and non-squamous cell invasive cervical cancer per 100,000 women
11. CANCERS DIAGNOSED AT STAGE 1	Percentage of cases of invasive cervical cancer diagnosed at FIGO Stage 1 in a 12-month period
12. SCREENING HISTORY IN CASES OF INVASIVE CANCER	Percentage of women with invasive cervical cancer whose last Pap test was 6 months to less than 3 years, 3 to 5 years, or more than 5 years before the date of cancer diagnosis
<p>*Indicators modified from <i>Performance Monitoring for Cervical Cancer Screening Programs in Canada – 2009</i> to better reflect the concept being measured and the source of data.¹ AGC = atypical glandular cells; ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe; CIN = cervical intraepithelial neoplasia; FIGO = International Federation of Gynecology and Obstetrics</p>	

PROJECT APPROACH

In 2010, the Pan-Canadian Cervical Cancer Screening Network established a working group that included Network representatives from across Canada to develop a process for monitoring cervical cancer screening nationwide. The primary responsibility of the group is to regularly produce comprehensive, pan-Canadian cervical cancer screening reports.

A data group comprising data analysts from each of the screening programs was also formed to provide expertise and advice on data definitions, analytical details and methodology, and to co-ordinate the data submissions from the provinces.

The first report was published in December 2011 and included data from 2006–08. The approach for this 2009–11 report included completing an environmental scan of data availability across Canada, sending a formal request for aggregate data to the provinces and territories, and reviewing and updating the data definition document, which includes detailed definitions and calculations for each of the 12 indicators (Appendix C). The updated data definitions were circulated and reviewed by the data group several times to ensure reporting consistency across the cervical screening programs.

HPV testing and HPV immunization are also discussed in this report because the impact of both on cervical screening in the future will need to be monitored closely.

DATA SUBMISSION AND ANALYSES

The Partnership's analytics team created data submission templates — which were reviewed and tested by the data group — using Excel to standardize the data submission. The analytics team also created summary tables and figures that were reviewed and approved by the provincial cervical screening programs.

Aggregate, non-identifiable data were submitted to the Partnership by cervical cancer screening programs in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Information was not available from the Yukon, the Northwest Territories, Nunavut or Québec. Not every province was able to submit data for all indicators for various reasons, including data unavailability and incompleteness, human resource issues, and lack of information system capacity and technical resources. Table 2 summarizes the availability of data for each report by province and territory.

TABLE 2**Summary of Data Availability by Province for the 2006–08 And 2009–11 Reports**

INDICATOR	BC	AB	SK	MB	ON	NB	NS	PEI	NL
PARTICIPATION RATE	✓* ✓*	✓ ✓	✓ ✓	✓ ✓*	✓* ✓*		✓ ✓	✓	✓ ✓
RETENTION RATE	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓		✓ ✓		✓ ✓
SPECIMEN ADEQUACY RATE	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓		✓ ✓	✓	✓ ✓
SCREENING TEST RESULTS	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓		✓ ✓	✓	✓ ✓
CYTOLOGY TURNAROUND TIME	✓ ✓		✓ ✓	✓ ✓	✓		✓ ✓	✓	✓ ✓
TIME TO COLPOSCOPY	✓ ✓	✓ ✓		✓ ✓	✓		✓		✓
HISTOLOGICAL INVESTIGATION	✓ ✓	✓		✓			✓	✓	
CYTOLOGY-HISTOLOGY AGREEMENT	✓ ✓	✓ ✓		✓ ✓			✓	✓	
PRE-CANCER INCIDENCE RATE	✓ ✓	✓		✓ ✓			✓	✓	✓ ✓
CANCER INCIDENCE RATE	✓ ✓	✓ ✓	✓	✓ ✓	✓	✓ ✓	✓ ✓	✓	✓ ✓
CANCERS DIAGNOSED AT STAGE 1	✓	✓ ✓	✓ ✓	✓ ✓			✓ ✓	✓	✓ ✓
SCREENING HISTORY IN CASES OF INVASIVE CANCER	✓ ✓		✓	✓ ✓	✓		✓ ✓	✓	✓ ✓

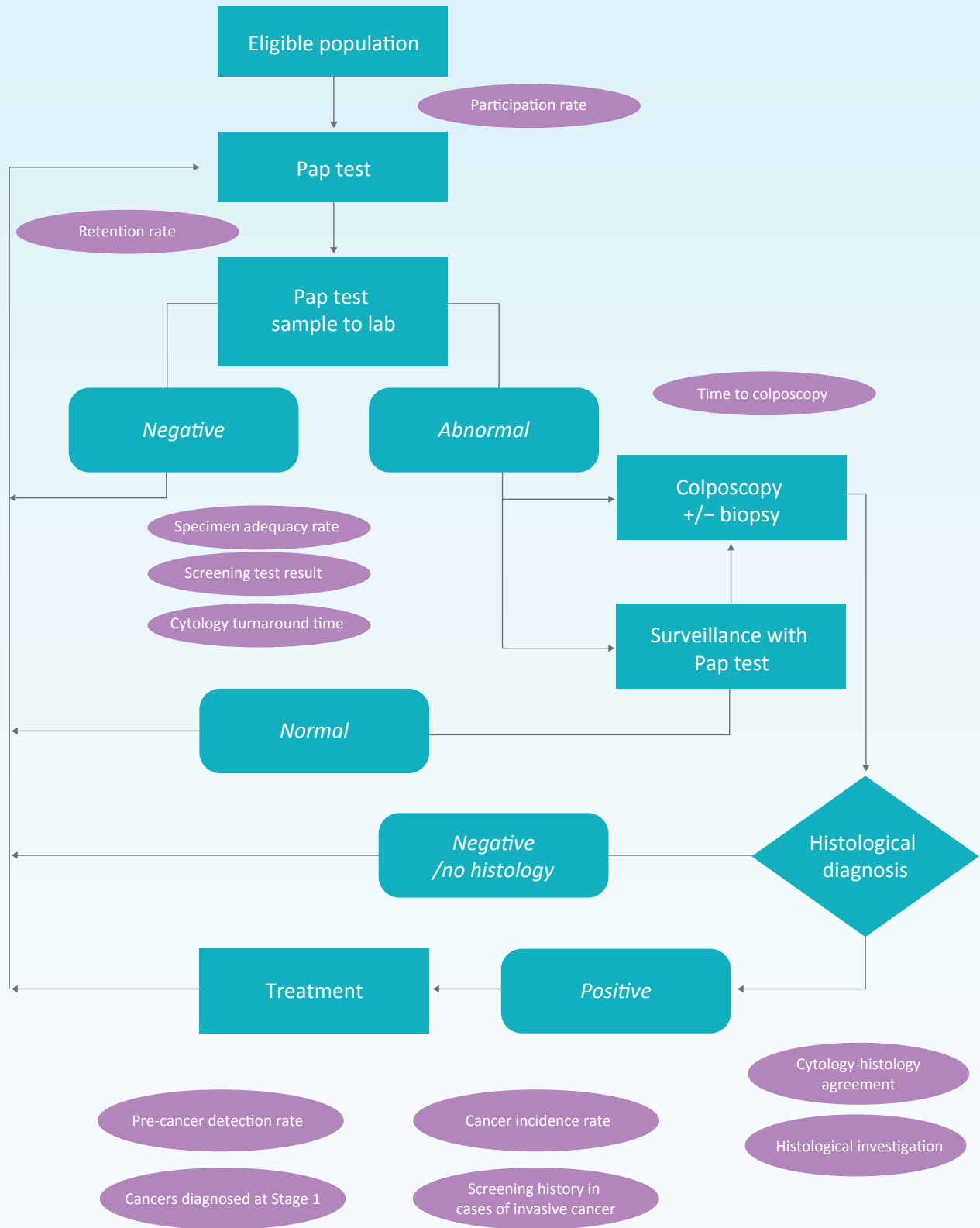
Data was not available for Yukon, Northwest Territories, Nunavut or Québec.

✓ Data available for 2006–08 report

✓ Data available for 2009–11 report

* Corrected for hysterectomy

FIGURE 2
Cervical Screening Indicators



Results

Results are presented for women aged 20 to 69 years for the years 2009–11. The level of program organization varies across the country; therefore, the information in this report is limited to provinces with available data and includes British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador (Table 2). All provinces and territories were kept informed of the process regardless of whether they were able to submit data.

Indicator variability among provinces is due to a variety of factors including the degree of program organization, characteristics of the target population, service access and provision, reporting thresholds for test results, availability of follow-up and treatment information, and the number and availability of health-care providers and diagnostic assessment and treatment facilities. In most cases, the submitting provinces were able to provide more data, especially for hysterectomy-corrected participation rate, time to colposcopy, histological investigation, and cytology-histology correlation. This report focuses on the results for each indicator but does not analyze in detail the specific reasons for variability across Canada.

PARTICIPATION RATE

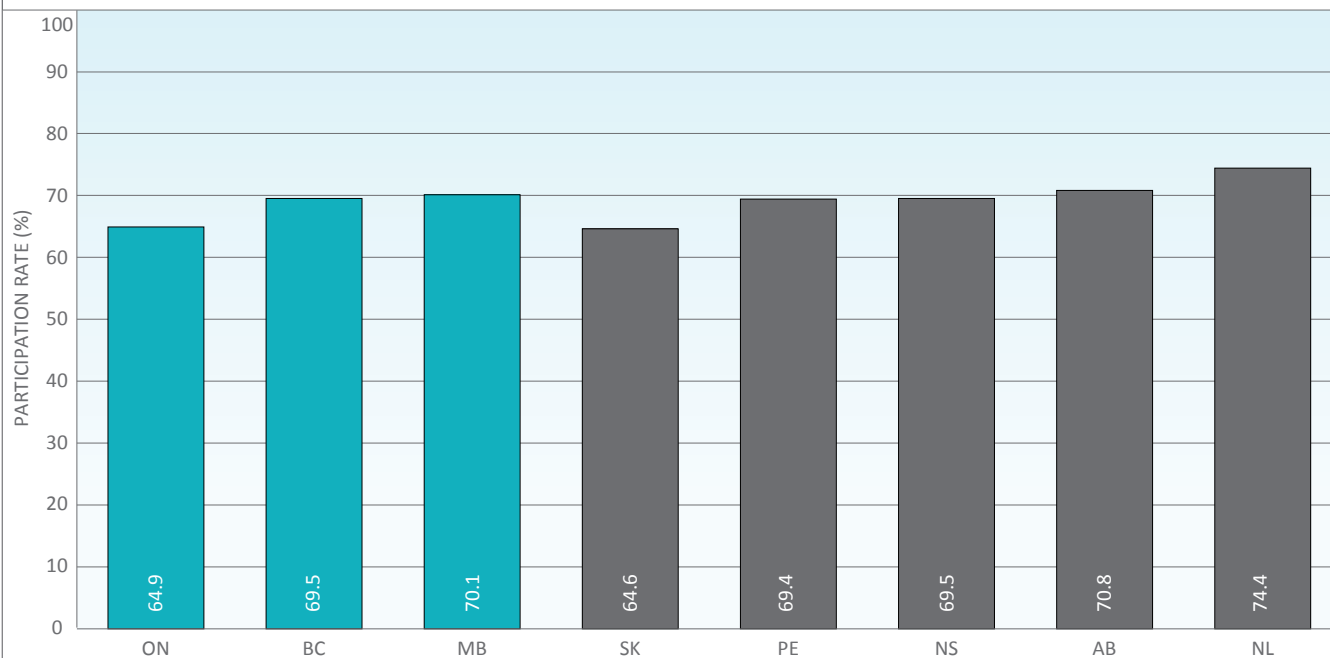
Participation is the percentage of eligible women who had at least one Pap test in a three-year period. The participation rate should exclude women who have had a total hysterectomy because these women do not need routine screening. Not correcting for hysterectomy is likely to underestimate participation rates in older women. At this time, participation rates excluding women who have had a hysterectomy were available for British Columbia, Manitoba, and Ontario.

Figure 3 shows the age-standardized percentage of women aged 20 to 69 who had at least one Pap test from 2009–11 for provinces that did correct for hysterectomy and those that did not correct for hysterectomy, respectively. Participation rates corrected for hysterectomy ranged from 64.9% to 70.1%, while participation rates not corrected for hysterectomy ranged from 64.6% to 74.4%. To correct for hysterectomy, Ontario used administrative data to identify and remove women who had a prior hysterectomy from the numerator and denominator. British Columbia excluded all non-cervical cytology tests (e.g., vaginal vault tests) and adjusted the denominator based on historical hysterectomy rates in the province. Manitoba used administrative data to identify women who had a prior hysterectomy and removed Pap tests that occurred after a hysterectomy from the numerator and denominator.

FIGURE 3

Age-Standardized Percentage of Women Aged 20 to 69 Who Had at Least One Pap Test, by Province, 2009–11

■ HYSTERECTOMY-CORRECTED
 ■ NON-HYSTERECTOMY-CORRECTED



BC, MB and ON provided participation rates corrected for hysterectomy. BC excluded all non-cervical cytology tests (e.g., vaginal vault tests) and adjusted the denominator based on historical provincial hysterectomy rates. MB used administrative data to identify women who had a prior hysterectomy and removed Pap tests done after a hysterectomy from the numerator and denominator. ON used administrative data to identify and remove women who had a prior hysterectomy from the numerator and denominator. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). All provinces except ON are age standardized to the 1991 Canadian population. ON is age standardized to the 2006 Canadian population, which may result in a lower participation rate owing to a larger number of older women (compared with 1991), who tend to have lower screening rates.

Figure 4 shows the percentage of women who had at least one Pap test by 10-year age groups for 2009–11. The rates are presented first for the two provinces that provided participation rates corrected for hysterectomy and then for the five provinces that provided participation rates not corrected for hysterectomy. When corrected for hysterectomy, participation was fairly uniform across age groups and decreased for women aged 50 to 59 (67.6%) and women 60 to 69 (60.0%). Non-hysterectomy corrected participation decreased from 80.1% among 20 to 24 year old women to 47.2% among 60 to 69 year old women. This data highlights the importance of correcting for hysterectomy when reviewing cervical screening rates by age group.

FIGURE 4

Percentage of Women Who Had at Least One Pap Test by Age Group, 2009–11, Provinces Combined

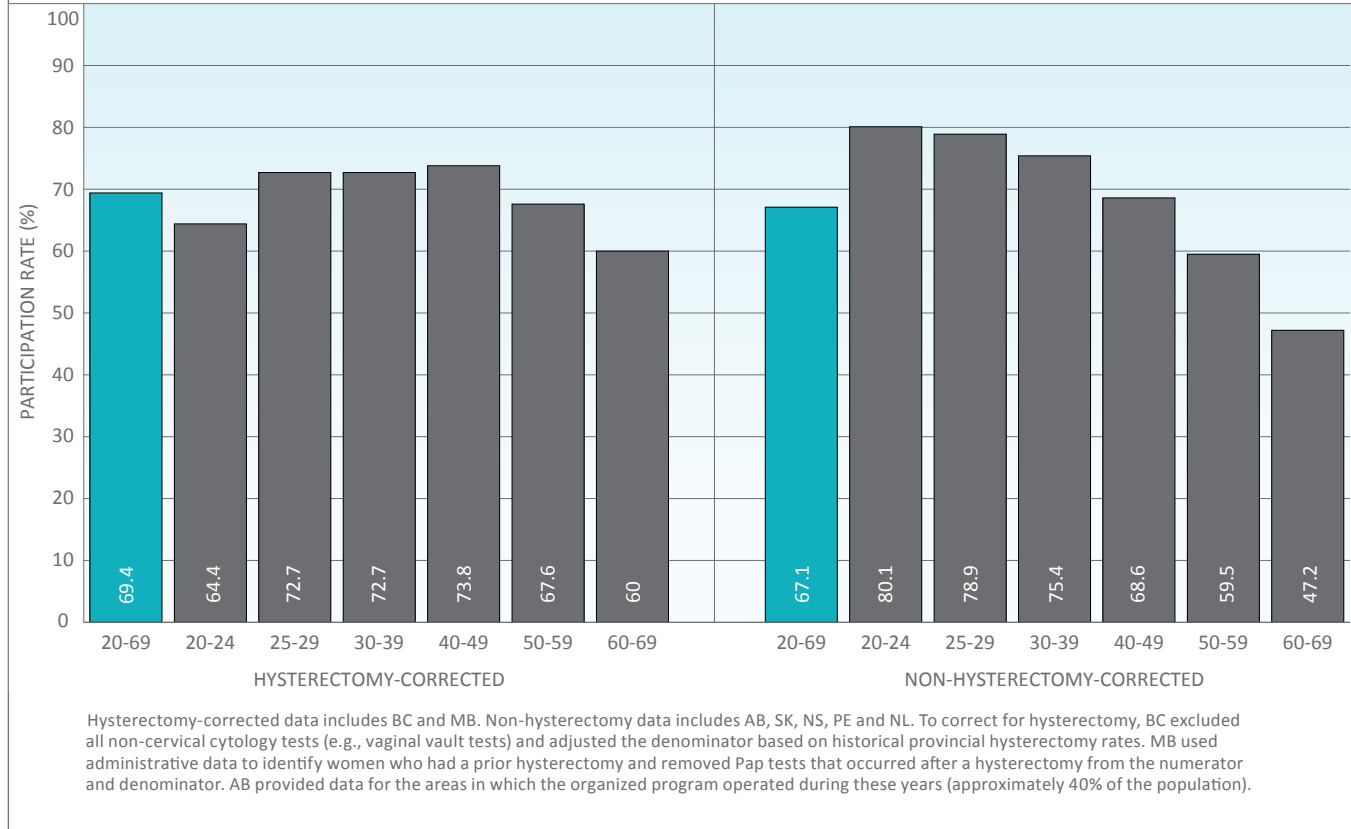
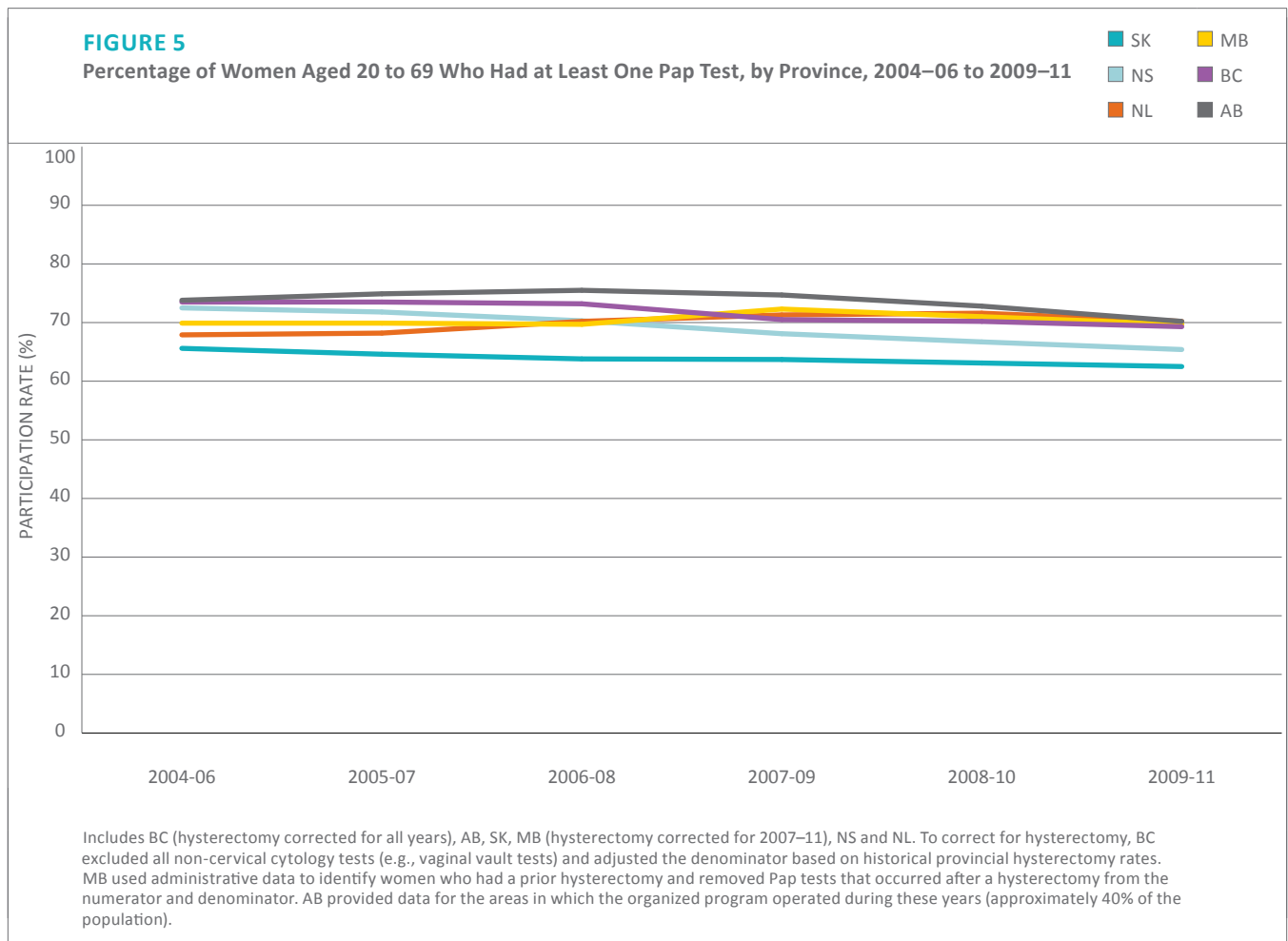


Figure 5 shows the age-standardized participation rates over time from 2004–06 to 2009–11 by province. Overall, participation for 20 to 69 year old women has remained stable over time.



RETENTION RATE

Retention is the percentage of eligible women who are re-screened within three years after a negative Pap test. Figure 6 shows the percentage of women aged 20 to 69 who had a Pap test within three years after a negative Pap test by province for 2007-08 (non-hysterectomy corrected). Retention was 80.8%, ranging from 74.3% to 95.3%.

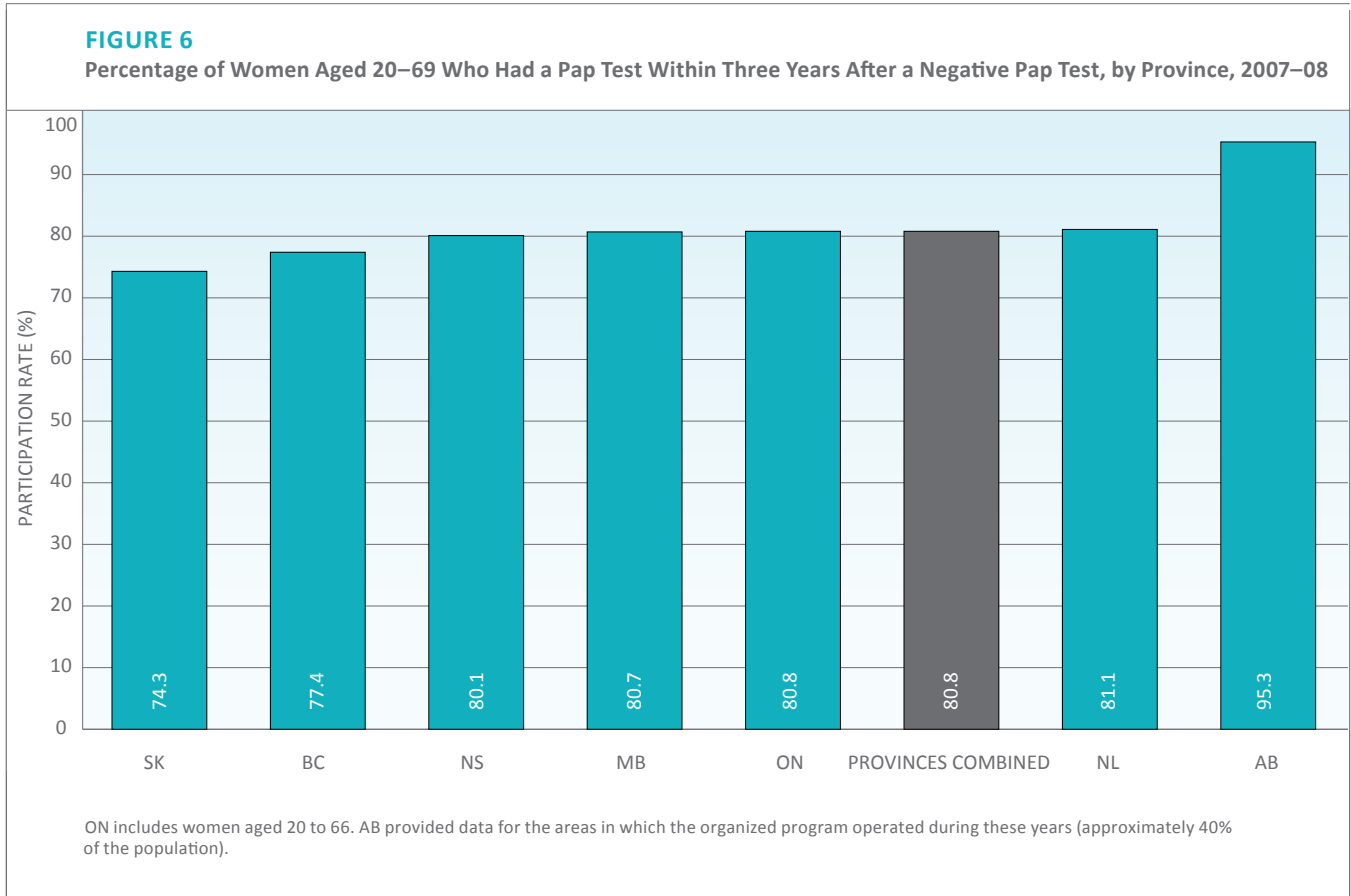
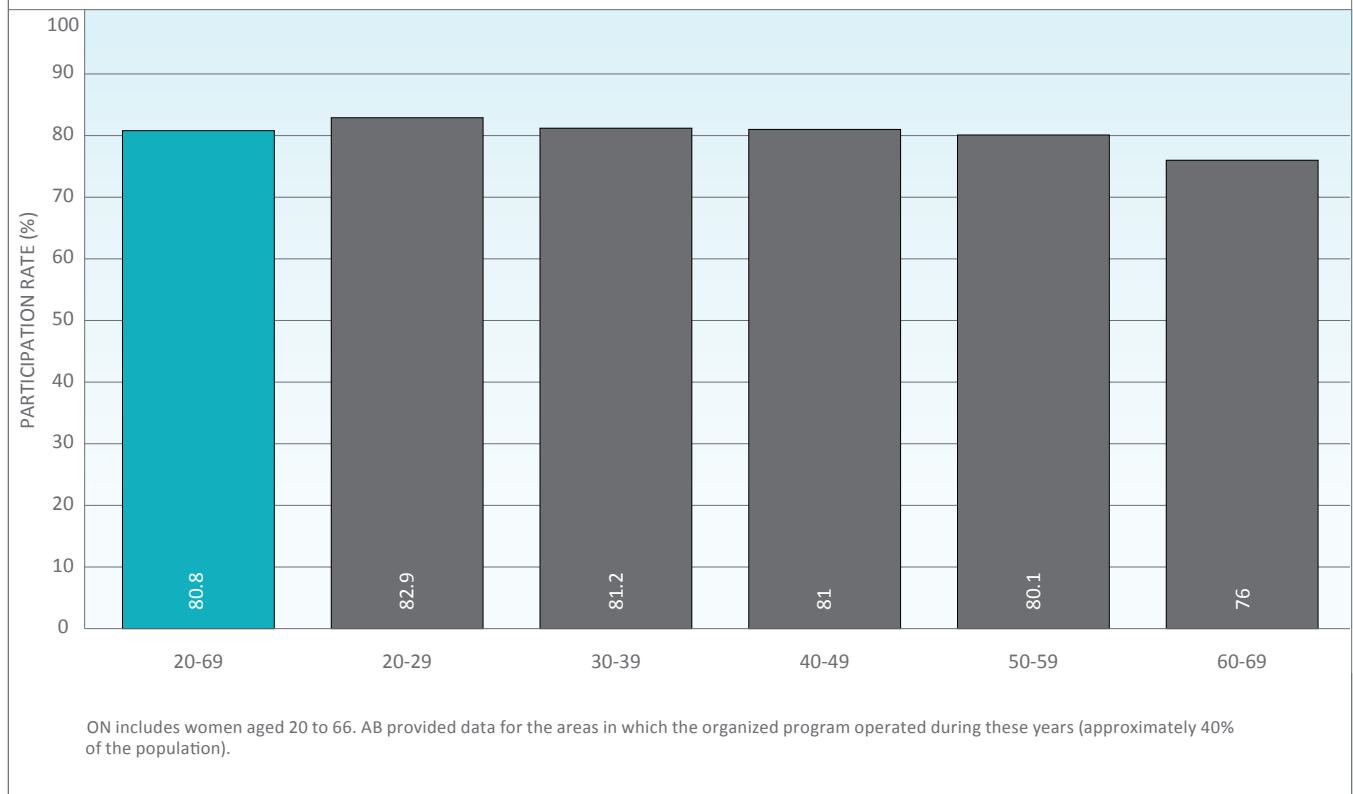


Figure 7 shows the percentage of women by age group for 2007-08 who had a Pap test within three years following a negative Pap result for all provinces combined. Retention decreased slightly with age from 82.9% in the 20 to 29 age group to 76.0% in the 60 to 69 age group. Lower retention for the 60 to 69 group may be influenced by a variety of factors, such as reaching the end of the recommended screening age range, a perceived lack of importance for post-menopausal women, or the prevalence of hysterectomy.

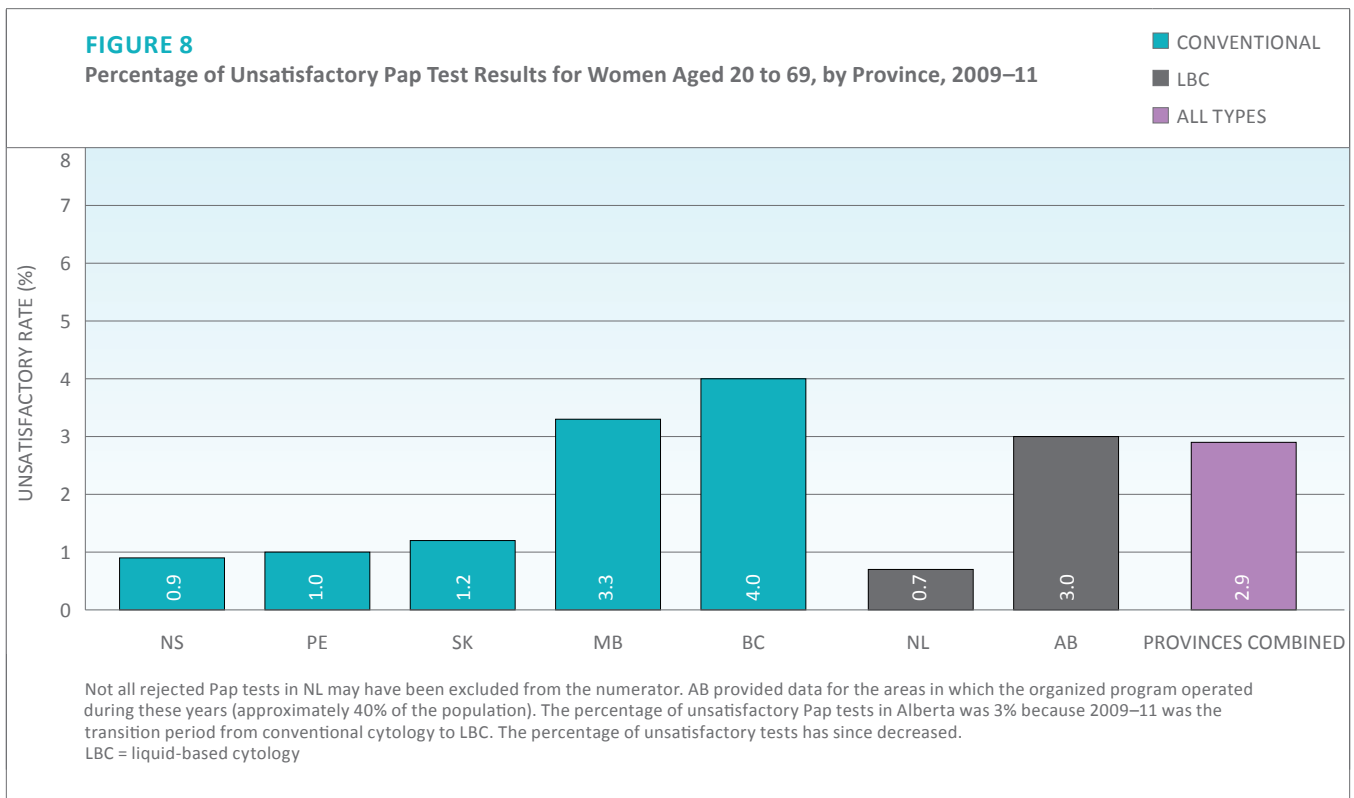
FIGURE 7

Percentage of Women Who Had a Pap Test Within Three Years After a Negative Pap Test by Age Group, 2007-08, Provinces Combined



SPECIMEN ADEQUACY

Specimen adequacy is measured by the percentage of Pap test results in a 12-month period that the laboratory reports as unsatisfactory for interpretation. Specimen adequacy is influenced by variability among health-care providers, laboratory reporting protocols, and cytology type. Conventional cytology was used in British Columbia, Saskatchewan, Manitoba, Nova Scotia and Prince Edward Island, while LBC was used in Alberta and Newfoundland and Labrador. Figure 8 shows the percentage of unsatisfactory Pap tests for women aged 20 to 69 by province for 2009–11. The percentage of unsatisfactory tests for the provinces combined was 2.9%. The percentage of unsatisfactory tests using conventional cytology ranged from 0.9% to 4.0%, and the percentage of unsatisfactory tests using LBC was 0.7% in Newfoundland and Labrador and 3.0% in Alberta. The percentage of unsatisfactory tests in Alberta was 3% because 2009–11 was the transition period from conventional to LBC cytology. The percentage of unsatisfactory tests has since decreased.



SCREENING TEST RESULTS

Screening test results are presented as the percentage of women in each cytology result category. Because some women had more than one Pap test in the period examined, only the most severe Pap test result on a satisfactory sample was included (using the 2001 Bethesda System of classification⁸; see Appendix D). Screening test results are influenced by the rate of cervical abnormalities in the population, interpretation, and reporting criteria. The percentage of abnormal Pap test results affects the volume of colposcopy and other required procedures.

Table 3 shows the percentage of women aged 20 to 69 categorized by their most severe Pap test result, by province, for 2009-11. The percentage of women who had a negative Pap test result was 95.0%. The percentage of women who had an abnormal cytology result was 5.0% (range, 3.8% to 6.4%). Overall, 3.9% of cytology results were low-grade (ASC-US or LSIL) and 1.1% were high-grade (AGC, ASC-H, or HSIL or more severe).

TABLE 3

Percentage of Women Aged 20 to 69 by Most Severe Abnormal Pap Test Result, by Province, 2009–11

PAP TEST RESULT	PROVINCES COMBINED	BC	AB	SK	MB	NS	PE	NL
NEGATIVE	95.0	96.1	94.1	95.5	94.1	93.9	96.2	93.6
ABNORMAL	5.0	3.9	5.9	4.5	5.9	6.1	3.8	6.4
LOW-GRADE	3.9	2.9	4.9	3.6	4.6	4.9	2.6	5.3
HIGH-GRADE	1.1	1.1	1.0	0.9	1.3	1.1	1.3	1.2

Low-grade includes atypical squamous cells of undetermined significance and low-grade squamous intraepithelial lesions. High-grade includes atypical glandular cells; atypical squamous cells, high-grade; and high-grade squamous intraepithelial lesions. For definitions of low and high grade for Saskatchewan, refer to Appendix D.

Figure 9 illustrates the percentage of women aged 20 to 69 categorized by their most severe abnormal Pap test result (ASC-US, LSIL, AGC, ASC-H or HSIL+) by province for 2009–11.

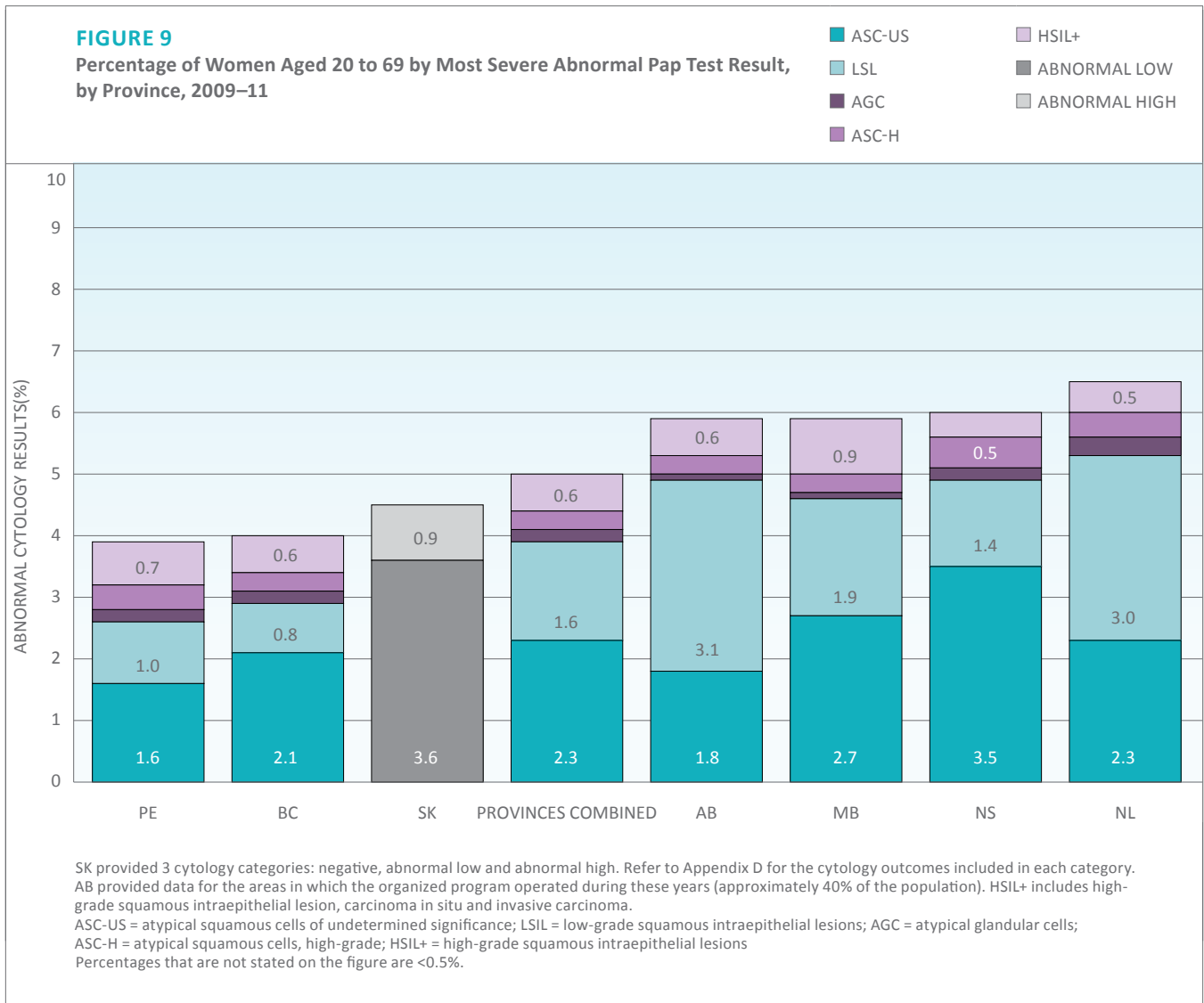


Figure 10 and Table 4 categorize women by their most severe Pap test result and age group. The percentage of women who had a negative Pap test result increased with age from 89.8% for women aged 20 to 29 to 98.5% for women 60 to 69. The percentage of women who had an HSIL+ Pap test result decreased with age from 1.3% for women aged 20 to 29 to 0.1% for women 60 to 69.

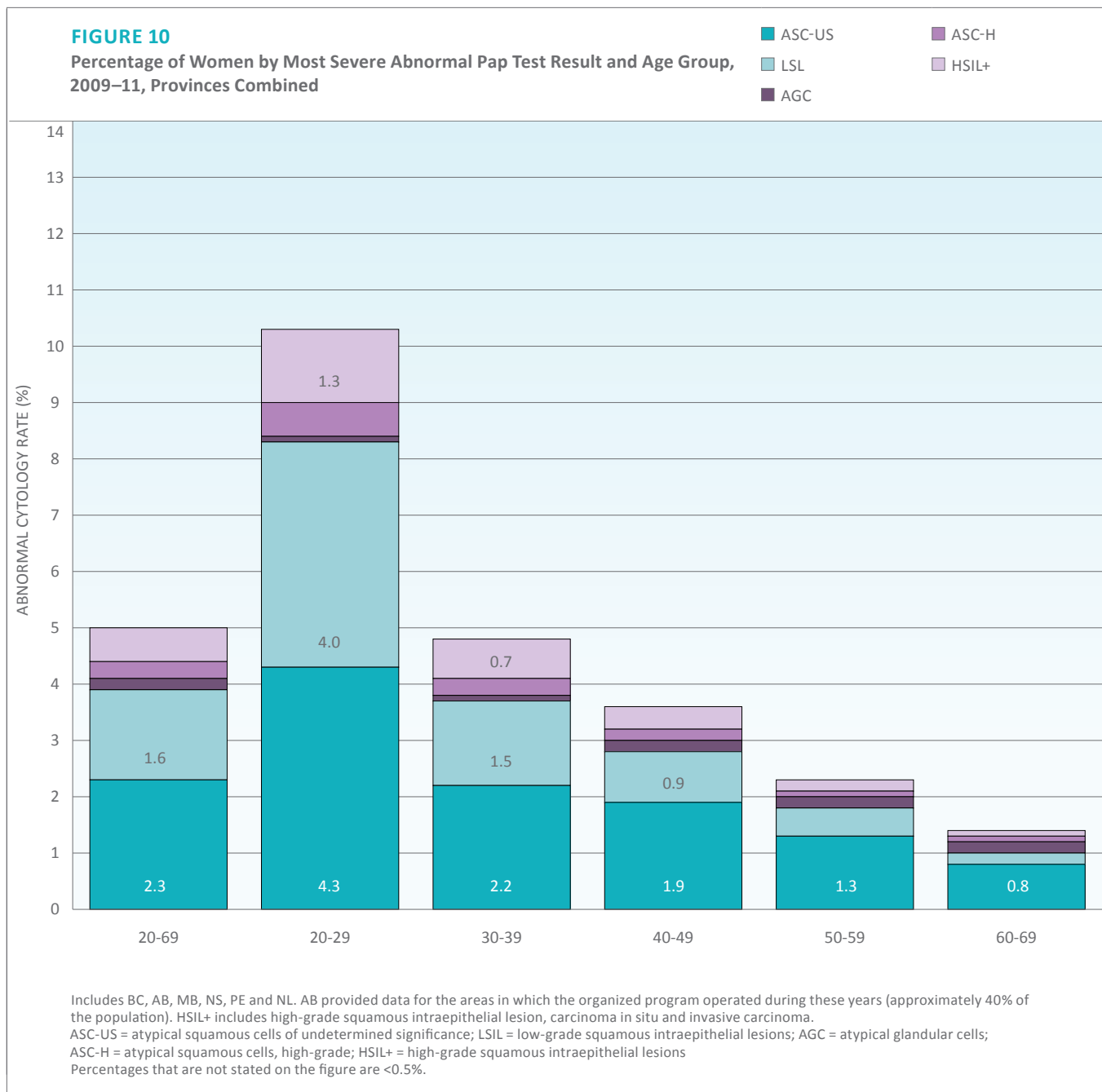


TABLE 4**Percentage of Women by Most Severe Abnormal Pap Test Result and by Age Group, 2009–11, Provinces Combined**

PAP TEST RESULT	AGE GROUP					
	20–29	30–39	40–49	50–59	60–69	20–69
NEGATIVE	95.0	95.0	96.3	97.7	98.5	89.8
ASC-US	2.3	2.2	1.9	1.3	0.8	4.3
LSIL	1.6	1.5	0.9	0.5	0.2	4.0
AGC	0.2	0.1	0.2	0.2	0.2	0.1
ASC-H	0.3	0.3	0.2	0.1	0.1	0.6
HSIL+	0.6	0.7	0.4	0.2	0.1	1.3
TOTAL ABNORMAL	5.0	4.8	3.6	2.3	1.4	10.3

Includes BC, AB, MB, NS, PE and NL. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma. ASC-US = atypical squamous cells of undetermined significance; LSIL = low-grade squamous intraepithelial lesions; AGC = atypical glandular cells; ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions

CYTOLOGY TURNAROUND TIME

Cytology turnaround time is the median number of days from the date the Pap test was taken to the date the laboratory issued the Pap test report over a 12-month period. Cytology turnaround time is a measure of the system's capacity to process Pap tests in a timely manner and is influenced by human resources and information systems. Table 5 shows the median cytology turnaround time for women aged 20 to 69, by province, for 2009, 2010 and 2011. The median cytology turnaround time ranged from 13 to 44 days in 2009, 11 to 51 days in 2010 and 13 to 57 days in 2011. Cytology turnaround time was between 13 and 17 days in most provinces.

TABLE 5**Median Number of Days from Date of Pap Test to Issuance of Pap Test Report, by Province, for Women Aged 20 to 69**

PROVINCE	2009	2010	2011
BC*	16	12	23
SK	14	11	13
MB	13	12	13
NS*	44	51	57
PE	18	16	14
NL	13	20	17

*Increase in turnaround time in BC in 2011 relates reporting changes that resulted in increased workload for pathologists. The long cytology turnaround time in NS for 2009–11 is expected to decrease in future years with new practices and human resources in place to support workload volumes and quality assurance procedures.

TIME TO COLPOSCOPY

A colposcopy is a visual examination of the cervix, sometimes accompanied by a biopsy to confirm a cervical abnormality. Time to colposcopy is the percentage of women with a high-grade abnormal Pap test result (AGC, ASC-H, or HSIL+) who had a follow-up colposcopy examination within three, six, nine and 12 months of the Pap test. Time to colposcopy excludes colposcopies performed within seven days of the Pap test because the Pap test may have been taken at the time of colposcopy and is unlikely to be the reason for the colposcopy referral. Time to colposcopy is influenced by the cytology turnaround time. Results may also differ by province because of the completeness and availability of colposcopy data.

Table 6 and Figures 11 and 12 show the percentage of women aged 20 to 69 with a high-grade abnormal Pap test result who had a colposcopy within three, six, nine and 12 months for 2009-10. Since an AGC cytology outcome may result in lower colposcopy referral rates, ASC-H and HSIL+ outcomes are shown with and without the AGC outcomes.⁹

The number of provinces able to report time to colposcopy has increased from three for 2006–08 to six for 2009–11. The percentage of women who had an AGC, ASC-H, or HSIL+ cytology outcome who had a colposcopy within 12 months was 82.7%, ranging from 82.0% to 84.7%. The percentage of women who had an ASC-H or HSIL+ cytology outcome who had a colposcopy within 12 months was 85.6% (range, 76.0% to 88.4%). The differences are small but may reflect a lower colposcopy referral rate for AGC.⁹

TABLE 6

Percentage of Women Aged 20 to 69 with High-grade (ASC-H or HSIL+) and AGC Pap Test Results, or High-grade Pap Test Results, Who Had a Follow-up Colposcopy, by Province, 2009-10

PROVINCE	RESULT	NUMBER OF MONTHS				
		0-3	3-6	6-9	9-12	WITHIN 12
PROVINCES COMBINED	High-grade and AGC	58.0	18.2	4.4	2.0	82.7
	High-grade	45.7	29.4	7.2	3.3	85.6
BC	High-grade and AGC	51.4	23.6	5.3	2.2	82.5
	High-grade	53.5	24.4	5.4	2.3	85.6
AB	High-grade and AGC	33.3	40.4	7.7	3.4	84.7
	High-grade	33.5	41.7	7.5	3.6	86.4
MB	High-grade and AGC	48.9	23.6	6.4	4.8	83.7
	High-grade	49.3	23.8	6.6	5.0	84.7
ON	High-grade and AGC	82.0 (0-6 months)		—	—	—
	High-grade	—	—	—	—	—
NS	High-grade and AGC	30.9	34.3	13.2	4.7	83.1
	High-grade	33.0	36.4	14.2	4.8	88.4
NL	High-grade and AGC	—	—	—	—	—
	High-grade	50.7	18.6	4.1	2.5	76.0

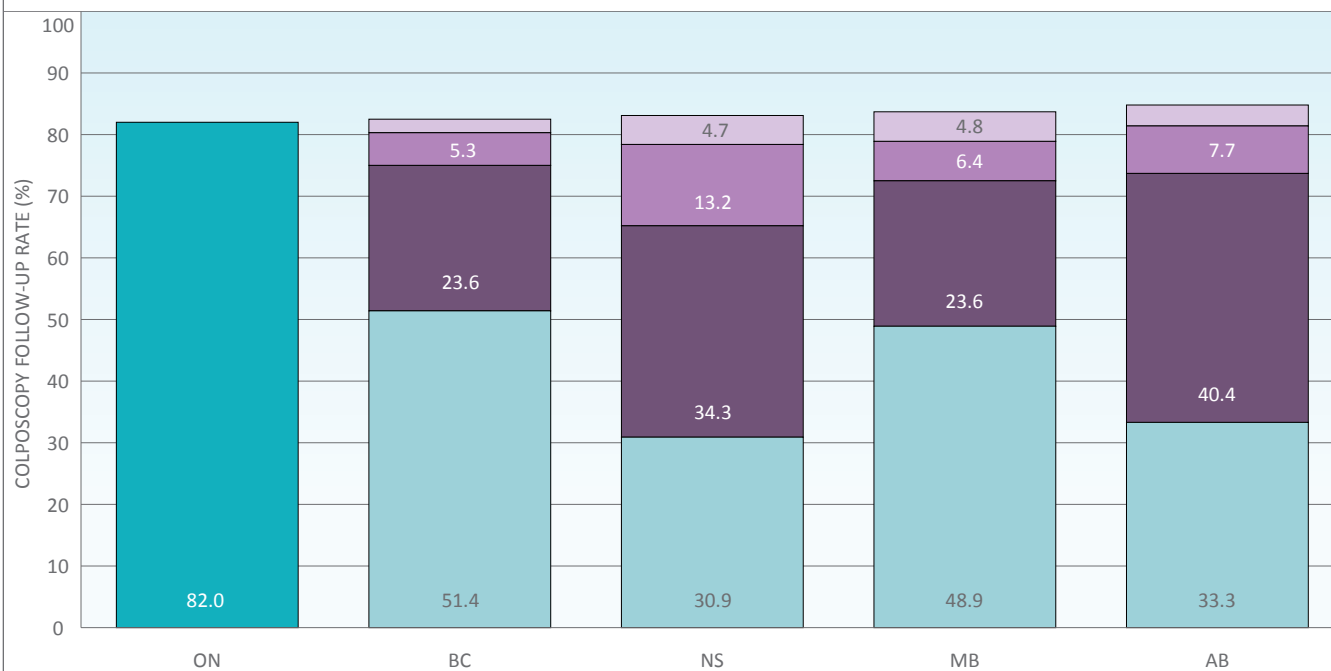
High-grade includes ASC-H and HSIL+. BC does not receive 100% of colposcopy reports and therefore includes only reports submitted to the screening program. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). ON provided data for 0-182 days (0-6 months) and did not provide an ASC-H/HSIL+ breakdown. NL did not provide AGC data in 2009-10 and provided 2010 data for ASC-H and HSIL+. HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma.

ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe; AGC = atypical glandular cells

FIGURE 11

Percentage of Women Aged 20 to 69 With an AGC, ASC-H Or HSIL+ Pap Test Result Who Had Follow-Up Colposcopy, by Province, 2009-10

0-6 MONTHS 6-9 MONTHS
 0-3 MONTHS 9-12 MONTHS
 3-6 MONTHS

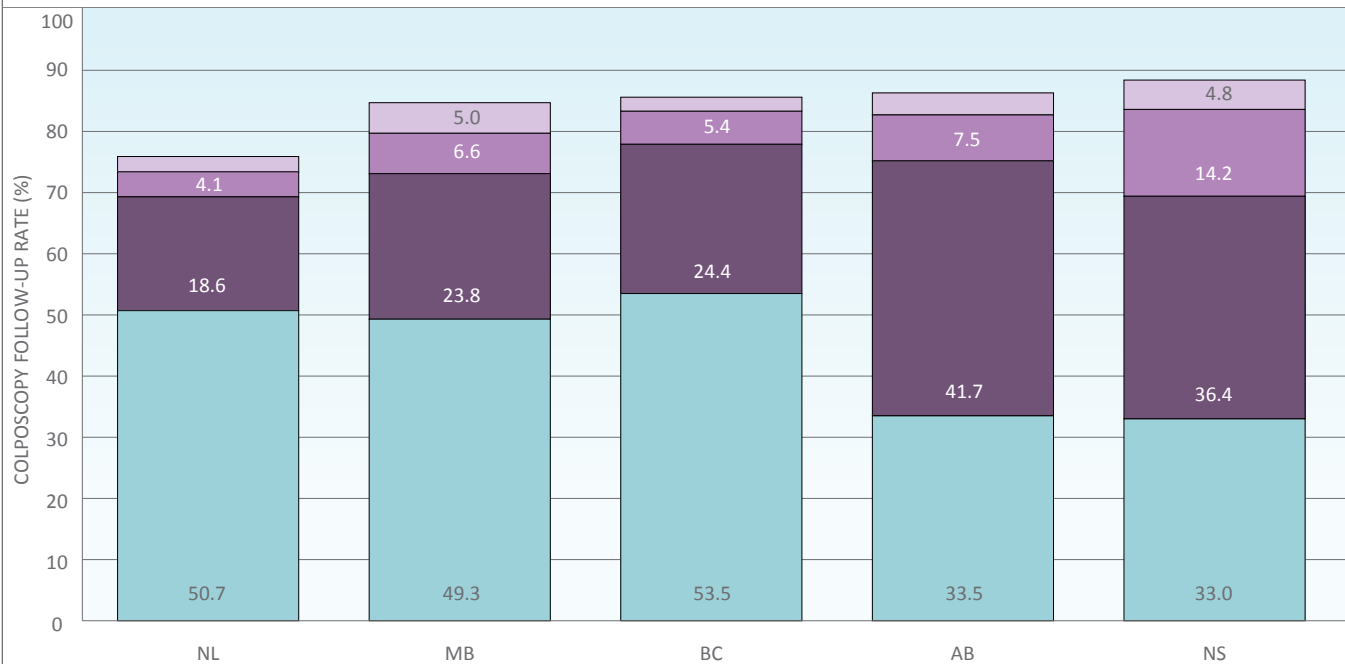


ON provided data for 0-182 days (0-6 months) and did not provide an ASC-H/HSIL+ breakdown. BC does not receive 100% of colposcopy reports and therefore includes only reports submitted to the screening program. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma. AGC = atypical glandular cells; ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe. Percentages that are not stated on the figure are <4%.

FIGURE 12

Percentage of Women Aged 20 to 69 With an ASC-H Or HSIL+ Pap Test Who Had Follow-Up Colposcopy, by Province, 2009-10

0-3 MONTHS 6-9 MONTHS
3-6 MONTHS 9-12 MONTHS



NL provided 2010 data. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). BC does not receive 100% of colposcopy reports and therefore includes only reports submitted to the screening program. HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma.
ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe
Percentages that are not stated on the figure are <4%.

HISTOLOGICAL INVESTIGATION RATE

Histological investigation rate is the percentage of women with a high-grade abnormal Pap test result (ASC-H or HSIL+) who had histological investigation (biopsy) within the following 12 months. Histological investigation may vary by region and is influenced by the source of histology information, reasons for not performing histological investigation (i.e., pregnancy or the inability to identify the area of abnormality) and most importantly, the time to colposcopy. Therefore, information on the histological investigation was calculated two ways: as a proportion of the number of women who had a high-grade abnormal Pap test and as a proportion of the number of women who had a high-grade abnormal Pap test who also had a colposcopy.

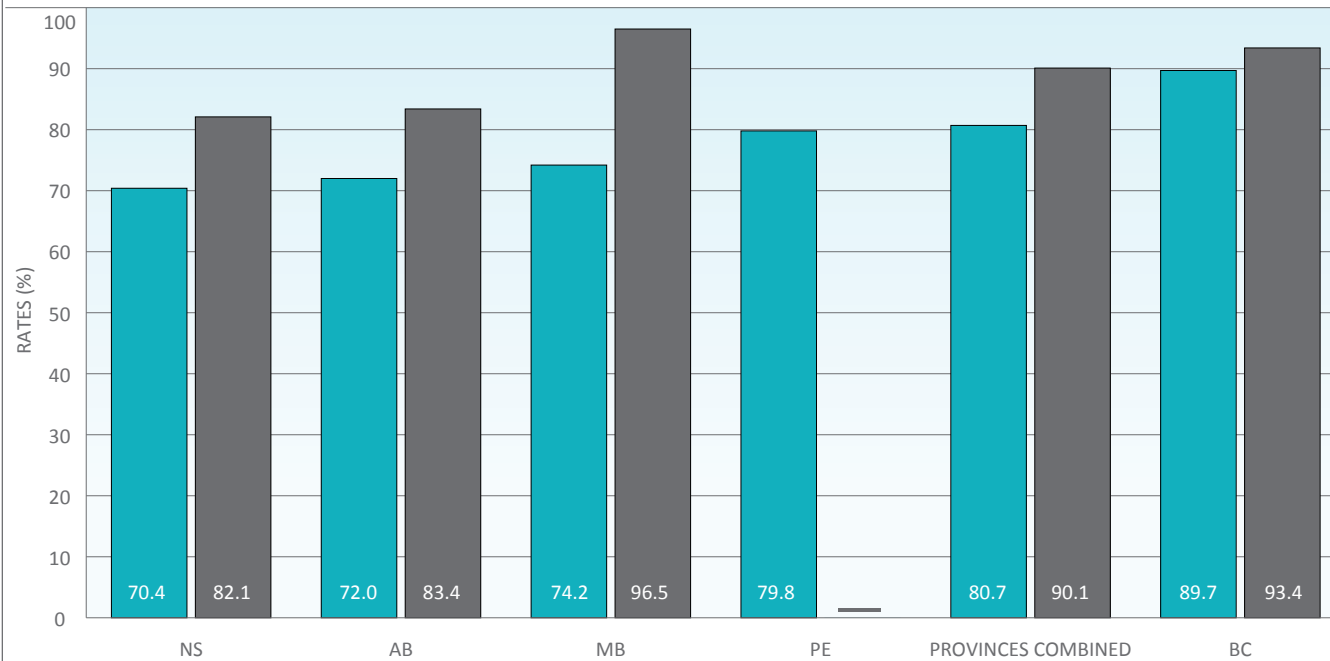
Histological investigation rate was available for five provinces. Figure 13 shows the percentage of women who had an ASC-H or HSIL+ Pap test result who had histological investigation within the next 12 months by province. The percentage of women who had an ASC-H or HSIL+ Pap test result, a colposcopy and histological investigation within the next 12 months is also shown.

Overall, the percentage of women aged 20 to 69 who had an ASC-H or HSIL+ Pap test result who had histological investigation within 12 months for 2009-10 was 80.7%. The rate ranged from 70.4% to 89.7%. As expected, the percentage of women who had an ASC-H or HSIL+ test result and a colposcopy who had histological investigation within 12 months was higher, at 90.1% (range, 82.1% to 96.5%).

FIGURE 13

Percentage of Women Aged 20 to 69 Who Had an ASC-H Or HSIL+ Pap Test Result and Histological Investigation, or Colposcopy and Histological Investigation, Within 12 Months of the Pap Test, by Province

■ BIOPSY
■ COLPOSCOPY AND BIOPSY



AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). PE did not exclude all histological investigations that were performed within 7 days of the date of the Pap test. The percentage of women who had a colposcopy and a histological investigation was not available for PE. Not corrected for hysterectomy. HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma.

ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe

CYTOLOGY-HISTOLOGY AGREEMENT

The cytology-histology agreement is the percentage of high-grade Pap test results (ASC-H or HSIL+) with histological confirmation of CIN 2 (moderate dysplasia) or CIN 3+ (severe dysplasia, carcinoma in situ, or invasive cervical cancer). Appendix E provides a more detailed description of the classification of CIN. Histological confirmation includes any cervical, vaginal, or endocervical biopsy result. The agreement between cytology and histology is influenced by the colposcopy follow-up rate, the biopsy rate, and the completeness and availability of colposcopy and biopsy information. Over-calling cytology (i.e., a low cytology-histology agreement or unnecessarily sending women for colposcopy) can create longer wait times for women who do need a colposcopy. It should be noted, however, that a single biopsy may not exclude cervical neoplasia.

Cytology-histological agreement was available for five provinces (an increase from three in the 2006–08 report). Figure 14 shows the cytology-histology agreement for ASC-H Pap test results for women aged 20 to 69 for 2009-10. The percentage of biopsy results that agreed with the Pap test result (a CIN 2 or CIN 3+ biopsy result and an ASC-H Pap test result) ranged from 35.4% to 58.5%. The diagnosis of ASC-H is inherently uncertain but these correlation rates are similar to those in reported studies.^{10,11}

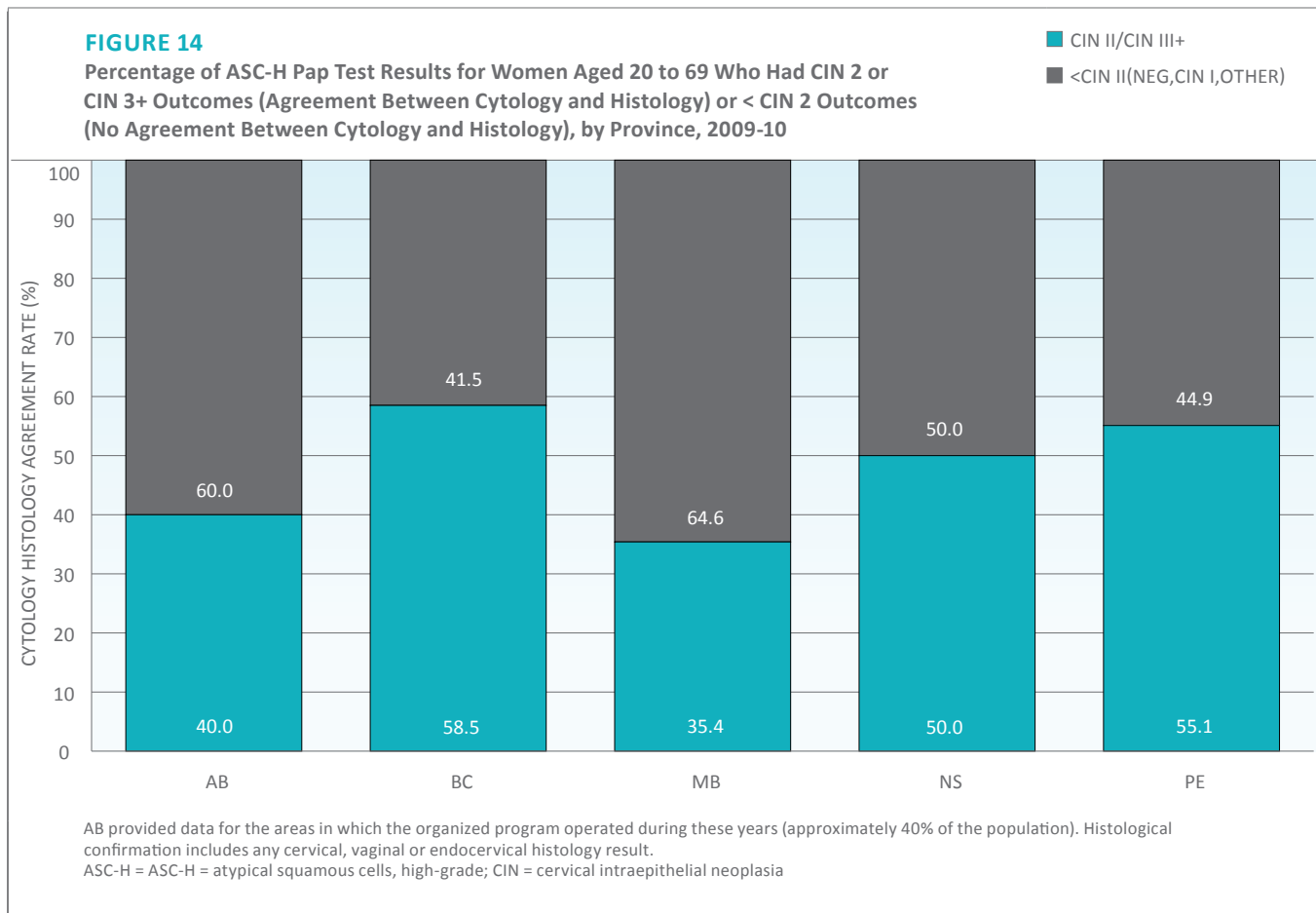
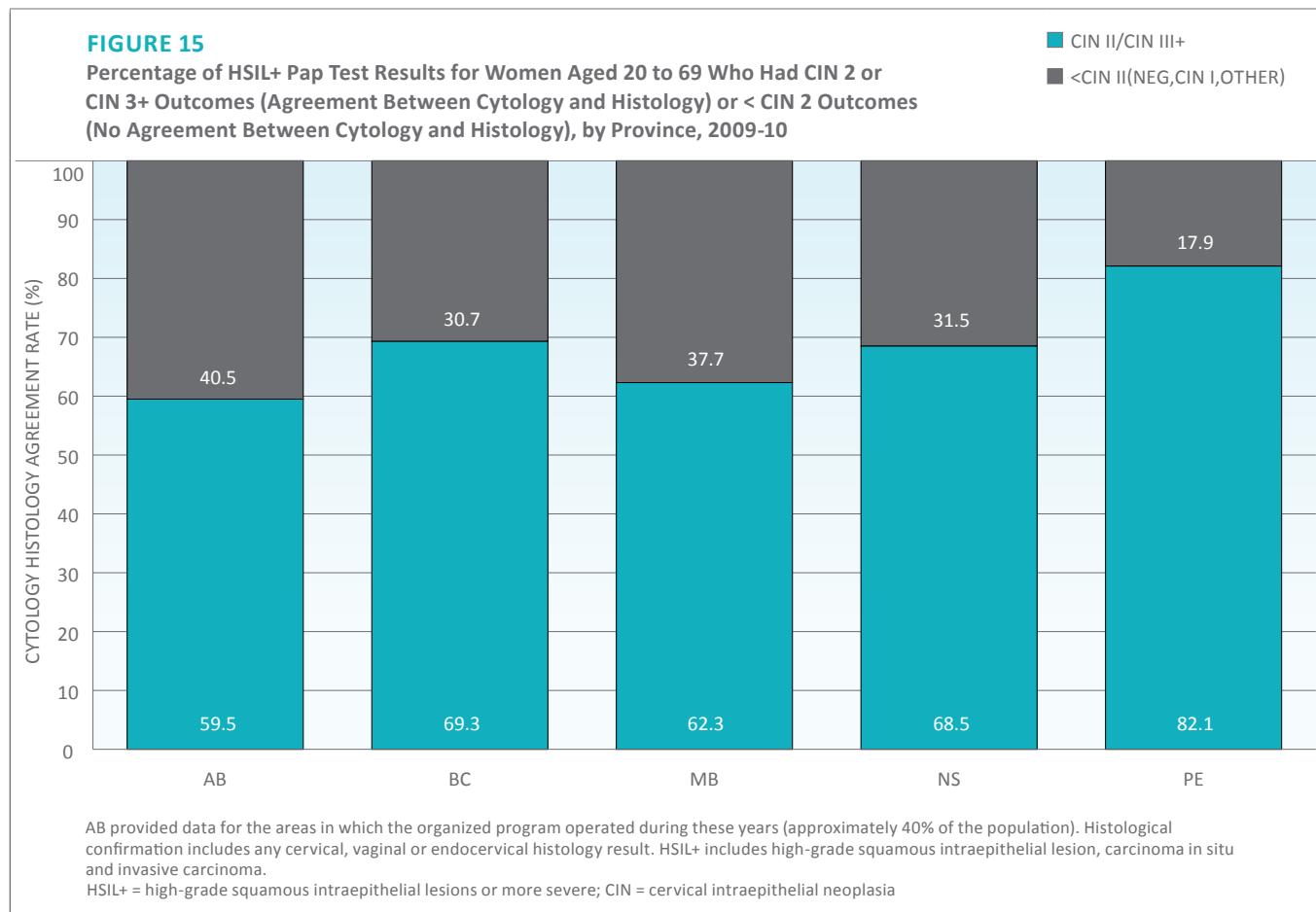


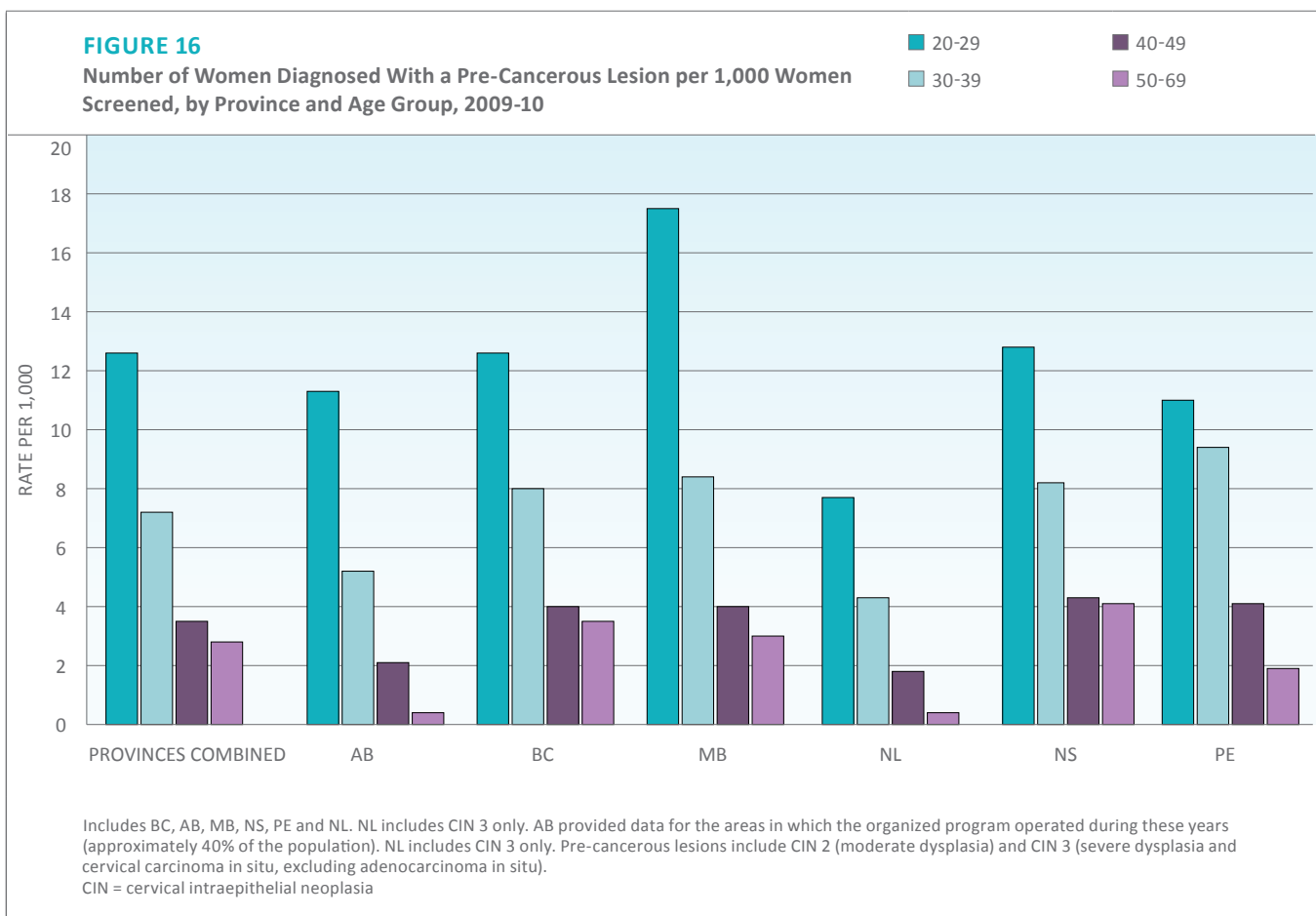
Figure 15 shows the cytology-histology agreement for HSIL+ Pap test results for women aged 20 to 69 for 2009-10. The percentage of biopsy results that agreed with the Pap test result (a CIN 2 or CIN 3+ biopsy result and an HSIL+ Pap test result) ranged from 59.5% to 82.1%.



PRE-CANCER INCIDENCE RATE

The pre-cancer incidence rate is the number of pre-cancerous lesions (CIN 2 and CIN 3 biopsy results – moderate and severe dysplasia and cervical carcinoma in situ, excluding adenocarcinoma in situ) detected per 1,000 women screened in a 12-month period. Differences in the pre-cancer incidence rate may be related to the availability of histology data.

Figure 16 shows the number of women diagnosed with a pre-cancerous lesion per 1,000 women screened for 2009-10, by province and age group. The pre-cancerous incidence rate for all provinces combined was 5.8 per 1,000 women screened, ranging from 3.1 to 7.5 per 1,000. The pre-cancer incidence rate was highest for women aged 20 to 29 (12.6 per 1,000 women screened), which reflects the increased prevalence of HPV infections in younger women. The pre-cancer incidence rate decreased with age.



CANCER INCIDENCE

Cervical cancer incidence is the number of new cases of invasive cervical cancer per 100,000 women aged 20 years or older. Invasive cervical cancer incidence is provided for squamous cell cervical cancers and all non-squamous cell cervical cancers (adenocarcinomas, adenosquamous carcinomas and unclassified cervical cancers).

Figure 17 shows the age-standardized invasive cervical cancer incidence per 100,000 women, by province and histology (squamous cell versus non-squamous cell), from 2009-10 for seven provinces. The invasive cervical squamous cell cancer incidence rate for these provinces combined was 7.1 per 100,000 women (range, 5.1 to 10.9). The invasive cervical non-squamous cell cancer incidence rate for these provinces combined was 3.6 per 100,000 women (range, 3.1 to 6.4). These numbers are comparable to those shown in the previous report, which reported only a combined cancer rate.

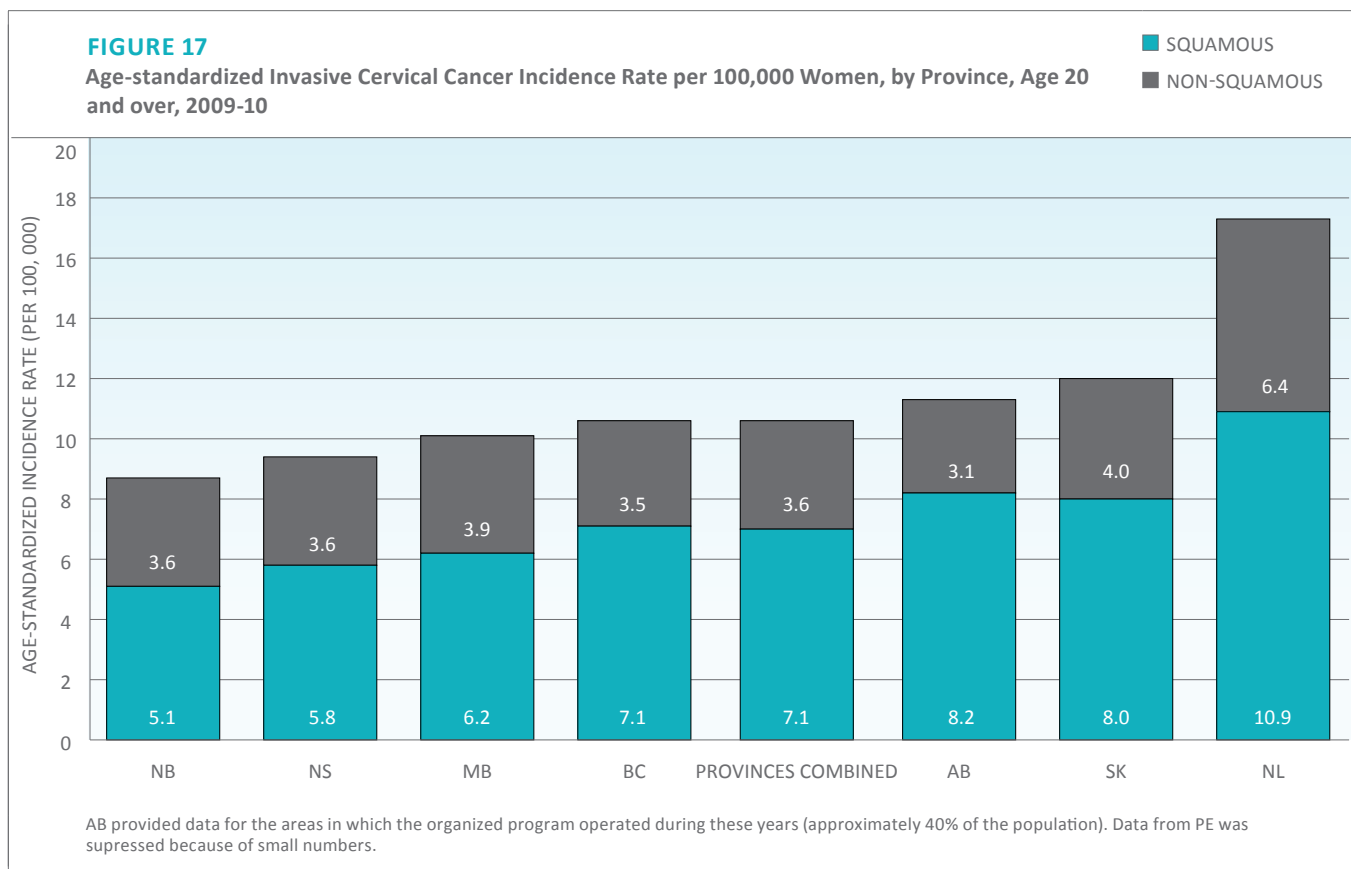
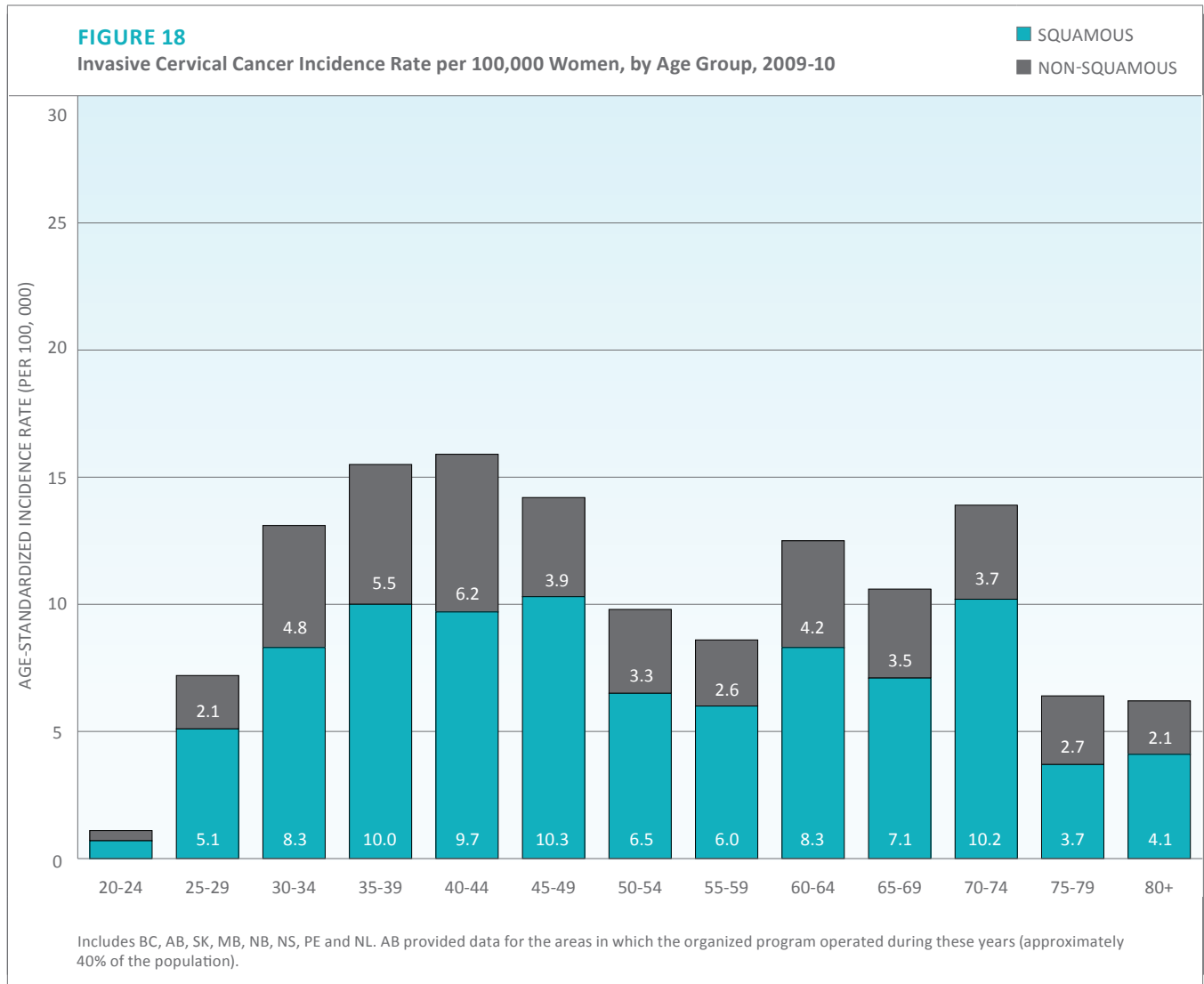


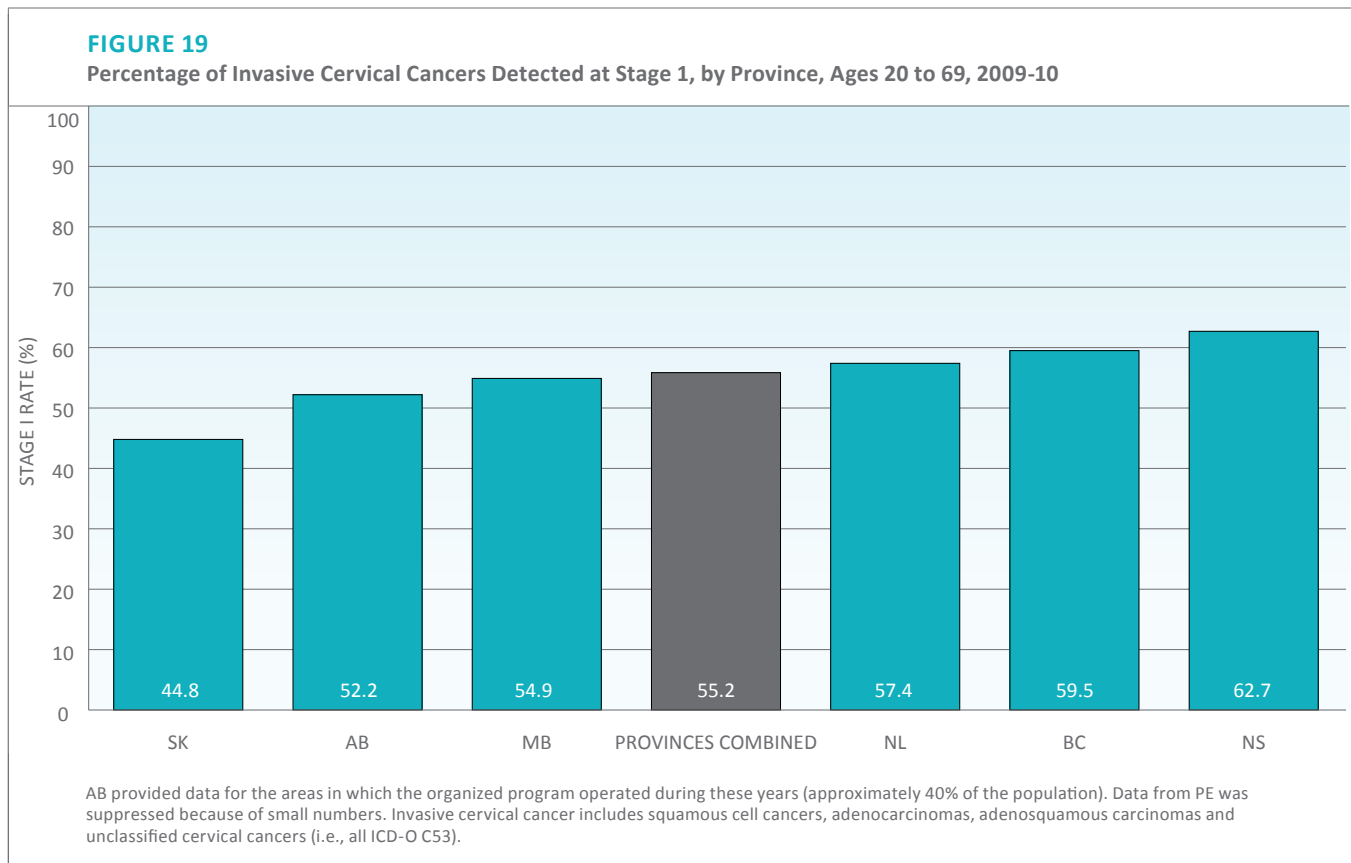
Figure 18 shows the invasive cervical cancer incidence per 100,000 women by age group and histology (squamous cell versus non-squamous cell) from 2009-10. The incidence rate peaked in the 40 to 44 age group (9.7 per 100,000 for squamous cell carcinoma and 6.2 per 100,000 for non-squamous cell carcinoma) and then again in the 70 to 74 age group for squamous cell carcinoma (10.2 per 100,000 for squamous cell carcinoma and 3.7 per 100,000 for non-squamous cell carcinoma). The incidence rate for women aged 20 to 24 was less than 1 per 100,000 for both squamous cell carcinoma and non-squamous cell carcinoma.



CANCERS DIAGNOSED AT STAGE 1

Cancers diagnosed at Stage 1 is the percentage of invasive cervical cancers that were diagnosed at Stage 1 using the International Federation of Gynaecology and Obstetrics (FIGO) stage classification system. In a Stage 1 cervical cancer, the cancer cells have grown from the surface layer of the cervix into deeper cervical tissues, and while the cancer may also be growing into the body of the uterus, it has not grown outside of it.

Figure 19 shows the percentage of all invasive cervical cancers detected at Stage 1, by province and age group, for 2009-10. The percentage of Stage 1 cancers for women aged 20 to 69 was 55.2%, ranging from 44.8% to 62.7%.

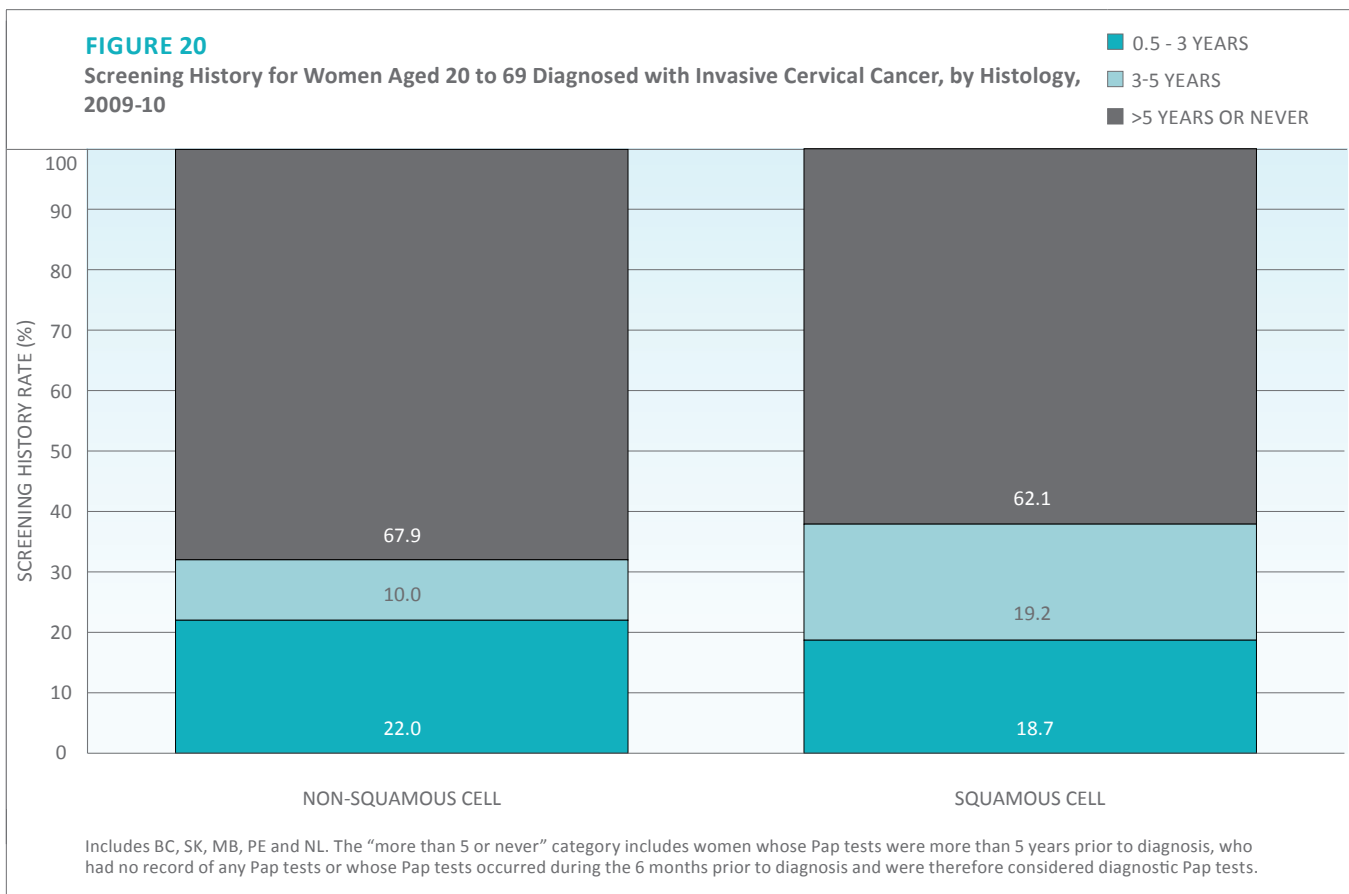


SCREENING HISTORY IN CASES OF INVASIVE CANCER

Screening history in cases of invasive cancer is a retrospective summary of screening prior to diagnosis.

Screening history is measured by the percentage of women diagnosed with invasive cervical cancer whose last Pap test was six months to less than three years (i.e., within the guidelines), three to five years, or more than five years before the date of cancer diagnosis. “More than five years” includes women who had no record of a Pap test or whose only Pap test was taken during the six months before a cancer diagnosis, because this Pap test was most likely performed for diagnostic rather than screening purposes.

Figure 20 shows the percentage of women aged 20 to 69 diagnosed with invasive cervical cancer since their last screening Pap test, by histology, for 2009-10. For non-squamous cell carcinoma, 22.0% of women had a Pap test six months to three years before diagnosis, 10.0% had a test three to five years before diagnosis and 67.9% had a test more than five years before diagnosis or had never had a Pap test. For squamous cell carcinoma, 18.7% of women had a Pap test six months to three years before diagnosis, 19.2% had a test three to five years before diagnosis and 62.1% had a test more than five years before diagnosis or had never had a Pap test. Similar to the results shown in the previous report, over half of women had either not had a Pap test for more than five years prior to their cancer diagnosis or had never had a Pap test. These cases of cancer may have been prevented with regular screening.



HPV TESTING

Although screening using the Pap test has resulted in significant reductions in cervical cancer incidence and mortality, the sensitivity of the Pap test is moderate at approximately 55%. This limitation and the understanding of the role of HPV in the etiology of cervical cancer have led to the evaluation of HPV DNA testing as an alternative method for cervical screening.

HPV testing detects HPV DNA on the cervix. HPV testing can be used for primary screening alone, in combination with cytology, or for the triage of women with equivocal cytology results (i.e., ASC-US). Several large randomized controlled trials have found that HPV testing has a higher sensitivity for the detection of pre-cancerous lesions (CIN 2 and 3) than screening with the Pap test.¹² The specificity is lower, however, resulting in an increase in the number of women referred for colposcopy, particularly for women younger than 30 or 35.¹³ It will therefore be important to monitor the impact of HPV testing on screening outcomes as provinces and territories incorporate the test into their screening guidelines.

HPV testing is currently used for the triage of low-grade lesions of undetermined significance (ASC-US) for women over 30 years of age in the Northwest Territories and Newfoundland and Labrador. HPV testing is used for follow-up after treatment in the Northwest Territories, British Columbia, and Alberta. Pilot studies and further research are ongoing in British Columbia, Saskatchewan, Manitoba, Québec, and Nova Scotia.

HPV IMMUNIZATION

Each province and territory in Canada currently co-ordinates and provides a school-based, publicly funded HPV vaccination program using the quadrivalent vaccine Gardasil for girls aged nine to 14 years, with some catch-up vaccination provided up to age 18.¹⁴ Gardasil protects against the two most common oncogenic HPV types (16 and 18), which cause approximately 70% of cervical cancers (as well as vaginal and vulvar cancer) and two common low-risk types (6 and 11), which cause approximately 90% of genital warts.¹⁵ Table 7 provides information on the target population and percentage of girls who received at least a first HPV immunization dose, by province and territory.¹⁶

TABLE 7
Human Papillomavirus Immunization Target Population and Percentage of Girls Who Received a First HPV Immunization Dose, by Province and Territory, as of Jan. 2013

PROVINCE OR TERRITORY	TARGET POPULATION	PERCENTAGE WHO RECEIVED FIRST DOSE
BC	Grades 6 and 9	Grade 6, 68.7% (2012) Grade 9, 51.7% (2011)
AB	Grade 5	Grade 5, 60.2% (3 doses, 2010–11) Grade 9, 60.1% (3 doses, 2010–11)
SK	Grade 6	73% (2009)
MB	Grade 6	65% (2009); 72% (2012)
ON	Grade 8	59% (3 doses)
QC	9–10 years (grade 4) 14–15 years (grade 9)	Grade 4, 84% (2009) Grade 9, 91% (2009)
NB	Grade 7	Grade 7, 78.5% (1 dose) and 71.9% (3 doses, 2008–09) Grade 8, 80.3% (1 dose) and 73.8% (3 doses, 2008–09)
NS	Grade 7	72% (3 doses, 2009)
PE	Grade 6	80% (estimate, 2009)
NL	Grade 6, catch-up in grade 9	Grade 6, 92% (1 dose, 2009) Grade 9, 84% (1 dose, 2009)
NU	Grade 6 or ≥ 9 years	NA
NT	Grade 4, 5 or 6	71% (estimate for 2009)
YT	Grade 6, catch-up in grades 7 and 8	NA

As more cohorts of young women are immunized, the pattern of cervical cancer screening will be affected. HPV immunization may also change screening recommendations – the interval between screens may be lengthened or the age of screening initiation may be increased. The impact of the vaccine on screening must therefore be monitored. Doing so will require the integration of information on HPV immunization, cervical cancer screening, cancer incidence and sexually transmitted infection surveillance.¹⁴ Four provincial screening programs are in the process of adding HPV immunization data from provincial immunization databases, self-reported data, and medical records to the screening registries.¹⁶

Discussion

This report presents outcomes for 12 cervical cancer screening program performance indicators. The results provide updated data from across Canada as well as information about data completeness and availability. Data availability is related to many factors, including the extent of program organization in each province, data accessibility, human resource issues, information technology availability, and time constraints. Data availability has increased significantly since the 2006–08 report, most importantly for the indicators that use colposcopy or histology data – time to colposcopy, histological investigation, and cytology-histology correlation.

Across Canada, cervical cancer screening participation and retention is high. Nevertheless, targeted multi-component initiatives to encourage screening may be required for certain groups of women. The literature suggests that participation and retention are influenced by personal factors such as income, education, ethnicity and immigration status; system factors such as Pap test accessibility; and provider factors such as the recommendation of a health-care provider and the availability of invitation and recall systems.¹⁷⁻²³

Specimen adequacy and screening test results vary across the country and may be influenced by cytology preparation type (conventional or LBC) as well as variations in the cervical abnormality rate in the population, specimen collection, interpretation, and reporting criteria. The cytology turnaround time provides information on how well screening is functioning as a part of the health-care system. The time required to process a Pap test may be influenced by the availability of personnel or resources in each province, the volume of Pap tests, and the capacity to address increased screening participation.

The number of provinces able to report time to colposcopy, histological investigation, and cytology-histology agreement has increased significantly from the 2006–08 report. Approximately half of women with a high-grade abnormal Pap test had a colposcopy within 12 weeks. The Society of Obstetricians and Gynaecologists of Canada recommends that all women with an ASC-H or AGC Pap test result should be seen in a colposcopy clinic within six weeks of referral and that women with an HSIL Pap test result should be seen within four weeks of referral.²⁴ Therefore, improving the time to colposcopy requires further attention in most provinces.

The pre-cancer incidence rate, invasive cervical cancer incidence, and screening history for women diagnosed with invasive cervical cancer provide important feedback on screening outcomes. Six provinces provided information on the rate of pre-cancerous lesions, up from three in 2006–09. Young women (aged 20 to 29) have much higher rates of CIN 2 or 3 than all other age groups but have very low rates of invasive cervical cancer. This may reflect over-screening in younger women. The number of women diagnosed with a non-squamous cell carcinoma is half the rate of squamous cell carcinoma diagnoses.

Finally, over half of women diagnosed with cervical had either not had a Pap test in the previous three years or had never had a Pap test. Had these women been screened, many of these cancers could have been prevented.

Challenges and Future Directions

Cervical cancer incidence and mortality can be greatly reduced by screening with the Pap test and, more recently, HPV testing and HPV vaccination. Additionally, screening guidelines have changed rapidly over the past few years as knowledge of HPV and cervical cancer etiology has evolved. In the next few years, more Pap tests will use LBC, the first cohort of vaccinated women will become eligible for screening, and primary and triage-based HPV testing will become more common. Screening participation will remain a challenge particularly among older women, new immigrants, and visible minorities, who are disproportionately affected by cervical cancer.

The challenge is to provide high-quality evidence of the effectiveness of screening with the Pap test and emerging screening modalities to ensure that cervical cancer prevention and screening is safe, effective, timely, efficient, accessible, and equitable.²⁵ The process of monitoring program performance will contribute to an improved understanding of the benefits of screening and the factors associated with optimum use, including underuse, overuse, misuse, and overall quality. As Canadian cervical screening programs become more organized and are able to provide better data, the evaluation of these indicators is a key part of addressing challenges in cervical cancer screening and ensuring that screening guidelines evolve as required.

The next step is to develop national targets for appropriate indicators. In November 2013, the Pan-Canadian Cervical Cancer Screening Network and the Partnership brought together health-care providers, program administrators, scientists, and other experts to discuss the current evidence for setting targets for program performance measures. The next report, due to be published in 2015, will include targets for performance measures, which will provide additional information about cervical cancer screening quality for Canadian women.

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Appendix A

WORKING GROUP AND DATA GROUP MEMBERSHIP, 2012–13

The working group comprised the following members:

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Appendix B

CERVICAL CANCER SCREENING PROGRAMS IN CANADA

SNAPSHOT OF PROGRAM ELEMENTS (AS OF JULY 2013)	YT	NT	NU	BC	AB	SK	
TYPE OF PROGRAM	Spontaneous	Spontaneous	Spontaneous	Partially organized	Partially organized	Partially organized (2009)	
PROGRAM LAUNCHED/ ANNOUNCED				1960	2003	2003	
START SCREENING	Age 21 or 3 years after first sexual contact, whichever occurs first	Age 21 or 3 years after first sexual contact	Age 21 or 3 years after first sexual contact	Age 21 or 3 years after first sexual contact, whichever occurs first	Age 21 or 3 years after becoming sexually active, whichever occurs later	Age 21 or 3 years after becoming sexually active, whichever occurs later	
STOP SCREENING	Age 69 with 3 consecutive negative tests in previous 10 years or 3 annual negative tests (for women inadequately screened)	Age 69 with 3 negative tests in previous 10 years	Age 70 with 3 negative tests in previous 10 years	Age 69 with 3 consecutive negative tests in previous 10 years or 3 annual negative tests (for women inadequately screened)	Age 69 with 3 consecutive negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)	Age 69 with 3 consecutive negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)	
SCREENING INTERVAL	Every 2 years after 3 consecutive annual negative tests	Every 2 years after 3 consecutive annual negative tests	Every 2 years after 3 consecutive annual negative tests	Every 2 years after 3 consecutive annual negative tests	Three negative tests at least 12 months apart within 5 years, then every 3 years	Every 2 years until 3 consecutive negative tests, then every 3 years	
POPULATION-BASED RECRUITMENT	No	No	No	No	Yes, for part of province	Yes	
RESULT LETTERS TO WOMEN	No	No	No	No; results to provider	Yes	Yes	
REMINDERS FOR FOLLOW-UP AFTER ABNORMAL PAP TEST	NA	Yes, care providers	NA	Yes, care providers	Yes, care providers and woman	Yes, care providers	
TYPE OF CYTOLOGY	Conventional	Liquid-based	Liquid-based	Conventional	Liquid-based	Conventional	
HPV TESTING FOR ASC-US TRIAGE OR FOR PRIMARY SCREENING	Neither	ASC-US triage	ASC-US triage for women aged > 30	ASC-US triage and follow-up for treatment	Follow-up for treatment	Neither	

Appendix B (continued)

CERVICAL CANCER SCREENING PROGRAMS IN CANADA

	MB	ON	QC	NB	NS	PE	NL
	Organized (2010)	Partially organized	Spontaneous	Partially organized	Partially organized	Partially organized	Partially organized
	2000	2000		2013/14	1991	2001	2003
	Age 21 for women who have ever been sexually active	Age 21	Age 21	Age 21 or 3 years after becoming sexually active, whichever occurs later	Age 21 or 3 years after first sexual contact, whichever occurs first	Age 18 or within 3 years of becoming sexually active	Age 20
	Age 70 with 3 negative tests in previous 10 years	Age 69 with 3 negative tests in previous 10 years	Age 65 with 3 negative tests in previous 10 years	Age 69 with history of adequate negative tests in previous 10 years or 3 annual negative tests for women with little or no screening history	Age 75 adequate negative screening history in previous 10 years (i.e., 3 or more negative tests)	Age 75	Age 70 with history of adequate negative tests in previous 10 years or 3 annual negative tests for women with little or no screening history
	Every 3 years	Every 3 years	Every 2–3 years	Every 2–3 years after 3 consecutive annual negative tests	Every 2 years after 3 consecutive annual negative tests	Every 2 years after 3 consecutive annual negative tests	Every 3 years after 3 consecutive annual negative tests
	Yes	Yes	No	No	No	No	No
	By request from women only	Yes	No	No	Pap screen history by request	No	No
	Yes, care providers and woman	Yes (as of Jan. 2014)	No	Not at this time	Yes, care providers	No	Yes, care providers
	Conventional	Both conventional and liquid-based	Conventional	Both conventional and liquid-based	Conventional	Conventional	Liquid-based
	Neither	ASC-US triage (not publicly funded)	Neither	Neither	Neither	Neither	ASC-US triage for women aged > 30

Appendix B (continued)

CERVICAL CANCER SCREENING PROGRAMS IN CANADA

SNAPSHOT OF PROGRAM ELEMENTS (AS OF JULY 2013)	YT	NT	NU	BC	AB	SK	
ADMINISTRATION							
TRACKING OF POSITIVE SCREENS AND APPROPRIATE FOLLOW-UP				✓	✓	✓	
RECALL SYSTEM TO HEALTH-CARE PROVIDERS FOR OVERDUE PAP TESTS				✓	✓	✓	
INFORMATION SYSTEMS							
POPULATION-BASED					✓	✓	
CYTOLOGY				✓	✓	✓	
HISTOLOGY				✓		✓	
COLPOSCOPY				✓	✓	✓	
QUALITY ASSURANCE							
SCREENING GUIDELINES		✓ Revised March 2010		✓	✓	✓ Revising	
SCREENING GUIDELINES				✓			
TRAINING MANUALS				✓			

Appendix B (continued)

CERVICAL CANCER SCREENING PROGRAMS IN CANADA

	MB	ON	QC	NB	NS	PE	NL
ADMINISTRATION							
	✓	Underway			✓	✓	
	✓	✓ (to women, not providers)			✓	✓	✓
INFORMATION SYSTEMS							
	✓						✓
	✓	✓					
	✓						
	✓						
QUALITY ASSURANCE							
	✓ Revising	✓ Updating 2011	Proposed plan to implement 2011	Approved (adapted from AB & ON)	✓	✓ Revised 2010	✓ Updating
	✓	✓		✓	✓	✓	
	✓	✓	Developing nursing screening tools		✓		✓

Appendix C

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
1. PARTICIPATION RATE. Percentage of eligible women in the target population with at least 1 Pap test in a 3-year period	Numerator: Number of women with at least 1 Pap test in a 3-year period For 2 5-year and 5 10-year age groups (20–24, 25–29, 30–39, 40–49, 50–59, 60–69)	<ul style="list-style-type: none"> • Use first Pap test that occurs in the 3-year period • Use date Pap test was performed • Time periods: Jan. 1, 2007–Dec. 31, 2009; Jan. 1, 2008–Dec. 31, 2010; Jan. 1 2009–Dec. 31, 2011 • Do not exclude women who have had cervical cancer diagnosis • Exclude women who have had hysterectomy if possible; note methodology when submitting data (BC, ON; now available for MB) • Calculate age at Pap test date
	Denominator: Number of women in target population at year 2	<ul style="list-style-type: none"> • Define population using Statistics Canada population estimates at year 2 of each time period) • AB will send denominator because of incomplete coverage • Do not exclude women who have had cervical cancer diagnosis • Exclude women who have had hysterectomy if possible • Calculate 5- and 10-year age-specific rates • Calculate age-standardized rate for 20–69 age group standardized to 1991 Canadian population
2. RETENTION RATE. Percentage of eligible women re-screened within 3 years after negative Pap test in a 12-month time frame	Numerator: Number of women who have subsequent Pap test within 3 years of index test with negative result By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)	<ul style="list-style-type: none"> • Index Pap test is last negative Pap test in 12-month index period • Use date Pap test was performed* • Time periods: Include women who had negative Pap test during Jan. 1, 2007–Dec. 31, 2007, and follow-up for 3 years from date of Pap test; women who had negative Pap test during Jan. 1, 2008–Dec. 31, 2008, and follow-up for 3 years from date of Pap test • Calculate woman's age at date of index Pap test with negative result
	Denominator: Number of women with negative Pap test in a 12-month period	<ul style="list-style-type: none"> • 12-month period is defined as Jan. 1, 2007–Dec. 31, 2007, for first time period; Jan. 1, 2008–Dec. 31, 2008, for second time period

*If the date the Pap test was performed is not available, use the date the test was processed by the lab

Appendix C (continued)

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
3. SPECIMEN ADEQUACY. Percentage of test results reported as unsatisfactory in a 12-month period	Numerator: Number of Pap tests with unsatisfactory results By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)	<ul style="list-style-type: none"> • Time periods: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010; Jan. 1, 2011–Dec. 31, 2011 • Count each unsatisfactory Pap test because this indicator is test-based, not woman-based • Calculate age at date of unsatisfactory Pap test. If more than 1 Pap test was unsatisfactory, calculate age at time of each test. Unsatisfactory should not include rejected or unlabelled slides • Use date Pap test was performed • Identify whether or not cytology is conventional or LBC • If both conventional cytology and LBC are used, separate results by cytology type • If type of cytology is unknown, complete unknown cytology category
	Denominator: Total number of Pap tests	Total number of Pap tests for each year – some women will have more than 1 Pap test in each year
4. SCREENING TEST RESULTS. Percentage of women by their most severe Pap test result in a 12-month period	Numerator: Number of women with negative, ASC-US, LSIL, AGC, ASC-H or HSIL or more severe Pap test results By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)	<ul style="list-style-type: none"> • Count number of women • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010; Jan. 1, 2011–Dec. 31, 2011 • Use date of index Pap test with most severe result in that year • Define severity as negative < ASC-US < LSIL < AGC < ASC-H < HSIL or more severe • Use cytology diagnostic category map • If there are 2 Pap tests of same severity, choose the first • Calculate age using date of Pap test that had most severe result • For SK, Pap test result categories are abnormal low and abnormal high
	Denominator: Total number of women with satisfactory Pap test results	<ul style="list-style-type: none"> • Count most severe satisfactory Pap test
5. CYTOLOGY TURNAROUND TIME. Median number of calendar days from date specimen is taken to date the finished report is issued over a 12-month period	Numerator: Median number of calendar days from date Pap test is taken to date the Pap test report is finalized For women aged 20–69 (not collected by 10-year age groups)	<ul style="list-style-type: none"> • Finalized is date Pap test is processed by lab (date on lab report) • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010; Jan. 1, 2011–Dec. 31, 2011 • Use number of days between each Pap test (performed) in calendar year and subsequent Pap test lab report date • Include unsatisfactory Pap tests
	Denominator: NA	

Appendix C (continued)

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
<p>6. TIME TO COLPOSCOPY. Percentage of women with high-grade Pap test results (AGC, ASC-H, HSIL+ and ASC-H, or HSIL+) who had follow-up colposcopy examination within 3, 6, 9 and 12 months subsequent to index Pap test</p>	<p>Numerator: a1) Number of women who had colposcopy within 3 months of Pap test with AGC, ASC-H or HSIL+ result</p> <p>a2) Number of women who had colposcopy within 6 months of Pap test with AGC, ASC-H or HSIL+ result</p> <p>a3) Number of women who had colposcopy within 9 months of Pap test with AGC, ASC-H or HSIL+ result</p> <p>a4) Number of women who had colposcopy within 12 months of Pap test with AGC, ASC-H or HSIL+ result</p> <p>b1) Number of women who had colposcopy within 3 months of Pap test with ASC-H or HSIL+ result</p> <p>b2) Number of women who had colposcopy within 6 months of Pap test with ASC-H or HSIL+ result</p> <p>b3) Number of women who had colposcopy within 9 months of Pap test with ASC-H or HSIL+ result</p> <p>b4) Number of women who had colposcopy within 12 months of Pap test with ASC-H or HSIL+ result</p> <p>By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)</p> <p>Denominator: a1-4) Total number of women with AGC, ASC-H or HSIL+ reported in a 12-month period</p> <p>b1-4) Total number of women with ASC-H or HSIL+ reported in a 12-month period</p>	<ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Use date of screening Pap test with AGC, ASC-H or HSIL+ result. Pap test should be performed in calendar year of interest but colposcopy can be performed in next calendar year • Colposcopy date is date the first colposcopy is performed after date of screening Pap test • Exclude all women who had colposcopy performed within 7 days of the date of Pap test because these are most likely based on clinical findings • Calculate woman's age as of date Pap test with the AGC, ASC-H or HSIL+ result was performed <ul style="list-style-type: none"> ◦ 0–3 months (1–90 days) ◦ 3–6 months (91–182 days) ◦ 6–9 months (183–274 days) ◦ 9–12 months (275–365 days) • If a woman has more than 1 Pap test with an AGC, ASC-H or HSIL+ result in the time frame, use most severe Pap test • If a woman has more than 1 of her most severe Pap tests (i.e., 2 AGC tests, 2 ASC-H tests or 2 HSIL tests), use the first Pap test in the time frame <ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Beginning with women who had high-grade Pap test from numerator in indicator 4, we will have women who had high-grade Pap test who had colposcopy within 7 days of Pap test, women who had high-grade Pap test who had colposcopy more than 7 days after Pap test and women who had high-grade Pap test who did not have colposcopy • For this denominator, we need to exclude women who had high-grade Pap test in the 12-month period who had colposcopy performed within 7 days of date of the high-grade Pap test result • If we do not exclude these women from denominator, it will appear that they were not followed up and rate will be artificially low • This means women excluded from numerator are also excluded from denominator

Appendix C (continued)

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
<p>7. HISTOLOGICAL INVESTIGATION. Percentage of women with positive screening test result of ASC-H or HSIL+ who had 1) histological investigation in a 12-month period and 2) had colposcopy within 12 months of Pap test with ASC-H or HSIL+ result</p>	<p>Numerator: Number of women with histologic investigation within 12 months of ASC-H or HSIL+ cytological finding</p> <p>By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)</p> <p>Denominator: a) Number of women with cytological finding of ASC-H or HSIL+ in a 12-month period</p> <p>b) Number of women who had colposcopy within 12 months of Pap test with ASC-H or HSIL+ result</p>	<ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Use date of Pap test with ASC-H or HSIL+ finding • Pap test should be performed in calendar year of interest but biopsy can be performed in next calendar year • Calculate woman’s age at date of Pap test with ASC-H or / HSIL+ result • Histological investigation includes any cervical pathology report (including cervical, vaginal and endocervical) • Include women who had biopsy without histological result • If biopsy is performed within 7 days of Pap test, exclude <ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • If biopsy is performed within 7 days of Pap test, exclude. Rationale is same as for indicator 6
<p>8. CYTOLOGY-HISTOLOGY AGREEMENT. Proportion of positive Pap tests with histological work-up found to have pre-cancerous lesion or invasive cancer in a 12-month period</p>	<p>Numerator: a) Number of Pap tests with ASC-H results with histological confirmation of CIN 3+ within 12 months of ASC-H Pap test</p> <p>b) Number of Pap tests with ASC-H or HSIL+ result with histological confirmation of CIN 3+ within 12 months of ASC-H or HSIL+ Pap test</p> <p>c) Number of Pap tests with ASC-H only result with histological confirmation of CIN 2+ (CIN 2 or greater) within 12 months of ASC-H Pap test</p> <p>d) Number of Pap tests with ASC-H or HSIL+ result with histological confirmation of CIN 2+ (CIN 2 or greater) within 12 months of ASC-H or HSIL+ Pap test</p> <p>Denominator: a) and c) Number of Pap tests with ASC-H result with histological work-up within 12 months of ASC-H Pap test</p> <p>b) and d) Number of Pap tests with ASC-H or HSIL+ result that have histological work-up within 12 months of ASC-H or HSIL+ Pap test</p>	<ul style="list-style-type: none"> • Pap test should be performed in calendar year of interest but biopsy can be performed in next calendar year • Use cytology diagnostic category map (attached) • CIN 2 = moderate dysplasia • CIN 3+ = severe dysplasia, carcinoma in situ and invasive cancer • If a woman has more than 1 histological result in the time frame, use the more severe histology outcome <ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Histology result includes any cervical, vaginal or endocervical histology result
<p>9. PRE-CANCER INCIDENCE RATE. Number of pre-cancerous lesions (squamous) detected per 1,000 women who had Pap test in previous 12 months</p>	<p>Numerator: Number of women with histology CIN 2 or CIN 3</p> <p>By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)</p> <p>Denominator: Number of women who had at least one Pap test</p>	<ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Use most severe biopsy that was performed • Year is defined by Pap test date • Use age at date of Pap test • Histology must occur within 12 months of Pap test • CIN 2/3 includes moderate and severe dysplasia and carcinoma in situ (excludes adenocarcinoma in situ) <ul style="list-style-type: none"> • Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Use date of Pap test; count each woman once • If a woman had more than one Pap test, use the first Pap test

Appendix C (continued)

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
<p>10. CANCER INCIDENCE. Age-standardized incidence rate per 100,000 women of invasive cervical cancer diagnosed in a year</p>	<p>Numerator: a) Number of new cases of invasive cervical cancer – squamous cell carcinoma only b) Number of new cases of invasive cervical cancer – non-squamous cell carcinomas By 5-year age groups (20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, 65–69, 70–74, 75–79, 80+)</p> <p>Denominator: a) and b) Provincial population for each age group</p>	<ul style="list-style-type: none"> Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1 2010–Dec. 31, 2010 Invasive cervical cancers, i.e., all cases with ICD-O C53 topography code Separate squamous cell carcinoma from all other morphology types (adenocarcinoma, mixed, unclassified, unknown) For squamous cell carcinomas, include all invasive histology codes within histology range of squamous cell neoplasms (8050–8084). Because some of these histologies are unlikely to occur in the cervix, ICD-O topography code of C53 must also be specified Entire squamous cell neoplasia list: <ul style="list-style-type: none"> 8050/3 papillary carcinoma, NOS 8051/3 verrucous carcinoma, NOS 8052/3 papillary squamous cell carcinoma 8070/3 SCC, NOS 8071/3 keratinizing 8072/3 non-keratinizing 8073/3 SCC, small cell, non-keratinizing 8074/3 SCC, spindle cell 8075/3 SCC, adenoid 8076/3 SCC, microinvasive 8078/3 SCC with horn formation 8082/3 lymphoepithelial carcinoma 8083/3 basaloid SCC 8084/3 SCC, clear-cell type Define age as woman’s age at diagnosis (pathology/biopsy) <ul style="list-style-type: none"> Age-standardized incidence rates should be calculated using age distribution of 1991 Canadian population Use Statistics Canada population data for consistency across provinces and territories Define population using Statistics Canada population estimates at mid-year
<p>11. PERCENTAGE OF CANCERS DETECTED AT STAGE 1. Percentage of invasive carcinoma of the cervix diagnosed at FIGO Stage 1 in 12-month period</p>	<p>Numerator: Number of invasive cervical cancers diagnosed at Stage 1 By 10-year age groups (20–29, 30–39, 40–49, 50–59, 60–69)</p> <p>Data will be rolled up to provide national percentage by age group</p> <p>Denominator: Number of invasive cervical cancer</p>	<ul style="list-style-type: none"> Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 Map TNM to FIGO (T1=I, T1A=IA, T1a1=IA1, T1a2=IA2, T1b=IB, T1b1=IB1, T1b2=IB2) before submission Define age as woman’s age at diagnosis (pathology/biopsy) Invasive cervical cancers include squamous cell cancers, adenocarcinoma, adenosquamous and not classified; i.e., all cases with ICD-O C53 topography code Note: stage data from Canadian Cancer Registry may be available for this indicator for third data submission <ul style="list-style-type: none"> Time period: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010

Appendix C (continued)

DATA DEFINITIONS

INDICATOR (FOR WOMEN AGED 20 TO 69)	CALCULATION	NOTES
<p>12. SCREENING HISTORY IN CASES OF INVASIVE CANCER. Percentage of women with invasive cancer of the cervix by time since previous Pap test in 12-month period</p>	<p>Numerator: a1) Number of women diagnosed with invasive cervical cancer (squamous cell carcinoma) within 0.5–3 years since previous Pap test</p> <p>a2) Number of women diagnosed with invasive cervical cancer (squamous cell carcinoma) within > 3–5 years since previous Pap test</p> <p>a3) Number of women diagnosed with invasive cervical cancer (squamous cell carcinoma) > 5 years since previous Pap test (including women who have never had Pap test)</p> <p>b1) Number of women diagnosed with invasive cervical cancer (non–squamous cell carcinomas) within 0.5–3 years since previous Pap test</p> <p>b2) Number of women diagnosed with invasive cervical cancer (non–squamous cell carcinomas) within > 3–5 years since previous Pap test</p> <p>b3) Number of women diagnosed with invasive cervical cancer (non–squamous cell carcinomas) > 5 years since previous Pap test (including women who have never had Pap test)</p> <p>For age 20–69</p> <p>Data will be rolled up to provide nationally percentage for each year</p> <p>Denominator: a1-3 Total number of women diagnosed with invasive cervical cancer (squamous cell carcinoma)</p> <p>b1-3 Total number of women diagnosed with invasive cervical cancer (non–squamous cell carcinomas)</p>	<ul style="list-style-type: none"> • Use date of Pap test, not date registered or analyzed • Calculate age at date of diagnosis of invasive cervical cancer • If a woman has multiple Pap tests prior to cancer diagnosis, use most recent test • Time frame: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010 • Use the following categories: <ul style="list-style-type: none"> o 0–0.5 years = 0–182 days o 0.5–3 years = 183–1,095 days o > 3–5 years = 1,096–1,825 days o > 5 years = > 1,826 days o Never = no Pap test recorded o Insufficient historical data • If a woman had Pap test within 0–0.5 years and within 0.5–3 years, or > 3–5 years or > 5 years, use the 0.5–3 or > 3–5 or > 5 test, whichever comes first, instead of the 0–0.5 year test because we want screening history and we are assuming Pap test in 0–0.5 year category is for diagnostic purposes • Invasive cervical cancers, i.e., all cases with ICD-O C53 topography code • Separate squamous cell carcinoma from all other morphology types (adenocarcinoma, mixed, unclassified, unknown) • See indicator 10 – cancer incidence – for definition of squamous cell carcinoma of the cervix <p>Time frame: Jan. 1, 2009–Dec. 31, 2009; Jan. 1, 2010–Dec. 31, 2010</p>
<p>13. HPV TESTING</p>	<p>Description of HPV testing across Canada, including what tests are used, how tests are used and information on HPV genotyping, will be included at this time</p>	
<p>HPV VACCINATION</p>	<p>Information on HPV vaccination rates may be available, or description of HPV vaccination will be included</p>	
<p>LBC = liquid-based cytology; ASC-US = atypical squamous cells of undetermined significance; LSIL = low-grade squamous intraepithelial lesions; AGC = atypical glandular cells; ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe; NA = not applicable; CIN = cervical intraepithelial neoplasia; ICD-O = International Classification of Diseases for Oncology; NOS = not otherwise specified; SCC = squamous cell carcinoma; TNM = tumour, node, metastases; FIGO = International Federation of Gynecology and Obstetrics; HPV = human papillomavirus</p>		

Appendix D

CYTOLOGY CODES

2001 Bethesda Cytology Codes	
CODE	DESCRIPTION
ASC-US	Atypical squamous cells of undetermined significance
LSIL	Low-grade squamous intraepithelial lesion
AGC	Atypical glandular cells
ASC-H	Atypical squamous cells – high-grade
HSIL	High-grade squamous intraepithelial lesion
HSIL+	High-grade squamous intraepithelial lesion, carcinoma in situ and carcinoma invasive

Saskatchewan Cytology Codes	
CODE	DESCRIPTION
ADC	Abnormal glandular cells representing adenocarcinoma are present.
AGC	Atypical glandular cells not otherwise specified are present.
AGCN	Atypical glandular cells not otherwise specified, favour neoplastic, are present.
AGEC	Atypical glandular cells of endocervical origin are present.
AGECN	Atypical glandular cells of endocervical origin, favour neoplastic, are present.
AGEM	Atypical glandular cells of endometrial origin are present.
AIS	Abnormal glandular cells representing endocervical adenocarcinoma in situ are present.
ASA	Atypical squamous cells in a background of atrophy are present. A repeat specimen after hormonal therapy is recommended.
ASCU	Atypical squamous cells of undetermined significance are present.
ASE	Atypical epithelial cells of undetermined significance are present – it is uncertain whether these cells are of squamous or glandular origin.
ASHG	Atypical squamous cells of undetermined significance are present – cannot exclude a high-grade squamous intraepithelial lesion.
HSIL	A high-grade squamous intraepithelial lesion is present.
LSIL	A low-grade squamous intraepithelial lesion is present.
NAC	Negative for intraepithelial lesion or malignancy.
NSIL	Negative for squamous intraepithelial lesion.
PC2	Abnormal cells are present representing a squamous intraepithelial lesion (ungraded), but probably high-grade.
PHS	Glandular cells are present in a woman who is of post-hysterectomy status.
PSCC	Abnormal cells are present, suspicious for squamous cell carcinoma.
SCC	Abnormal cells representing squamous cell carcinoma are present.

Appendix E

CLASSIFICATION OF CERVICAL INTRAEPITHELIAL NEOPLASIA

Cervical intraepithelial neoplasia (CIN) is the potentially pre-malignant transformation and abnormal growth (dysplasia) of squamous cells on the surface of the cervix.

HISTOLOGY	DESCRIPTION
CIN 1	Mild dysplasia or abnormal cell growth confined to the basal one-third of the epithelium.
CIN 2	Moderate dysplasia confined to the basal two-thirds of the epithelium.
CIN 3	Severe dysplasia that includes more than two-thirds of the epithelium and may involve the full thickness of the epithelium. May sometimes be referred to as carcinoma in situ.

Appendix F

SUPPLEMENTARY TABLES

Participation: Percentage of Eligible Women in the Target Population with at Least One Pap Test in a Three-year Period, Age Specific, Hysterectomy Corrected													
		2006–08			2007–09			2008–10			2009–11		
PROVINCE	AGE GROUP	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT
PROVINCES COMBINED	20-69	936,585	1,278,778	73.2	1,169,675	1,651,010	70.8	1,187,278	1,687,188	70.4	1,194,291	1,721,023	69.4
	20-24	—	—	—	125,694	187,343	67.1	128,360	192,547	66.7	127,997	198,821	64.4
	25-29	—	—	—	138,517	188,712	73.4	144,124	196,186	73.5	146,777	201,938	72.7
	20-29	201,687	287,695	70.1	264,211	376,055	70.3	272,484	388,733	70.1	274,774	400,759	68.6
	30-39	225,165	292,914	76.9	277,310	372,244	74.5	278,202	376,135	74.0	276,375	380,045	72.7
	40-49	236,156	301,868	78.2	290,606	384,003	75.7	287,068	383,966	74.8	282,501	382,748	73.8
	50-59	180,462	254,134	71.0	223,271	328,616	67.9	228,583	336,729	67.9	232,769	344,526	67.6
	60-69	93,115	142,167	65.5	114,277	190,092	60.1	120,941	201,625	60.0	127,872	212,946	60.0
BC	20-69	936,585	1,278,778	73.2	918,997	1,304,197	70.5	934,573	1,331,247	70.2	940,023	1,356,113	69.3
	20-24	—	—	—	95,012	146,908	64.7	97,773	150,944	64.8	97,706	156,438	62.5
	25-29	—	—	—	107,525	149,444	72.0	112,819	155,712	72.5	115,076	160,111	71.9
	20-29	201,687	287,695	70.1	202,537	296,352	68.3	210,592	306,656	68.7	212,782	316,549	67.2
	30-39	225,165	292,914	76.9	219,877	295,577	74.4	220,539	297,976	74.0	218,429	300,217	72.8
	40-49	236,156	301,868	78.2	231,356	301,384	76.8	228,460	301,237	75.8	224,627	299,974	74.9
	50-59	180,462	254,134	71.0	176,804	260,698	67.8	181,103	267,048	67.8	184,494	272,862	67.6
	60-69	93,115	142,167	65.5	88,423	150,186	58.9	93,879	158,330	59.3	99,691	166,512	59.9
MB	20-69	—	—	—	250,678	346,813	72.3	252,705	355,941	71.0	254,268	364,910	69.7
	20-24	—	—	—	30,682	40,435	75.9	30,587	41,603	73.5	30,291	42,383	71.5
	25-29	—	—	—	30,992	39,268	78.9	31,305	40,474	77.3	31,701	41,827	75.8
	20-29	—	—	—	61,674	79,703	77.4	61,892	82,077	75.4	61,992	84,210	73.6
	30-39	—	—	—	57,433	76,667	74.9	57,663	78,159	73.8	57,946	79,828	72.6
	40-49	—	—	—	59,250	82,619	71.7	58,608	82,729	70.8	57,874	82,774	69.9
	50-59	—	—	—	46,467	67,918	68.4	47,480	69,681	68.1	48,275	71,664	67.4
	60-69	—	—	—	25,854	39,906	64.8	27,062	43,295	62.5	28,181	46,434	60.7

BC is hysterectomy-corrected for age groups 40–49, 50–59 and 60–69. MB is hysterectomy-corrected in 2007–09, 2008–10 and 2009–11.

Appendix F (continued)

SUPPLEMENTARY TABLES

Participation: Percentage of Eligible Women Aged 20 to 69 in the Target Population with at Least One Pap Test in a Three-year Period, Age-standardized, Hysterectomy Corrected

PROVINCE	2006–08			2007–09			2008–10			2009–11		
	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)
PROVINCES COMBINED	936,585	1,278,778	73.2	1,169,675	1,651,010	70.9	1,187,278	1,687,188	70.5	1,194,291	1,721,023	69.6
BC	936,585	1,278,778	73.2	918,997	1,304,197	70.5	934,573	1,331,247	70.3	940,023	1,356,113	69.5
MB	—	—	—	250,678	346,813	72.7	252,705	355,941	71.4	254,268	364,910	70.1
ON	—	—	64.2	—	—	—	—	—	—	—	—	64.9

BC and MB are age-standardized to the 1991 Canadian population.
 ON is age-standardized to the 2006 Canadian population. Additional years of data provided: 2000–02, 61.6%; 2003–05, 63.0%.
 ASPR = age-standardized participation rate

Appendix F (continued)

SUPPLEMENTARY TABLES

Participation Rate: Percentage of Eligible Women in the Target Population with at Least One Pap Test in a Three-year Period, Age Specific, Non-Hysterectomy Corrected										
		2007–09			2008–10			2009–11		
PROVINCE	AGE GROUP	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT
PROVINCES COMBINED	20-69	898,181	1,285,431	69.9	903,985	1,314,804	68.8	932,918	1,389,360	67.1
	20-24	113,046	131,924	85.7	111,948	135,228	82.8	114,182	142,504	80.1
	25-29	110,692	133,532	82.9	112,279	139,140	80.7	116,014	147,124	78.9
	20-29	223,738	265,456	84.3	224,227	274,368	81.7	230,196	289,628	79.5
	30-39	207,747	263,926	78.7	208,170	269,254	77.3	213,646	283,419	75.4
	40-49	213,887	304,092	70.3	210,824	302,347	69.7	213,123	310,646	68.6
	50-59	167,706	274,052	61.2	171,117	282,086	60.7	179,399	301,283	59.5
	60-69	85,103	177,905	47.8	89,647	186,749	48.0	96,554	204,384	47.2
AB	20-69	352,176	471,330	74.7	357,635	490,972	72.8	356,253	507,215	70.2
	20-24	40,483	49,545	81.7	39,860	51,456	77.5	38,728	52,098	74.3
	25-29	47,807	56,063	85.3	48,580	59,810	81.2	48,704	62,345	78.1
	20-29	88,290	105,608	83.6	88,440	111,266	79.5	87,432	114,443	76.4
	30-39	88,963	110,014	80.9	90,438	114,469	79.0	90,297	118,280	76.3
	40-49	84,287	112,857	74.7	84,185	114,613	73.5	82,388	115,505	71.3
	50-59	61,828	91,548	67.5	64,039	96,018	66.7	65,003	100,773	64.5
	60-69	28,808	51,303	56.2	30,533	54,606	55.9	31,133	58,214	53.5
SK	20-69	200,359	314,772	63.7	202,511	321,182	63.1	204,696	327,437	62.5
	20-24	30,646	35,891	85.4	30,782	36,744	83.8	30,593	37,561	81.4
	25-29	25,472	34,023	74.9	26,383	35,341	74.7	27,254	36,392	74.9
	20-29	56,118	69,914	80.3	57,165	72,085	79.3	57,847	73,953	78.2
	30-39	42,545	60,078	70.8	43,359	61,860	70.1	44,223	64,080	69.0
	40-49	45,619	72,213	63.2	44,403	70,915	62.6	43,535	69,424	62.7
	50-59	37,255	67,924	54.8	38,209	69,857	54.7	39,042	71,688	54.5
	60-69	18,822	44,643	42.2	19,375	46,465	41.7	20,049	48,292	41.5

Appendix F (continued)

SUPPLEMENTARY TABLES

Participation Rate: Percentage of Eligible Women in the Target Population with at Least One Pap Test in a Three-year Period, Age Specific, Non-Hysterectomy Corrected (continued)										
		2007–09			2008–10			2009–11		
PROVINCE	AGE GROUP	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	PERCENT
NS	20-69	219,304	322,241	68.1	216,190	324,341	66.7	214,005	326,984	65.4
	20-24	28,617	30,948	92.5	27,955	31,438	88.9	27,721	32,036	86.5
	25-29	24,312	29,082	83.6	24,117	29,381	82.1	23,570	29,600	79.6
	20-29	52,929	60,030	88.2	52,072	60,819	85.6	51,291	61,636	83.2
	30-39	48,286	60,201	80.2	46,799	59,916	78.1	45,841	59,887	76.5
	40-49	53,252	76,537	69.6	51,685	74,834	69.1	50,182	73,301	68.5
	50-59	41,772	72,663	57.5	41,661	73,806	56.4	41,943	75,131	55.8
	60-69	23,065	52,810	43.7	23,973	54,966	43.6	24,748	57,029	43.4
PE	20-69	—	—	—	—	—	—	31,658	47,914	66.1
	20-24	—	—	—	—	—	—	3,938	4,876	80.8
	25-29	—	—	—	—	—	—	3,408	4,061	83.9
	20-29	—	—	—	—	—	—	7,346	8,937	82.2
	30-39	—	—	—	—	—	—	6,448	8,655	74.5
	40-49	—	—	—	—	—	—	7,198	10,928	65.9
	50-59	—	—	—	—	—	—	6,467	10,891	59.4
	60-69	—	—	—	—	—	—	4,199	8,503	49.4
NL	20-69	126,342	177,088	71.3	127,649	178,309	71.6	126,306	179,810	70.2
	20-24	13,300	15,540	85.6	13,351	15,590	85.6	13,202	15,933	82.9
	25-29	13,101	14,364	91.2	13,199	14,608	90.4	13,078	14,726	88.8
	20-29	26,401	29,904	88.3	26,550	30,198	87.9	26,280	30,659	85.7
	30-39	27,953	33,633	83.1	27,574	33,009	83.5	26,837	32,517	82.5
	40-49	30,729	42,485	72.3	30,551	41,985	72.8	29,820	41,488	71.9
	50-59	26,851	41,917	64.1	27,208	42,405	64.2	26,944	42,800	63.0
	60-69	14,408	29,149	49.4	15,766	30,712	51.3	16,425	32,346	50.8

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population).

Appendix F (continued)

SUPPLEMENTARY TABLES

Participation Rate: Percentage of Eligible Women in the Target Population with at Least One Pap Test in a Three-year Period, Age-standardized, Non-Hysterectomy Corrected										
PROVINCE	AGE GROUP	2007–09			2008–10			2009–11		
		NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)	NUMBER OF WOMEN WHO HAD PAP TEST	POPULATION	ASPR (%)
PROVINCES COMBINED	20-69	898,181	1,285,431	72.1	903,985	1,314,804	70.8	932,918	1,389,360	69.3
AB	20-69	352,176	471,330	75.3	357,635	490,972	73.3	356,253	507,215	70.8
SK	20-69	200,359	314,772	65.8	202,511	321,182	65.2	204,696	327,437	64.6
NS	20-69	219,304	322,241	72.2	216,190	324,341	70.8	214,005	326,984	69.5
PE	20-69	—	—	—	—	—	—	31,658	47,914	69.4
NL	20-69	126,342	177,088	75.3	127,649	178,309	75.6	126,306	179,810	74.4

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population).
 ASPR = age-standardized participation rate
 Age-standardized to 1991 Canadian population

Appendix F (continued)

SUPPLEMENTARY TABLES

Retention Rate: Percentage of Eligible Women Re-screened Within Three Years Following a Negative Pap Test in a 12-month Period										
PROVINCE	AGE GROUP	2007			2008			2007-08		
		NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT	NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT	NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT
PROVINCES COMBINED	20-69	1,858,784	2,297,324	80.9	1,848,958	2,289,180	80.8	3,707,742	4,586,504	80.8
	20-29	417,707	503,234	83.0	419,550	507,222	82.7	837,257	1,010,456	82.9
	30-39	461,475	567,157	81.4	452,987	559,341	81.0	914,462	1,126,498	81.2
	40-49	478,287	590,040	81.1	467,294	577,525	80.9	945,581	1,167,565	81.0
	50-59	352,133	439,250	80.2	353,876	441,966	80.1	706,009	881,216	80.1
	60-69	149,182	197,643	75.5	155,251	203,126	76.4	304,433	400,769	76.0
BC	20-69	340,167	437,064	77.8	344,964	448,189	77.0	685,131	885,253	77.4
	20-29	72,961	91,357	79.9	75,098	95,959	78.3	148,059	187,316	79.0
	30-39	83,692	106,815	78.4	83,317	108,413	76.9	167,009	215,228	77.6
	40-49	87,143	112,393	77.5	86,255	112,257	76.8	173,398	224,650	77.2
	50-59	66,790	84,867	78.7	68,679	87,673	78.3	135,469	172,540	78.5
	60-69	29,581	41,632	71.1	31,615	43,887	72.0	61,196	85,519	71.6
AB	20-69	154,566	163,246	94.7	152,600	159,082	95.9	307,166	322,328	95.3
	20-29	31,069	32,844	94.6	32,099	33,099	97.0	63,168	65,943	95.8
	30-39	41,018	43,259	94.8	40,686	42,326	96.1	81,704	85,585	95.5
	40-49	40,159	42,582	94.3	38,410	40,197	95.6	78,569	82,779	94.9
	50-59	29,867	31,566	94.6	29,202	30,665	95.2	59,069	62,231	94.9
	60-69	12,453	12,995	95.8	12,203	12,795	95.4	24,656	25,790	95.6
SK	20-69	74,370	100,120	74.3	73,264	98,684	74.2	147,634	198,804	74.3
	20-29	21,248	26,771	79.4	21,433	26,968	79.5	42,681	53,739	79.4
	30-39	16,304	21,949	74.3	16,219	21,740	74.6	32,523	43,689	74.4
	40-49	16,932	23,171	73.1	16,008	21,886	73.1	32,940	45,057	73.1
	50-59	13,857	18,853	73.5	13,637	18,775	72.6	27,494	37,628	73.1
	60-69	6,029	9,376	64.3	5,967	9,315	64.1	11,996	18,691	64.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Retention Rate: Percentage of Eligible Women Re-screened Within Three Years Following a Negative Pap Test in a 12-month Period (continued)										
PROVINCE	AGE GROUP	2007			2008			2007-08		
		NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT	NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT	NUMBER RE-SCREENED	NUMBER OF WOMEN WHO HAD PAP TEST	PERCENT
MB	20-69	116,412	144,694	80.5	115,660	142,979	80.9	232,072	287,673	80.7
	20-29	28,367	33,590	84.5	28,330	33,943	83.5	56,697	67,533	84.0
	30-39	26,101	32,376	80.6	25,995	32,280	80.5	52,096	64,656	80.6
	40-49	27,068	33,969	79.7	26,292	33,221	79.1	53,360	67,190	79.4
	50-59	22,649	28,473	79.5	22,740	28,941	78.6	45,389	57,414	79.1
	60-69	12,227	16,286	75.1	12,303	14,594	84.3	24,530	30,880	79.4
ON	20-66	1,012,630	1,252,917	80.8	1,005,204	1,244,421	80.8	2,017,834	2,497,338	80.8
	20-29	227,941	275,605	82.7	227,008	274,785	82.6	454,949	550,390	82.7
	30-39	256,072	316,690	80.9	250,066	310,211	80.6	506,138	626,901	80.7
	40-49	266,554	328,219	81.2	261,487	322,058	81.2	528,041	650,277	81.2
	50-59	187,705	235,649	79.7	188,899	236,703	79.8	376,604	472,352	79.7
	60-66	74,358	96,754	76.9	77,744	100,664	77.2	152,102	197,418	77.0
NS	20-69	101,764	126,982	80.1	97,578	122,010	80.0	199,342	248,992	80.1
	20-29	23,986	28,561	84.0	23,094	27,450	84.1	47,080	56,011	84.1
	30-39	24,390	29,456	82.8	22,958	27,832	82.5	47,348	57,288	82.6
	40-49	25,618	31,723	80.8	24,098	29,913	80.6	49,716	61,636	80.7
	50-59	18,964	24,305	78.0	18,392	23,553	78.1	37,356	47,858	78.1
	60-69	8,806	12,937	68.1	9,036	13,262	68.1	17,842	26,199	68.1
NL	20-69	58,875	72,301	81.4	59,688	73,815	80.9	118,563	146,116	81.1
	20-29	12,135	14,506	83.7	12,488	15,018	83.2	24,623	29,524	83.4
	30-39	13,898	16,612	83.7	13,746	16,539	83.1	27,644	33,151	83.4
	40-49	14,813	17,983	82.4	14,744	17,993	81.9	29,557	35,976	82.2
	50-59	12,301	15,537	79.2	12,327	15,656	78.7	24,628	31,193	79.0
	60-69	5,728	7,663	74.7	6,383	8,609	74.1	12,111	16,272	74.4

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population).

Appendix F (continued)

SUPPLEMENTARY TABLES

Specimen Adequacy: Percentage of Conventional Pap Test Results Reported as Unsatisfactory in a 12-month Period													
PROVINCE	AGE GROUP	2009			2010			2011			2009–11		
		NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT
BC	20-69	17,406	522,526	3.3	22,562	523,080	4.3	21,872	513,570	4.3	61,840	1,559,176	4.0
	20-29	4,028	122,800	3.3	5,390	122,168	4.4	5,162	117,465	4.4	14,580	362,433	4.0
	30-39	4,187	125,430	3.3	5,566	123,094	4.5	5,503	119,538	4.6	15,256	368,062	4.1
	40-49	3,163	123,588	2.6	4,362	120,899	3.6	4,459	117,701	3.8	11,984	362,188	3.3
	50-59	3,547	99,183	3.6	4,332	101,083	4.3	4,014	101,600	4.0	11,893	301,866	3.9
	60-69	2,481	51,525	4.8	2,912	55,836	5.2	2,734	57,266	4.8	8,127	164,627	4.9
MB	20-69	5,120	176,298	2.9	5,948	165,578	3.6	5,567	162,632	3.4	16,635	504,508	3.3
	20-29	1,671	45,651	3.7	2,019	42,058	4.8	1,820	41,003	4.4	5,510	128,712	4.3
	30-39	1,274	40,064	3.2	1,431	37,395	3.8	1,384	37,036	3.7	4,089	114,495	3.6
	40-49	956	38,418	2.5	1,136	35,549	3.2	1,029	33,899	3.0	3,121	107,866	2.9
	50-59	751	32,911	2.3	870	31,581	2.8	805	31,293	2.6	2,426	95,785	2.5
	60-69	468	19,254	2.4	492	18,995	2.6	529	19,401	2.7	1,489	57,650	2.6
SK	20-69	1,350	115,962	1.2	1,225	113,827	1.1	1,485	111,567	1.3	4,060	341,356	1.2
	20-29	471	34,177	1.4	437	34,504	1.3	565	33,317	1.7	1,473	101,998	1.4
	30-39	304	25,833	1.2	295	25,948	1.1	343	25,502	1.3	942	77,283	1.2
	40-49	222	24,242	0.9	226	22,479	1.0	269	21,615	1.2	717	68,336	1.0
	50-59	227	21,199	1.1	166	20,507	0.8	182	20,542	0.9	575	62,248	0.9
	60-69	126	10,511	1.2	101	10,389	1.0	126	10,591	1.2	353	31,491	1.1
NS	20-69	1,167	138,657	0.8	1,270	133,263	1.0	1,179	129,937	0.9	3,616	401,857	0.9
	20-29	283	34,122	0.8	328	33,034	1.0	321	32,260	1.0	932	99,416	0.9
	30-39	256	31,947	0.8	305	30,036	1.0	263	29,026	0.9	824	91,009	0.9
	40-49	236	32,337	0.7	244	30,397	0.8	213	28,735	0.7	693	91,469	0.8
	50-59	203	25,743	0.8	229	25,128	0.9	214	25,133	0.9	646	76,004	0.8
	60-69	189	14,508	1.3	164	14,668	1.1	168	14,783	1.1	521	43,959	1.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Specimen Adequacy: Percentage of Conventional Pap Test Results Reported as Unsatisfactory in a 12-month Period (continued)														
		2009			2010			2011			2009–11			
PROVINCE	AGE GROUP	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	
PE	20-69	175	20,220	0.9	170	18,752	0.9	260	19,808	1.3	605	58,780	1.0	
	20-29	34	4,819	0.7	37	4,531	0.8	69	4,736	1.5	140	14,086	1.0	
	30-39	41	4,537	0.9	34	4,141	0.8	49	4,336	1.1	124	13,014	1.0	
	40-49	37	4,442	0.8	39	4,021	1.0	69	4,131	1.7	145	12,594	1.2	
	50-59	35	3,925	0.9	37	3,636	1.0	35	3,927	0.9	107	11,488	0.9	
	60-69	28	2,497	1.1	23	2,423	0.9	38	2,678	1.4	89	7,598	1.2	

Appendix F (continued)

SUPPLEMENTARY TABLES

Specimen Adequacy: Percentage of Liquid-based Cytology Pap Test Results Reported as Unsatisfactory in a 12-month Period													
		2009			2010			2011			2009–11		
PROVINCE	AGE GROUP	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT	NUMBER OF UNSATISFACTORY TESTS	TOTAL PAP TESTS	PERCENT
AB	20-69	5,909	227,221	2.6	5,986	182,496	3.3	5,806	178,214	3.3	17,701	587,931	3.0
	20-29	1,010	53,761	1.9	1,152	45,208	2.5	1,091	43,081	2.5	3,253	142,050	2.3
	30-39	1,324	60,182	2.2	1,350	48,380	2.8	1,256	46,359	2.7	3,930	154,921	2.5
	40-49	1,142	53,378	2.1	1,155	41,698	2.8	1,117	40,250	2.8	3,414	135,326	2.5
	50-59	1,523	41,525	3.7	1,435	33,053	4.3	1,463	33,337	4.4	4,421	107,915	4.1
	60-69	910	18,375	5.0	894	14,157	6.3	879	15,187	5.8	2,683	47,719	5.6
NL	20-69	477	83,888	0.6	694	87,866	0.8	542	81,433	0.7	1,713	253,187	0.7
	20-29	102	19,134	0.5	124	20,093	0.6	132	18,970	0.7	358	58,197	0.6
	30-39	92	18,765	0.5	153	18,988	0.8	124	17,683	0.7	369	55,436	0.7
	40-49	94	19,860	0.5	145	20,208	0.7	105	18,532	0.6	344	58,600	0.6
	50-59	114	16,795	0.7	152	17,849	0.9	97	16,369	0.6	363	51,013	0.7
	60-69	75	9,334	0.8	120	10,728	1.1	84	9,879	0.9	279	29,941	0.9

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). Not all rejected Pap tests in NL may have been excluded from the numerator.

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period															
YEAR	PROVINCE	AGE GROUP	NUMBER OF SATIS-FACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009	PROVINCES COMBINED	20-69	1,062,618	1,013,463	95.4	23,924	2.3	15,320	1.4	1,322	0.1	2,691	0.3	5,898	0.6
		20-29	245,311	221,414	90.3	10,778	4.4	8,664	3.5	160	0.1	1,307	0.5	2,988	1.2
		30-39	251,058	239,643	95.5	5,459	2.2	3,378	1.3	251	0.1	700	0.3	1,627	0.6
		40-49	252,955	244,691	96.7	4,547	1.8	2,090	0.8	422	0.2	410	0.2	795	0.3
		50-59	205,610	201,414	98.0	2,373	1.2	929	0.5	356	0.2	197	0.1	341	0.2
		60-69	107,684	106,301	98.7	767	0.7	259	0.2	133	0.1	77	0.1	147	0.1
	AB	20-69	208,611	197,023	94.4	3,582	1.7	6,000	2.9	218	0.1	487	0.2	1,301	0.6
		20-29	47,995	42,202	87.9	1,409	2.9	3,386	7.1	25	0.1	243	0.5	730	1.5
		30-39	54,361	51,440	94.6	951	1.7	1,446	2.7	41	0.1	134	0.2	349	0.6
		40-49	50,217	48,475	96.5	718	1.4	749	1.5	58	0.1	74	0.1	143	0.3
		50-59	38,903	38,017	97.7	385	1.0	341	0.9	71	0.2	27	0.1	62	0.2
		60-69	17,135	16,889	98.6	119	0.7	78	0.5	23	0.1	9	0.1	17	0.1
	BC	20-69	480,519	464,429	96.7	9,943	2.1	2,317	0.5	515	0.1	1,052	0.2	2,263	0.5
		20-29	110,305	102,620	93.0	4,857	4.4	1,147	1.0	67	0.1	539	0.5	1,075	1.0
		30-39	113,436	109,614	96.6	2,264	2.0	547	0.5	80	0.1	274	0.2	657	0.6
		40-49	116,063	113,166	97.5	1,820	1.6	405	0.3	180	0.2	156	0.1	336	0.3
		50-59	93,011	91,707	98.6	777	0.8	181	0.2	146	0.2	63	0.1	137	0.1
		60-69	47,704	47,322	99.2	225	0.5	37	0.1	42	0.1	20	0.0	58	0.1
	MB	20-69	154,686	145,059	93.8	4,639	3.0	3,065	2.0	166	0.1	411	0.3	1,346	0.9
		20-29	37,485	32,867	87.7	1,882	5.0	1,798	4.8	23	0.1	165	0.4	750	2.0
		30-39	34,395	32,323	94.0	1,018	3.0	606	1.8	34	0.1	96	0.3	318	0.9
		40-49	34,707	32,992	95.1	979	2.8	434	1.3	50	0.1	78	0.2	174	0.5
		50-59	30,205	29,296	97.0	561	1.9	178	0.6	42	0.1	53	0.2	75	0.2
		60-69	17,894	17,581	98.3	199	1.1	49	0.3	17	0.1	19	0.1	29	0.2
	NS	20-69	124,532	117,499	94.4	3,855	3.1	1,812	1.5	261	0.2	556	0.4	549	0.4
		20-29	29,031	25,716	88.6	1,700	5.9	1,060	3.7	25	0.1	281	1.0	249	0.9
		30-39	28,192	26,636	94.5	836	3.0	357	1.3	58	0.2	143	0.5	162	0.6
		40-49	29,628	28,438	96.0	716	2.4	242	0.8	77	0.3	76	0.3	79	0.3
		50-59	23,970	23,266	97.1	458	1.9	106	0.4	67	0.3	32	0.1	41	0.2
		60-69	13,711	13,443	98.0	145	1.1	47	0.3	34	0.2	24	0.2	18	0.1

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period (continued)															
YEAR	PROVINCE	AGE GROUP	NUMBER OF SATIS-FACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009	PE	20-69	17,919	17,175	95.8	288	1.6	211	1.2	20	0.1	62	0.3	163	0.9
		20-29	4,051	3,691	91.1	126	3.1	136	3.4	X	X	24	0.6	71	1.8
		30-39	3,821	3,641	95.3	61	1.6	45	1.2	X	X	15	0.4	56	1.5
		40-49	4,060	3,933	96.9	63	1.6	22	0.5	6	0.1	13	0.3	23	0.6
		50-59	3,649	3,589	98.4	31	0.8	8	0.2	6	0.2	9	0.2	6	0.2
		60-69	2,338	2,321	99.3	7	0.3	0	0.0	X	X	X	X	7	0.3
	NL	20-69	76,351	72,278	94.7	1,617	2.1	1,915	2.5	142	0.2	123	0.2	276	0.4
		20-29	16,444	14,318	87.1	804	4.9	1,137	6.9	17	0.1	55	0.3	113	0.7
		30-39	16,853	15,989	94.9	329	2.0	377	2.2	35	0.2	38	0.2	85	0.5
		40-49	18,280	17,687	96.8	251	1.4	238	1.3	51	0.3	13	0.1	40	0.2
		50-59	15,872	15,539	97.9	161	1.0	115	0.7	24	0.2	13	0.1	20	0.1
		60-69	8,902	8,745	98.2	72	0.8	48	0.5	15	0.2	X	X	18	0.2
2010	PROVINCES COMBINED	20-69	1,005,203	953,187	94.8	24,606	2.4	16,483	1.6	1,691	0.2	3,042	0.3	6,194	0.6
		20-29	232,994	208,471	89.5	10,680	4.6	9,165	3.9	175	0.1	1,434	0.6	3,069	1.3
		30-39	233,465	221,320	94.8	5,540	2.4	3,703	1.6	355	0.2	820	0.4	1,727	0.7
		40-49	233,311	224,290	96.1	4,809	2.1	2,349	1.0	532	0.2	415	0.2	916	0.4
		50-59	197,119	192,458	97.6	2,622	1.3	1,005	0.5	442	0.2	269	0.1	323	0.2
		60-69	108,314	106,648	98.5	955	0.9	261	0.2	187	0.2	104	0.1	159	0.1
	BC	20-69	475,742	456,081	95.9	11,213	2.4	3,877	0.8	660	0.1	1,185	0.2	2,726	0.6
		20-29	108,578	99,700	91.8	5,028	4.6	1,952	1.8	65	0.1	565	0.5	1,268	1.2
		30-39	110,042	105,408	95.8	2,517	2.3	886	0.8	135	0.1	312	0.3	784	0.7
		40-49	111,993	108,255	96.7	2,201	2.0	690	0.6	218	0.2	177	0.2	452	0.4
		50-59	93,768	91,928	98.0	1,118	1.2	281	0.3	178	0.2	102	0.1	161	0.2
		60-69	51,361	50,790	98.9	349	0.7	68	0.1	64	0.1	29	0.1	61	0.1
	AB	20-69	168,237	157,522	93.6	3,422	2.0	5,591	3.3	177	0.1	543	0.3	982	0.6
		20-29	40,925	35,445	86.6	1,450	3.5	3,186	7.8	15	0.0	292	0.7	537	1.3
		30-39	44,219	41,524	93.9	877	2.0	1,337	3.0	32	0.1	161	0.4	288	0.7
		40-49	39,205	37,611	95.9	676	1.7	706	1.8	49	0.1	48	0.1	115	0.3
		50-59	30,872	30,144	97.6	307	1.0	295	1.0	60	0.2	32	0.1	34	0.1
		60-69	13,016	12,798	98.3	112	0.9	67	0.5	21	0.2	10	0.1	8	0.1

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period (continued)															
YEAR	PROVINCE	AGE GROUP	NUMBER OF SATIS-FACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2010	MB	20-69	145,554	137,120	94.2	3,759	2.6	2,752	1.9	132	0.1	385	0.3	1,406	1.0
		20-29	34,722	30,773	88.6	1,479	4.3	1,557	4.5	13	0.0	154	0.4	746	2.1
		30-39	32,185	30,244	94.0	876	2.7	595	1.8	22	0.1	91	0.3	357	1.1
		40-49	32,012	30,563	95.5	765	2.4	386	1.2	45	0.1	55	0.2	198	0.6
		50-59	29,022	28,230	97.3	472	1.6	167	0.6	29	0.1	54	0.2	70	0.2
		60-69	17,613	17,310	98.3	167	0.9	47	0.3	23	0.1	31	0.2	35	0.2
	NS	20-69	119,846	112,524	93.9	4,214	3.5	1,643	1.4	364	0.3	551	0.5	550	0.5
		20-29	28,070	24,632	87.8	1,897	6.8	965	3.4	47	0.2	269	1.0	260	0.9
		30-39	26,565	24,956	93.9	878	3.3	345	1.3	82	0.3	157	0.6	147	0.6
		40-49	27,918	26,658	95.5	776	2.8	216	0.8	115	0.4	72	0.3	81	0.3
		50-59	23,438	22,743	97.0	462	2.0	89	0.4	76	0.3	36	0.2	32	0.1
		60-69	13,855	13,535	97.7	201	1.5	28	0.2	44	0.3	17	0.1	30	0.2
	PE	20-69	16,817	16,250	96.6	225	1.3	145	0.9	37	0.2	57	0.3	103	0.6
		20-29	3,851	3,582	93.0	112	2.9	93	2.4	X	X	22	0.6	38	1.0
		30-39	3,598	3,449	95.9	57	1.6	31	0.9	9	0.3	14	0.4	38	1.1
		40-49	3,685	3,594	97.5	37	1.0	15	0.4	10	0.3	13	0.4	16	0.4
		50-59	3,401	3,355	98.6	15	0.4	X	X	13	0.4	7	0.2	7	0.2
		60-69	2,282	2,270	99.5	X	X	X	X	X	X	X	X	X	X
	NL	20-69	79,007	73,690	93.3	1,773	2.2	2,475	3.1	321	0.4	321	0.4	427	0.5
		20-29	16,848	14,339	85.1	714	4.2	1,412	8.4	31	0.2	132	0.8	220	1.3
		30-39	16,856	15,739	93.4	335	2.0	509	3.0	75	0.4	85	0.5	113	0.7
		40-49	18,498	17,609	95.2	354	1.9	336	1.8	95	0.5	50	0.3	54	0.3
		50-59	16,618	16,058	96.6	248	1.5	169	1.0	86	0.5	38	0.2	19	0.1
		60-69	10,187	9,945	97.6	122	1.2	49	0.5	34	0.3	16	0.2	21	0.2
2011	PROVINCES COMBINED	20-69	983,482	932,780	94.8	21,472	2.2	17,313	1.8	1,955	0.2	3,648	0.4	6,314	0.6
		20-29	225,033	201,371	89.5	8,596	3.8	10,141	4.5	200	0.1	1,602	0.7	3,123	1.4
		30-39	226,429	214,672	94.8	4,829	2.1	3,704	1.6	379	0.2	962	0.4	1,883	0.8
		40-49	224,135	215,473	96.1	4,395	2.0	2,232	1.0	601	0.3	593	0.3	841	0.4
		50-59	196,916	192,038	97.5	2,691	1.4	949	0.5	553	0.3	363	0.2	322	0.2
		60-69	110,969	109,226	98.4	961	0.9	287	0.3	222	0.2	128	0.1	145	0.1

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period (continued)															
YEAR	PROVINCE	AGE GROUP	NUMBER OF SATIS-FACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2011	BC	20-69	467,007	447,887	95.9	8,289	1.8	5,157	1.1	1,066	0.2	1,707	0.4	2,901	0.6
		20-29	104,218	95,839	92.0	3,137	3.0	3,032	2.9	116	0.1	711	0.7	1,383	1.3
		30-39	106,683	102,243	95.8	1,813	1.7	1,079	1.0	193	0.2	469	0.4	886	0.8
		40-49	108,569	104,912	96.6	1,839	1.7	733	0.7	344	0.3	306	0.3	435	0.4
		50-59	94,442	92,467	97.9	1,091	1.2	253	0.3	307	0.3	176	0.2	148	0.2
		60-69	53,095	52,426	98.7	409	0.8	60	0.1	106	0.2	45	0.1	49	0.1
	AB	20-69	165,674	156,217	94.3	2,613	1.6	5,356	3.2	123	0.1	432	0.3	933	0.6
		20-29	39,396	34,324	87.1	1,170	3.0	3,150	8.0	13	0.0	228	0.6	511	1.3
		30-39	42,832	40,489	94.5	691	1.6	1,237	2.9	20	0.0	120	0.3	275	0.6
		40-49	38,060	36,780	96.6	456	1.2	629	1.7	33	0.1	49	0.1	113	0.3
		50-59	31,264	30,664	98.1	234	0.7	273	0.9	41	0.1	26	0.1	26	0.1
		60-69	14,122	13,960	98.9	62	0.4	67	0.5	16	0.1	9	0.1	8	0.1
	NS	20-69	116,696	108,911	93.3	4,729	4.1	1,690	1.4	272	0.2	588	0.5	506	0.4
		20-29	27,422	23,925	87.2	2,016	7.4	962	3.5	24	0.1	261	1.0	234	0.9
		30-39	25,645	23,875	93.1	1,035	4.0	358	1.4	70	0.3	165	0.6	142	0.6
		40-49	26,283	24,914	94.8	910	3.5	223	0.8	85	0.3	84	0.3	67	0.3
		50-59	23,381	22,558	96.5	561	2.4	107	0.5	61	0.3	54	0.2	40	0.2
		60-69	13,965	13,639	97.7	207	1.5	40	0.3	32	0.2	24	0.2	23	0.2
	PE	20-69	17,368	16,679	96.0	337	1.9	139	0.8	33	0.2	66	0.4	114	0.7
		20-29	3,949	3,642	92.2	141	3.6	100	2.5	X	X	27	0.7	37	0.9
		30-39	3,615	3,459	95.7	73	2.0	23	0.6	X	X	15	0.4	41	1.1
		40-49	3,712	3,586	96.6	70	1.9	12	0.3	12	0.3	13	0.4	19	0.5
		50-59	3,611	3,539	98.0	39	1.1	X	X	8	0.2	8	0.2	13	0.4
		60-69	2,481	2,453	98.9	14	0.6	0	0.0	7	0.3	X	X	X	X
	MB	20-69	143,610	135,277	94.2	3,693	2.6	2,582	1.8	189	0.1	477	0.3	1,392	1.0
		20-29	34,060	30,120	88.4	1,441	4.2	1,559	4.6	12	0.0	198	0.6	730	2.1
		30-39	32,013	30,125	94.1	842	2.6	510	1.6	29	0.1	117	0.4	390	1.2
		40-49	30,683	29,291	95.5	765	2.5	335	1.1	45	0.1	84	0.3	163	0.5
		50-59	28,920	28,121	97.2	492	1.7	129	0.4	58	0.2	54	0.2	66	0.2
		60-69	17,934	17,620	98.2	153	0.9	49	0.3	45	0.3	24	0.1	43	0.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period (continued)															
YEAR	PROVINCE	AGE GROUP	NUMBER OF SATIS-FACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2011	NL	20-69	73,127	67,809	92.7	1,811	2.5	2,389	3.3	272	0.4	378	0.5	468	0.6
		20-29	15,988	13,521	84.6	691	4.3	1,338	8.4	33	0.2	177	1.1	228	1.4
		30-39	15,641	14,481	92.6	375	2.4	497	3.2	63	0.4	76	0.5	149	1.0
		40-49	16,828	15,990	95.0	355	2.1	300	1.8	82	0.5	57	0.3	44	0.3
		50-59	15,298	14,689	96.0	274	1.8	183	1.2	78	0.5	45	0.3	29	0.2
		60-69	9,372	9,128	97.4	116	1.2	71	0.8	16	0.2	23	0.2	18	0.2
2009-11	PROVINCES COMBINED	20-69	3,051,303	2,899,430	95.0	70,002	2.3	49,116	1.6	4,968	0.2	9,381	0.3	18,406	0.6
		20-29	703,338	631,256	89.8	30,054	4.3	27,970	4.0	535	0.1	4,343	0.6	9,180	1.3
		30-39	710,952	675,635	95.0	15,828	2.2	10,785	1.5	985	0.1	2,482	0.3	5,237	0.7
		40-49	710,401	684,454	96.3	13,751	1.9	6,671	0.9	1,555	0.2	1,418	0.2	2,552	0.4
		50-59	599,645	585,910	97.7	7,686	1.3	2,883	0.5	1,351	0.2	829	0.1	986	0.2
		60-69	326,967	322,175	98.5	2,683	0.8	807	0.2	542	0.2	309	0.1	451	0.1
	BC	20-69	1,423,268	1,368,397	96.1	29,445	2.1	11,351	0.8	2,241	0.2	3,944	0.3	7,890	0.6
		20-29	323,101	298,159	92.3	13,022	4.0	6,131	1.9	248	0.1	1,815	0.6	3,726	1.2
		30-39	330,161	317,265	96.1	6,594	2.0	2,512	0.8	408	0.1	1,055	0.3	2,327	0.7
		40-49	336,625	326,333	96.9	5,860	1.7	1,828	0.5	742	0.2	639	0.2	1,223	0.4
		50-59	281,221	276,102	98.2	2,986	1.1	715	0.3	631	0.2	341	0.1	446	0.2
		60-69	152,160	150,538	98.9	983	0.6	165	0.1	212	0.1	94	0.1	168	0.1
	AB	20-69	542,522	510,762	94.1	9,617	1.8	16,947	3.1	518	0.1	1,462	0.3	3,216	0.6
		20-29	128,316	111,971	87.3	4,029	3.1	9,722	7.6	53	0.0	763	0.6	1,778	1.4
		30-39	141,412	133,453	94.4	2,519	1.8	4,020	2.8	93	0.1	415	0.3	912	0.6
		40-49	127,482	122,866	96.4	1,850	1.5	2,084	1.6	140	0.1	171	0.1	371	0.3
		50-59	101,039	98,825	97.8	926	0.9	909	0.9	172	0.2	85	0.1	122	0.1
		60-69	44,273	43,647	98.6	293	0.7	212	0.5	60	0.1	28	0.1	33	0.1
	MB	20-69	443,850	417,456	94.1	12,091	2.7	8,399	1.9	487	0.1	1,273	0.3	4,144	0.9
		20-29	106,267	93,760	88.2	4,802	4.5	4,914	4.6	48	0.0	517	0.5	2,226	2.1
		30-39	98,593	92,692	94.0	2,736	2.8	1,711	1.7	85	0.1	304	0.3	1,065	1.1
		40-49	97,402	92,846	95.3	2,509	2.6	1,155	1.2	140	0.1	217	0.2	535	0.5
		50-59	88,147	85,647	97.2	1,525	1.7	474	0.5	129	0.1	161	0.2	211	0.2
		60-69	53,441	52,511	98.3	519	1.0	145	0.3	85	0.2	74	0.1	107	0.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period (continued)

YEAR	PROVINCE	AGE GROUP	NUMBER OF SATISFACTORY PAP TESTS	NEGATIVE		ASC-US		LSIL		AGC		ASC-H		HSIL+	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009–11	NS	20-69	361,074	338,934	93.9	12,798	3.5	5,145	1.4	897	0.2	1,695	0.5	1,605	0.4
		20-29	84,523	74,273	87.9	5,613	6.6	2,987	3.5	96	0.1	811	1.0	743	0.9
		30-39	80,402	75,467	93.9	2,749	3.4	1,060	1.3	210	0.3	465	0.6	451	0.6
		40-49	83,829	80,010	95.4	2,402	2.9	681	0.8	277	0.3	232	0.3	227	0.3
		50-59	70,789	68,567	96.9	1,481	2.1	302	0.4	204	0.3	122	0.2	113	0.2
		60-69	41,531	40,617	97.8	553	1.3	115	0.3	110	0.3	65	0.2	71	0.2
	PE	20-69	52,104	50,104	96.2	850	1.6	495	1.0	90	0.2	185	0.4	380	0.7
		20-29	11,851	10,915	92.1	379	3.2	329	2.8	9	0.1	73	0.6	146	1.2
		30-39	11,034	10,549	95.6	191	1.7	99	0.9	16	0.1	44	0.4	135	1.2
		40-49	11,457	11,113	97.0	170	1.5	49	0.4	28	0.2	39	0.3	58	0.5
		50-59	10,661	10,483	98.3	85	0.8	16	0.2	27	0.3	24	0.2	26	0.2
		60-69	7,101	7,044	99.2	25	0.4	X	X	10	0.1	X	X	15	0.2
	NL	20-69	228,485	213,777	93.6	5,201	2.3	6,779	3.0	735	0.3	822	0.4	1,171	0.5
		20-29	49,280	42,178	85.6	2,209	4.5	3,887	7.9	81	0.2	364	0.7	561	1.1
		30-39	49,350	46,209	93.6	1,039	2.1	1,383	2.8	173	0.4	199	0.4	347	0.7
		40-49	53,606	51,286	95.7	960	1.8	874	1.6	228	0.4	120	0.2	138	0.3
		50-59	47,788	46,286	96.9	683	1.4	467	1.0	188	0.4	96	0.2	68	0.1
		60-69	28,461	27,818	97.7	310	1.1	168	0.6	65	0.2	43	0.2	57	0.2

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population).
X = suppressed because of small numbers

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening Test Results: Percentage of Women by Their Most Severe Pap Test Result in a 12-month Period – Saskatchewan								
YEAR	AGE GROUP	NUMBER OF SATISFACTORY PAP TESTS	NEGATIVE		ABNORMAL, LOW GRADE		ABNORMAL, HIGH GRADE	
			NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009	20-69	106,436	101,722	95.6	3,759	3.5	955	0.9
	20-29	29,909	27,323	91.4	2,060	6.9	526	1.8
	30-39	23,462	22,481	95.8	742	3.2	239	1.0
	40-49	22,793	22,102	97.0	564	2.5	127	0.6
	50-59	20,206	19,883	98.4	283	1.4	40	0.2
	60-69	10,066	9,933	98.7	110	1.1	23	0.2
2010	20-69	103,902	98,885	95.2	4,018	3.9	999	1.0
	20-29	29,949	27,089	90.5	2,313	7.7	547	1.8
	30-39	23,418	22,320	95.3	824	3.5	274	1.2
	40-49	21,055	20,437	97.1	514	2.4	104	0.5
	50-59	19,492	19,160	98.3	281	1.4	51	0.3
	60-69	9,988	9,879	98.9	86	0.9	23	0.2
2011	20-69	102,367	97,876	95.6	3,563	3.5	928	0.9
	20-29	29,061	26,467	91.1	2,121	7.3	473	1.6
	30-39	23,139	22,139	95.7	736	3.2	264	1.1
	40-49	20,294	19,759	97.4	428	2.1	107	0.5
	50-59	19,667	19,415	98.7	200	1.0	52	0.3
	60-69	10,206	10,096	98.9	78	0.8	32	0.3
2009–11	20-69	312,705	298,483	95.5	11,340	3.6	2,882	0.9
	20-29	88,919	80,879	91.0	6,494	7.3	1,546	1.7
	30-39	70,019	66,940	95.6	2,302	3.3	777	1.1
	40-49	64,142	62,298	97.1	1,506	2.3	338	0.5
	50-59	59,365	58,458	98.5	764	1.3	143	0.2
	60-69	30,260	29,908	98.8	274	0.9	78	0.3

SK provided 3 cytology categories (normal, abnormal low and abnormal high). Abnormal low includes AGC, AGCN, AGEC, AGEEN, AGEM, ASA, ASCU, ASE and LSIL. Abnormal high includes ADC, AIS, ASHG, HSIL, PC2, PSCC and SC. See Appendix D for definitions.

Appendix F (continued)

SUPPLEMENTARY TABLES

Time to Colposcopy: Percentage of Women with a High-grade Pap Test Result (AGC, ASC-H or HSIL+) Who Had Follow-up Colposcopy Within Three, Six, Nine and 12 Months of the Pap Test													
AGC, ASC-H or HSIL+													
YEAR	PROVINCE	AGE GROUP	NUMBER OF AGC, ASC-H OR HSIL+ RESULTS	0-3 MONTHS		3-6 MONTHS		6-9 MONTHS		9-12 MONTHS		TOTAL	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009-10	PROVINCES COMBINED	20-69	37,523	21,775	58.0	6,840	18.2	1,660	4.4	744	2.0	31,019	82.7
		20-29	15,863	8,776	55.3	3,305	20.8	811	5.1	405	2.6	13,297	83.8
		30-39	10,426	6,488	62.2	1,777	17.0	453	4.3	187	1.8	8,905	85.4
		40-49	6,479	3,892	60.1	1,090	16.8	245	3.8	97	1.5	5,324	82.2
		50-59	3,369	1,890	56.1	499	14.8	110	3.3	38	1.1	2,537	75.3
		60-69	1,386	729	52.6	169	12.2	41	3.0	17	1.2	956	69.0
	BC	20-69	15,627	8,033	51.4	3,681	23.6	821	5.3	350	2.2	12,885	82.5
		20-29	7,026	3,530	50.2	1,845	26.3	408	5.8	185	2.6	5,968	84.9
		30-39	4,269	2,412	56.5	922	21.6	224	5.2	96	2.2	3,654	85.6
		40-49	2,640	1,362	51.6	586	22.2	121	4.6	45	1.7	2,114	80.1
		50-59	1,250	578	46.2	250	20.0	47	3.8	14	1.1	889	71.1
		60-69	442	151	34.2	78	17.6	21	4.8	10	2.3	260	58.8
	AB	20-69	3,828	1,275	33.3	1,545	40.4	293	7.7	129	3.4	3,242	84.7
		20-29	1,847	608	32.9	752	40.7	154	8.3	73	4.0	1,587	85.9
		30-39	1,032	363	35.2	425	41.2	76	7.4	37	3.6	901	87.3
		40-49	519	167	32.2	218	42.0	36	6.9	13	2.5	434	83.6
		50-59	325	109	33.5	113	34.8	23	7.1	X	X	250	76.9
		60-69	105	28	26.7	37	35.2	X	X	X	X	70	66.7
	MB	20-69	2,840	1,388	48.9	671	23.6	183	6.4	135	4.8	2,377	83.7
		20-29	1,370	611	44.6	327	23.9	99	7.2	86	6.3	1,123	82.0
		30-39	672	351	52.2	164	24.4	48	7.1	22	3.3	585	87.1
		40-49	458	254	55.5	114	24.9	20	4.4	19	4.1	407	88.9
		50-59	230	114	49.6	52	22.6	13	5.7	6	2.6	185	80.4
		60-69	110	58	52.7	14	12.7	X	X	X	X	77	70.0

Appendix F (continued)

SUPPLEMENTARY TABLES

Time to Colposcopy: Percentage of Women with a High-grade Pap Test Result (AGC, ASC-H or HSIL+) Who Had Follow-up Colposcopy Within Three, Six, Nine and 12 Months of the Pap Test

AGC, ASC-H or HSIL+ (continued)

YEAR	PROVINCE	AGE GROUP	NUMBER OF AGC, ASC-H OR HSIL+ RESULTS	0-3 MONTHS		3-6 MONTHS		6-9 MONTHS		9-12 MONTHS		TOTAL	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
	ON (0-6 MONTHS)	20-69	12,479	—	—	10,230	82.0	—	—	—	—	—	—
		20-29	4,525	—	—	3,661	80.9	—	—	—	—	—	—
		30-39	3,722	—	—	3,131	84.1	—	—	—	—	—	—
		40-49	2,375	—	—	1,982	83.5	—	—	—	—	—	—
		50-59	1,288	—	—	1,008	78.3	—	—	—	—	—	—
		60-69	569	—	—	448	78.7	—	—	—	—	—	—
	NS	20-69	2,749	849	30.9	943	34.3	363	13.2	130	4.7	2,285	83.1
		20-29	1,095	366	33.4	381	34.8	150	13.7	61	5.6	958	87.5
		30-39	731	231	31.6	266	36.4	105	14.4	32	4.4	634	86.7
		40-49	487	127	26.1	172	35.3	68	14.0	20	4.1	387	79.5
		50-59	276	81	29.3	84	30.4	27	9.8	13	4.7	205	74.3
		60-69	160	44	27.5	40	25.0	13	8.1	X	X	101	63.1

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population). ON 0-3 month data is for 8-182 days; other provinces' 0-3 month data is for 8-90 days. PE was unable to report the numerator because colposcopy records are kept by individual physicians. NL did not provided AGC data in 2009-10. BC does not receive 100% of the colposcopy reports. Only those for which a report was received were submitted.
AGSC = atypical glandular cells; ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe;
X = suppressed because of small numbers

Appendix F (continued)

SUPPLEMENTARY TABLES

ASC-H or HSIL+													
YEAR	PROVINCE	AGE GROUP	NUMBER OF ASC-H OR HSIL+ RESULTS	0-3 MONTHS		3-6 MONTHS		6-9 MONTHS		9-12 MONTHS		TOTAL	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009-10	PROVINCES COMBINED	20-69	15,921	7,272	45.7	4,682	29.4	1,148	7.2	532	3.3	13,634	85.6
		20-29	7,870	3,396	43.2	2,383	30.3	598	7.6	314	4.0	6,691	85.0
		30-39	4,354	2,116	48.6	1,253	28.8	313	7.2	131	3.0	3,813	87.6
		40-49	2,283	1,114	48.8	672	29.4	152	6.7	56	2.5	1,994	87.3
		50-59	1,000	482	48.2	272	27.2	59	5.9	22	2.2	835	83.5
		60-69	414	164	39.6	102	24.6	26	6.3	9	2.2	301	72.7
	BC	20-69	7,226	3,864	53.5	1,761	24.4	393	5.4	164	2.3	6,182	85.6
		20-29	3,447	1,739	50.4	914	26.5	201	5.8	90	2.6	2,944	85.4
		30-39	2,027	1,173	57.9	440	21.7	108	5.3	45	2.2	1,766	87.1
		40-49	1,121	634	56.6	266	23.7	55	4.9	19	1.7	974	86.9
		50-59	463	253	54.6	106	22.9	20	4.3	X	X	384	82.9
		60-69	168	65	38.7	35	20.8	9	5.4	X	X	114	67.9
	AB	20-69	3,408	1,142	33.5	1,421	41.7	257	7.5	123	3.6	2,943	86.4
		20-29	1,807	589	32.6	741	41.0	149	8.2	72	4.0	1,551	85.8
		30-39	956	340	35.6	400	41.8	67	7.0	36	3.8	843	88.2
		40-49	407	138	33.9	180	44.2	26	6.4	10	2.5	354	87.0
		50-59	181	63	34.8	76	42.0	12	6.6	X	X	155	85.6
		60-69	57	12	21.1	24	42.1	X	X	X	S	40	70.2
	MB	20-69	2,590	1,278	49.3	617	23.8	171	6.6	129	5.0	2,195	84.7
		20-29	1,340	599	44.7	318	23.7	97	7.2	85	6.3	1,099	82.0
		30-39	628	335	53.3	150	23.9	45	7.2	19	3.0	549	87.4
		40-49	379	211	55.7	97	25.6	16	4.2	18	4.7	342	90.2
		50-59	169	89	52.7	39	23.1	10	5.9	X	X	143	84.6
		60-69	74	44	59.5	13	17.6	X	X	X	X	62	83.8
	NS	20-69	2,139	705	33.0	779	36.4	304	14.2	102	4.8	1,890	88.4
		20-29	1,026	347	33.8	363	35.4	139	13.5	58	5.7	907	88.4
		30-39	594	191	32.2	233	39.2	88	14.8	27	4.5	539	90.7
		40-49	299	82	27.4	116	38.8	53	17.7	9	3.0	260	87.0
		50-59	136	56	41.2	40	29.4	15	11.0	7	5.1	118	86.8
		60-69	84	29	34.5	27	32.1	9	10.7	X	X	66	78.6

Appendix F (continued)

SUPPLEMENTARY TABLES

ASC-H or HSIL+ (continued)													
YEAR	PROVINCE	AGE GROUP	NUMBER OF ASC-H OR HSIL+ RESULTS	0–3 MONTHS		3–6 MONTHS		6–9 MONTHS		9–12 MONTHS		TOTAL	
				NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT	NUMBER OF WOMEN	PERCENT
2009–10	NL	20–69	558	283	50.7	104	18.6	23	4.1	14	2.5	424	76.0
		20–29	250	122	48.8	47	18.8	12	4.8	9	3.6	190	76.0
		30–39	149	77	51.7	30	20.1	X	X	X	X	116	77.9
		40–49	77	49	63.6	13	16.9	X	X	0	0.0	64	83.1
		50–59	51	21	41.2	11	21.6	X	X	X	X	35	68.6
		60–69	31	14	45.2	X	X	X	X	0	0.0	19	61.3
<p>BC does not receive 100% of colposcopy reports and therefore only those for which a report was received were submitted. AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population). ON did not provide a breakdown for ASC-H/HSIL. PE was unable to report the numerator because colposcopy records are kept by individual physicians. NL provided 2010 data.</p> <p>ASC-H = atypical squamous cells, high-grade; HSIL+ = high-grade squamous intraepithelial lesions or more severe; X = suppressed because of small numbers</p>													

Appendix F (continued)

SUPPLEMENTARY TABLES

Histological Investigation: Percentage of Women with a High-grade Abnormal Pap Test Result (ASC-H or HSIL+) Who Had a Histological Investigation Within 12 Months of the Pap Test										
ASC-H or HSIL+ and Biopsy										
PROVINCE	AGE GROUP	2009			2010			2009-10		
		NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT
PROVINCES COMBINED	20-69	6,623	8,301	79.8	7,004	8,578	81.7	13,627	16,879	80.7
	20-29	3,276	4,165	78.7	3,340	4,179	79.9	6,616	8,344	79.3
	30-39	1,844	2,245	82.1	2,003	2,392	83.7	3,847	4,637	83.0
	40-49	976	1,173	83.2	1,051	1,234	85.2	2,027	2,407	84.2
	50-59	377	508	74.2	439	539	81.4	816	1,047	77.9
	60-69	150	210	71.4	171	234	73.1	321	444	72.3
BC	20-69	3,295	3,683	89.5	3,896	4,337	89.8	7,191	8,020	89.7
	20-29	1,568	1,798	87.2	1,790	2,041	87.7	3,358	3,839	87.5
	30-39	948	1,037	91.4	1,117	1,217	91.8	2,065	2,254	91.6
	40-49	512	540	94.8	626	683	91.7	1,138	1,223	93.0
	50-59	194	219	88.6	267	288	92.7	461	507	90.9
	60-69	73	89	82.0	96	108	88.9	169	197	85.8
AB	20-69	1,285	1,853	69.3	1,169	1,555	75.2	2,454	3,408	72.0
	20-29	712	982	72.5	640	825	77.6	1,352	1,807	74.8
	30-39	352	501	70.3	348	455	76.5	700	956	73.2
	40-49	157	236	66.5	126	171	73.7	283	407	69.5
	50-59	49	102	48.0	45	79	57.0	94	181	51.9
	60-69	15	32	46.9	10	25	40.0	25	57	43.9
MB	20-69	1,074	1,429	75.2	1,044	1,425	73.3	2,118	2,854	74.2
	20-29	545	754	72.3	496	724	68.5	1,041	1,478	70.4
	30-39	258	331	77.9	284	364	78.0	542	695	78.0
	40-49	168	206	81.6	165	198	83.3	333	404	82.4
	50-59	74	99	74.7	68	90	75.6	142	189	75.1
	60-69	29	39	74.4	31	49	63.3	60	88	68.2
NS	20-69	780	1,105	70.6	772	1,101	70.1	1,552	2,206	70.4
	20-29	368	530	69.4	366	529	69.2	734	1,059	69.3
	30-39	228	305	74.8	216	304	71.1	444	609	72.9
	40-49	110	155	71.0	112	153	73.2	222	308	72.1
	50-59	46	73	63.0	48	68	70.6	94	141	66.7
	60-69	28	42	66.7	30	47	63.8	58	89	65.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Histological Investigation: Percentage of Women with a High-grade Abnormal Pap Test Result (ASC-H or HSIL+) Who Had a Histological Investigation Within 12 Months of the Pap Test

ASC-H or HSIL+ and Biopsy (continued)

PROVINCE	AGE GROUP	2009			2010			2009–10		
		NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF ASC-H OR HSIL+ RESULTS	PERCENT
PE	20-69	189	231	81.8	123	160	76.9	312	391	79.8
	20-29	83	101	82.2	48	60	80.0	131	161	81.4
	30-39	58	71	81.7	38	52	73.1	96	123	78.0
	40-49	29	36	80.6	22	29	75.9	51	65	78.5
	50-69	19	23	82.6	15	19	78.9	34	42	81.0

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population). For PE the denominator does not exclude all biopsy tests performed within 7 days of the Pap test. Age groups 50–59 and 60–69 are combined to avoid suppression.

ASC-H or HSIL+, Colposcopy and Biopsy

PROVINCE	AGE GROUP	2009			2010			2009–10		
		NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT
PROVINCES COMBINED	20-69	5,737	6,433	89.2	6,161	6,777	90.9	11,898	13,210	90.1
	20-29	2,860	3,234	88.4	2,969	3,267	90.9	5,829	6,501	89.7
	30-39	1,592	1,757	90.6	1,740	1,940	89.7	3,332	3,697	90.1
	40-49	854	932	91.6	941	998	94.3	1,795	1,930	93.0
	50-59	320	382	83.8	375	418	89.7	695	800	86.9
	60-69	111	128	86.7	136	154	88.3	247	282	87.6

Appendix F (continued)

SUPPLEMENTARY TABLES

ASC-H or HSIL+, Colposcopy and Biopsy (continued)										
PROVINCE	AGE GROUP	2009			2010			2009-10		
		NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT	NUMBER OF HISTOLOGICAL INVESTIGATIONS	NUMBER OF COLPOSCOPIES	PERCENT
BC	20-69	2,598	2,807	92.6	3,176	3,375	94.1	5,774	6,182	93.4
	20-29	1,235	1,369	90.2	1,467	1,575	93.1	2,702	2,944	91.8
	30-39	754	804	93.8	892	962	92.7	1,646	1,766	93.2
	40-49	419	429	97.7	538	545	98.7	957	974	98.3
	50-59	151	159	95.0	214	225	95.1	365	384	95.1
	60-69	39	46	84.8	65	68	95.6	104	114	91.2
AB	20-69	1,285	1,575	81.6	1,169	1,368	85.5	2,454	2,943	83.4
	20-29	712	837	85.1	640	714	89.6	1,352	1,551	87.2
	30-39	352	425	82.8	348	418	83.3	700	843	83.0
	40-49	157	203	77.3	126	151	83.4	283	354	79.9
	50-59	49	87	56.3	45	68	66.2	94	155	60.6
	60-69	15	23	65.2	10	17	58.8	25	40	62.5
MB	20-69	1,074	1,108	96.9	1,044	1,087	96.0	2,118	2,195	96.5
	20-29	545	576	94.6	496	523	94.8	1,041	1,099	94.7
	30-39	258	260	99.2	284	289	98.3	542	549	98.7
	40-49	168	169	99.4	165	173	95.4	333	342	97.4
	50-59	74	74	100.0	68	69	98.6	142	143	99.3
	60-69	29	29	100.0	31	33	93.9	60	62	96.8
NS	20-69	780	943	82.7	772	947	81.5	1,552	1,890	82.1
	20-29	368	452	81.4	366	455	80.4	734	907	80.9
	30-39	228	268	85.1	216	271	79.7	444	539	82.4
	40-49	110	131	84.0	112	129	86.8	222	260	85.4
	50-59	46	62	74.2	48	56	85.7	94	118	79.7
	60-69	28	30	93.3	30	36	83.3	58	66	87.9

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population).
 BC does not receive 100% of the colposcopy reports, only those for which a report is submitted. The numerator only counts histological investigations for patients for whom there is a recorded colposcopy.

Appendix F (continued)

SUPPLEMENTARY TABLES

Cytology Histology Agreement: Percentage of High-grade Pap Test Results (ASC-H or HSIL+) That Had CIN 2 (Moderate Dysplasia) or CIN 3+ (Severe Dysplasia, Carcinoma in Situ or Invasive Cervical Cancer) Biopsy Results Within 12 Months of the Pap Test										
ASC-H										
PROVINCE	TYPE OF RESULTS	2009			2010			2011		
		HISTOLOGY ASC-H	CYTOLOGY ASC-H	PERCENT	HISTOLOGY ASC-H	CYTOLOGY ASC-H	PERCENT	HISTOLOGY ASC-H	CYTOLOGY ASC-H	PERCENT
BC	< CIN 2 (Neg, CIN 1, Other)	441	1,123	39.3	546	1,254	43.5	987	2,377	41.5
	CIN 2	273	1,123	24.3	295	1,254	23.5	568	2,377	23.9
	CIN 3+	409	1,123	36.4	413	1,254	32.9	822	2,377	34.6
AB	< CIN 2 (Neg, CIN 1, Other)	190	307	61.9	227	388	58.5	417	695	60.0
	CIN 2/CIN 3+	117	307	38.1	161	388	41.5	278	695	40.0
MB	< CIN 2 (Neg, CIN 1, Other)	269	396	67.9	210	345	60.9	479	741	64.6
	CIN 2	53	396	13.4	54	345	15.7	107	741	14.4
	CIN 3+	74	396	18.7	81	345	23.5	155	741	20.9
NS	< CIN 2 (Neg, CIN 1, Other)	371	727	51.0	348	711	48.9	719	1,438	50.0
	CIN 2	119	727	16.4	129	711	18.1	248	1,438	17.2
	CIN 3+	237	727	32.6	234	711	32.9	471	1,438	32.8
PE	< CIN 2 (Neg, CIN 1, Other)	31	62	50.0	22	56	39.3	53	118	44.9
	CIN 2/CIN 3+	31	62	50.0	34	56	60.7	65	118	55.1

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population).

Appendix F (continued)

SUPPLEMENTARY TABLES

HSIL+										
		2009			2010			2011		
PROVINCE	TYPE OF RESULTS	HISTOLOGY HSIL+	CYTOLOGY HSIL+	PERCENT	HISTOLOGY ASC-H	CYTOLOGY HSIL+	PERCENT	HISTOLOGY HSIL+	CYTOLOGY HSIL+	PERCENT
BC	< CIN 2 (Neg, CIN 1, Other)	730	2,433	30.0	910	2,906	31.3	1,640	5,339	30.7
	CIN 2	505	2,433	20.8	611	2,906	21.0	1,116	5,339	20.9
	CIN 3+	1,198	2,433	49.2	1,385	2,906	47.7	2,583	5,339	48.4
AB	< CIN 2 (Neg, CIN 1, Other)	387	990	39.1	334	791	42.2	721	1,781	40.5
	CIN 2/CIN 3+	603	990	60.9	457	791	57.8	1,060	1,781	59.5
MB	< CIN 2 (Neg, CIN 1, Other)	528	1,325	39.8	495	1,392	35.6	1,023	2,717	37.7
	CIN 2	280	1,325	21.1	300	1,392	21.6	580	2,717	21.3
	CIN 3+	517	1,325	39.0	597	1,392	42.9	1,114	2,717	41.0
NS	< CIN 2 (Neg, CIN 1, Other)	208	672	31.0	210	657	32.0	418	1,329	31.5
	CIN 2	110	672	16.4	105	657	16.0	215	1,329	16.2
	CIN 3+	354	672	52.7	342	657	52.1	696	1,329	52.4
PE	< CIN 2 (Neg, CIN 1, Other)	38	202	18.8	19	116	16.4	57	318	17.9
	CIN 2/CIN 3+	164	202	81.2	97	116	83.6	261	318	82.1

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population).

Appendix F (continued)

SUPPLEMENTARY TABLES

Pre-cancer Incidence Rate: Number of Pre-cancerous Lesions (CIN 2 – Moderate Dysplasia, or CIN 3 – Severe Dysplasia and Cervical Carcinoma in Situ, Excluding Adenocarcinoma in Situ) Detected per 1,000 Women Screened in a 12-month Period.

		2009			2010			2009–10		
PROVINCE	AGE GROUP	NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000	NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000	NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000
PROVINCES COMBINED	20-69	6,245	1,126,063	5.5	6,578	1,068,855	6.2	12,823	2,194,918	5.8
	20-29	3,148	258,962	12.2	3,249	247,247	13.1	6,397	506,209	12.6
	30-39	1,793	264,736	6.8	1,908	247,654	7.7	3,701	512,390	7.2
	40-49	876	266,005	3.3	907	246,638	3.7	1,783	512,643	3.5
	50-59	294	218,728	1.3	341	209,943	1.6	635	428,671	1.5
	60-69	134	117,632	1.1	173	117,373	1.5	307	235,005	1.3
BC	20-69	2,957	496,746	6.0	3,267	496,717	6.6	6,224	993,463	6.3
	20-29	1,373	114,024	12.0	1,492	113,522	13.1	2,865	227,546	12.6
	30-39	885	117,266	7.5	985	115,176	8.6	1,870	232,442	8.0
	40-49	451	119,048	3.8	498	116,110	4.3	949	235,158	4.0
	50-59	167	96,365	1.7	192	97,819	2.0	359	194,184	1.8
	60-69	81	50,043	1.6	100	54,090	1.8	181	104,133	1.7
AB	20-69	945	215,877	4.4	852	174,877	4.9	1,797	390,754	4.6
	20-29	543	49,365	11.0	489	42,143	11.6	1,032	91,508	11.3
	30-39	274	55,880	4.9	253	45,648	5.5	527	101,528	5.2
	40-49	106	51,231	2.1	85	40,355	2.1	191	91,586	2.1
	50-69	22	59,401	0.4	25	46,731	0.5	47	106,132	0.4
	MB	20-69	1,085	157,001	6.9	1,204	148,329	8.1	2,289	305,330
20-29		634	38,458	16.5	669	35,834	18.7	1,303	74,292	17.5
30-39		264	34,901	7.6	306	32,778	9.3	570	67,679	8.4
40-49		122	35,057	3.5	145	32,482	4.5	267	67,539	4.0
50-59		52	30,496	1.7	54	29,379	1.8	106	59,875	1.8
60-69		13	18,089	0.7	30	17,856	1.7	43	35,945	1.2

Appendix F (continued)

SUPPLEMENTARY TABLES

Pre-cancer Incidence Rate: Number of Pre-cancerous Lesions (CIN 2 – Moderate Dysplasia, or CIN 3 – Severe Dysplasia and Cervical Carcinoma in Situ, Excluding Adenocarcinoma in Situ) Detected per 1,000 Women Screened in a 12-month Period. (continued)

PROVINCE	AGE GROUP	2009			2010			2009–10		
		NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000	NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000	NUMBER OF CIN 2 OR CIN 3 RESULTS	NUMBER OF WOMEN	RATE PER 1,000
NS	20-69	779	125,098	6.2	811	120,438	6.7	1,590	245,536	6.5
	20-29	361	29,249	12.3	378	28,282	13.4	739	57,531	12.8
	30-39	221	28,247	7.8	230	26,670	8.6	451	54,917	8.2
	40-49	131	29,743	4.4	118	28,008	4.2	249	57,751	4.3
	50-69	38	24,055	1.6	49	23,558	2.1	87	47,613	1.8
	60-69	28	13,804	2.0	36	13,920	2.6	64	27,724	2.3
PE	20-69	146	20,220	7.2	98	18,751	5.2	244	38,971	6.3
	20-29	68	4,819	14.1	35	4,531	7.7	103	9,350	11.0
	30-39	47	4,537	10.4	35	4,141	8.5	82	8,678	9.4
	40-49	19	4,442	4.3	16	4,021	4.0	35	8,463	4.1
	50-69	12	6,422	1.9	12	6,058	2.0	24	12,480	1.9
NL	20-69	333	111,121	3.0	346	109,743	3.2	679	220,864	3.1
	20-29	169	23,047	7.3	186	22,935	8.1	355	45,982	7.7
	30-39	102	23,905	4.3	99	23,241	4.3	201	47,146	4.3
	40-49	47	26,484	1.8	45	25,662	1.8	92	52,146	1.8
	50-69	15	37,685	0.4	16	37,905	0.4	31	75,590	0.4

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population). PE includes unsatisfactory Pap tests in denominator. NL data included CIN 3 only. AB, PE and NL age groups 50–59 and 60–69 are combined to avoid suppression.

Appendix F (continued)

SUPPLEMENTARY TABLES

Cancer Incidence: Number of New Cases of Squamous Cell and Non-squamous Cell Invasive Cervical Cancer per 100,000 Women, Not Age Standardized, 2009-10

PROVINCE	AGE GROUP	POPULATION	SQUAMOUS		NON-SQUAMOUS	
			NUMBER OF CASES	CRUDE RATE PER 100,000 WOMEN	NUMBER OF CASES	CRUDE RATE PER 100,000 WOMEN
PROVINCES COMBINED	20+	8,300,473	584	7.0	293	3.5
BC	20+	3,591,347	249	6.9	120	3.3
AB	20+	1,104,045	92	8.3	34	3.1
SK	20+	777,998	59	7.6	28	3.6
MB	20+	920,522	58	6.3	37	4.0
NB	20+	607,451	30	4.9	19	3.1
NS	20+	771,615	42	5.4	28	3.6
PE	20+	112,290	9	8.0	X	X
NL	20+	415,205	45	10.8	23	5.5

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population).
X = suppressed because of small numbers

Cancer Incidence: Number of New Cases of Squamous Cell and Non-squamous Cell Invasive Cervical Cancer per 100,000 Women, Age Standardized, 2009-10

PROVINCE	AGE GROUP	POPULATION	SQUAMOUS		NON-SQUAMOUS	
			NUMBER OF CASES	CRUDE RATE PER 100,000 WOMEN	NUMBER OF CASES	CRUDE RATE PER 100,000 WOMEN
PROVINCES COMBINED	20+	8,188,183	575	7.1	289	3.6
BC	20+	3,591,347	249	7.1	120	3.5
AB	20+	1,104,045	92	8.2	34	3.1
SK	20+	777,998	59	8.0	28	4.0
MB	20+	920,522	58	6.2	37	3.9
NB	20+	607,451	30	5.1	19	3.6
NS	20+	771,615	42	5.8	28	3.6
NL	20+	415,205	45	10.9	23	6.4

Age-standardized incidence rates for Provinces Combined only include provinces with complete age-breakdown data (PE, SK excluded).

Appendix F (continued)

SUPPLEMENTARY TABLES

Proportion of Cancers Detected at Stage 1: Percentage of Cases of Invasive Cervical Cancer Diagnosed at FIGO Stage 1 in a 12-month Period										
PROVINCE	AGE GROUP	2009			2010			2009–10		
		NUMBER OF CASES AT STAGE 1	NUMBER OF CERVICAL CANCER	PERCENT	NUMBER OF CASES AT STAGE 1	NUMBER OF CERVICAL CANCER	PERCENT	NUMBER OF CASES AT STAGE 1	NUMBER OF CERVICAL CANCER	PERCENT
PROVINCES COMBINED	20-69	108	213	51	208	367	57	316	572	55
BC	20-69	—	—	—	100	168	60	100	168	60
AB	20-69	32	60	53	28	55	51	60	115	52
SK	20-69	17	41	41	22	46	48	39	87	45
MB	20-69	26	47	55	19	35	54	45	82	55
NS	20-69	18	33	55	19	26	73	37	59	63
PE	20-69	0	8	0	X	X	X	X	X	X
NL	20-69	15	24	63	20	37	54	35	61	57

AB provided data for the areas in which the organized program operated during these years (approximately 40% of the entire population). SK and PE provided staging information for the 20–69 age group, but the denominator is based on the 20+ age group. NT provided data for 2007-10 and is therefore not included in the table. However, for 2007-10, the proportion of cancers detected at stage 1 for NT is 50%.
X = suppressed because of small numbers

Appendix F (continued)

SUPPLEMENTARY TABLES

Screening History: Percentage of Women with Invasive Cervical Cancer Whose Last Pap Test Was Six Months to Less than Three Years, Three to Five Years or More than Five Years Before the Date of Cancer Diagnosis

Squamous Cell Carcinoma

YEAR	PROVINCE†	CASES	0.5-3 YEARS		3-5 YEARS		>5 YEARS OR NEVER	
			SQUAMOUS CASES	PERCENT (%)	SQUAMOUS CASES	PERCENT (%)	SQUAMOUS CASES	PERCENT (%)
2009	Provinces Combined	201	34	16.9	37	18.4	130	64.7
2010	Provinces Combined	200	41	20.5	40	20.0	119	59.5
2009–2010	Provinces Combined	401	75	18.7	77	19.2	249	62.1

† The >5 or never category includes women whose Pap tests were > 5 year prior to diagnosis, who had no record of any Pap tests, or whose Pap tests occurred during the six months prior to diagnosis and were therefore considered a diagnostic Pap test.

Non-squamous Cell Carcinoma

YEAR	PROVINCE†	CASES	0.5-3 YEARS		3-5 YEARS		>5 YEARS OR NEVER	
			SQUAMOUS CASES	PERCENT (%)	SQUAMOUS CASES	PERCENT (%)	SQUAMOUS CASES	PERCENT (%)
2009	Provinces Combined	100	21	21.0	10	10.0	69	69.0
2010	Provinces Combined	109	25	22.9	11	10.1	73	67.0
2009–2010	Provinces Combined	209	46	22.0	21	10.0	142	67.9

† The >5 or never category includes women whose Pap tests were > 5 year prior to diagnosis, who had no record of any Pap tests, or whose Pap tests occurred during the six months prior to diagnosis and were therefore considered a diagnostic Pap test.



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