

# BC Cancer Cervix Screening 2020 Program Results

October 2024

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# PROGRAM OVERVIEW

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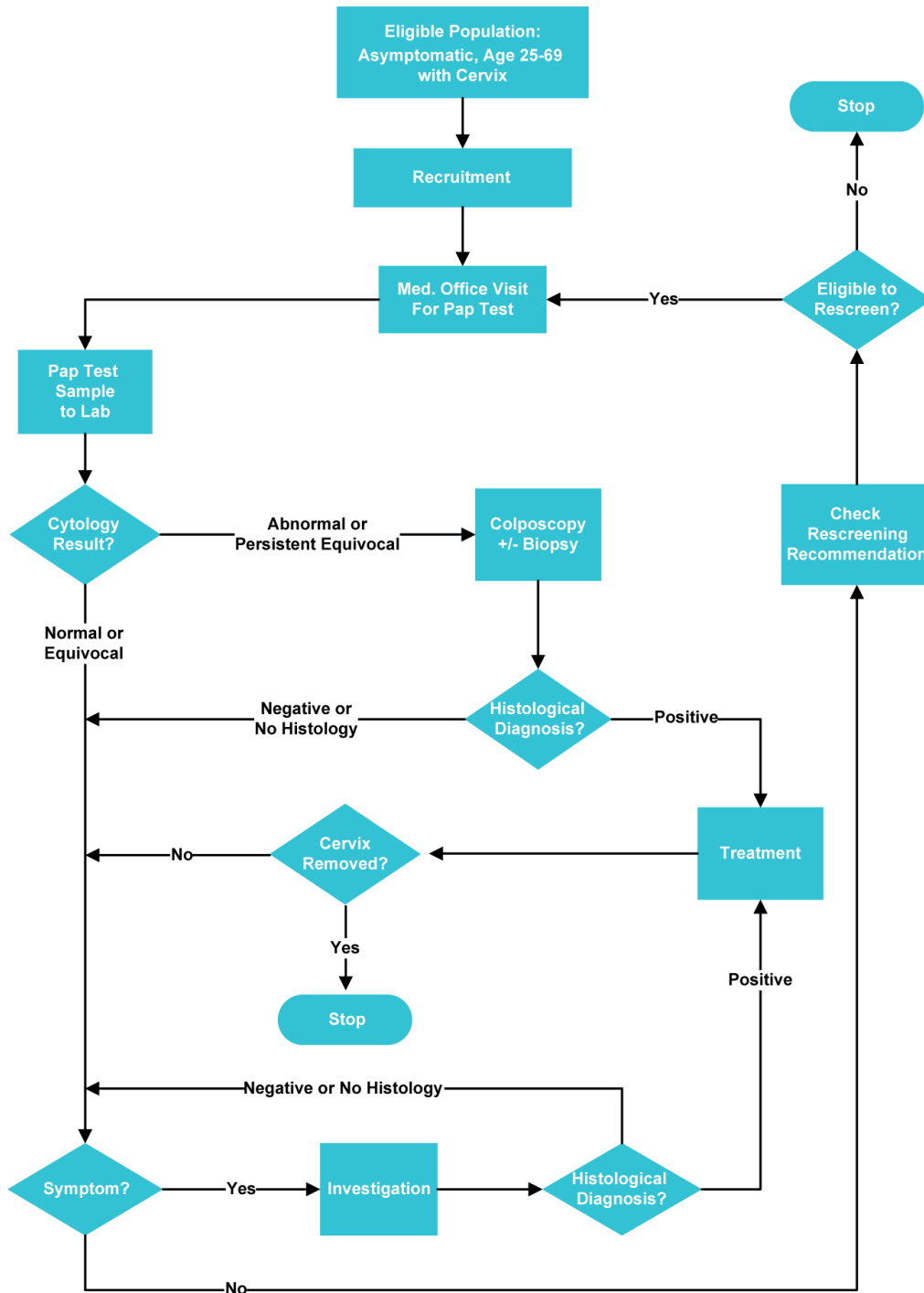
BC Cancer Cervix Screening has oversight responsibility for cervix screening in BC. The program reminds healthcare providers when their patients are due for screening, tracks adherence to screening recommendations, and monitors system performance and outcomes of cervix screening activities. In BC, Pap tests are recommended every three years for eligible people 25-69 years of age. Pap tests are provided by primary care providers and trained nurses in the province and the tests are interpreted and reported by the Cervical Cancer Screening Laboratory (CCSL) of the Provincial Health Services Authority.

## The Screening Process

The Screening Process is illustrated in Figure 1 (Page 4). This process consists of four stages:

1. Identify and invite the target population for screening
2. Conduct screening examinations
3. Investigate abnormalities identified during screening
4. Send screening reminders at the appropriate interval

FIGURE 1: BC CANCER CERVIX SCREENING PROCESS OVERVIEW



For detailed information on the management of higher than average risk patients, see the BC Cancer Cervix Screening Overview document.

## PROGRAM RESULTS

### a) Volume of Samples

TABLE 1: NUMBER OF PATIENTS WITH CERVICAL/ENDOCERVICAL PAP TEST SAMPLES, 2020

	<20	20-24	25-29	30-39	40-49	50-59	60-69	70+	All Ages
Number of Patients	302	3,665	7,586	60,610	45,371	2,216	0,796	1,708	212,254
Number of Smears	310	3,787	28,489	62,468	46,810	43,239	1,228	1,741	218,072
New Patients	277	2,174	0,058	9,881	3,302	1,874	1,312	136	29,014
(%)	92%	59%	36%	16%	7%	4%	4%	8%	14%

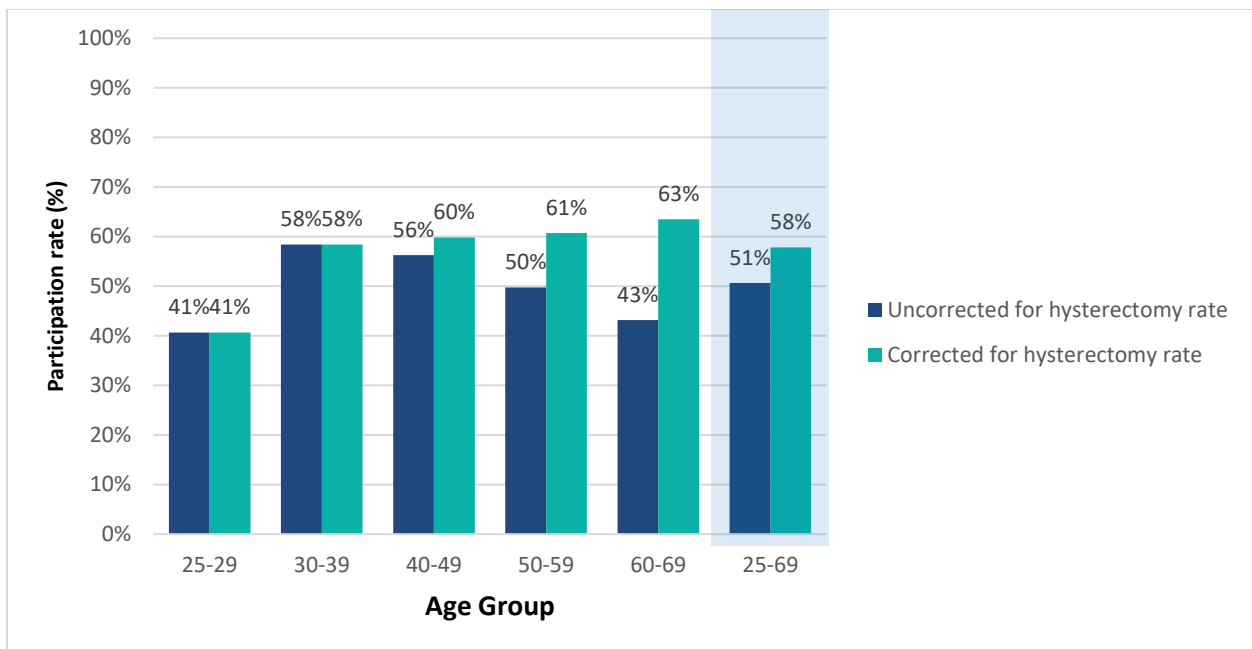
Notes:

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed on patient's last Pap test

## b) Participation Rates

Participation rate is defined as the percent of eligible people with at least one cervical/endocervical Pap test in a three-year period. Statistic Canada’s Canadian Community Health Survey (CCHS) data is used to adjust the denominator for hysterectomy rates in BC as most people who have had a total hysterectomy do not need routine screening. Hysterectomy rates can be calculated from the CCHS and applied to 10 year age groups at the provincial level. However, due to small sample size and large variation in rate estimates, they can only be calculated at the level of Health Authority across the target age group (25-69).

**FIGURE 2: PARTICIPATION RATES BY AGE GROUP, 2020**



**Notes:**

1. Based on average of 2020 and 2021 female population estimates
2. Population data source: P.E.O.P.L.E. 2023 (Sept 2023), BC STATS, Service BC, BC Ministry of Citizen’s Services
3. Hysterectomy adjustment calculated using 2012 Canadian Community Health Survey
4. BC Cancer Cervix Screening data extraction date: 28/3/2024
5. Age is computed based on patient’s age at end of 2020

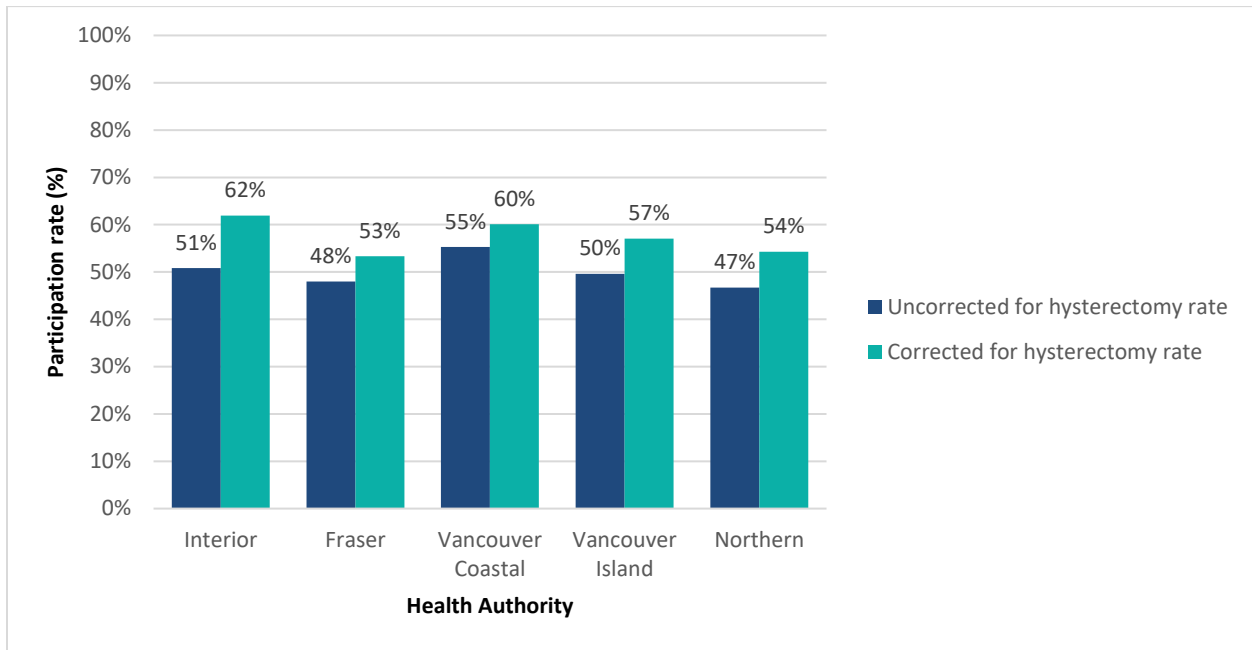
TABLE 2: PARTICIPATION RATES FOR AGES 25-29, 30-34, AND 35-39 BY HSDA, 2020

Health Authority	Health Service Delivery Area	25-29	30-34	35-39
Interior	East Kootenay	61%	70%	69%
Interior	Kootenay Boundary	55%	62%	62%
Interior	Okanagan	49%	60%	62%
Interior	Thompson Cariboo Shuswap	51%	63%	61%
Fraser	Fraser East	42%	56%	53%
Fraser	Fraser North	36%	52%	58%
Fraser	Fraser South	38%	49%	53%
Vancouver Coastal	Richmond	34%	54%	60%
Vancouver Coastal	Vancouver	34%	59%	69%
Vancouver Coastal	North Shore/Coast Garibaldi	49%	63%	64%
Vancouver Island	South Vancouver Island	40%	58%	62%
Vancouver Island	Central Vancouver Island	46%	59%	59%
Vancouver Island	North Vancouver Island	56%	60%	62%
Northern	Northwest	49%	61%	57%
Northern	Northern Interior	46%	56%	57%
Northern	Northeast	53%	59%	54%
<b>BC</b>		<b>41%</b>	<b>57%</b>	<b>60%</b>

## Notes:

1. Based on average of 2020 and 2021 female population estimates
2. Population data source: P.E.O.P.L.E. 2023 (Sept 2023), BC STATS, Service BC, BC Ministry of Citizen's Services
3. Hysterectomy adjustment calculated using 2012 Canadian Community Health Survey
4. BC Cancer Cervix Screening data extraction date: 28/3/2024
5. Age is computed based on patient's age at end of 2020

**FIGURE 3: PARTICIPATION RATES BY HEALTH AUTHORITY, 2020**



**Notes:**

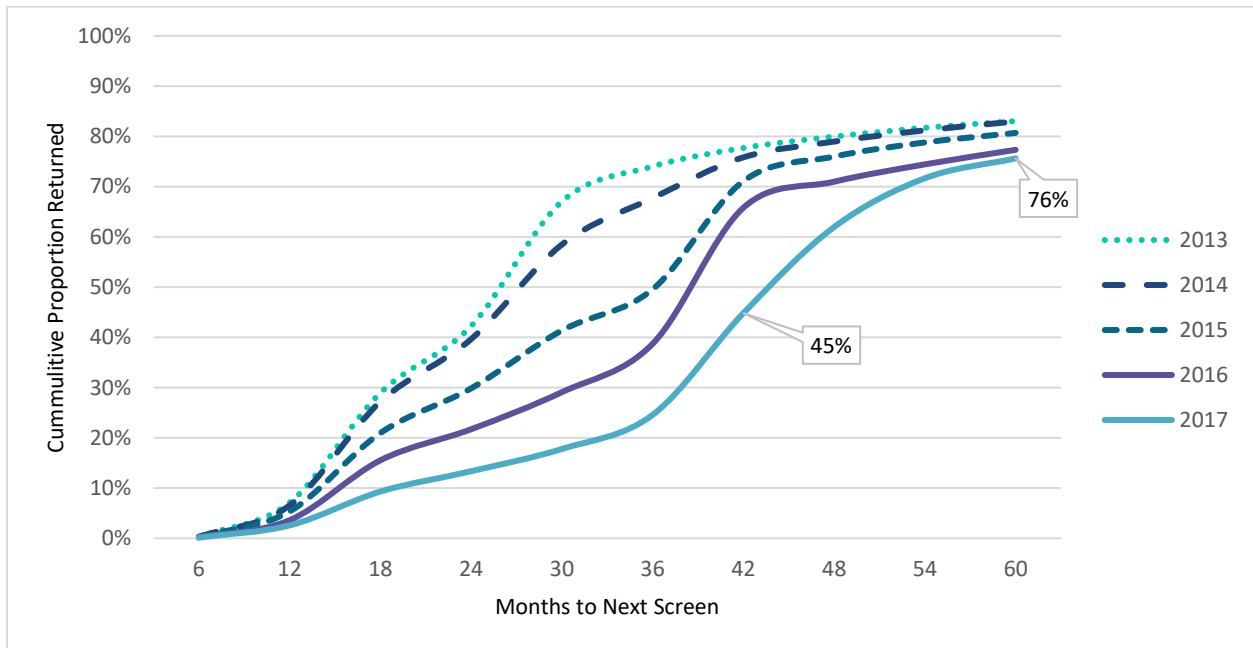
1. Based on average of 2020 and 2021 female population estimates
2. Population data source: P.E.O.P.L.E. 2023 (Sept 2023), BC STATS, Service BC, BC Ministry of Citizen’s Services
3. Hysterectomy adjustment calculated using 2012 Canadian Community Health Survey
4. BC Cancer Cervix Screening data extraction date: 28/3/2024
5. Age is computed based on patient’s age at end of 2020
6. Data includes patients between ages 25-69



### c) Retention Rate

Retention rate is defined as the proportion of average risk participants with a previous negative screen who returned for a Pap test by 42 months. Retention rate curves changed for index screens in 2015 and 2016 due to the policy change in 2016 which extended the screening interval from two years to three years. Retention rate for 2016 index screens also started to change due to the COVID-19 pandemic that occurred in early 2020 which affected access to health services.

**FIGURE 4: RETENTION RATES BY PREVIOUS SCREEN YEAR, 2013-2017**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Data includes patients between ages 25-69

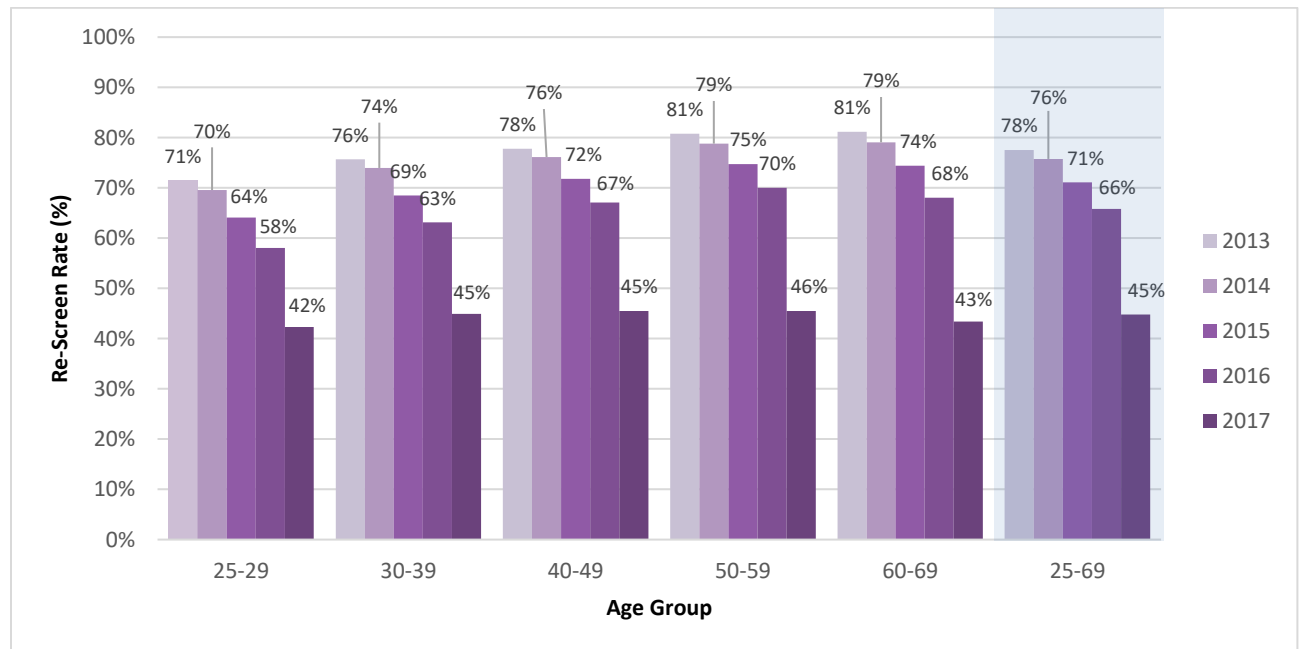
**TABLE 3: RETENTION RATES (%) BY AGE GROUP, 2017**

	25-29	30-39	40-49	50-59	60-69	25-69
Number of Patients	35,399	78,016	69,617	68,748	36,963	288,743
Re-screened by						
18 Months	9%	10%	10%	9%	8%	9%
24 Months	13%	14%	14%	13%	11%	13%
30 Months	18%	19%	19%	17%	14%	18%
36 Months	25%	26%	25%	24%	20%	25%
42 Months	42%	45%	45%	46%	43%	45%

Notes:

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on patient’s age on report date of the index Pap test

**FIGURE 5: 42-MONTH RETENTION RATE BY AGE GROUP OVER TIME, 2013 – 2017**



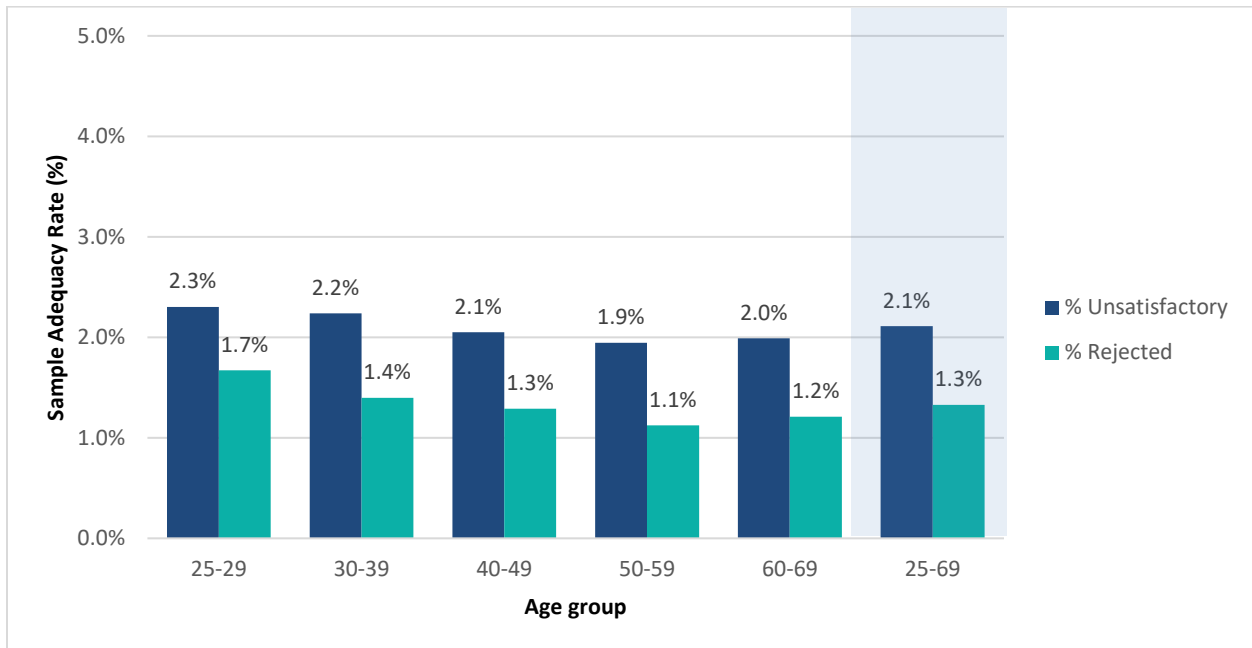
Notes:

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on patient’s age on report date of the index Pap test

### d) Adequacy of Pap Test Samples

The most cited reasons for an unsatisfactory cytology sample were insufficient squamous cellularity and obscuring inflammation, which represented 94% of the unsatisfactory samples. Additionally, some cytology samples were rejected by the CCS Lab. The most cited reason for a rejected cytology sample was due to missing or incorrect patient name or date of birth, which represented 97% of rejected samples. Multiple factors may be cited.

**FIGURE 6: CERVICAL SAMPLE ADEQUACY RATES BY AGE GROUP, 2020**



**Notes:**

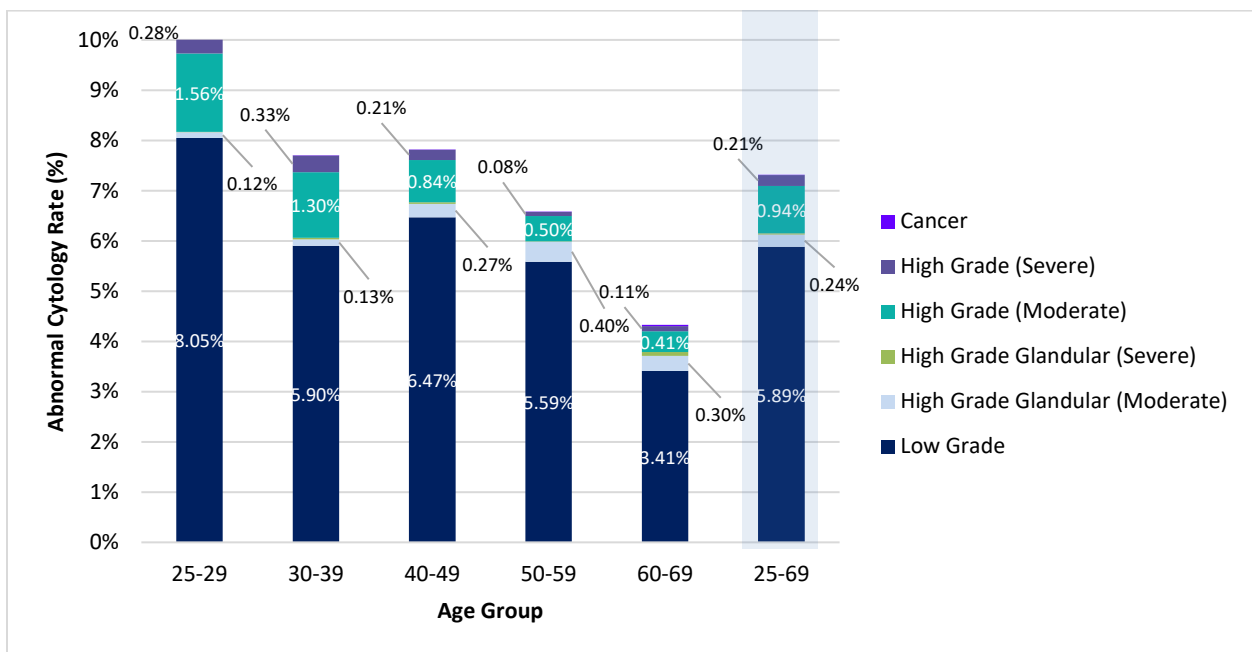
1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on sample date

## e) Screening Test Results

Cytology turnaround time is the average number of days from the date the sample is received by the CCS Lab to the date the finalized report is issued. The target turn-around time is for 90% of reports to be issued within 28 days. In 2020, of the cytology tests submitted for ages 25-69, 90% of the cytology tests had a turn-around time of 26 days. Of the cytology tests submitted, 94% met the target turn-around time.

The CCSL Lab uses the international standardized Bethesda nomenclature to report cytology test results (Appendix A).

**FIGURE 7: ABNORMAL SCREENING TEST RESULT DISTRIBUTION BY AGE GROUP, 2020**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on sample date
3. **Cancer** includes adenocarcinoma, endocervical adenocarcinoma, endometrial adenocarcinoma, squamous cell carcinoma; **High Grade (Severe)** includes HSIL (Severe); **High Grade (Moderate)** includes ASC-H or HSIL Moderate; **High Grade Glandular (Severe)** includes AGC-FN, AEC-FN, atypical endometrial cells-favour neoplastic;; **High Grade Glandular (Moderate)** includes AGC; **Low Grade** includes ASC-US or LSIL

## f) Follow-up of Abnormal Pap Test Results

### Follow-up Recommendation

The current screening guideline is to follow ASC-US or LSIL results with a repeat Pap test at six-month intervals for up to one year. Colposcopy is recommended for either persistent ASC-US or LSIL or an initial interpretation of AGC, ASC-H, HSIL, AIS or invasive carcinoma. “Other Investigations” are predominantly recommendations for further investigation for suspected endometrial abnormalities.

**TABLE 4: FOLLOW-UP RECOMMENDATIONS BY AGE GROUP, 2020**

	25-29	30-39	40-49	50-59	60-69	25-69
Patients with ASC-US or LSIL	1,766	2,789	2,311	2,065	940	9,871
Repeat in 6 months	1,480	2,308	1,866	1,681	777	8,112
(%)	84%	83%	81%	81%	83%	82%
Colposcopy	286	478	443	383	163	1,753
(%)	16%	17%	19%	19%	17%	18%
AGC, ASC-H, HSIL, AIS or carcinoma	557	1,115	623	421	281	2,997
Colposcopy	555	1,113	582	331	224	2,805
(%)	100%	100%	93%	79%	80%	94%
Other Investigation	2	2	41	90	57	192
(%)	0%	0%	7%	21%	20%	6%

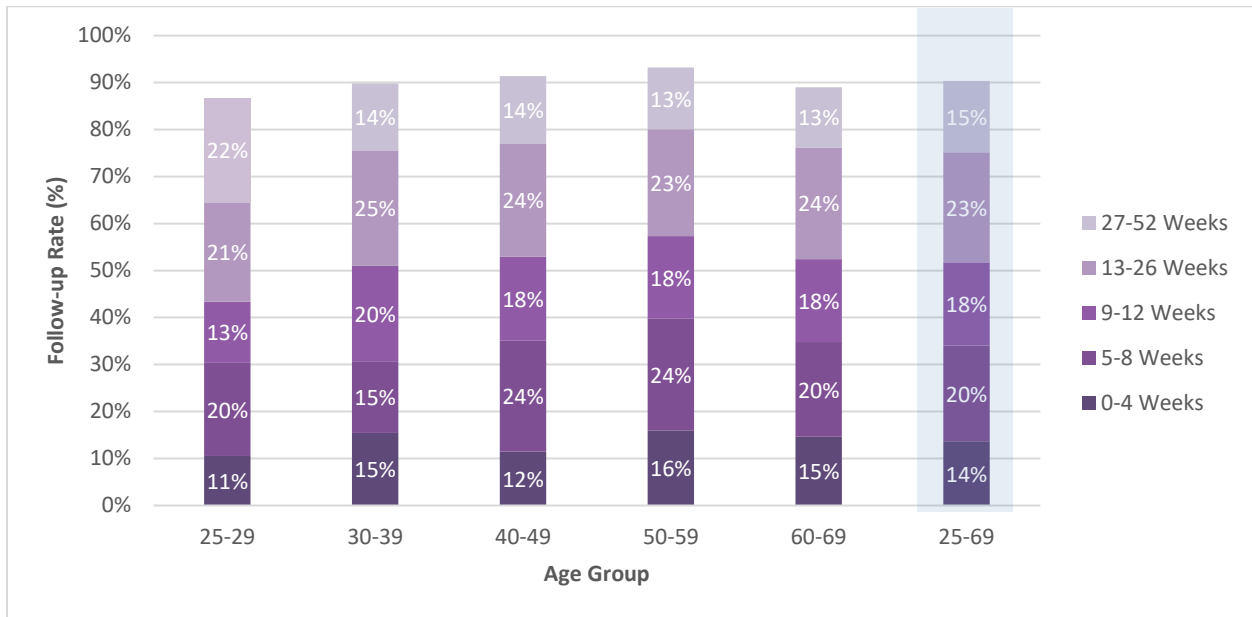
#### Notes:

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on the date of the patient’s most severe Pap test in the year

### Colposcopy Follow-up Rate

The colposcopy follow-up rate is the percentage of participants recommended to have a colposcopy examination that had the follow-up procedure within 12 months of the Pap test. Colposcopies performed within one week of the Pap test are excluded, as the Pap test is unlikely to be the reason for the colposcopy referral.

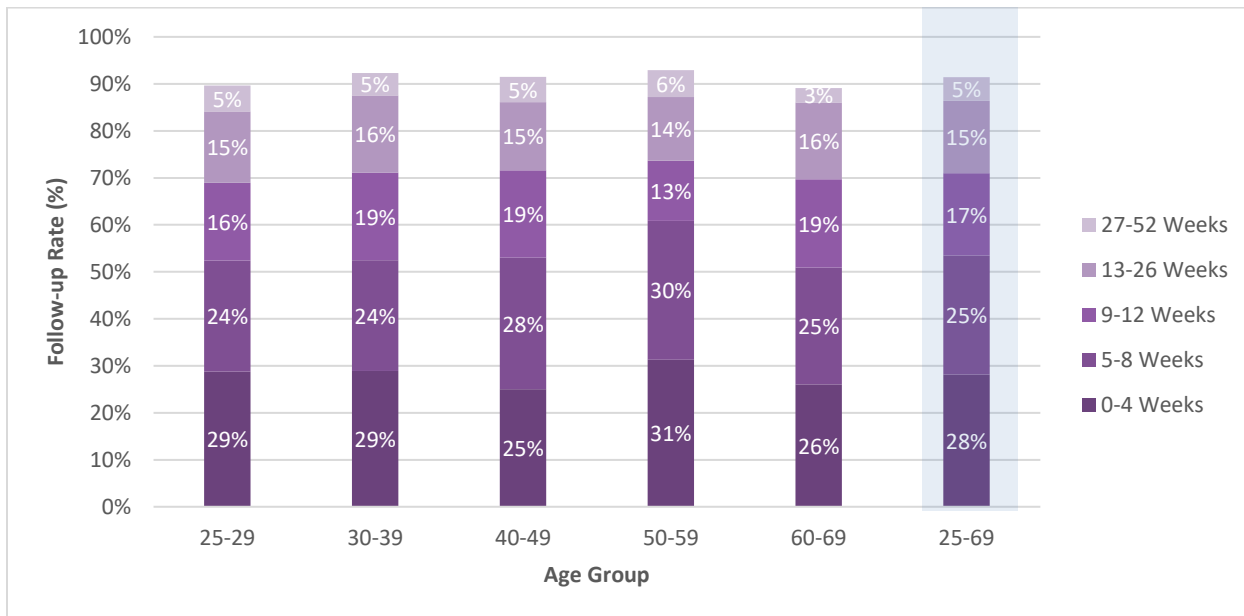
**FIGURE 8: COLPOSCOPY FOLLOW-UP RATES THOSE WITH PERSISTENT ASC-US OR LSIL PAP TEST RESULT BY AGE GROUP, 2020**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on patient’s age on report date of the index Pap test

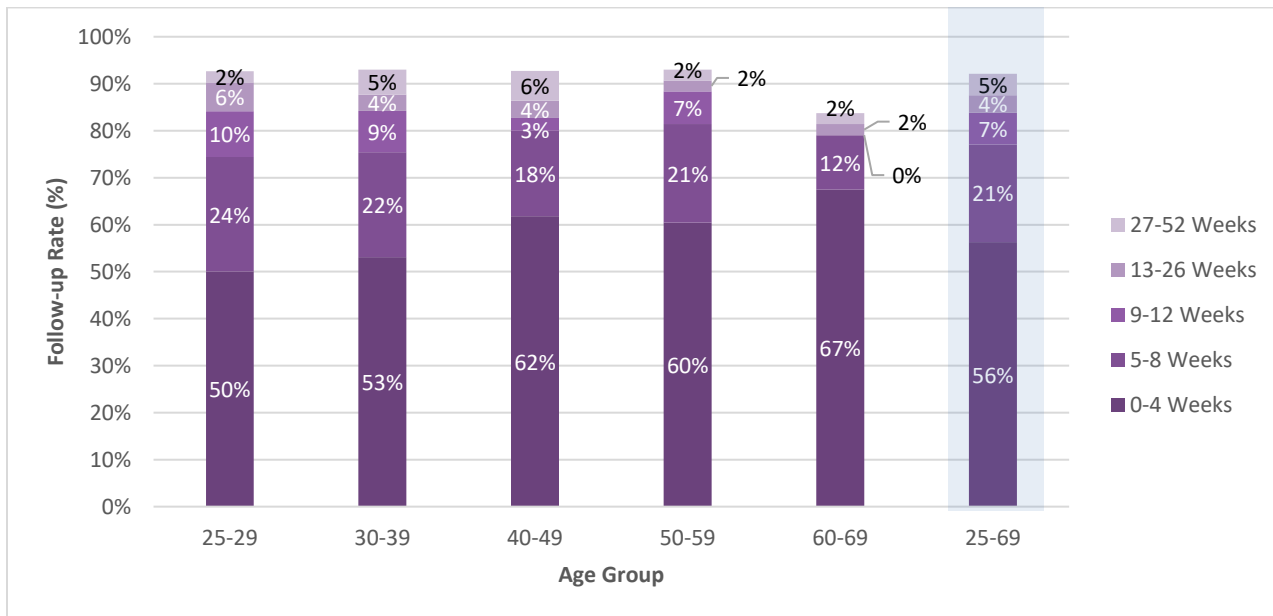
**FIGURE 9: COLPOSCOPY FOLLOW-UP RATES FOR THOSE WITH ASC-H,HSIL MODERATE OR AGC PAP TEST RESULT BY AGE GROUP, 2020**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on patient’s age on report date of the index Pap test

**FIGURE 10: COLPOSCOPY FOLLOW-UP RATES FOR THOSE WITH PERSISTENT AGC-FN, AIS OR HSIL SEVERE PAP TEST RESULT BY AGE GROUP, 2020**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on patient’s age on report date of the index Pap test

### Positive Predictive Value

The positive predictive value (PPV) is the chance of having histologically confirmed pathology when colposcopy has been recommended and a follow-up investigation with biopsy has been completed. For histology reporting cervical intraepithelial neoplasia (CIN) terminology is used.

**TABLE 5: BIOPSY RATE, 2020**

	<b>ASC-US or LSIL</b>	<b>AGC</b>	<b>ASC-H or HSIL Moderate</b>	<b>AGC-FN, AIS or HSIL Severe</b>
Recommended for colposcopy	1,750	316	1,976	517
- with biopsy performed	1,534 (88%)	265 (84%)	1,794 (91%)	477 (92%)

Notes:

1. BC Cancer Cervix Screening data extraction date: 28/3/2024

**TABLE 6: POSITIVE PREDICTIVE VALUE, 2020**

	<b>ASC-US or LSIL</b>	<b>AGC</b>	<b>ASC-H or HSIL Moderate</b>	<b>AGC-FN, AIS or HSIL Severe</b>
CIN 2 or More Severe	212 (14%)	59 (22%)	1,013 (56%)	429 (90%)
CIN 3 or More Severe	98 (6%)	46 (17%)	706 (39%)	391 (82%)
Carcinoma	1 (0%)	9 (3%)	21 (1%)	58 (12%)

Notes:

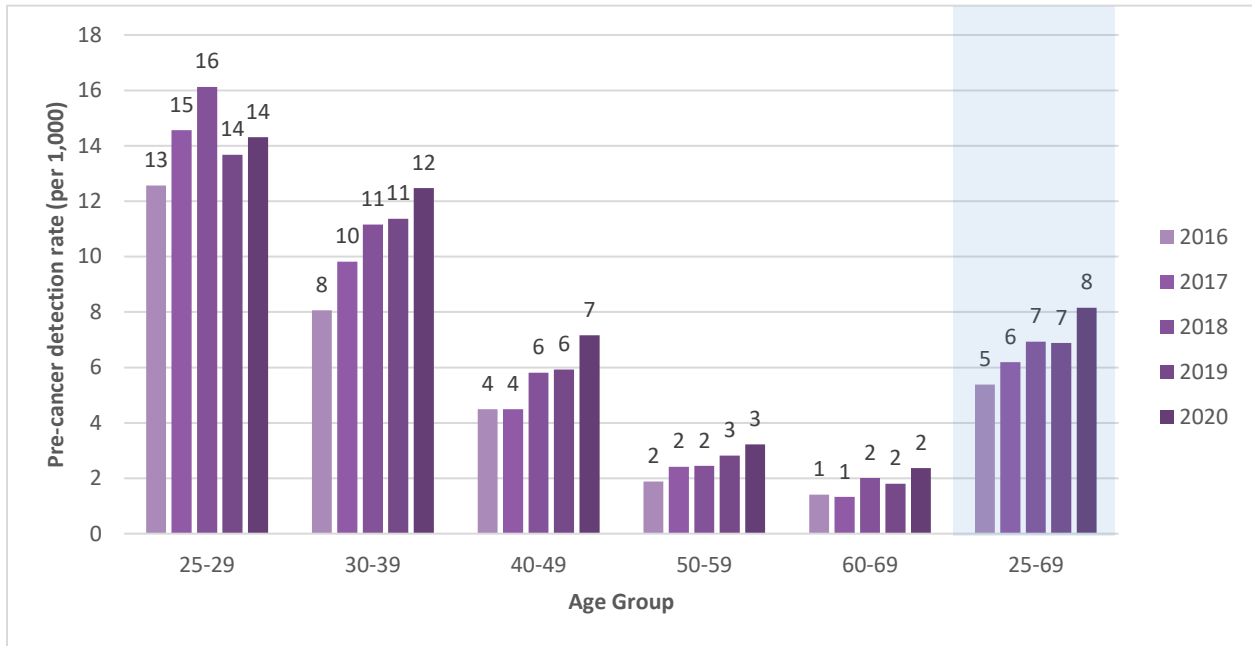
1. BC Cancer Cervix Screening data extraction date: 28/3/2024



### g) Pre-Cancer Detection Rate

Pre-Cancer Detection Rate is defined as the number of pre-cancerous lesions detected per 1,000 people screened in a 12-month period. Pre-cancerous lesions are histologically confirmed CIN 2, CIN 3 or adenocarcinoma *in situ* (AIS).

**FIGURE 11: PRE-CANCER DETECTION PER 1,000 PEOPLE SCREENED BY AGE GROUP, 2020**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 26/4/2024
2. Age is computed based on the date of the patient’s most severe Pap result in the year

## h) Cancer Incidence

Age standardized incidence and mortality rates over time are shown in Figure 12. New invasive cervical cancers diagnosed in 2014-2018 were identified from the British Columbia Cancer Registry and the data collected by BC Cancer Cervix Screening. The age-specific cancer incidence rates for 2014-2018 are presented in Figure 13, and the cancer counts are shown in Table 7.

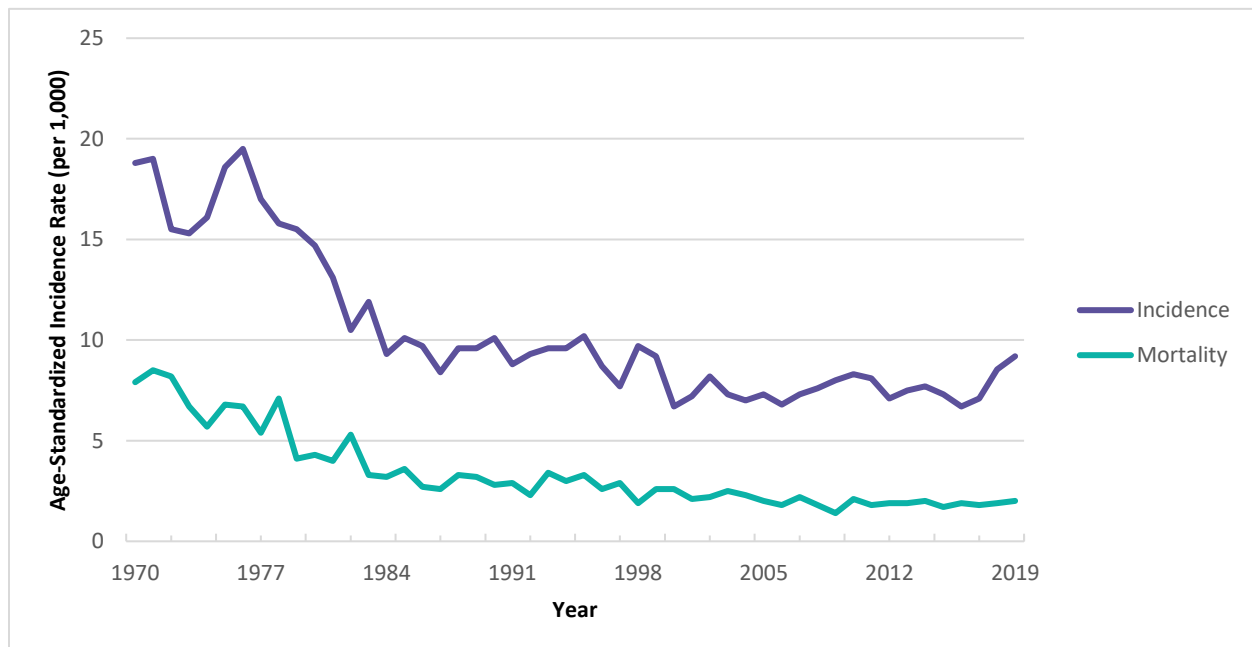
**Age-Standardized Incidence Rate:** weighted average of the age-range specific incidence rates, where the weights are the proportions of people in the corresponding age groups of the 2011 Canadian population (8.5/100,000, 2018).

**Age-Standardized Mortality Rate:** weighted average of the age-range specific mortality rates, where the weights are the proportions of people in the corresponding age groups of the 2011 Canadian population (1.9/100,000, 2018).

**Incidence Rate:** proportion of people in the population who develop cervical cancer in a given year, expressed as the number of cancer cases per 100,000 people.

**Mortality Rate:** proportion of people in the population who died of cervical cancer in a given year, expressed as the number of deaths per 100,000 people.

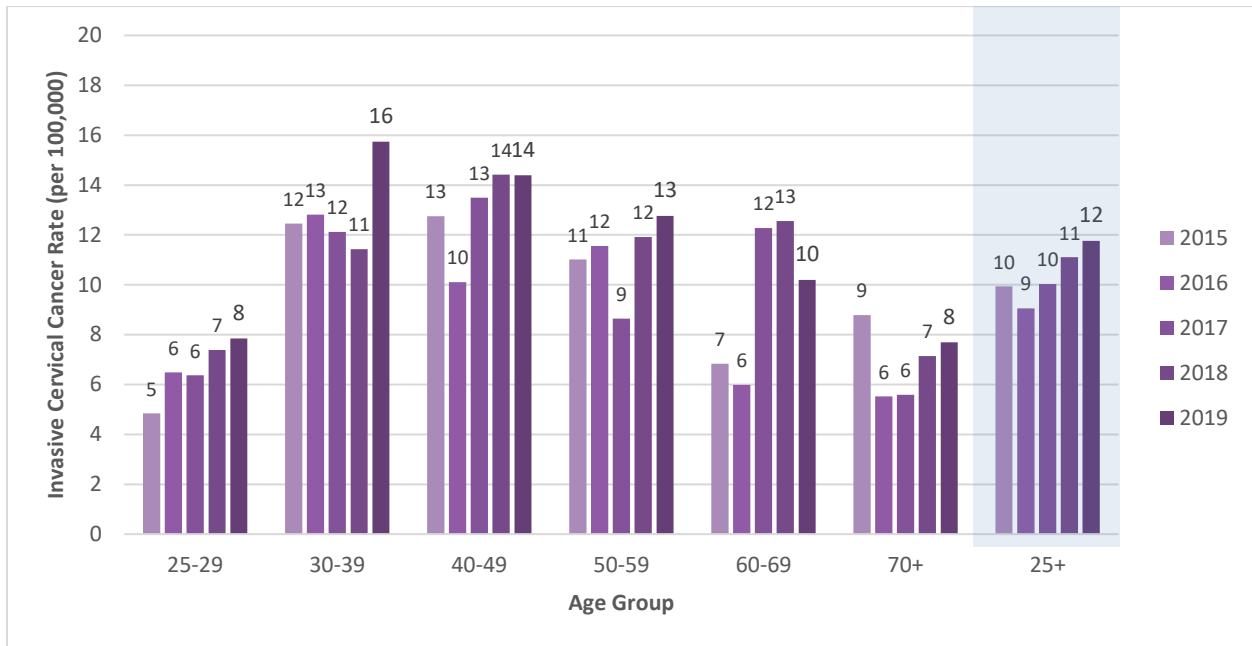
**FIGURE 12: AGE STANDARDIZED INCIDENCE & MORTALITY RATE OF INVASIVE CERVICAL CANCER IN BC OVER TIME**



Notes:

1. Rates are standardized to the 2011 Canadian population

FIGURE 13: INVASIVE CERVICAL CANCER INCIDENCE PER 100,000 BY AGE GROUP, 2015 – 2019



Notes:

1. Population data source: P.E.O.P.L.E. 2023 (Sept 2023), BC STATS, Service BC, BC Ministry of Citizen’s Services
2. BC Cancer Cervix Screening data extraction date: 28/3/2024
3. Age is computed based on date of diagnosis

TABLE 7: NUMBER OF INVASIVE CERVICAL CANCERS BY AGE GROUP, 2015 – 2019

		20-24	25-29	30-39	40-49	50-59	60-69	70+	20+
2019	Number of cases								
	All cell types	1	14	57	47	47	35	27	228
	Squamous cell only	1	11	35	30	36	26	13	152
	Incidence rate (per 100,000)								
	All cell types	0.59	7.85	15.74	14.39	12.76	10.20	7.69	10.86
	Squamous cell only	0.59	6.17	9.67	9.18	9.77	7.58	3.70	7.24
2018	Number of cases								
	All cell types	0	13	40	47	44	42	24	210
	Squamous cell only	0	10	25	31	29	27	20	142
	Incidence rate (per 100,000)								
	All cell types	0.00	7.39	11.43	14.42	11.92	12.55	7.14	10.21
	Squamous cell only	0.00	5.68	7.14	9.51	7.86	8.07	5.95	6.90
2017	Number of cases								
	All cell types	0	11	41	44	32	40	18	186
	Squamous cell only	0	7	26	25	18	25	9	110
	Incidence rate (per 100,000)								
	All cell types	0.00	6.37	12.12	13.49	8.64	12.27	5.59	9.23
	Squamous cell only	0.00	4.05	7.69	7.67	4.86	7.67	2.79	5.46
2016	Number of cases								
	All cell types	2	11	42	33	43	19	17	167
	Squamous cell only	2	7	34	25	26	9	11	114
	Incidence rate (per 100,000)								
	All cell types	1.30	6.48	12.81	10.11	11.56	5.98	5.52	8.45
	Squamous cell only	1.30	4.12	10.37	7.66	6.99	2.83	3.57	5.77
2015	<b>Number of cases</b>								
	All cell types	3	8	40	42	41	21	26	181
	Squamous cell only	2	6	30	31	24	14	19	126
	<b>Incidence rate (per 100,000)</b>								
	All cell types	1.98	4.84	12.45	12.75	11.01	6.84	8.78	9.31
	Squamous cell only	1.32	3.63	9.34	9.41	6.45	4.56	6.42	6.48

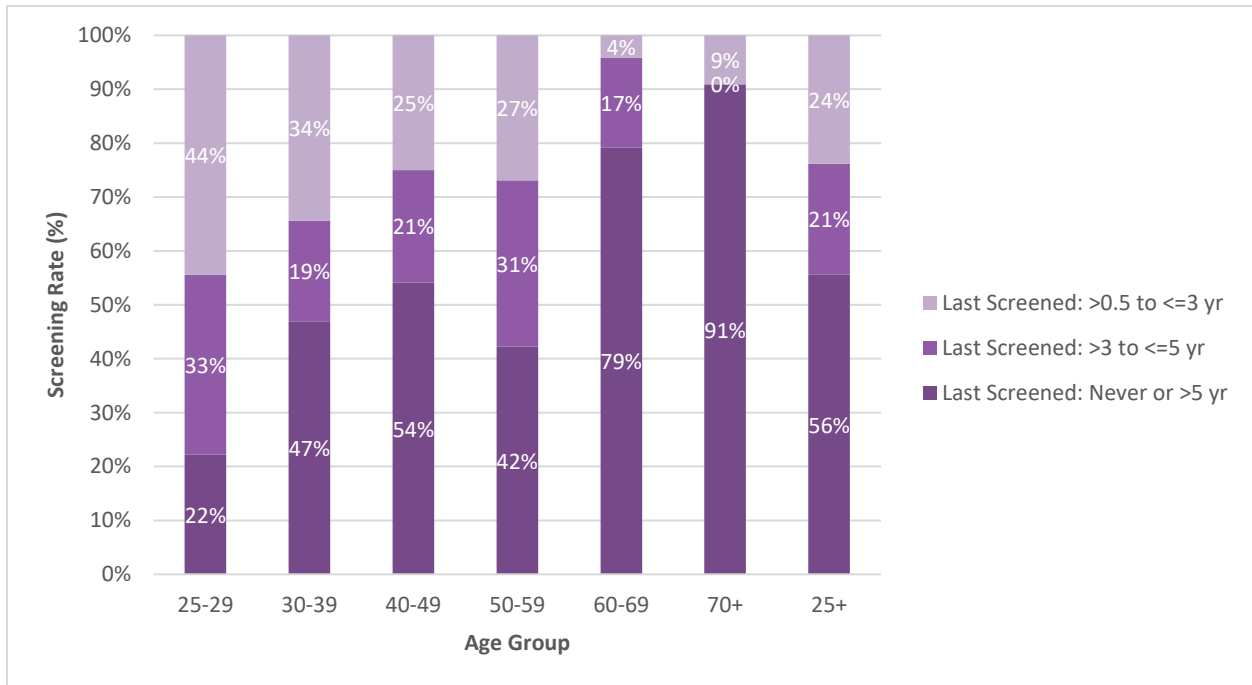
## Notes:

1. Population data source: P.E.O.P.L.E. 2023 (Sept 2023), BC STATS, Service BC, BC Ministry of Citizen's Services
2. BC Cancer Cervix Screening data extraction date: 26/4/2024
3. Age is computed based on date of diagnosis

### i) Screening History in Cases of Invasive Cancer

Pap tests performed within six months prior to the invasive cancer diagnosis are less likely to be done for screening purposes; these Paps are disregarded in the categorization of screening history.

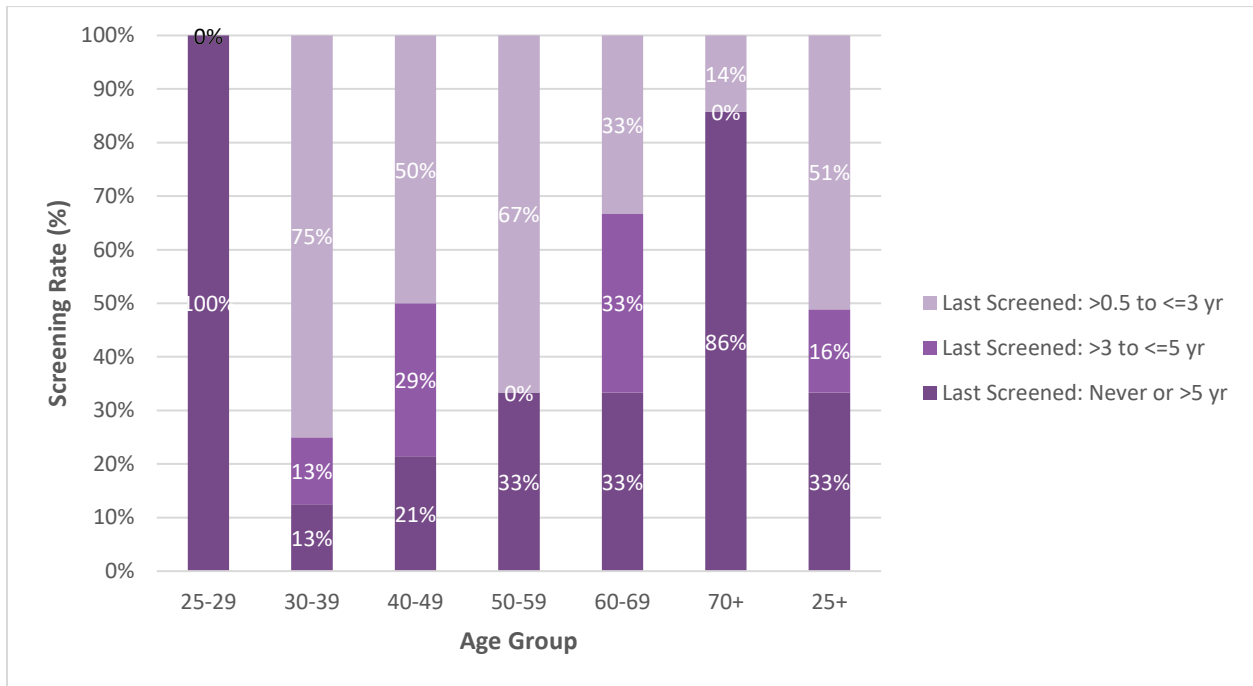
**FIGURE 14: SCREENING HISTORY OF THOSE DIAGNOSED WITH SQUAMOUS CELL CARCINOMA, 2019**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on date of diagnosis

**FIGURE 15: SCREENING HISTORY OF THOSE DIAGNOSED WITH ADENOCARCINOMA, 2019**



**Notes:**

1. BC Cancer Cervix Screening data extraction date: 28/3/2024
2. Age is computed based on date of diagnosis

## APPENDIX – THE 2014 BETHESDA SYSTEM

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### SPECIMEN ADEQUACY

- Satisfactory for evaluation
- Unsatisfactory for evaluation

### INTERPRETATION/RESULT

#### NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

*(When there is no cellular evidence of neoplasia, state this in the General Categorization above and/or in the Interpretation/Result section of the report--whether or not there are organisms or other non-neoplastic findings)*

#### **Non-Neoplastic Findings (optional to report)**

##### **Organisms**

##### **OTHER**

- Endometrial cells (in a woman 45 years of age)  
(Specify if “negative for squamous intraepithelial lesion”)

### EPITHELIAL CELL ABNORMALITIES

#### SQUAMOUS CELL

- Atypical squamous cells
  - of undetermined significance (ASC-US)
  - cannot exclude HSIL (ASC-H)
- Low-grade squamous intraepithelial lesion (LSIL)  
*(encompassing: HPV/mild dysplasia/CIN 1)*
- High-grade squamous intraepithelial lesion (HSIL)  
*(encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3)*
  - with features suspicious for invasion (if invasion is suspected)
- Squamous cell carcinoma (SCC)

### GLANDULAR CELL

- Atypical (AGC)
  - endocervical cells (NOS or specify in comments)
  - endometrial cells (NOS or specify in comments)
  - glandular cells (NOS or specify in comments)
- Atypical
  - endocervical cells, favor neoplastic (AEC-FN)
  - glandular cells, favor neoplastic (AGC-FN)
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
  - endocervical
  - endometrial
  - extrauterine
  - not otherwise specified (NOS)

### OTHER MALIGNANT NEOPLASMS (specified)

October 2024