



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

NLMA POSITION STATEMENT
ON
CERVICAL CANCER SCREENING

Prepared by the
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Cervical cancer is an almost entirely preventable disease.¹ Yet each year, women in Newfoundland and Labrador are diagnosed and die from cervical cancer at an alarming rate.² A significant proportion of women in our province report having access to a family physician, yet utilization statistics show only 30 per cent of women over the age of 15 are having an annual Pap test.³ Family physicians are an integral component in the solution to this problem.

George Papaicalou introduced the Pap smear to detect cellular changes to the cervical epithelium at their earliest stages of dysplasia. Over the years, this simple, inexpensive tool provided a screening test that resulted in a reduction in cervical cancer.¹ Moreover, the earliest pre-cancerous dysplasia can be diagnosed with successful interventions.

Over the past decade, the incidence and mortality of cervical cancer has plateaued.⁴ Some might think that the Pap smear had reached its limit of impact on the disease. However, to maximize the potential impact of the Pap smear, the general population should be well screened. Newfoundland and Labrador data indicates a utilization pattern of approximately three out of 10 women screened annually,² one of the poorest screening rates in Canada.

At the same time, mortality from cervical cancer in Newfoundland and Labrador compared to national statistics is staggering: *3.9 per 100,000 vs. 1.5 per 100,000.*²

The majority of women who present with invasive cervical carcinoma are in advanced stages of disease. Additionally, 76 per cent of these women have not had a Pap test in the three years prior to their diagnosis.⁵

The family physician plays an integral role in addressing this health issue. Recent reports from the Canadian Community Health Survey 2001 (CCHS)⁶ demonstrate that 88 per cent of women in this province have a regular family doctor. When asked if they had ever had a Pap test, 90.2 per cent responded yes. However, only 60 per cent of those women reported having that Pap test within the last year.

Women who had never had a Pap test were asked why they hadn't; the top three reasons were:

- Haven't gotten around to it (30.8 per cent);
- Respondent didn't think it was necessary (37.7 per cent); and,
- Doctor didn't think it was necessary (6.8 per cent).

One of the most successful stimulus for participation in Pap screening is the physician prompt.⁷ Clearly, there are opportunities to enhance uptake for cervical screening primarily in the family physician practice.

The broader components of an organized approach to cervical cancer screening will provide support for enhancing screening within physician practice. The provincial Cervical Screening Initiatives Program will enable:

- standardization of clinical management guidelines and terminology;
- annual performance indicators;
- identification of target population; and,
- broad-based education strategies.

Specific tools and resources will assist the physician to opportunistically enhance screening participation rates while developing a broader mechanism for ensuring women who are accessing screening are retained, and appropriate recall for abnormal cytology diagnosis is supported.

The recruitment of women into organized screening is critical. The physician is the key. Specific initiatives will need to be developed to enhance the uptake for cervical

screening. Potential opportunities exist to examine the physician's role in developing an organized cervical cancer screening. The issues to examine include:

- enabling the women of this province to utilize increased screening within physician practices;
- reducing the incidence of cervical cancer; and,
- investing in long-term solutions to decrease the provincial mortality from an ultimately preventable disease.

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