

Who should be screened for Cervical Cancer?

The Canadian Task Force on Preventive Health Care (CTFPHC) updated its recommendations on cervical cancer screening to ensure that women receive the greatest benefit from screening, while reducing inconvenience, discomfort and unnecessary testing. **Clinicians must recognize that the appropriateness of the recommendations will vary according to the individual needs, values and preferences of their patients.**

These recommendations do NOT apply to women who have:

- Never been sexually active
- Had a full hysterectomy for a benign disease
- Had a previous abnormal Pap test
- A weakened immune system

Age	Recommendation	Explanation	Grading of Recommendations*
19 or younger	Do not routinely screen	Even without screening, the incidence of invasive cervical cancer is very rare (0.3 per 100,000 per year). If screened, 10% of women in this age group will have an abnormal Pap test, resulting in additional unnecessary tests (e.g. colposcopy, biopsy).	Strong recommendation; high quality evidence
20-24	Do not routinely screen	Even without screening, the incidence of invasive cervical cancer is about 3 per 100,000 per year. If screened, 10% of women in this age group will have an abnormal Pap test, resulting in additional unnecessary tests (e.g. colposcopy, biopsy).	Weak recommendation; moderate quality evidence
25-29	Routine screening every 3 years	The incidence of invasive cervical cancer increases after age 25. Without screening, the incidence is about 9 per 100,000 per year. Benefits of screening may begin to outweigh the harms (i.e. additional unnecessary tests, such as colposcopy and biopsy).	Weak recommendation; moderate quality evidence
30-69	Routine screening every 3 years	After age 30, the incidence of invasive cervical cancer increases significantly up to 35 per 100,000 per year without screening, while rates of abnormal Pap tests decline. Benefits of screening outweigh the harms (i.e. additional unnecessary tests, such as colposcopy and biopsy).	Strong recommendation; high quality evidence
70 or older	Cease routine screening only if the last 3 Pap tests in the last 10 years were negative	There appears to be minimal additional benefit of continuing screening if Pap test results have been consistently negative.	Weak recommendation; low quality evidence

*Recommendations are graded according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. For more information on GRADE, visit the CTFPHC website: www.canadiantaskforce.ca

