In 1993, concern about the steady incidence and mortality rates from cervical cancer in the last 10 years led to the formation of the Ontario Cervical Screening Collaborative Group (OCSCG) by the Ontario Medical Association, the Ontario Association of Medical Laboratories and the Ontario Cancer Treatment and Research Foundation. Many other organizations, professional societies, community representatives and the Ontario Ministry of Health are now members. The goal of the OCSCG is to reduce the incidence and mortality rates for this preventable form of cancer by 50% by the year 2005.

To date, the member organizations have approved Ontario-specific guidelines for screening women with previous normal results of Papanicolaou smears. Uniform terms for reporting the results of smears have been endorsed. Methods to improve the taking of Papanicolaou tests are being finalized. Recommendations for the follow-up and management of women with abnormal results of smears are being prepared. These guidelines and recommendations will be disseminated to all physicians in the fall of 1996. Efforts are being planned to encourage women who have never had a Papanicolaou test or have rarely been screened to have a test. These initiatives require the support of a cervical screening registry.

Six private medical diagnostic laboratories, which together process 60% of all Papanicolaou tests in Ontario, have formed the not-for-profit organization Inscyte. Inscyte has launched an electronic, centralized cytology database, which uses the provincial standard terms. In pilot projects being conducted in Middlesex County and Thunder Bay, records of all Papanicolaou tests are being linked with records of relevant colposcopic and histopathologic tests.

How has Ontario has overcome the barriers Cohen identifies? The Ontario government has identified screening for cervical cancer as a priority. Women from the community are members of the OCSCG. Turf wars and medical minutiae have been reduced through collaboration in a joint public- and private-sector group whose members report back to their respective organizations. Perhaps this approach to changes in health care can be applied to other areas.

Progress is being made. Much is still to be done, but it is never "too late" to begin.

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Dr. Cohen is to be commended for her insightful and provocative editorial. She identifies three prominent issues: priority and advocacy, professional issues and the complexity of the task. Although there is a need for "healthy scepticism," positive actions being taken in each of these areas may mitigate the gloomy picture Cohen describes.

Screening for cervical cancer has lacked strong advocacy and high-priority status on the women's health agenda as a result of the stigma of abnormal results of Papanicolaou smears and of sexually transmitted diseases. However, this situation is changing. Cervical cancer screening was addressed at the Canada–US Women's Health Forum in August. The Canadian Cancer Society and the National Cancer Institute of Canada have developed strategies for increased public awareness. Since 1976, Nova Scotia, Prince Edward Island, Ontario, Manitoba, Alberta and British Columbia have all developed or implemented critical components of a comprehensive program.

Professional issues have hindered implementation of coordinated screening programs in the past. However, the Canadian Society of Cytology will release this year an updated national consensus document on quality assurance guidelines for cytopathologists. The Society of Obstetricians and Gynaecologists of Canada has coordinated strategies for training, including obtaining adequate smears and following up abnormal results. National guidelines for colposcopy are available through the Canadian Society of Colposcopists, and guidelines for management of invasive cancer of the cervix have been published by the Society of Gynecologic Oncologists of Canada. Such national guidelines have gone far toward resolving the professional issues at a provincial level.

The complexity of prevention has been greatly reduced by the Cervical Cancer Prevention Network, a cooperative effort of federal, provincial and territorial representatives, supported by the Disease Prevention Division at Health Canada. This network facilitates the sharing of information and expertise on recruitment strategies, information systems, program management and evaluation. This information sharing has included national specialty societies, consumers, provincial administrators and analysts.

Coordination through a national network will help maintain the scope of preventive programs, minimize duplication of effort and allow implementation in a provincial or territorial context. If the decrease in the mortality and incidence of this type of cancer since 1969 continues, cervical cancer will no longer need to be a high-priority issue for the health of women in Canada.

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