Appendix 8 (as supplied by the authors) CTFPHC Recommendations for Screening for Cervical Cancer

Population	Asymptomatic women who are or who have been sexually active. These guidelines do not apply to women with symptoms of cervical cancer (e.g. abnormal vaginal bleeding), previous abnormal screening results (until they have been cleared to resume normal screening), to women who do not have a cervix (due to hysterectomy), or to women who are immunosuppressed.				
Burden of illness	In 2011, the estimated incidence of cervical cancer in Canada was approximately 1300 new cases while approximately 350 women die each year in Canada from cervical cancer. The incidence of cervical cancer increases significantly after the age of 25 years and peaks during the fifth decade, thus affecting women in their reproductive and productive years.				
Intervention	Screening for cervical cancer with cervical cytology.				
Recommendation	**For women under age 20 we recommend <u>not</u> screening for cervical cancer** Strong recommendation; high quality evidence	**For women aged 20 to 24 we recommend <u>not routinely</u> screening for cervical cancer** Weak recommendation; moderate quality evidence	**For women aged 25 to 29 we recommend <u>routine cytology screening</u> for cervical cancer every 3 years.** Weak recommendation; moderate quality evidence	**For women aged 30 to 69 we recommend <u>routine cytology screening</u> for cervical cancer every 3 years.** Strong recommendation; high quality evidence	**For women aged 70 and over who have been adequately screened, we recommend that routine screening may cease. For women aged 70 or over who have not been adequately screened (i.e. 3 successive negative Pap tests in last 10 years) we recommend <u>continued screening</u> every 3 years until this is achieved.** Weak recommendation; low quality evidence
Basis of recommendation	There is very low incidence and no mortality from cervical cancer in this age group, no evidence of the effectiveness of screening and evidence of harms.	There is uncertain benefit of screening in this age group, as well as low incidence of cervical cancer and mortality, combined with higher false-positive rates among women under 30 years of age, with consequent harms and unnecessary treatments.	A relatively low value is placed on the small benefit of screening. There is concern about the higher rate of false positives in women under 30, and the estimated harms of overtreatment. This recommendation reflects concern for the increasing incidence and mortality of cervical cancer in this group.	A high value is placed on the evidence for the effectiveness of screening, increased cervical cancer incidence and mortality in this age group, and on the lower rates of potential harms estimated for this age group compared with younger women.	A relatively high value is placed on the limited evidence for screening effectiveness, and on the potential to detect and treat persisting high rates of cervical cancer in this age group.
Details of recommended service	For women aged 25 and over, we recommend triennial screening with a Pap test by a primary care practitioner. Although some evidence suggests that HPV-DNA testing may be appropriate for reducing incidence and mortality from cervical cancer, recommendations on HPV screening will be made when more research is available.				
Considerations for implementation	Consider using an electronic health record to flag a screening reminder for women aged 25 or 30 and over.				
Special considerations	Screening rates in Aboriginal women are increasing. New immigrants may be less likely to be screened. Women from certain ethnic and sociocultural groups may prefer to be screened by a female health care practitioner. Attention needs to be paid to increasing screening rates of these under screened populations.				

Appendix to: Canadian Task Force on Preventive Health Care. Recommendations on screening for cervical cancer. *CMAJ* 2013. DOI:10.1503/cmaj121505.

Appendix to: Canadian Task Force on Preventive Health Care. Recommendations on screening for cervical cancer. *CMAJ* 2013. DOI:10.1503/cmaj121505.