BC CANCER CERVIX SCREENING
Provincial Health Services Authority

It's Safe to Rescreen in 5 Years:
Facts about HPV Primary Screening

Since January 2024, cervix screening in BC has been transitioning from cytology to HPV testing as the primary screening method. With HPV testing, **patients who are at average risk and do not have HPV detected in their sample are recommended to rescreen in 5 years (instead of 3 years with cytology).** Here's why:

5 REASONS WHY IT IS SAFE TO RESCREEN IN **5 YEARS**

When HPV is not detected, the risk of developing precancerous lesions within 5 years is very low.

The risk of CIN 2+ remains low for 7 years after HPV is not detected.

HPV testing is more sensitive than cytology, for both patient- and provider-collected samples.

HPV testing is better at finding people at-risk for precancerous lesions because it has a very high sensitivity of 96% compared to 53% for cytology. This is the same for patient- and provider-collected samples.

HPV testing has a high negative predictive value.

This is because HPV testing detects HPV with very high sensitivity. When there is no HPV detected, it's very unlikely that there are any precancerous lesions on the cervix. The risk of CIN 2+ at 9 years after HPV was not detected is similar to the risk at 3 years after normal cytology.

Many HPV infections are controlled by the body within 2 years — waiting 5 years to rescreen avoids detecting transient HPV infections.

Screening too often has the risks of over-diagnosis and over-investigation. Longer intervals between screens finds persistent HPV infections: it's the persistent infections that could cause precancerous lesions and need to be managed.

Cervical cancer takes 15 to 20 years to develop in immunocompetent people.

Cytology screening required screening more often because its low sensitivity may have missed cell changes in previous screens — **not** because cervical cancer develops quickly.

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What the Evidence Says about the 5-Year Interval and Patient-Collected Samples

1 HPV testing every 5 years is safe:

- When HPV is not detected, the HPV FOCAL Trial showed (Figure 1)[1]:
  - The risk of CIN 2+ was low: 0.21% at 5 years, 0.35% at 8 years and 0.82% at 10 years
  - The risk of CIN 2+ stays low for 7 years after HPV is not detected
- In 2026, the HPV FOCAL Trial found that the risk of CIN 2+ at 9 years after HPV was not detected in a sample was similar to the risk at only 3 years after normal cytology.[2]
- HPV testing is more sensitive than cytology for detecting CIN 2+: 96% for HPV testing compared to 53% for cytology (Figure 2). The negative predictive value for CIN 2+ lesions approaches 100%.[3]

2 Patient-collected vaginal samples are equivalent to provider-collected liquid-based cytology (LBC) samples:

- The landmark IMPROVE Trial (the first randomized non-inferiority trial) showed HPV self-sampling with a PCR-based assay was non-inferior to clinician-collected sampling for CIN 2+ detection.[4]
- A meta-analysis of 56 studies found a relative sensitivity of 0.99 for PCR-based assays on self-collected versus clinician-collected samples.[5]
- In BC, the Roche cobas® polymerase chain reaction (PCR) based assay is used for both patient-collected and provider-collected samples to test for HPV.

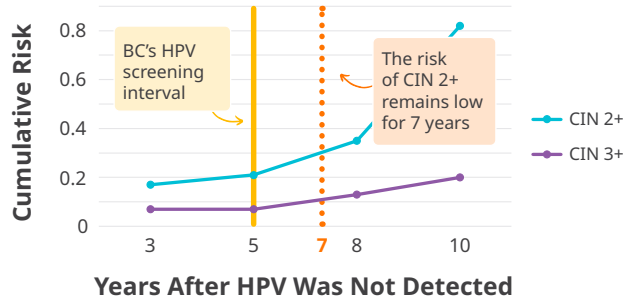

Figure 1: Cumulative risk of CIN 2+ and CIN 3+ over the HPV FOCAL Trial's 10-year follow-up period.

	HPV Testing	Cytology
One-time sensitivity in detecting CIN 2 or worse	96.1% (94.2–97.4%)	53.0% (48.6–57.4%)
One-time sensitivity in detecting CIN 3 or worse	90.7% (90.4–91.1%)	96.3% (96.1–96.5%)

Figure 2: Sensitivity of HPV testing and cytology in detecting CIN 2+ and CIN 3+.

5-Year HPV Screening Interval in Other Jurisdictions

Most jurisdictions have adopted a minimum 5-year screening interval. These recommendations were based on accumulated evidence supporting the safety of extending the interval for people at average risk, for both patient- and provider-collected sampling approaches.

Country	Age Criteria	Interval (Years)	Collection Methods	Year Self-Screening First Offered
Australia	Ages 25 to 74	5	Provider-collected LBC Vaginal swab† (Copan FLOQSwab)	2017
Denmark	Ages 27 to 64	5	Provider-collected LBC Vaginal swab† (Rovers Evalyn Brush; Copan SensiGrip)	2017
Italy	Ages 30 to 64	5	Provider-collected LBC Vaginal swab† (Copan FLOQSwab)	2020
Netherlands	Ages 30 to 60	Ages 30 to 39: 5 Ages 40 to 60: 10	Provider-collected LBC Vaginal swab† (Copan FLOQSwab)	2017
New Zealand	Ages 25 to 69	5	Provider-collected LBC Vaginal swab† (Copan FLOQSwab)	2023
Norway	Ages 34 to 69	5	Provider-collected LBC Vaginal swab† (Copan FLOQSwab)	2023
Sweden	Ages 23 to 70	Ages 23 to 49: 5 Ages 50 to 70: 7	Varies by region	2017

†A vaginal swab could be patient- or provider-collected.

[1] A. Gottschlich, D. van Niekerk, L. W. Smith, L. Gondara, J. Melnikow, D. A. Cook, M. Lee, G. Stuart, R. E. Martin, S. Peacock, E. L. Franco, A. Coldman, M. Krajden and G. Ogilvie. "Assessing 10-year safety of a single negative HPV test for cervical cancer screening: Evidence from FOCAL-DECADE cohort," *Cancer Epidemiology, Biomarkers, and Prevention*, vol. 30, pp. 22-29, 2021.
[2] A. Gottschlich, L. W. Smith, Q. Hong, S. Dabee, L. Gondara, D. Cook, R. Elwood Martin, J. Melnikow, S. Peacock, L. Proctor, G. Stuart, E. L. Franco, M. Krajden, G. S. Ogilvie, "HPV, cytology, and cotest cervical cancer screening and the risk of precancer," *JAMA Network Open*, vol. 9, p. e261304, 2026.
[3] M-H. Mayrand, E. Duarte-Franco, I. Rodrigues, S. D. Walter, J. Hanley, A. Ferenczy, S. Ratnam, F. Coutlée and E. L. Franco for the Canadian Cervical Cancer Screening Trial Study Group, "Human Papillomavirus DNA versus Papanicolaou screening tests for cervical cancer," *The New England Journal of Medicine*, vol. 357, pp. 1579-1588, 2007.
[4] N. J. Polman, R. M. F. Ebisch, D. A. M. Heideman, W. J. G. Melchers, R. L. M. Bekkers, A. C. Molijn, C. J. L. M. Meijer, W. G. V. Quint, P. J. F. Snijders, L. F. A. G. Massuger, F. J. van Kemenade, J. Berkhof, "Performance of human papillomavirus testing on self-collected versus clinician-collected samples for the detection of cervical intraepithelial neoplasia of grade 2 or worse: a randomised, paired screen-positive, non-inferiority trial." *The Lancet Oncology*. vol. 20, pp. 229-238, 2019.
[5] M. Arbyn, S. B. Smith, S. Temin, F. Sultana, P. Castle and Collaboration on Self-Sampling and HPV Testing, "Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses," *British Medical Journal*, vol. 363, p. k4823, 2018.