

YEARS

OF CERVIX SCREENING IN BRITISH COLUMBIA

A LEADER IN CERVICAL CANCER SCREENING SINCE 1955.

In 1955, BC Cancer (then known as the British Columbia Cancer Institute) organized the world's first population-based cancer screening program, following a pilot project led by Dr. H.K. Fidler and Dr. D.A. Boyes that established a systematic population approach to screening for cervical cancer using the **Pap test (cytology testing)**.



Dr. H.K. Fidler

From 2008 to 2012, Dr. Gina Ogilvie led a randomized controlled trial in BC demonstrating that **HPV testing** is better than cytology at identifying people at risk of developing cervical cancer. Results showed it is more accurate, meaning women and people with a cervix can wait 5 years to screen again (instead of 3 years with cytology testing). Since cervical cells are not required for HPV testing, a patient can effectively collect their own vaginal sample for screening — proven by international research, along with the BC Cancer Cervix Screening Program's self-screening pilot that ran from 2021 to 2023.



Dr. Gina Ogilvie

In January 2024, the BC Cancer Cervix Screening Program, led by Laura Gentile and Dr. Lily Proctor, began the province-wide transition to **HPV primary screening**. This included implementing **cervix self-screening** — making BC the first province to offer a screening option that is more accessible, convenient and comfortable for women and people with a cervix.



Laura Gentile



Dr. Lily Proctor

A TRANSFORMATION ZONE: FROM CYTOLOGY TO HPV PRIMARY SCREENING

After almost 70 years of cytology testing being the only way to screen for cervical cancer, thanks to research advancements demonstrating that HPV testing is a more effective screening strategy, **BC began a transformative practice change at the end of January 2024 by starting the transition to HPV testing as the primary screening method.**

Driven by a strong commitment to uphold best practices in cervical cancer prevention and increase access to life-saving screening, the transition to HPV screening includes offering an improved test and more accessible screening options centred on the patient's values, needs and preferences.

The power to screen is in your hands

Since HPV testing does not require a cervical sample, women and people with a cervix in BC have more choice on how to collect their sample. Eligible people can choose to get a **vaginal swab** or have a health care provider collect their sample using **liquid-based cytology (LBC)**:



Vaginal Swab

- A collection method used by patients **or** health care providers to collect a vaginal sample.
- The sample is tested for high-risk HPV types.



Liquid-Based Cytology (LBC)

- A collection method used by health care providers to collect a cervical sample.
- The sample is tested for cytology, high-risk HPV types or both, depending on the indication and testing algorithm established by the Cervical Cancer Screening Laboratory.

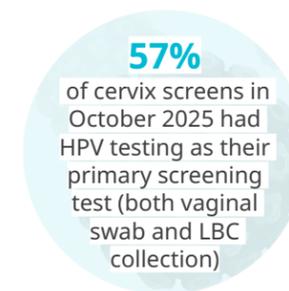
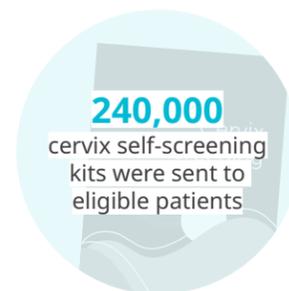
Breaking barriers with cervix self-screening

With the option for patients to collect their own vaginal sample (cervix self-screening), patients no longer need to see or have a health care provider to access screening. Instead, they can request a self-screening kit from the Cervix Screening Program, which is then sent directly to them. Other benefits include:

- ✓ A speculum exam is not required because the sample is collected from the vagina.
- ✓ It is easy to complete and free of charge.
- ✓ Patients do not need to travel, take time off work and/or arrange child care to visit a clinic to get screened.
- ✓ Research shows patient-collected samples are just as accurate as provider-collected samples.

HPV primary screening by the numbers

Thousands of people across BC have been eager to access cervix self-screening, and health care providers have been supportive of this new option. Between February 2024 to November 2025:



Supporting health care providers to talk about cervix screening with their patients

"I wouldn't have gotten screened if my health care provider hadn't told me about it" is a common anecdote heard from patients. Recognizing the important role that health care providers play to support patients throughout the screening journey, the Cervix Screening Program prioritizes equipping health care providers with resources and key messages about cervix screening:

Cervix self-screening and how it works

- "Cervix self-screening is when you collect a sample from your vagina, and the sample is tested for HPV. HPV is the virus that causes changes to the cells of the cervix that lead to cervical cancer."
- "You can collect a sample just as well as a provider!"

Explaining HPV results

- "HPV was [found / not found] in your sample"
- "HPV is very common"
- "How you got HPV does not change how we manage the result: You can't know exactly when or from whom you got HPV."
- "HPV may be found in your sample even if: your last test did not find HPV; you have not been sexually active for a long time; or you have only had one sexual partner."
- "Further cervix exams can check if you have an HPV-related disease that needs treatment."



Returning for screening

- "Since HPV was not found in your sample, you can wait 5 years to screen again (instead of 3 years). It's safe to wait 5 years because the HPV test is more accurate."
- "It's important to return for screening when you are due, in case there are any changes that need to be treated or monitored."

What we've heard from patients and health care providers

"Cervix self-screening has been a gamechanger. Patients who have been avoiding the Pap test for 10 to 15 years are opting for self-screening."

"I had no symptoms to clue me in. ... Because of the [vaginal] swab, my cancer was detected early. Prognosis is very good."

"My patients living in rural communities are now able to access screening more conveniently, thanks to cervix self-screening."

"The test was SO easy. Painless and more dignified."

BECAUSE OF CERVIX SCREENING...

- The number of diagnosed cervical cancer cases in BC has fallen by 61.32% since 1955. Without an organized cervix screening program, 35,000 more people would have been diagnosed with cervical cancer in the past 70 years.
- The mortality rate of cervical cancer has decreased by more than 77%. If there wasn't a population-based cervix screening program in BC, 12,416 more people would have died from cervical cancer in the last 70 years.

ACKNOWLEDGMENTS

While cervical cancer screening research and best practices have evolved over the years, the strong dedication to protecting the well-being of patients from a preventable disease has remained constant for generations.

The BC Cancer Cervix Screening Program recognizes the many groups that have contributed to the success of cervix screening in BC and the start of the transition to HPV primary screening:

- BC Association of Aboriginal Friendship Centres
- BCCDC STI Clinic
- BC Family Physicians
- Carrier Sekani Family Services
- Cervical Cancer Screening Laboratory
- College of Family Physicians
- Colposcopists and specialists
- Community Health Clinics
- Divisions of Family Practice (all 35 Divisions)
- Doctors of BC — Primary Care Section
- Doctors of BC — Section of Gynecology
- Family Practice Services Committee
- First Nations Health Authority (FNHA)
- Fraser Health Authority
- Global Control of HPV Related Diseases and Cancer
- Interior Health Authority
- Métis Nation British Columbia (MNBC)
- Midwives Association of BC
- Ministry of Health
- Naturopathic Doctors Association
- Northern Health Authority
- Nurses and Nurse Practitioners of British Columbia (NNBC)
- Options for Sexual Health
- Primary care providers
- Provincial Health Services Authority (PHSA)
- Provincial Laboratory Medicine Services
- Regional Digital Solutions — Clinical and Technical Solutions; Laboratory Information Solutions; Web Solutions
- S.U.C.C.E.S.S.
- Trans Care BC
- UBC Continuing Professional Development (UBC CPD)
- Vancouver Coastal Health Authority
- Vancouver Island Health Authority
- Walk-In Clinics of BC Association

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For more information, visit www.screeningbc.ca/cervix.

