

Cervix Screening Program Fact Sheet

The BC Cancer Cervix Screening Program is an organized population-based program aimed at reducing cervical cancer incidence and mortality by identifying and treating pre-cancerous lesions and early cancers.

Who is eligible for cervix screening?

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Anyone aged 25 to 69 (including women, Two-Spirit, transgender and non-binary individuals) who:

- Has a cervix;
- Is due for routine screening;
- Has ever had sexual contact (intercourse or digital or oral sexual contact involving the genital area with a person of any gender);
- Is asymptomatic; **and**
- Is registered with the Medical Services Plan.

Who is not eligible for cervix screening?

Screening is **not** recommended if the patient is experiencing symptoms such as:

- post-coital bleeding;
- persistent abnormal bleeding; **and/or**
- a persistent vaginal discharge.

Patients experiencing symptoms should have a speculum examination by someone with experience in gynecologic exams. A screening test is not required for referral. If a test is performed, a cotest is the recommended test.

What are the sample collection options?

Collect either a liquid-based cytology (LBC) cervical sample **or** a vaginal sample using the vaginal swab. **Only one sample method is required.**

Liquid-Based Cytology (LBC) using a Spatula/Cytobrush and Alcohol-Based Fixative (for Provider Collection)



- A collection method used by health care providers to collect a cervical sample.
- Collect cervical cells using a spatula and/or cytobrush, then swirl the spatula/cytobrush inside a vial with an alcohol-based fixative.
- The liquid-based sample will be tested for cytology, high-risk HPV types or both, based on patient age and clinical history (determined at the Laboratory).¹

A provider-collected LBC sample is recommended for patients who:

- Are already undergoing a speculum exam;
- Have a disability, mobility or body habitus that makes self-screening difficult;
- Require a cotest (HPV and cytology testing) due to their clinical history;
- Have difficulty getting to the office due to distance, time off work, etc. and has come in for an appointment²; **or**
- Do not regularly interact with the health system and has come in for an appointment².

OR

Vaginal Swab (for Provider or Patient Collection)



- A collection method used by patients (self-screening) **or** health care providers to collect a vaginal sample.
- Do **not** use the vaginal swab to collect a cervical sample.
- Do **not** swirl the vaginal swab inside the LBC alcohol-based fixative.
- To ensure a sufficient amount of sample is collected, slowly count to 20 as you rotate the swab inside the vagina.
- The sample will be tested for high-risk HPV types.



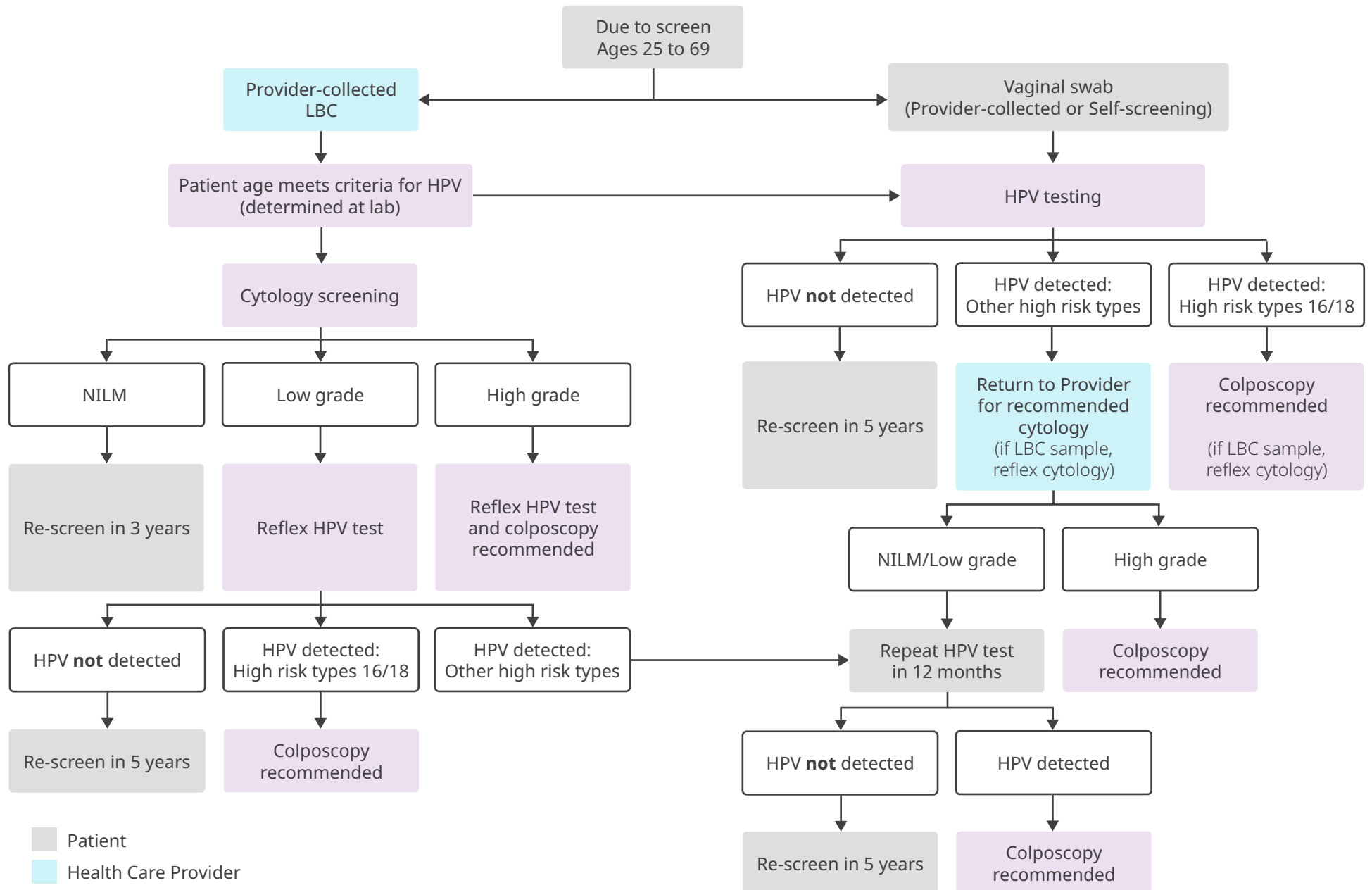
Patients are eligible for self-screening if they:

- Are due for cervix screening;
- Have ever had any sexual contact;
- Have not been recommended for a cotest (HPV and cytology testing) as their next screen;
- Are not pregnant;
- Are not using a pessary; **or**
- Have never had AIS.

¹ As of May 2026, provider-collected LBC samples for patients aged 40 and older will be triaged to HPV primary screening. In January 2027, provider-collected LBC samples for those 25 and older will be triaged to HPV primary screening. The triaging of provider-collected LBC samples support predictable colposcopy volumes and help manage the impact of changing to HPV primary screening on the overall health system.

² Taking a provider-collected LBC sample may prevent the patient from needing another in-person visit to collect cytology should they complete a vaginal sample and HPV is detected. The provider-collected specimen can be reflexed to secondary screening if the primary screen is positive.

Cervix Screening Algorithm



- Patient
- Health Care Provider
- Program/Lab
- Results