

# Reversing the Dangerous Decline in Cervical Screening in Ontario



In partnership with:

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WOMEN'S HEALTH COALITION  
COALITION POUR LA SANTÉ DES FEMMES

# Executive Summary

Cervical cancer is preventable. Yet it continues to claim lives. We are calling on health systems to break down structural barriers and meet patients where they are with innovative solutions designed for communities across Ontario. We are urging political leaders to invest in precision-based, targeted health care solutions to prevent cervical cancer.

As Canada aims to eliminate cervical cancer by 2040, it faces a critical turning point:

## The Diagnostic Toll:

After a 30-year decrease, cervical cancer continues to increase **3.7%** every year since 2015, making it the quickest rising cancer for females.<sup>1</sup> In 2025, **1,650 women** in Canada were diagnosed with cervical cancer while **430** died from the disease.<sup>2</sup>

## The Screening Deficit:

In 2024, cervical screening for women between 25 to 69 years of age living in Canada was 69% compared to 74% in 2017. Among some racialized groups, the decline was even greater at 49% in 2024 compared to 63% in 2017.<sup>3</sup> In Ontario, **35% to 38%** of eligible individuals are not up to date on their cervical screening. Human papillomavirus (HPV) vaccination rates remain below national targets.<sup>4</sup>

## The Clinical Solution:

HPV primary screening is **revolutionizing care** by identifying those at risk of developing cervical pre-cancers earlier than the Pap test.

Equitable access is essential to driving change. With actionable solutions, we can break down barriers and provide culturally responsive, trauma-informed care. This marks a vital breakthrough for women's health and ultimately saves lives.



## The Cervical Cancer Prevention Roundtable,

facilitated by Women's Health Coalition Ontario in partnership with Hologic, brought together clinicians, women's health advocates and community partners to share bold, innovative thinking and best practices in cervical care. The following paper outlines actionable solutions to **improve access** to cervical screening and **reach underserved** populations. While the paper is focused on potential for Ontario, some solutions could apply to other provinces. The aim is to provide the cervical cancer screening system actionable tips and tools to support patients, clinical practice and the health system.



# A Call to Action: Two Care Pathways

To reach the 90% cervical screening target by 2030, Canada must address distinct barriers facing two primary populations with real-world solutions. Key areas of impact:



## Reach Patients:

engage lapsed patients, unscreened and underserved populations.



## Meet Patients Where They Are:

provide screening options that fit with people's lives, including convenient hours, pop-up or mobile clinics within the community and screening reminders with access options.



## Culturally Responsive, Trauma-informed Care:

listen and address individual needs and concerns; offer female providers to perform screening; self-swabbing if available; training for health providers on trauma-informed screening practices; and culturally adapted care to create positive screening experiences.



## Community Conversations:

educate patients on preventative measures for cervical cancer and provide engaging community outreach and events.

## PATHWAY 1: Re-engaging the lapsed patient.

### Barrier 1.1 Individuals with past screening who are currently overdue for their exam.

#### Factors include:

- Infrequent visits to their family physician
- Medical appointments focused on other health concerns
- No longer has a primary care provider
- Unsure of screening options after receiving reminder letter

#### Solutions

- Set screening reminder in EMR system, which flags administrative staff to schedule appointments
- Build screening checks into physicals, immunizations and other screenings
- Administrative staff ensure screening is up to date during patient check-in
- Build EMR tools to share screening reminders and results among family physicians, colposcopy and pop-up clinics
- Provide community-specific resources and screening options in reminder letter
- Include those above best practices for cervical screening in Continuing Medical Education

## PATHWAY 2: Reaching the unscreened and underserved populations.

### Barrier 2.1 Individuals not currently seeking care due to systemic or personal barriers.

#### Factors include:

- Family physician has retired
- Local family practices are not taking on new patients
- Patient is a new member of the community and isn't aware of health resources

#### Solutions

- Cervical screening provided by regional cancer centres, walk-in and pop-up clinics
- Mobile coaches visit communities, offering walk-ins and scheduled appointments
- Promote delivery options at community centres, women's health partners and social media
- Build digital navigation tool for patient to find screening options by neighbourhood



“Pop-up clinics help to break down barriers to cervical screening by offering patients care in their own community at the time that they need it, in an accessible way. We recently offered a pop-up clinic in the community. It was an evening clinic that was exclusively staffed by female providers. [People] weren't in a room full of sick patients because it was a screening clinic. And it was efficient and fit into their schedule. (quote edited for space.)”

- Dr. Rebecca Wray, primary care physician and Cancer Screening Lead, Central East Regional Cancer Program

### Barrier 1.2 Busy family practice has long wait times for screening appointments.

**Factors include:**

- High patient load
- Complexity of care
- Physician administrative burden
- Incentives no longer provided to allocate time for cervical screenings

**Solutions**

- Train nurses on trauma-informed and culturally responsive care
- Nurse administers or schedules screening to meet individual needs (ex., female provider) while waiting for physician consultation
- Family practice partners with community health centres, pop-up clinics, family health teams to offer patients more screening options
- Advocate for same level of incentive for cervical screening through primary care

### Barrier 1.3 Individuals don't feel the need for regular screening.

**Factors include:**

- Past cervical screening tests were negative
- Individual has one sexual partner

**Solutions**

- Administrative staff provides education on HPV test, causes and risks of cervical cancer
- Patient is given guidelines on regular cervical screening
- Upon sending the reminder letter, share information about the importance of continued attendance to 5 years interval cervical cancer screening to prevent cervical cancer from developing



It's important to remember that [self-sampling] isn't a one-size-fits-all approach. For some women, it does provide that trauma-informed care that they need. For others, self-swabbing can be a very daunting and uncomfortable experience. So it's important to raise that awareness and have those educational conversations.

- Chiara Marcello, WHC-Ontario, External Communications Director

### Barrier 2.2 Individuals are unaware of risks and dangers of cervical cancer.

**Factors include:**

- Lack of culturally aware and equitable education
- Individual isn't exposed to awareness campaigns
- Disbelief that individual could contract HPV and be at risk of cervical cancer

**Solutions**

- Culturally responsive awareness campaigns that reach patients where they are, using their preferred methods of communication
- Education materials cover:
  - What HPV is and how it is transmitted
  - Benefits of immunization and screening
  - HPV infections may be leading to cervical cancer
  - Severity of the disease



### Barrier 2.3 Individuals have a history of sexual violence, abuse or medical phobias.

**Factors include:**

- Individual is uncomfortable with male provider performing the pelvic exam
- Cervical screening triggers distress, fear and re-traumatizes individual
- Health provider is unaware of their patient's trauma history

**Solutions**

- Offer a female health provider to perform the pelvic exam
- Provide delivery options including self-swabbing if available
- Create a positive experience to ensure regular screening
- Health provider is trained on trauma-informed screening practices
- Action steps:
  - create a safe, comforting environment
  - share what to expect during the exam
  - ask if any language should be avoided
  - set a signal to stop the exam at any point
  - provide time to answer questions
  - Incorporate positive and responsive continuous care



## PATHWAY 1:

### Barrier 1.4 Individuals won't schedule cervical screening at their family practice.

#### Factors include:

- Uncomfortable with a male physician administering HPV test
- Work and personal obligations prevent weekday appointments

#### Solutions

- Evening and weekend screening options including regional cancer screening clinics, community pop-ups and mobile coaches
- Create a forum to share screening options among family practices, family health teams and community centres
- Screening reminder letter provides community resources on screening options and modalities

A mobile coach in Northwestern Ontario drives into 30 Indigenous communities to build trust over time.

We've found some creative ways to [provide education] like cancer screening bingo, doing vision boards, Plinko. So it's really making it more of a relaxed environment, but offering that educational component. The other key component is having someone in the community who champions the whole process.

- *Tarja Heiskanen, Manager, Screening and Assessment Services, Thunder Bay Regional Health Sciences Centre*



<sup>1</sup> Government of Canada, Canadian Cancer Society. (2023). Canadian Cancer Statistics 2023. [https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2023-statistics/2023\\_pdf\\_en.pdf?rev=7e0c86ef787d425081008ed22377754d&hash=DBD6818195657364D831AF0641C4B45C&\\_gl=1\\*cw2z71\\*\\_gcl\\_au\\*MjMwMzAzMzQwLjE3NzI0OTQyNzc](https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2023-statistics/2023_pdf_en.pdf?rev=7e0c86ef787d425081008ed22377754d&hash=DBD6818195657364D831AF0641C4B45C&_gl=1*cw2z71*_gcl_au*MjMwMzAzMzQwLjE3NzI0OTQyNzc).

<sup>2</sup> Canadian Cancer Society. (April 2026). *Cervical Cancer Statistics*. <https://cancer.ca/en/cancer-information/cancer-types/cervical/statistics> <sup>3</sup> Government of Canada, Statistics Canada. (2025). *Health Fact Sheets: Colorectal, cervical and breast cancer screening tests, 2024*. <https://www150.statcan.gc.ca/n1/pub/82-625-x/2025001/article/00002-eng.htm>. <sup>4</sup> Canadian Partnership Against Cancer. (2020). *Action Plan for the Elimination of Cervical Cancer in Canada* <https://s22457.pcdn.co/wp-content/uploads/2020/11/Elimination-cervical-cancer-action-plan-EN.pdf>

## PATHWAY 2:

### Barrier 2.4 Individuals feel care is not culturally responsive.

#### Factors include:

- Health provider is unaware of cultural sensitivities
- It is not culturally appropriate for a male provider to perform a pelvic exam
- Patient is uncomfortable raising concerns with their health provider

#### Solutions

- Co-design inclusive educational initiatives with equity-deserving communities
- Provide culturally responsive training for cervical screening and continuous care
- Build trust through community champions, hosting engaging and informative events
- Mobile coaches visit communities to build trust over time and offer screening by female health providers

## The Path Forward: Driving Systemic Change

By 2040, cervical cancer can be virtually eliminated in Ontario. The goal is not aspirational. It is achievable. But only if we act decisively now. The science is clear. The necessary tools are available. Cervical cancer is almost entirely preventable through HPV vaccination, regular screening and timely follow-up care. Yet every year, women and people with a cervix continue to be diagnosed while many die from a cancer that we know how to stop.

It is a once-in-a-lifetime opportunity to wipe out a preventable cancer. Success rests on four pillars: political leadership to inspire innovation and precision-based health care solutions to prevent cervical cancer; sustained investment to fund initiatives that meet patients where they are; best practices that nurture community conversations and provide culturally responsive, trauma-informed care; and an unwavering commitment to equity. Transforming this opportunity into reality demands immediate and bold action.

It's important to leverage outside external organizations, companies that could focus on the same goal but really reach a different targeted population for that messaging.

- *Kaitlin Loudon, Primary Care Engagement Lead, Central East Regional Cancer Program*