

JUST 2 STRAINS OF HPV ARE THE CAUSE OF

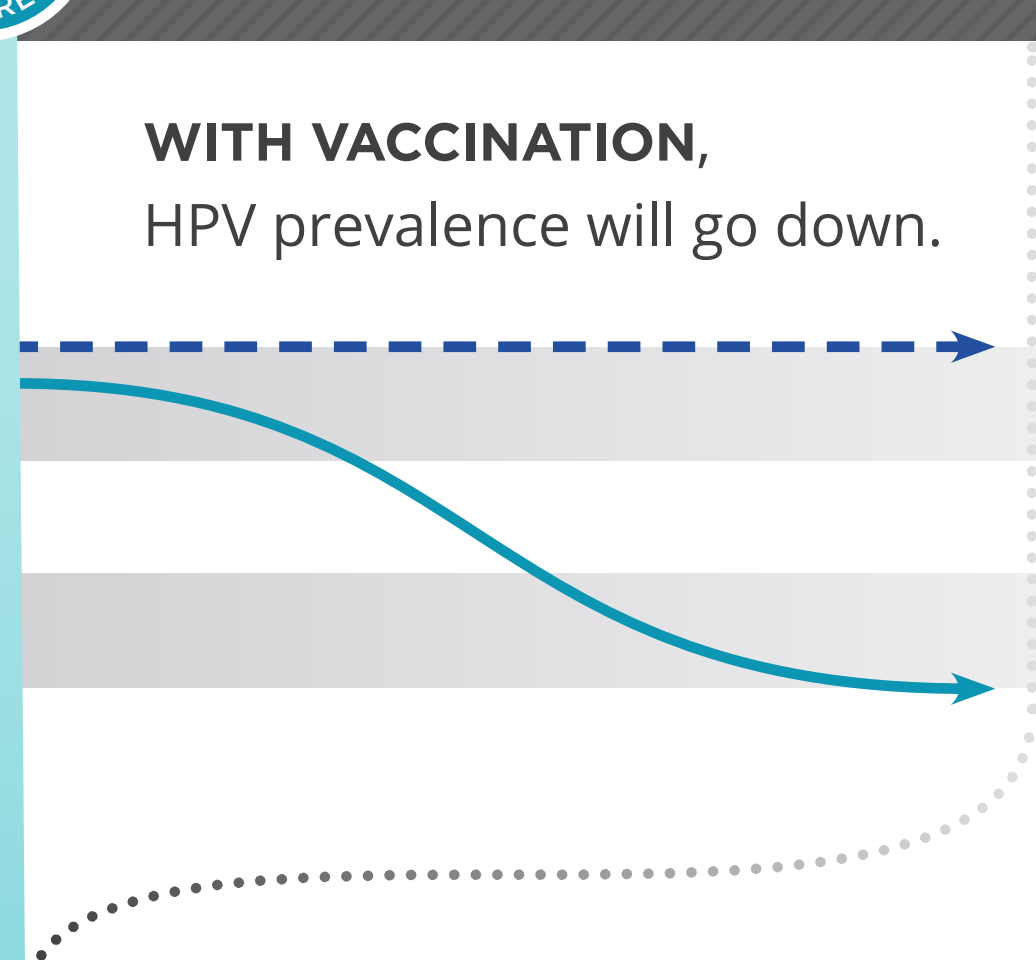
70%

OF ALL CERVICAL CANCER CASES

1995 **Consider every girl in Canada born in 1995...**

2007 When this cohort turned 12 years old, these girls were vaccinated for HPV 16 & 18.

2016 At 21 years old, they will be screened for cervical cancer.



CURRENT SCREENING GUIDELINES:

- Screening
- Every 3 yrs
- Start at 21 yrs

2060 **Should we continue to screen vaccinated women for cervical cancer?**

CHANGE SCENARIOS What's the impact on incidence, deaths and costs if we **CHANGE OUR SCREENING GUIDELINES?**

CHANGE SCENARIOS	LEGEND			LOWES	HIGHS
CURRENT GUIDELINES	Vaccination + No screening	12.96	1,517	0.33	Highest incidence and highest deaths
	No vaccination + Screening (Every 3 yrs, Start at 21 yrs)	8.34	1,186	1.06	
	Vaccination + Screening (Every 3 yrs, Start at 21 yrs)	4.69	594	0.97	
CHANGE TO SCREENING FREQUENCY	Vaccination + Screening (Every 5 yrs, Start at 21 yrs)	5.42	736	0.74	
	Vaccination + Screening (Every 10 yrs, Start at 21 yrs)	7.35	988	0.57	
CHANGE TO SCREENING AGE RANGE	Vaccination + Screening (Every 3 yrs, Start at 25 yrs)	4.98	601	0.88	
	Vaccination + Screening (Every 3 yrs, Start at 30 yrs)	4.94	621	0.78	

More cost-effective outcomes are possible with vaccination and a change to our current screening guidelines.

Note: CRMM v2.1 Assumed vaccination rate of 70% of the population. Assumed screening rate of 80% of the population.

Find out for yourself how changing scenarios can bring different outcomes for the economy and the population.

Try the Cancer Risk Management Model

The Cancer Risk Management Model draws on Canadian data sources to provide cancer control projections.



Learn More
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