TANIA, AGE 38: My grandmother died of cervical cancer before they had the screening. And most women forget it’s such a horrible disease. Having a pelvic exam and cervical screening is such a healthy thing to do for you and your family. Plus I heard they can find most abnormalities in the cervix. Finding them and treating it can prevent cancer from growing there.

NARRATOR: The single most powerful motivator for a woman to be screened is an invitation or suggestion by her health care provider. However, women often describe the pelvic exam and cervical screening as awkward, invasive, uncomfortable, embarrassing and traumatic. Some women never return for subsequent screening after their first cervical screening test. In many cases, this failure to return has been attributed to a negative first experience.

Recognizing this, the BC Cancer Agency and BC Women’s Hospital and Health Centre have teamed together to develop this educational aid, and present what women and concerned health care providers suggest may help with the cervical cancer screening experience.

The BC College of Family Physicians has reviewed and endorsed the content and material of this educational aid.

After viewing this chapter, you will know:
- Some of women’s experiences and common misconceptions
- A brief history of cervical screening
- The importance of increasing women’s participation

Women share their experiences, questions and misconceptions.

LINDA, AGE 45: You mean like a Pap test. Oh, I go every year or so. My doctor sends out a reminder letter.

JACQLYN, AGE 65: I had a call a couple of years ago for me to take this test. No way. I am 65 years old now.

LINDA, AGE 45: I don’t mind it. I like to think of it as my time. We talk about my stuff, not the kids’ or Herold’s. I always learn something, and it’s kind of cool to do something like this for my own health.

RAEANNE, AGE 18: My mom sent me to the nurse at the clinic. And it was kind of weird but OK. It didn’t hurt and she explained everything real well. And I got to see my cervix and everything.
**Women respond positively to an invitation to have cervical screening.**

**Women are interested in learning about their bodies.**

TANIA, AGE 38: Well, to have the screening you need to have a doctor. I had my last one done with a midwife when I had my daughter. Now I don’t have a doctor, and I don’t want to see a different one every time I go to the walk-in clinic. So I’m really confused – who offers the screening?

<table>
<thead>
<tr>
<th>In British Columbia, cervical screening tests are performed by:</th>
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<tbody>
<tr>
<td>- Family physicians</td>
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<tr>
<td>- Obstetricians and gynecologists</td>
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<tr>
<td>- Nurse practitioners</td>
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<tr>
<td>- Registered nurses with additional competencies</td>
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<tr>
<td>- Midwives</td>
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<tr>
<td>- Naturopathic doctors</td>
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JACQLYN, AGE 65: The last couple of times it really hurt. And it’s so cold. The gown doesn’t fit, and everything is so awkward. Now I’ve had my hip re-done. Personally, I don’t think I need it anymore.

LINDA, AGE 45: My sister though, she stopped having them when she and her husband split up. She says she doesn’t need it anymore because whether you need one or not is related to whether you’re having sex or not, and she isn’t so she doesn’t need one. Is that right?

RAEANNE, AGE 18: Some of my friends had the vaccine and they don’t need to get any pelvic exams done unless they get a disease or something.

**Women should have screening until age 69, unless she had a total hysterectomy (both the uterus and cervix were removed).**

**Women should continue to have screening after HPV vaccination.**

NARRATOR: One of the major success stories in disease prevention is the benefit derived from cervical cancer screening programs. Ample evidence shows the decrease in the incidence and mortality of cervical cancer is greatest in those countries where screening programs are established.

In many countries where effective cervical screening is not available, the incidence rate of cervical cancer is high. About 83 per cent of cases occur in developing countries.

The Cervical Cancer Screening Program of the BC Cancer Agency was the first population-based program in the world to screen for cervical cancer.

Since the program was established in the early 1960s, it has successfully reduced the incidence and mortality of cervical cancer in BC by more than 70 per cent.
A Women-Centered Approach to Cervical Cancer Screening
Educational Video for Health Professionals

TRANSCRIPT

Because of screening programs, deaths from cervical cancer are relatively rare in BC and Canada today. Cervical cancer screening not only prevents the loss of a woman’s life. It also prevents the morbidity and costs of treating advanced disease. For many women, fertility can be preserved when it otherwise might be lost.

The burden of this illness is high. In fact, cancer of the cervix is the second most common cancer among women worldwide. Cervical cancer is also the second most common cancer among women between the ages of 15 and 44 years.

Despite the availability of screening programs in Canada and the progress made, approximately 1,300 Canadian women are diagnosed with cervical cancer each year.

Maintaining and further decreasing the incidence of cervical cancer through screening depends on four related factors:
- Women’s participation
- Sample quality
- Laboratory performance
- Adequate management and treatment of abnormalities

NARRATOR: Many women diagnosed with cervical cancer in BC have not had a recent screening test. In 2006, about 70 per cent of women diagnosed with invasive squamous cell cervical cancer had not had screening in the three years prior.

Data from the Cervical Cancer Screening Program reveals that participation by women has plateaued over the past 10 years and is holding steady.

Efforts to encourage women to start cervical screening and increase the retention of women in the program are ongoing and involve:
- The BC Cancer Agency
- Health care providers
- Health authorities
- Women’s groups
CHAPTER 2: FOCUS ON THE CERVIX (4:13)

After viewing this chapter, you will know:

- The anatomy of the female lower genital tract
- The site of sample collection for cervical cytology
- Transformation zone changes with age and other factors
- The natural history of HPV
- The risk factors for HPV
- The risk factors for cervical cancer

NARRATOR: Obtaining a high-quality sample for the laboratory is essential to decrease the risk of missing an abnormality. This requires knowledge and understanding of the anatomy the lower genital tract.

In general, the area at greatest risk for malignancy is where the squamous cells meet the columnar cells. The clinician should sample this junction – the transformation zone – when obtaining cervical cytology in every woman.

The transformation zone varies with the woman’s age, hormonal status, any previous surgery or trauma and parity. Understanding this will help clinicians obtain a good quality cervical sample.

Before puberty the cervix is covered in columnar cells and the transformation zone is not visible. Generally, the transformation zone will be visible on the ectocervix in women who are of reproductive age. By the post menopause years, for most women the transformation zone has receded up the endocervical canal, and the os has narrowed or atrophied. This can make it challenging to obtain cells from the correct area.

Human Papillomavirus (HPV) and Cervical Cancer

NARRATOR: The Human Papillomavirus – or HPV – is the most common sexually transmitted infection. The link between HPV and cervical cancer has been proven. Nearly all cervical cancers are associated with persistent infection with one of the high risk HPV types.

There are more than 100 types of HPV. About 40 infect the genital area. Some types of genital HPV can cause genital warts and about 15 others can cause cervical cancer. HPV Types 16 and 18 are responsible for about 70 per cent of all cervical cancer cases worldwide. These are the types we currently are able to vaccinate against. However, women who were vaccinated will still require cervical cancer screening.

Genital HPV infection is extremely common in young sexually active men and women. Within three years of the onset of sexual activity, most are exposed to one of the types of HPV.
Risk of acquiring HPV is increased with:
- Multiple partners
- Partners who have multiple partners
- Early age at first intercourse
- Coinfection with herpes, chlamydia and HIV
- Lack of a barrier method of contraception

NARRATOR: Most HPV infections – even the high risk types – are transient and have no symptoms. Essentially, our immune system over time contains the virus. Having HPV is not the only factor in determining which women develop cancer of the cervix.

The independent risk factors for the development of cervical cancer are:
- Smoking tobacco
- Immunosuppression

NARRATOR: Approximately 80 per cent of women clear the HPV virus within six months, although it may take longer for the high-risk types.

Cervical cancer generally takes years to develop and goes through several stages of abnormality. Results are reported by the Cervical Cancer Screening Program according to the abnormality stages identified.

The Cervical Cancer Screening Program provides results and recommendations.

Clinicians are responsible for following up with women and maintaining a recall system.
CHAPTER 3: FOCUS ON TECHNIQUE (4:53)

After viewing this chapter, you will know:
- The equipment needed for a pelvic exam
- Use of lubricant for cervical screening
- How to complete a gynecological cytology requisition form
- The cytology equipment for conventional Pap smears
- Sample collection with a spatula and cytobrush
- How to prepare a satisfactory sample for the lab

NARRATOR: A good examination table is essential to every practice, whether in a clinic or private office. If possible, obtain an exam table that can suit the wide diversity of your patients. At minimum, an exam table should have an adjustable head of bed and a split to ensure comfortable speculum insertion.

Both types of speculums – metal or plastic – will require a good quality external exam light. Plastic speculums also require internal illuminators.

Speculums may be either disposable plastic or reusable metal. Each type has advantages and disadvantages. Basically, you must be familiar with the instrument you choose to avoid discomfort for the woman.

If metal speculums are used, they require sterilization between women, and warming and lubricating before each use.

The final equipment for a pelvic exam are gloves and lubricating gel.

If lubricant is needed to assist insertion of the speculum:
- Use lubricants that do not contain carbomers
- Carbomers tend to promote coagulation of inflammation cells and bacteria, which obscures epithelial cells and renders the test unsatisfactory for interpretation.

Examples of lubricants that do not contain carbomers:
- K-Y Lubricating Jelly®
- Surgilube®
- Astroglide®
- Crystelle®

NARRATOR: To process the sample, the lab requires the woman’s current surname and preferably all previous surnames. The woman’s Personal Health Number (or band number) and date of birth must be present.

To ensure delivery of the results, the lab requires:
- Your name and provider code
- The name of the clinic or practitioner who will be responsible for follow up, if this will be different from the practitioner who took the sample
NARRATOR: The hysterectomy section is for total hysterectomy, when both the uterus and cervix were removed. If the woman had a subtotal hysterectomy and the cervix remains, leave this section blank.

To ensure the best evaluation of the sample, the lab requires the date of the woman’s last menstrual period, any relevant clinical history and past history.

Cytology equipment for conventional Pap smears includes a slide, a lead pencil, fixative, a spatula or cytobrush, a long cotton swab, a requisition and a container for transporting the slide to the lab.

Use a lead pencil to write the woman’s surname on the frosted end of the slide. Don’t use a pen as it will wash off when the slide is processed. Your writing must be legible. Her name must be spelled correctly and it must match the name on the requisition.

Locate the transformation zone – the squamocolumnar junction. If the squamocolumnar junction is visible, sample with a spatula. Rotate the spatula 360 degrees once to collect the sample.

If the squamocolumnar junction is in the canal, sample with a cytobrush.

Indicate on the requisition whether you used a spatula or cytobrush or both to collect the sample.

If the squamocolumnar junction is visible, rotate the spatula 360 degrees once to collect the sample.

First use a spatula to collect the exocervical sample. Then use the cytobrush to collect the endocervical sample. Rotate the cytobrush 180 degrees only.

Smear the sample onto the slide. When sampling is taken from two sites, such as the cervix and endocervix, smear the samples on a single slide, side-by-side lengthwise. Two slides are not necessary and are an added expense.

Fixation is necessary on all Pap smears to preserve the cellular features needed for cytomorphologic interpretation.

The lab may consider the sample unsatisfactory if too few cells are present on the slide or the smear is too thick.
The following supplies are available free of charge from the BC Cancer Agency:
- Requisitions
- Spatulas
- Glass slides
- Blue mailing containers

Visit [www.bccancer.bc.ca/cervicalscreening](http://www.bccancer.bc.ca/cervicalscreening) for:
- The gynecological cytology supply order form
- The contact information for the lab
CHAPTER 4: FOCUS ON THE EXAM (7:04)

After viewing this chapter, you will know:
- How to perform a pelvic exam, external genital exam and speculum exam
- How to perform a bimanual exam
- Approaches for improving women’s comfort

DR. NORMAN: Claire – so you’re here today for your breast exam and your cancer screening test.

NARRATOR: Through the years, women have told health care providers what would help them be more comfortable with pelvic exams. In turn, this would make it more likely they would present for cervical screening according to the guidelines. The following section is meant to illuminate these suggestions.

DR. NORMAN: And things have been normal with your periods?

CLAIRE: Same as always.

All women who have had heterosexual or same-sex relationships need regular cervical screening.

Clinicians need to discuss the need for cervical screening with women who have never had penetrative intercourse.

NARRATOR: Women suggest that if possible, they prefer to be greeted when dressed. Take her history before the exam, not during. If a woman is actively menstruating it is best to delay her screening until after her period. If it is the woman’s first experience with cervical screening, explain the process and let her touch the sampling equipment.

DR. NORMAN: So it just opens a little bit inside, and with that we are able to see the bit of the cervix at the end and make sure everything is looking healthy inside.

NARRATOR: Encourage bladder emptying before the exam and provide privacy. Most women prefer to keep covered throughout the exam. And offer a chaperone, if possible.

DR. NORMAN: I’ll be outside and I’ll come back in a moment or so. Just take everything off from the waist down, sit up on the bed and put the drape over. Then I’ll be back.

NARRATOR: Women have noted that health care providers don’t seem to wash their hands very much. Wash your hands in front of her or use a hand sanitizer.

DR. NORMAN: So here we are, Claire. We’re ready for your pelvic exam. How are you feeling?

CLAIRE: I’m feeling good.
DR. NORMAN: Good. The first thing we'll get you to do is move down the bed, if you can, until you feel the back of my hand.

NARRATOR: Ensure the woman’s comfort. Have a pillow available and elevate the head of the table – up to 45 degrees is OK. The drape should be folded back in the centre so that you avoid creating a tent effect where direct eye contact cannot be made with the woman.

DR. NORMAN: And we’re going to get you to bring that sheet back now, so that it’s right at the top. There we are.

NARRATOR: It is important the woman positions herself at the edge or slightly over the edge of the table. This prevents the handle of the speculum from hitting the table and not opening appropriately.

DR. NORMAN: We’re ready to do your pelvic exam now.

Ensure all equipment is within reach and working.

CLAIRE: Yes, go ahead.

NARRATOR: Ask for permission to begin and establish eye contact.

The first physical contact should not be directly at or near the genitals. Inform the woman what steps will happen before they occur. Remember to talk before you touch.

DR. NORMAN: I’m going to give you a mirror to hold there. And if you’d like to, you can follow along and see what we’re doing.

NARRATOR: Many women do not ever look at their vulvas.

CLAIRE: Wow.

NARRATOR: This is an opportunity to teach women about themselves and also screen for other disease conditions.

DR. NORMAN: Everything looks healthy and normal.

NARRATOR: Prior to inserting the speculum, many clinicians prefer to locate the cervix with their finger. This prevents unnecessary movement of the speculum.

DR. NORMAN: You may feel that as a bit of a twinge. Did you feel that there?

CLAIRE: Yeah.

A digital exam also allows palpation of the vaginal walls to rule out any:
- Nodules
- Ulcers
- Thickening
A Women-Centered Approach to Cervical Cancer Screening
Educational Video for Health Professionals

TRANSCRIPT

NARRATOR: Do not palpate the cervix – just locate it. Palpating too vigorously can remove the external most cells, the cells you wish to capture for cytology.

Language is extremely important during a pelvic exam. Avoid any language that could potentially be upsetting to women. Women have also said they are often told ‘everything is nice’ or ‘everything is fine’, and they are unclear what that means. Women want to hear they are healthy and normal.

Women’s vulvar anatomy differs so you may not need to separate the labia on all women.

DR. NORMAN: And this is the speculum entering in, similar to the way my finger felt. Is that alright for you?

CLAIRE: Yeah.

NARRATOR: The speculum should be held so the bills remain closed. This reduces any chance of pinching the vaginal walls. You can put lubricant on the lower bill if needed, which is common in older women.

The bills should be inserted horizontally or slightly angled but not vertically. The pressure and angle are directed back towards the sacrum.

It is not unusual for the cervix to be covered with mucus or exudates. Clean this off gently with a cotton swab.

Collect the sample using the current procedure.

If a woman presents with abnormal bleeding or spotting, it may be best to take the sample, as rebooking may not be possible. Abnormal bleeding or spotting should be investigated, even if the cytology result is negative. Also, if you see an abnormality, refer the woman to the appropriate resource for follow up right away, instead of waiting for the cytology results.

Removing the speculum is an opportunity to visualize the vaginal walls. Maintain the posterior angle and pressure to minimize any pinching or pressure on the urethra.

The bimanual exam is sometimes done after the speculum exam to rule out:
- Cervical motion tenderness
- Abnormalities in uterus or in adnexa

Two fingers are placed under the cervix. The cervix is gently moved laterally. The fingers stabilize the cervix and the abdominal hand palpates the shape and size of the uterus. Any cervical motion tenderness or abnormalities should be followed up.
NARRATOR: As a clinician, you are responsible for result follow-up and recall. You will receive a reminder when your patients are overdue for screening, but most offices build in an automatic recall system. You will also receive a quality report each year so you can self-gauge how accurate you are with sample collection.

DR. NORMAN: And I'll come back, and if you have any questions, we'll talk more then.

Let the woman know:
- How she will receive her test result (normal or abnormal)
- When to return for regular screening

The Office Manual for Health Professionals contains:
- Current screening guidelines
- Management guidelines for women with screen-detected abnormalities

NARRATOR: The field of cervical cancer and screening is evolving. Please check the BC Cancer Agency website (www.bccancer.bc.ca/cervicalscreening) periodically for the most recent screening guidelines.
CHAPTER 5: FOCUS ON WOMEN (10:40)

After viewing this chapter, you will know:

- Suggestions from women to make cervical screening more comfortable
- Strategies from health care providers for dealing with difficult situations

NARRATOR: Our goal is to increase women’s participation in screening, both by encouraging women to have their first exam and to return in a timely manner for re-screening and follow-up tests.

The following group explores ways of helping women feel more comfortable with cervical cancer screening.

LINDA, AGE 45: Well, if she’d told me what she was doing before she did it. I just saw that metal thing and freaked. I couldn’t believe that whole thing was going in me. I was just shaking with fear.

RAEANNE, AGE 18: I really liked that my nurse went through it before with me. And she showed me how little of the speculum actually goes into me. I think having a mirror there to show you what they are seeing and doing can help some teens, although I suppose some don’t want to so you need to be sensitive about that.

JACQLYN, AGE 65: Did you know that you can have someone with you? You couldn’t when I first started pelvics, but you sure can now. In fact lots of women it really helps, especially for their first pelvic.

LINDA, AGE 45: I’d like to know where the bathroom is. And, another thing…I’d like to be asked questions when I am dressed, not while she’s between my legs.

JACQLYN, AGE 65: I’d like it if my doctor would look at me when asking questions about reproduction and sex.

TANIA, AGE 38: Having a pelvic exam and cervical screening is such a healthy thing to do for you and your family.

LINDA, AGE 45: It’s a good thing. Plus, I like that it’s my time to talk about my periods and what’s happening with them. And breast cancer screening too.

Health care providers’ group discussion

LENORE RIDDELL, NP: Health care providers have identified a number of difficult situations that can affect a women’s experience of a pelvic exam. Sometimes these situations can even impact the specimen that’s received in the laboratory, or may make a difference as to whether she returns for a second test. Today we have a group of health care providers who are going to give you a few hints and tips.
Hidden Cervix

DIANE MIDDAGH, NP: One of the things that I really worry about when I’m doing a speculum exam is causing pain. And when you can’t find a cervix, it can be really uncomfortable for women to dig around and move that speculum around too much.

Some of the reasons we can’t see the cervix could be dependent on:

- Where a woman is in her menstrual cycle
- Her body habitus
- How old she is
- Which direction her uterus is tilted

So in order to prevent moving that speculum around too much and causing lots of discomfort, I found that doing a one-finger digital exam to locate that cervix helps me to direct that speculum to just the right spot. So it decreases the amount of moving around.

Sometimes women’s uteruses are tilted so much that I ask them to put their hands underneath their buttocks to put themselves into a bit of a pelvic tilt. And then that way I’m better able to visualize that cervix with the speculum.

GRACE BRINKMAN, MIDWIFE: Sometimes I will put pressure on the mother’s perineum and have the woman relax that perennial muscle, and that will make the cervical exam easier.

History of Sexual Trauma

WENDY NORMAN, MD: One of the things that I’ve found most challenging is when the woman has revealed to me that she has had a history with some sexual trauma or a very negative sexual event. And this may come up from my knowledge of her before, or just before the exam starts. Or even as the exam is starting, I may notice that she is starting to dissociate, and maybe be very agitated. And in this case, I think it’s really important to just acknowledge for the woman that I’m quite sorry she’s had that experience. And I want to try and give her back control. Let her know that she’s in charge with her body and this exam. And that this isn’t going to be in any way an emulation of her past negative experience.

Screening by Male Clinicians

LENORE RIDDELL, NP: Women often say that they would prefer to have a female physician or female practitioner do this exam. However, the reality is that many of the health care providers are male and they are willing and trained to provide this test. How do you manage this in your practice?

GAREY MAZOWITA, MD: It helps if you have a relationship with your family doctor. That allows you to build trust and the confidence over a much longer period of time. But regardless, I think it behooves us all as family docs to make absolutely certain that we normalize cervical screening as an expectation, as part of routine health care. It’s one of those things that can be easy to avoid. And it can be easy for the doctor not to bring it up if the patient doesn’t bring it up. And vice versa even to some extent.
A Women-Centered Approach to Cervical Cancer Screening
Educational Video for Health Professionals

TRANSCRIPT

February 2010

There is nothing really more tragic that seeing somebody who does have advanced cervical cancer who wasn’t screened. And I think it’s fair to say most of us have encountered that unfortunately. So it’s just absolutely imperative that this is a part of routine health care.

We have to be professional about it. You want to respect privacy, both for gowing and dressing a the end. We have to explain what we’re doing before we do it. We have to invite women to have somebody to accompany them, that they feel comfortable with in the room. We have to make sure we use appropriate, professional language. We don’t want to use slang or euphemisms. Certainly we don’t want to sexualize, use any sexual terminology. And then we want to be sensitive to the actual mechanics of the exam. And when it’s done, we want to sit down and thank the woman for, really for allowing the privilege of doing this kind of examination. And hopefully reinforce that future behaviour, that the exam will occur again when appropriate.

Opportunistic Screening

LENORE RIDDELL, NP: Now Lerinda, I know that you do a lot of traveling around the province, with the Aboriginal communities in particular.

LERINDA SWAIN, RN: We do well-women clinics in rural areas where health care is sometimes very difficult. So it is a drop-in clinic. So women that come in, they can’t really coordinate their menstrual cycles with the screening. However, if they’re actively bleeding, I do understand that it’s difficult to get a good sample. If it’s on day one or on the last day, we’ll go ahead and take a sample.

Ideally I’d like to diagnose and treat vaginitis, but sometimes you might not see them for a year. In these situations, I do my best and I make note on the requisition. Now if it’s abnormal bleeding, post-coital or in between periods, I know I need to investigate further, even if the cytology reports are coming back negative.

Women with Disabilities or Reduced Mobility

LENORE RIDDELL, NP: Garey, do you have anything else that you’d like to add?

GAREY MAZOWITA, MD: Certainly if the woman is disabled or if there are mobility issues, you want to be able to adapt the environment. So it maybe, for example, necessary to put a drape between the woman and the surface of the table so that she’s able to slide more easily, so it will allow you to better do the cervical screening.

WENDY NORMAN, MD: There’s some times when stirrups are really not going to work for women. We sometimes see bedridden women, for example, where we might be going to the bed, and see what we can manage in their own setting to make the exam possible. So as Garey was saying, sometimes what it takes is creativity. And we’ll get maybe a family member or an assistant to be able to help hold certain body parts, so the that the woman can be positioned in a way that’s comfortable for her, and makes the exam possible for her cervical screening.
One of the places we see this of course is advanced pregnancy. And Grace, you’ll have run into women, where they just can’t lie on their right side, maybe not even on their back. So we’ll turn them right onto their left side, and they’ll be in a left-lateral position. And I’ll get an assistant to hold up one of her knees, in a way that’s comfortable, and then the cervical screening can take place in that way.

NARRATOR: If you absolutely can’t help someone move or abduct her legs, or she cannot hold her legs open herself, there are clinics with specialized beds. Please see the list of resources that accompanies this video for details.

A relatively recent issue is that of continuity of care. Ideally, women have a lasting relationship with their choice of health care provider for regular cervical cancer screening and their overall health. This isn’t the case as much any more.

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<th>Some groups of women are less likely to have screening:</th>
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<tr>
<td>- Women with disabilities</td>
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<tr>
<td>- Immigrant women</td>
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<td>- Lesbians</td>
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<td>- Aboriginal women</td>
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<td>- Women with low incomes</td>
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NARRATOR: Recent reviews by the BC Cancer Agency show that women during their reproductive years are most likely to have screening, but younger and older women may not, or not as often. All health care providers who should encourage regular cervical screening. Cervical cancer is highly preventable.
A Women-Centered Approach to Cervical Cancer Screening
Educational Video for Health Professionals

TRANSCRIPT

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Cervical photos courtesy of: www.beautifulcervix.com

TOTAL RUN TIME: 32:16