



# HEALTH FACT SHEETS

## Colorectal, cervical and breast cancer screening tests, 2024

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# Colorectal, cervical and breast cancer screening tests, 2024

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## Summary

New provincial data from the 2024 Canadian Community Health Survey (CCHS) show that:

- The proportion of those aged 50 to 74 who had a recent colorectal test increased from 2017 to 2024.
- The proportion of females aged 25 to 69 who had a recent cervical test decreased from 2017 to 2024.
- In 2024, a similar proportion of females aged 50 to 74 reported having a recent mammogram, compared to 2017.
- Differences in the proportion of those who have undergone colorectal, cervical or breast cancer tests exist by racialized group, immigrant status, Indigenous group and disability status.

## Background

Cancer remains the leading cause of death in Canada. In 2023, just over one quarter (26%) of deaths among residents of Canada were due to cancer.<sup>1</sup> Approximately two in five Canadians are expected to develop cancer during their lifetime.<sup>2</sup> As a result, cancer screening is important for early detection of disease, which can result in improved treatment outcomes.

This fact sheet provides an overview of proportions of Canadians who have undergone tests commonly used for early detection of colorectal, cervical and breast cancer among people living in the ten provinces. It also examines differences by various groups, such as by sex, age, province, area type, racialized group, immigrant status, Indigenous group and disability status.

## Colorectal cancer

Colorectal cancer is the third most common type of cancer in Canada. Fecal occult blood testing (FOBT), a Fecal Immunochemical Test (FIT), or flexible sigmoidoscopy are tests often used to screen for colorectal cancer. These tests are offered to those aged 50-74 in many provinces, but guidelines vary by province and have changed over time. Given that this analysis does not cover those who have had a colonoscopy, there may be an undercounting of the proportion of Canadians who have undergone screening for colorectal cancer.

- In 2024, 49% of those aged 50-74 living in the ten provinces reported having a fecal test within the past two years or a sigmoidoscopy within the past 10 years, which was higher than in 2017 (43%) (Table 1) which was the last reference year that CCHS cancer screening content was asked to all provinces.
- In 2024, 53% of those aged 60-74 reported having a recent colorectal test (i.e., a fecal test within the past two years or a sigmoidoscopy within the past 10 years), which was higher than those aged 50-59 (44%).

At the provincial level, among those aged 50-74, a higher proportion of those living in British Columbia (53%), Nova Scotia (57%), Alberta (60%) and Saskatchewan (68%) reported having a recent colorectal test compared with the national average (49%). On the other hand, a lower proportion of those living in Newfoundland and Labrador (30%), Prince Edward Island (35%), New Brunswick (35%) and Ontario (45%) reported having had a recent colorectal test. Furthermore, about half (50%) of people living in rural areas in Canada reported having a recent test, which was similar to people living in urban areas (49%).

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A similar proportion of recent (54%) and established (49%) immigrants reported having a recent test when compared to the Canadian-born population (49%).

In 2024, among those aged 50-74, a similar proportion of First Nations people living off reserve (47%) and Métis (52%) reported having a recent colorectal test when compared to the non-Indigenous population (49%).

Among people who identified as a person with a disability, 49% reported having had a recent colorectal test, which was the same as those without a disability (49%).

In 2024, of the 49% of adults aged 50-74 who reported having a recent colorectal test, via either a recent fecal occult blood test or a recent sigmoidoscopy, the vast majority (97%) reported having a fecal test. Several reasons for not having a recent fecal test were reported by people aged 50-74. In 2024, 31% of people reported that the reason they did not have a recent fecal test was because their health care provider did not think it was necessary and/or never brought it up. Furthermore, 26% of people reported the reason was that they did not think it was necessary, 23% of people reported the reason was that they had a colonoscopy or a sigmoidoscopy instead of a fecal test, and 7% reported that the reason was because they didn't have a regular health care provider.

**Table 1**  
Had a fecal test within the past 2 years or a sigmoidoscopy within the past 10 years, ages 50-74, Canada excluding the territories, 2024

	2017			2024		
	Had a recent fecal test (past 2 years) or a sigmoidoscopy (past 10 years)	95% confidence interval		Had a recent fecal test (past 2 years) or a sigmoidoscopy (past 10 years)	95% confidence interval	
		Lower limit	Upper limit		Lower limit	Upper limit
	percentage					
Canada Total (excluding territories)	43.4	42.4	44.4	49.0*	48.0	50.1
<b>Sex</b>						
Male	42.5	41.0	43.9	49.4*	47.9	50.9
Female	44.3	42.8	45.7	48.7*	47.2	50.2
<b>Age group</b>						
50 to 59 years	38.5	36.8	40.2	43.7*	41.8	45.6
60 to 74 years	47.7	46.4	49.0	52.5*	51.2	53.7
<b>Province</b>						
Newfoundland and Labrador	27.2	22.7	31.6	29.7	24.7	34.6
Prince Edward Island	38.8	33.1	44.6	35.2	27.6	42.8
Nova Scotia	48.2	44.3	52.1	56.5*	52.9	60.1
New Brunswick	32.8	28.3	37.2	35.2	30.9	39.6
Quebec	40.4	38.4	42.3	48.6*	46.5	50.6
Ontario	39.4	37.4	41.4	44.9*	42.9	46.9
Manitoba	53.0	48.1	57.9	50.1	46.2	53.9
Saskatchewan	58.2	53.7	62.8	67.9*	63.9	72.0
Alberta	54.8	51.9	57.6	59.9*	57.0	62.7
British Columbia	49.6	47.0	52.3	52.8	50.0	55.5
<b>Area type<sup>1</sup></b>						
Urban (Population Centre)	43.3	42.0	44.5	48.8*	47.6	50.1
Rural area	43.9	42.0	45.7	49.8*	47.9	51.7

\* significantly different from previous reference period ( $p < 0.05$ )

1. Population centres are those continuously built-up areas having a population concentration of 1,000 or more, and a population density of 400 or more per square kilometre based on Census population counts. Rural areas are areas with a population concentration of less than 1,000.

Source: Canadian Community Health Survey 2024.



## Cervical cancer

Cervical cancer is the fourth most common cancer in women globally.<sup>3</sup> Pap smear tests are used to look for abnormal cells in the cervix which can help detect cervical cancer.

- In 2024, 69% of females aged 25 to 69, living in the provinces, reported having a Pap smear test within the past three years, which was lower than in 2017 (74%) (Table 2).
- Differences in Pap smear participation exist between age groups. In 2024, among females aged 50 to 69, 64% reported having a recent Pap smear test, which was lower than females aged 25 to 34 (70%) and those aged 35 to 49 (75%).

In 2024, among females aged 25-69, a lower proportion of females living in Prince Edward Island (60%), Nova Scotia (62%), Quebec (63%) and British Columbia (66%) reported having a recent Pap smear test, compared to the national average (69%). Note that some provinces have either transitioned to, or are in the process of transitioning to human papillomavirus (HPV) tests for regular cervical cancer screening (see HPV Testing section below). Furthermore, a higher proportion of females aged 25-69 living in Ontario (71%), Saskatchewan (75%) and Alberta (75%) reported having a recent Pap smear test compared to the national average (69%). Among females living in rural areas in Canada, 68% reported having a recent Pap smear test, which was similar to females living in urban areas (69%).

Pap smear participation rates also differed by racialized group and immigrant status (Table 4). In 2024, a lower proportion of Arab (49%), South Asian (55%) and Chinese (63%) females aged 25-69 reported having a recent Pap smear test when compared to non-racialized, non-Indigenous females (71%). Furthermore, a lower proportion of non-permanent residents (46%) and established immigrants (65%) reported having a recent Pap test compared with Canadian-born females (71%).

Meanwhile, 70% of First Nations females living off reserve and 71% of Métis females reported having had a recent Pap test, which was similar to the non-Indigenous population (69%).

Among females who identified as a person with a disability, 58% reported having had a recent Pap smear test, which was lower than those without a disability (70%).

Several different reasons were reported for not having a recent Pap smear test. In 2024, 26% of females reported that the reason they did not have a recent test was because they did not think it was necessary. Furthermore, 25% of females reported that the reason was because their health care provider did not think it was necessary or never brought it up. Other reasons for not getting a recent Pap smear test were because the female reported not having the time to get a test (13%), did not have a regular health care provider (13%) or had feelings of fear or discomfort (11%).

## HPV Testing

Human papillomavirus (HPV) is the primary cause of cervical cancer.<sup>4</sup> HPV tests are able to detect high-risk types of HPV in cervical cells, and can be done less frequently when compared to Pap tests. In Canada, HPV tests are increasingly replacing Pap tests. In 2023, Prince Edward Island became the first province to replace Pap tests with HPV tests for regular cervical cancer screening, and other provinces/territories have either switched or are in the process of transitioning to HPV tests as the primary cervical cancer screening test.

- In 2024, 33% of females aged 25-69, living in the provinces, reported having an HPV test in their lifetime. Among those aged 25-49, 39% reported having an HPV test, which was higher than those aged 50-69 (14%).
- In 2024, 39% of females aged 25-69 living in Quebec reported having an HPV test in their lifetime, which was higher than the national average (33%). A lower proportion of females aged 25-69 living in Nova Scotia (27%) and Ontario (31%) reported having an HPV test compared to the national average (33%), and no other statistically significant differences were observed when comparing rates among the other provinces to the national average.



**Table 2**  
**Had a Pap smear test within the past 3 years, females aged 25-69, Canada excluding the territories, 2024**

	2017			2024		
	Had a recent Pap smear test (past 3 years)	95% confidence interval		Had a recent Pap smear test (past 3 years)	95% confidence interval	
Lower limit		Upper limit	Lower limit		Upper limit	
	percentage					
Canada Total (excluding territories)	74.0	73.1	75.0	68.7*	67.5	69.9
<b>Age group</b>						
25 to 34 years	79.2	77.1	81.3	69.6*	66.7	72.5
35 to 49 years	79.4	77.8	81.1	74.7*	72.8	76.6
50 to 69 years	67.3	65.8	68.7	63.4*	61.8	65.1
<b>Province</b>						
Newfoundland and Labrador	78.5	74.5	82.5	67.7*	62.1	73.3
Prince Edward Island	69.4	63.8	75.0	60.4	51.5	69.4
Nova Scotia	75.7	72.0	79.5	61.8*	57.7	65.9
New Brunswick	76.0	71.7	80.3	64.5*	59.4	69.6
Quebec	67.6	65.6	69.7	63.4*	61.1	65.8
Ontario	75.3	73.5	77.1	71.0*	68.7	73.3
Manitoba	81.7	78.3	85.2	72.6*	68.1	77.1
Saskatchewan	78.8	75.2	82.4	74.5	70.4	78.6
Alberta	80.2	78.1	82.3	74.9*	72.1	77.6
British Columbia	72.2	69.5	74.8	65.5*	62.6	68.4
<b>Area type<sup>1</sup></b>						
Urban (Population Centre)	74.7	73.5	75.8	69.0*	67.6	70.3
Rural area	71.2	69.3	73.1	67.6*	65.4	69.7

\* significantly different from previous reference period ( $p < 0.05$ )

1. Population centres are those continuously built-up areas having a population concentration of 1,000 or more, and a population density of 400 or more per square kilometre based on Census population counts. Rural areas are areas with a population concentration of less than 1,000.

Source: Canadian Community Health Survey 2024.

## Breast cancer

Breast cancer is the most common type of cancer among women in Canada. It is recommended that women aged 50 to 74, who are at average or moderately increased risk of breast cancer, screen for breast cancer by having a routine mammogram every two to three years.

- In 2024, 79% of females aged 50 to 74, living in the provinces, reported having a mammogram within the past three years, which was similar to 2017 (78%) (Table 3).

Differences in mammogram participation among females aged 50 to 74 exist between the provinces. In 2024, 84% of females living in Alberta and 81% of females living in Ontario reported having a recent mammogram, which was higher than the national average (79%). On the other hand, a lower proportion of females living in British Columbia (73%), Manitoba (72%), New Brunswick (68%), Nova Scotia (67%) and Prince Edward Island (67%) reported having a recent mammogram compared to the national average (79%). No differences were observed between mammogram participation among females living in urban areas (79%) and rural areas (79%).

- In 2024, 32% of females reported that the reason they did not have a mammogram within the past three years was because they did not think it was necessary.

Furthermore, 20% of females reported that the reason was because their health care provider did not think a mammogram was necessary or never brought it up, 12% reported the reason was because of feelings of fear or discomfort, and 12% reported the reason for not having a recent mammogram was because they did not have a health care provider.

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No statistically significant differences were observed in mammogram participation between the immigrant population and the Canadian-born population (Table 4). Among First Nations females aged 50 to 74 living off reserve, 71% reported having a recent mammogram, which was lower than non-Indigenous females (79%). Among Métis females, 77% reported having a recent mammogram, which was similar to non-Indigenous females (79%).

In 2024, among females aged 50-74 who identified as a person with a disability, 71% reported having had a recent mammogram, which was lower than those without a disability (80%).

**Table 3**  
Had a mammogram within the past 3 years, females aged 50-74, Canada excluding the territories, 2024

	2017						2024					
	Had a recent mammogram (past 3 years), age 40-49	95% confidence interval		Had a recent mammogram (past 3 years), age 50-74	95% confidence interval		Had a recent mammogram (past 3 years), age 40-49	95% confidence interval		Had a recent mammogram (past 3 years), age 50-74	95% confidence interval	
		Lower limit	Upper limit		Lower limit	Upper limit		Lower limit	Upper limit		Lower limit	Upper limit
	percentage											
Canada Total (excluding territories)	36.1	33.7	38.5	78.5	77.2	79.7	33.6	31.2	35.9	78.5	77.4	79.7
<b>Province</b>												
Newfoundland and Labrador	56.4	45.8	66.9	75.9	70.3	81.5	45.6 <sup>E</sup>	32.0 <sup>E</sup>	59.2 <sup>E</sup>	71.9	64.8	79.1
Prince Edward Island	47.1 <sup>E</sup>	31.8 <sup>E</sup>	62.5 <sup>E</sup>	70.1	63.0	77.2	F	F	F	66.5	56.8	76.1
Nova Scotia	50.2	39.9	60.5	73.4	68.5	78.2	49.4	39.7	59.1	67.4	62.3	72.5
New Brunswick	28.6	18.8	38.5	83.3	78.5	88.1	22.9	14.6	31.3	67.7*	61.4	74.0
Quebec	26.9	22.2	31.7	80.9	78.4	83.4	23.4	19.1	27.7	79.4	77.0	81.9
Ontario	32.1	27.5	36.6	79.4	77.1	81.7	29.9	25.4	34.4	81.2	79.0	83.4
Manitoba	26.1	16.2	36.0	72.3	66.5	78.2	17.9	9.1	26.6	71.8	66.7	76.8
Saskatchewan	35.9	25.4	46.4	80.1	75.5	84.7	24.2	15.6	32.9	77.7	72.8	82.5
Alberta	50.1	43.8	56.3	80.4	77.4	83.3	51.0	44.7	57.3	83.7	81.2	86.1
British Columbia	47.3	41.5	53.2	72.3	69.0	75.5	45.1	38.3	51.9	72.9	69.6	76.2
<b>Area type<sup>1</sup></b>												
Urban (Population Centre)	37.0	34.2	39.9	78.3	76.8	79.8	33.8	31.2	36.4	78.5	77.2	79.9
Rural area	31.3	26.9	35.8	79.1	77.3	81.0	31.7	26.5	37.0	78.6	76.5	80.6

<sup>E</sup> use with caution

F too unreliable to be published

\* significantly different from previous reference period ( $p < 0.05$ )

1. Population centres are those continuously built-up areas having a population concentration of 1,000 or more, and a population density of 400 or more per square kilometre based on Census population counts. Rural areas are areas with a population concentration of less than 1,000.

Source: Canadian Community Health Survey 2024.



**Table 4**  
**Had a recent colorectal test, Pap smear test or mammogram, by population group, Canada, excluding the territories, 2024**

	Had a recent fecal test (past 2 years) or a sigmoidoscopy (past 10 years), age 50-74	95% confidence interval		Had a recent Pap smear test (past 3 years), age 25-69	95% confidence interval		Had a recent mammogram (past 3 years), age 50-74	95% confidence interval	
		Lower limit	Upper limit		Lower limit	Upper limit		Lower limit	Upper limit
Canada Total (excluding territories)	49.1	45.9	52.3	68.7	67.5	69.9	78.5	77.4	79.7
<b>Racialized population</b>									
Racialized population	49.2	46.0	52.4	62.7*	59.6	65.8	77.3	73.5	81.1
South Asian	47.5	39.8	55.1	54.6*	47.3	61.9	69.4	58.0	80.8
Chinese	52.4	45.4	59.3	62.5*	56.4	68.6	75.5	67.6	83.4
Black	46.9	38.2	55.7	66.6	59.3	74.0	79.7	70.7	88.7
Filipino	56.2	47.2	65.3	66.8	58.3	75.3	82.8	74.0	91.5
Latin American	41.6	30.3	52.9	77.2	69.7	84.7	82.4 <sup>E</sup>	72.1 <sup>E</sup>	92.7 <sup>E</sup>
Arab	36.7*	25.1	48.3	49.2*	37.8	60.6	F	F	F
Southeast Asian	53.7 <sup>E</sup>	37.4 <sup>E</sup>	70.1 <sup>E</sup>	59.7	47.3	72.1	F	F	F
West Asian	45.8 <sup>E</sup>	30.3 <sup>E</sup>	61.3	66.0 <sup>E</sup>	50.3 <sup>E</sup>	81.7 <sup>E</sup>	90.6 <sup>E*</sup>	81.6 <sup>E</sup>	99.7 <sup>E</sup>
Korean	56.1 <sup>E</sup>	39.0 <sup>E</sup>	73.3 <sup>E</sup>	69.9 <sup>E</sup>	54.6 <sup>E</sup>	85.2 <sup>E</sup>	F	F	F
Japanese	61.3 <sup>E</sup>	45.0 <sup>E</sup>	77.5 <sup>E</sup>	82.4 <sup>E</sup>	69.7 <sup>E</sup>	95.1 <sup>E</sup>	F	F	F
Visible minority not indicated elsewhere/multiple visible minorities	F	F	F	80.0 <sup>E</sup>	69.6 <sup>E</sup>	90.3 <sup>E</sup>	F	F	F
Non-racialized population (Reference category)	49.2	48.1	50.3	71.3	70.1	72.5	79.0	77.7	80.2
<b>Immigration status</b>									
Immigrants <sup>1</sup>	48.7	46.2	51.2	65.0*	62.3	67.6	78.3	75.5	81.2
Immigrated less than 10 years ago	53.6	42.4	64.8	66.7	61.9	71.5	64.2 <sup>E</sup>	47.2 <sup>E</sup>	81.1 <sup>E</sup>
Immigrated 10 years ago or more	48.6	46.0	51.1	64.8*	61.5	68.0	79.1	76.1	82.1
Non-permanent residents	F	F	F	46.1*	35.5	56.6	F	F	F
Canadian-born (Reference category)	49.3	48.2	50.3	71.1	69.9	72.4	78.7	77.4	79.9
<b>Indigenous identity</b>									
Indigenous people <sup>2</sup>	49.9	45.9	53.8	70.5	66.6	74.3	73.0*	68.6	77.5
First Nations people living off reserve	46.8	40.1	53.4	69.7	63.8	75.7	70.8*	63.6	78.1
Métis	52.1	47.1	57.1	70.6	65.3	75.8	76.5	71.0	82.0
Inuit	F	F	F	F	F	F	F	F	F
Non-Indigenous (Reference category)	49.1	48.0	50.2	68.7	67.5	70.0	78.6	77.4	79.8
<b>Disability<sup>3</sup></b>									
Identifies as a person with a disability	48.5	45.7	51.2	57.9*	54.5	61.3	71.1*	67.8	74.4
Does not identify as a person with a disability (Reference category)	49.1	48.0	50.3	69.8	68.5	71.1	79.5	78.3	80.8

<sup>E</sup> use with caution

F too unreliable to be published

\* significantly different from reference category ( $p < 0.05$ )

1. The 'Immigrated less than 10 years ago' and 'Immigrated 10 years ago or more' categories exclude non-permanent residents.

2. The Indigenous population includes First Nations people living off reserve, Métis and Inuit outside of Inuit Nunangat. Indigenous status is based on the self-reported answer to "Are you First Nations, Métis or Inuk (Inuit)? First Nations (North American Indian) includes Status and Non-Status Indians."

3. A person with a disability is a person who has a long-term difficulty or condition, such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related impairments, that limit their daily activities inside or outside the home such as at school, work, or in the community in general.

Source: Canadian Community Health Survey 2024.

## Data

The data used are from the 2024 annual cycle of the Canadian Community Health Survey, which covers respondents living in the provinces. Data were collected from January 2, 2024 to December 31, 2024. Territorial data were not included in this analysis, given that the coverage of the Canadian Community Health Survey (CCHS) in 2024 does not represent the entire population of the territories. This analysis includes only non-proxy respondents.

In this release, a colorectal test includes a fecal occult blood test (FOBT) as well as a sigmoidoscopy. An FOBT, which is simply referred to as a fecal test in this release, includes the Guaiac-based Fecal Occult Blood Test (gFOBT) as well as a Fecal Immunochemical Test (FIT).



Respondents could select multiple reasons as to why they did not have a recent fecal test, Pap smear test, or mammogram.

In this release, data on “racialized groups” are measured with the “visible minority” variable. The “non-racialized group” is measured with the category “Not a visible minority” of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group. “Visible minority” refers to whether or not a person belongs to one of the visible minority groups defined by the *Employment Equity Act*. The *Employment Equity Act* defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

In this release, “recent immigrants” refers to those who were admitted into Canada permanently less than 10 years before the survey was conducted. Established immigrants refers to those who were admitted into Canada permanently 10 or more years before the survey was conducted. Immigrants who have obtained Canadian citizenship by naturalization are included in this group. Non-permanent residents are those who are from another country with a usual place of residence in Canada and who have a work or study permit or who have claimed refugee status (asylum claimants).

Indigenous group is based on the self-reported answer to the question “Are you First Nations, Métis or Inuk (Inuit)? First Nations (North American Indian) includes Status and Non-Status Indians.” The CCHS does not collect data on reserves in the provinces. Consequently, the results discussed for First Nations people exclude those living on reserve. In addition, people living in the territories, including First Nations people, Métis and a large proportion of Inuit, are excluded, as well as the majority of Inuit living in Inuit Nunangat, the Inuit homeland. As a result, these exclusions may impact the estimates for Indigenous populations.

Reliable estimates for the Inuit population could not be produced, due to an insufficient sample size.

As defined in the CCHS questionnaire, a person with a disability is a person who has a long-term difficulty or condition, such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related impairments, that limit their daily activities inside or outside the home such as at school, work, or in the community in general.

## Notes

1. Statistics Canada. [Table 13-10-0933-01 Leading causes of death, total population \(age standardization using 2021 population\)](#).
2. Canadian Cancer Society, Statistics Canada, and Public Health Agency of Canada. 2023. Canadian Cancer Statistics 2023.
3. World Health Organization. Cervical Cancer Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>.
4. Government of Canada. Human papillomavirus (HPV): Symptoms and treatment. [Human papillomavirus \(HPV\): Symptoms and treatment - Canada.ca](#).