

Women and Diversity Health
**GUIDE TO
HEALTH SCREENING**



2026

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Women and Diversity Health

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Introduction

This guide uses plain language and summarizes routine screening. It is not a substitute for medical advice. Individual recommendations may vary based on your age, sex, gender, health history, and Canadian Armed Forces (CAF) policies.

How to Use This Guide

Screening looks for health problems before symptoms appear. It helps find issues early when they are easier to treat.

If you have symptoms (e.g., new chest pain, sudden vision changes, severe abdominal pain), seek care right away - do not wait for a routine screening appointment.

SCREENING SCHEDULES DEPEND ON YOUR PERSONAL RISK. TALK TO YOUR HEALTH CARE PROVIDER ABOUT WHAT IS RIGHT FOR YOU.

What Screening Can and Cannot Do

Benefits

- ✓ Find problems early - treatment is often more effective at early stages.
- ✓ Allow you to take action sooner to lower risk.
- ✓ Prevent bigger problems by addressing issues before they worsen.

Limits and Possible Harms



False positives

A test suggests a problem when there is none (may lead to extra tests or worry).



False negatives

A test misses a problem (may delay care).



Emotional stress

Abnormal or uncertain results can be upsetting, but early knowledge often leads to better outcomes.



RESULTS REFLECT ONE POINT IN TIME - RISKS CAN CHANGE, SO REPEAT SCREENING IS IMPORTANT.

DEPLOYMENT / OUTCAN CONSIDERATIONS



Fit-for-deployment and outside of Canada (OUTCAN) checks are not the same as routine health screening. Access to screening can vary by location and is often limited during deployments. If you are posting or deploying, speak with your provider ahead of time about recommended screenings and vaccinations.

Cancer Screening

Cervical Cancer Screening

Human Papillomavirus (HPV) causes most cervical cancers and can also cause cancers of the vulva, vagina, penis, anus, and the back of the throat (oropharynx).

Who should be screened?

People with a cervix who have ever been sexually active should be screened regularly.



MANY HPV INFECTIONS CLEAR ON THEIR OWN, BUT PERSISTENT INFECTION CAN LEAD TO CANCER OVER TIME.

Screening tests

HPV test (preferred in many regions): looks for high-risk HPV types that can lead to cancer; usually done during a speculum exam. Some clinics offer self-swab options.

Pap test: looks for abnormal cervical cells; done during a speculum exam.

What is a speculum exam?

You lie on an exam table with knees bent. A provider gently inserts a speculum to view the cervix.

A soft brush collects a small sample of cells. It may feel uncomfortable but is usually not painful. Ask about a smaller speculum if needed.



Understanding results

HPV test: a positive result is common and does not mean cancer. Your provider will plan follow-up testing as needed.

Pap test: if abnormal, you may be referred for further assessment. Abnormal cells often take years to become cancer.



DID YOU KNOW?

HPV and Pap tests screen only for cervical cancer - they do not test for other sexually transmitted infections or other health issues.

Prevention

- ✓ HPV vaccination (e.g., Gardasil 9) protects against the most harmful types of HPV, including those that cause most cervical cancers and genital warts. You still need regular screening.
- ✓ Use condoms or barriers with new partners to help reduce HPV transmission.
- ✓ In the CAF, the HPV vaccine is available to all members. Contact your local CF Health Services clinic to book.



Chest/Breast Cancer Screening (Mammogram)

A mammogram (an X-ray of the breast) can find cancer early, when treatment is most effective. Screening is generally recommended for people assigned female at birth and for transgender women who have been on feminizing hormones for five or more years.

When to start: In many provinces, screening can begin at age 40; starting by age 50 is commonly recommended. Discuss your timing and frequency with your provider.



ATTENDING YOUR FIRST SCREENING MATTERS—
DELAYING INITIAL SCREENING IS LINKED WITH
WORSE OUTCOMES LATER.

HIGHER-RISK FACTORS

- Close family member (parent, sibling, child) with breast cancer.
- Certain inherited gene mutations (e.g., BRCA1/2) or rare syndromes (e.g., Li-Fraumeni).
- Prior chest radiation (especially before age 30).
- Ashkenazi Jewish ancestry.
- Exposure to diethylstilbestrol (DES) in utero.



Colorectal Cancer Screening

Colorectal cancer often begins as small growths (polyps) in the colon or rectum. Screening finds blood in the stool or visualizes the bowel to detect problems early - often before symptoms appear.

At-home stool test (FIT or FOBT): checks for hidden blood; typically done every 2 years.

- Fecal Occult Blood Test (FOBT)
- Fecal Immunochemical Test (FIT)

Colonoscopy: examines the entire colon; typically every 10 years in average-risk adults.

Sigmoidoscopy: examines the lower colon and rectum; may be offered in some settings.

HIGHER-RISK FACTORS

- Family history of colorectal cancer.
- Inflammatory bowel disease (ulcerative colitis, Crohn's).



Lung Cancer Screening

Lung cancer is the leading cause of cancer death in Canada. Screening high-risk individuals with a low-dose computed tomography (CT) scan can find cancers earlier and improve outcomes.

- **Who may qualify:** ages 55-74 with a heavy smoking history (for example, about a pack a day for 20 years or more). Program criteria vary - talk to your provider.
- Other risk factors include a personal or family history of lung cancer, COPD, exposure to second-hand smoke, asbestos, welding fumes, certain metals (e.g., beryllium, cadmium, arsenic), radon, and air pollution.
- **Screening test:** Low-dose CT scan of the chest (usually annually while you remain eligible).

Reducing risk



- Quit smoking; avoid second-hand smoke and other lung irritants.
- Use appropriate respiratory protective equipment at work and at home.
- Dental teams often ask about tobacco, vaping, and cannabis use and can connect you with cessation supports.

Ovarian Cancer

There is currently no routine screening test for ovarian cancer. Symptoms can be vague and may appear later, which is why paying attention to new, persistent changes matters.

Common symptoms

- Bloating; abdominal or pelvic pain.
- Feeling full quickly or difficulty eating.
- Urinary urgency or frequency; bowel habit changes.
- Irregular periods, changes to menstrual cycle, or bleeding after menopause.

HIGHER-RISK FACTORS

- Certain inherited gene mutations (e.g., BRCA1/2, Lynch syndrome) or strong family history.
- Ashkenazi Jewish heritage.
- Personal history of breast cancer.
- Long-term hormone therapy, smoking, higher body weight, or prolonged inactivity.



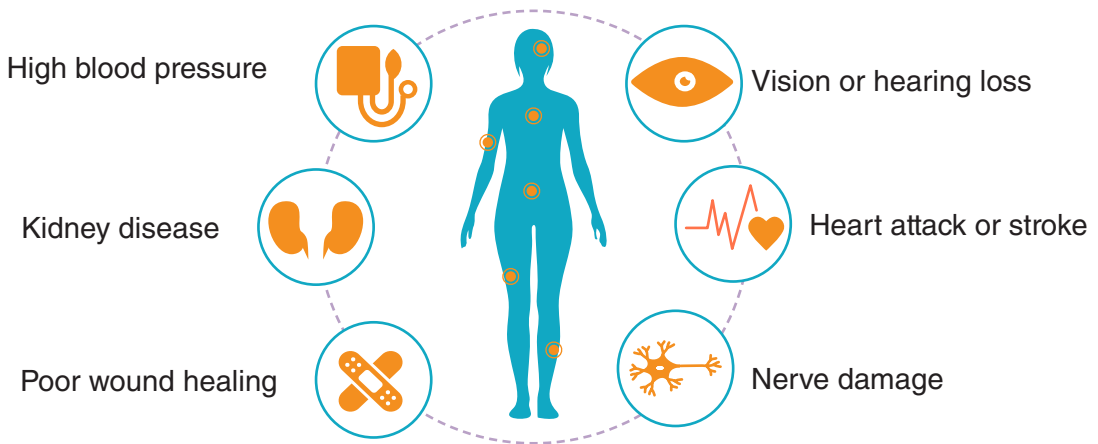
Chronic Disease Screening

Type Two Diabetes

Type 2 diabetes happens when your body does not make enough insulin or does not use it well. Insulin works like a key that lets sugar (glucose) move from your blood into your cells for energy. When insulin does not work properly, sugar builds up in the blood and can cause long-term health problems.

Why it matters

If untreated, diabetes raises the risk of:



WHO IS AT HIGHER RISK?

- Parent or sibling with diabetes; higher body weight (especially around the abdomen).
- Smoking; history of gestational diabetes; Polyendocrine Metabolic Ovarian Syndrome (PMOS).
- Long-term steroid use; early menopause (before age 40).
- Social factors such as limited access to healthy food or lower income can also increase risk.



Testing and screening

Start with the [CANRISK questionnaire](#) to estimate risk

If high risk: lab testing every 3–5 years; if very high risk (e.g., prior gestational diabetes): test more often.

After gestational diabetes: test at 6–12 weeks postpartum and then every year.

With PMOS : test every 1–3 years.



Prevention and Management

- ✓ Eat balanced meals with fewer ultra-processed foods and added sugars.
- ✓ Be active - both aerobic and resistance exercise improve insulin use.
- ✓ Maintain a healthy weight, stop smoking, and manage stress.
- ✓ Some people need medications to control blood sugar. Take as prescribed and monitor as advised.



Cardiovascular Disease (Heart and Blood Vessels)

Cardiovascular disease (CVD) includes heart disease and stroke. Plaque can build up inside blood vessels, narrowing them and reducing blood flow. If a vessel becomes blocked - or if plaque breaks open and a clot forms - it can cause a heart attack or stroke.

Symptoms can differ

While chest pain is common, some people - especially women - may have shortness of breath (even with light activity), extreme fatigue, indigestion or nausea, or palpitations.

Stroke risk can change over time

Risk can rise with pregnancy, use of some birth control pills, menopause (especially before age 40), endometriosis, and gender-affirming hormone therapy (for trans women).

Blood pressure

Blood pressure is the force of blood against artery walls. It is written as systolic/diastolic (e.g., 120/80).



Normal is generally around 120/80 or lower. Higher numbers can mean hypertension and increase long-term risk.



WHAT INCREASES RISK OF HIGH BLOOD PRESSURE?

- Smoking, diabetes, high salt intake, stress, lack of exercise, unhealthy diet, family history.
- High blood pressure during pregnancy (gestational hypertension or pre-eclampsia).



Why it matters

Hypertension can damage blood vessels and organs and is a major risk factor for stroke, heart attack, kidney disease, and dementia.

Treatment and monitoring

See your provider regularly; take medications as prescribed.

You may need a 24-hour blood pressure monitor or additional tests.

Pregnancy and blood pressure

If you had high blood pressure in pregnancy, your lifetime risk is higher.

IF YOU ALREADY HAVE HYPERTENSION AND PLAN PREGNANCY, DISCUSS MEDICATION SAFETY AND KIDNEY/HEART CHECKS WITH YOUR PROVIDER.

Prevention Tips

- ✓ 150+ minutes of moderate exercise per week; eat more vegetables and fruits.
- ✓ Maintain a healthy weight; quit smoking; manage stress; limit alcohol; reduce salt (especially from processed foods).



Cholesterol and Other Blood Lipids

Lipids are fats in your blood. Your body needs some for energy and cell health, but too much of certain types raises heart and stroke risk.

Low-Density Lipoprotein (LDL)

“bad” cholesterol and triglycerides can build up in arteries and form plaque.

High-Density Lipoprotein (HDL)

“good” cholesterol helps remove excess cholesterol.

THERE ARE NO
SYMPTOMS OF HIGH
CHOLESTEROL - ONLY A
BLOOD TEST CAN TELL
YOU YOUR LEVELS.

RISKS FOR HIGH CHOLESTEROL

- Diabetes; obesity (BMI >30); family history of high cholesterol or early heart disease; smoking.
- Certain health conditions (e.g., PMOS, early menopause, HIV, kidney disease, autoimmune disease).
- South Asian ancestry; history of hypertension in pregnancy (e.g., pre-eclampsia).



Testing and Prevention

In many adults, testing starts around age 50 for women and 40 for men, or earlier with risk factors - confirm timing with your provider.

Heart-healthy eating patterns (e.g., DASH or Mediterranean), regular activity, weight management, and not smoking help improve lipid levels.



Bone Health (Osteoporosis)

Osteoporosis makes bones weak and more likely to break, especially after menopause when estrogen levels drop. Fragility fractures often affect hips, spine, or wrists.

Who should be screened?

Bone mineral density (BMD/DEXA) testing typically starts at age 65, earlier if you are at higher risk - ask your provider.

HIGHER-RISK FACTORS

- ✓ Early menopause (before 45); personal history of fragility fractures or spinal compression fractures; low bone density.
- ✓ Family history of hip fractures; low body weight; long-term steroid use; some cancer treatments; Depo-Provera use.
- ✓ Medical conditions such as rheumatoid arthritis, diabetes, or inflammatory bowel disease.



Bone health basics

Aim for 1000–1200 mg/day of calcium from food and/or supplements.

Aim for about 600 IU/day of vitamin D; many Canadians benefit from a 400 IU daily supplement.

Do regular weight-bearing and balance exercises.



Lifestyle Factors That Help Across Conditions



Plenty of vegetables, fruits, whole grains, and lean proteins; limit ultra-processed foods and added sugars.



Aim for at least 150 minutes of moderate activity weekly (e.g., brisk walking, cycling, swimming).



Avoiding or quitting lowers the risk of many cancers, heart disease, high blood pressure, and osteoporosis.



Limiting intake reduces risk of several cancers, high blood pressure, and heart disease.



Using protection helps lower the risk of sexually transmitted infections, including HPV.



Healthy body weight and stress management support heart, metabolic, and bone health.



Keep up with recommended vaccines and screening tests.

Quick Reference: Recommended Screening

Use this table as a general summary. Your needs may differ based on personal risk and CAF medical guidance.

Screening Test	Screens For	Age to Start	How Often	Notes
Blood pressure	High blood pressure (hypertension)	18 years	At appropriate clinical visits	No upper age limit.
HPV or Pap test	Cervical cancer	25 years and sexually active	HPV: every 5 years Pap: every 3 years	Abnormal results or symptoms require follow-up.
Lipid panel (cholesterol & triglycerides)	Heart disease and stroke risk	Men: 40 years Women: 50 years (earlier if high risk)	Every 5 years (with risk factors) Every 10 years (no risk factors)	Risk factors include hypertension, family history, kidney disease, diabetes, and smoking.
Blood glucose (A1C or fasting glucose)	Type 2 diabetes risk	40 years (if high risk) Any age (if very high risk)	Every 3–5 years (high risk) Every year (very high risk)	Use CANRISK. Very high risk includes history of gestational diabetes.
Mammogram	Breast cancer	50 years*	Every 2 years	*May start earlier (e.g., 40–49) based on risk or personal choice; discuss with your provider.

Screening Test	Screens For	Age to Start	How Often	Notes
FIT or FOBT / Colonoscopy	Colorectal cancer	50 years*	FIT/FOBT: every 2 years Colonoscopy: every 10 years	*Start earlier with family history or other risk factors.
Low-dose CT scan	Lung cancer (high-risk individuals)	55–74 years and at risk	Usually annually while eligible	Program criteria vary (e.g., heavy smoking history). Discuss with your provider.
Bone density (DEXA)	Osteoporosis	65 years*	Based on risk	*Screen earlier if you have risk factors.

Resources and Helpful Links

Cervical cancer: <https://cancer.ca/en/cancer-information/cancer-types/cervical>

Breast cancer (PHAC): <https://www.canada.ca/en/public-health/services/chronic-diseases/cancer/breast-cancer.html>

Canadian Cancer Society – Colorectal screening: <https://cancer.ca/en/cancer-information/find-cancer-early/get-screened-for-colorectal-cancer>

CAF Lung Cancer Screening: <https://www.canada.ca/en/departement-national-defence/services/benefits-military/health-support/cancer-screening/lung-cancer-screening.html>

Canadian Cancer Society – Lung screening: <https://cancer.ca/en/cancer-information/find-cancer-early/get-screened-for-lung-cancer>

Lung Cancer Canada: <https://lungcancercanada.ca/>

Canadian Task Force on Preventive Health Care – Lung Cancer: <https://canadiantaskforce.ca/guidelines/published-guidelines/lung-cancer/>

CANRISK diabetes risk tool: <https://www.healthycanadians.gc.ca/en/canrisk>

Hypertension Canada – Patient Guide: <https://hypertension.ca/wp-content/uploads/2023/05/Understanding-and-Managing-Your-Blood-Pressure.pdf>

Canada’s Food Guide: <https://food-guide.canada.ca/en/>

DASH diet overview: <https://www.unlockfood.ca/en/Articles/Heart-Health/The-DASH-Diet-for-Lowering-Blood-Pressure.aspx>

Health Canada – High cholesterol: <https://www.canada.ca/en/public-health/services/diseases/heart-health/high-cholesterol.html>

Canadian Cardiovascular Society – Portfolio diet infographic: <https://ccs.ca/wp-content/uploads/2023/08/Portfolio-Infographic-EN-FINAL.pdf>

Dietitians of Canada – Foods that lower cholesterol: <https://www.unlockfood.ca/en/Articles/Heart-Health/Foods-that-Lower-Cholesterol.aspx>

Osteoporosis Canada – Risk assessment: <https://osteoporosis.ca/risk/>

Osteoporosis Canada – Nutrition: <https://osteoporosis.ca/nutrition/>

PSP fitness programs: <https://cfmws.ca/>

CAF Nutritional Wellness Programs: http://cmp-cpm.mil.ca/CMP_Intranet/health/caf-members/nutritional-wellness.page



WOMEN AND DIVERSITY HEALTH

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