

HPV CERVICAL SCREENING NEWSLETTER

April 2022

Updating our colposcopy colleagues

CervicalCheck programme staff were delighted to welcome 115 colposcopy and laboratory professionals to a half-day training meeting on 04 March 2022. The purpose of the training was to present colposcopy statistics and guidelines, and to provide an update on topical issues in colposcopy.

There were seven presentations on topics related to colposcopy, delivered by: Dr John Price, CervicalCheck Colposcopy Advisor; Dr Thérèse Mooney, Head of the Programme Evaluation Unit; Prof Grainne Flannelly, consultant Obstetrician and Gynaecologist; Dr Tracy Owen and Dr Gary Dorman of the Northern Ireland Cervical Screening Programme; Dr Rachael Comer, education and training manager at CervicalCheck; and Dr Nóirín Russell, clinical director of CervicalCheck.

CPD points were awarded for the event, which covered items including the management of women attending colposcopy with CGIN or adenocarcinoma; the rationale behind establishing a colposcopy QA process; the interval cancer audit process; and the workforce planning process within the colposcopy service.

The presentations were followed by a lively set of questions that arrived via the chat function, and were fielded by Dr Rachael Comer.

Celebrating International HPV Awareness Day

CervicalCheck marked HPV Awareness Day (Friday 04 March) by releasing the latest in our CervicalCheck series of 21 [information videos](#) which explain what happens during screening. This one is presented in Irish by clinical director of CervicalCheck, Dr Nóirín Russell.

We have also answered the most [commonly asked questions](#) about primary HPV screening, which may be helpful for you.



Prof Grainne Flannelly and Dr John Price, presenting during the colposcopy webinar

**Eolas faoi scagthástáil
ceirbheacs HPV**

CervicalCheck media guidelines

The [CervicalCheck media guide](#) is the first in a series of NSS information guidelines we are producing for journalists, broadcasters, commentators, bloggers, academics and all those producing news and commentary on screening in Ireland.

Cervical screening in Ireland is a complex subject, so it is important to have as much factual information as possible. It includes the following information on the screening programme:

- Background and history
- The tests we use
- Screening's role in reducing the incidence of cervical cancer in Ireland
- Key facts and terms used.

We hope our guidelines will help inform accurate wider public discussion on cervical screening.

Progress review by Dr Gabriel Scally

The National Screening Service welcomed the announcement that Dr Gabriel Scally will conduct a final progress review of implementation of the recommendations of his Scoping Inquiry into the CervicalCheck screening programme.

At the request of Minister of Health, Stephen Donnelly, Dr Scally commenced the work in January 2022. By 2021 the NSS completed all of its actions under the Scally report recommendations.

Fiona Murphy, CEO NSS, said: "This represents an important milestone in the process of implementing the recommendations of Dr Scally's Scoping Inquiry into CervicalCheck. NSS leadership is committed to a careful, thorough and full implementation of each of the recommendations of the report and we are grateful for the detailed work undertaken by Dr Scally. We look forward to working with him and our key stakeholders to detail the conclusion of this process."

Translated information sheets and screening forms

We have translated the CervicalCheck Information Sheet and Cervical Screening Form into 16 different languages, available [here](#). These documents are to aid you in explaining what cervical screening is to participants where English is not their first language. However, it is important that you use the [English screening form](#) when you are submitting the screening sample. We are working on translating our printed documents into Ukrainian and Russian.

If you would like to suggest another language the forms should be translated into, please email communications@screeningservice.ie



A guide to
talking about
cervical screening

Guidance notes for media



Printing CervicalCheck resources

Healthpromotion.ie, the website used for ordering leaflets, posters, wallet cards, and other materials related to screening, has been restored.

The site was unavailable in recent months as it underwent a redesign. During this time, a workaround process was introduced that enabled stakeholders to order screening and other health-related resources. This arrangement is no longer necessary, and materials can be ordered by clicking on healthpromotion.ie.

If you have any questions, please email the Health Information Team on healthinfo@hse.ie

Screening in women over 50

CervicalCheck colleagues Dr Nóirín Russell, clinical director; Dr Sarah Fitzgibbon, primary care clinical Advisor; Dr Rachael Comer, education and training manager; Dr Laura Heavey, specialist in public health medicine; and Gráinne Gleeson, programme manager, published the latest data on cervical screening in people over 50.

Recent research from the National Screening Service revealed that women over the age of 50 have the lowest screening uptake, with one in four in this age group not attending for screening.

The paper continues by discussing the prevalence of HPV and cervical cancer, our goal to eliminate cervical cancer in Ireland and further explaining the role CervicalCheck plays. To read the full article in the General Practice Journal, see [here](#).

Sample taking for primary screening in the colposcopy setting

There are times when, for a variety of reasons, it is not possible for primary healthcare professionals to take a screening sample. Some reasons can include the woman having a physical, psychological or mental disability. Many colposcopy clinics already provide sampletaking as a support to the woman and the healthcare professional.

CervicalCheck has written to our colleagues in colposcopy acknowledging that this support is important. We are asking those in the primary care community, where they have a patient that requires a referral for primary screening, contact the colposcopy clinic first to explain the barriers to primary care screening and their assessment of the accommodations needed to allow the sampling to be done. Together we can ensure that everyone who wishes to, can have screening - a service to which they are entitled - and improve programme uptake rates.

CERVICAL SCREENING IN OVER-50s

THIS ARTICLE EXPLORES THE BARRIERS TO SCREENING IN OVER-50s AND THE INFLUENTIAL ROLE OF SAMPLETAKERS IN FACILITATING AND PROMOTING SCREENING FOR ALL WOMEN

CervicalCheck offers this cervical screening to women and people with a cervix aged 25 to 65 years. The upper age limit changed from 65 to 60 years in April 2022 in line with the recommendations of the HSE Health Technology Assessment Panel and in 2021, this ensured that women who had turned 60 when the screening programme first began in 2008 would be eligible for at least one HPV test before exiting the programme. Recent research carried out by the National Screening Service revealed that women aged over 50 have the lowest screening uptake, with one in four women in this age group not attending for screening.

What is cancer screening?
The purpose of cancer screening is to detect precancer or early-stage cancer in asymptomatic individuals, so that timely diagnosis and early treatment can be offered. Ireland has four HPV-screened, regionally-population-based screening programmes under the management of the National Screening Service: BreastCheck, CervicalCheck, BowelScreen, and Diabetes RetinaScreen. Since the introduction of CervicalCheck, the incidence of cervical cancer and its mortality has declined during the period 2008-2020. Cervical screening can save lives, decrease morbidity, improve quality of life, and deliver reassurance to individuals about their health.

HPV infection and cervical cancer
The vast majority of cervical cancers are caused by the human papillomavirus (HPV). This infection provides an opportunity for the genetic alteration of this disease, which (diagnosed/identified) affects young, under-educated women in both in middle-income (L30) countries. In fact, the death rate from cervical cancer is three times higher in L30 countries than in high-income countries like Ireland. Genital HPV is easily spread through sexual intercourse contact. Infections are very common, with the incidence peaking between 20 and 30 years of age. There are at least 16 types of HPV, with types 16 and 18 causing over 70 per cent of cervical cancers, about 80 per cent of genital HPV infections have been infected with one or more genital HPV strains at one time or another, but are unaware of the infection because HPV is usually asymptotically cleared by the body's immune system. It is estimated that more than 80 per cent of women clear the infection asymptotically. However, a small percentage of women do not clear the infection and it can remain dormant or persistent, sometimes for many years.

CERVICAL CANCER IN IRELAND (ANNUAL)

- Over 4,000 women need routine treatment for precancer of the cervix (CIN)
- Approximately 200 women are diagnosed with early-stage cancer
- Approximately 80 women die from cervical cancer

Figure 1: Proportion of precancer and cancer of cervix in Ireland 2008-2020 (HPV-screened)

There are two main types of cervical cancer: squamous cell carcinoma (77 per cent of cases) and adenocarcinoma (23 per cent). The remaining 8 per cent of cervical cancers are due to rare histological types. It is now recognised that persistent HPV infection leads to at least 80 per cent of cervical cancer in total and is responsible for 99 per cent of genital HPV infections. Therefore, cervical screening with HPV and reflex cytology is more effective at reducing the risk of squamous

Researcher looking for your valuable views on cervical screening

Sophie Mulcahy Symmons, PhD researcher in UCD, is aiming to identify groups of women and people with a cervix who are under-represented in cervical screening attendance, to understand the barriers they face. Engagement with cervical screening has varied in recent years, and low engagement may be more evident in some groups of women than others. However, there is a lack of data to understand this and little up-to-date evidence to indicate who these groups are in Ireland.



To help identify under-represented groups, Sophie wishes to interview experts in the field of cervical cancer screening with first-hand experience of providing the screening service, in particular practice nurses, to understand their perceptions of who does not attend and the barriers to screening attendance. During the interview, there will also be discussions about your experiences and knowledge of

the cervical screening programme and what groups in society you perceive to be under-represented in screening or may need support to attend screening. You can discuss any aspects of cervical cancer screening that you find inhibits or enables attendance. The interview would take approximately 40 minutes



online via Zoom or on the telephone and your answers will not be identifiable to you in any reports or dissemination.

This research is part of a PhD project, *Promoting HPV Cervical Screening: co-designing an educational intervention to overcome barriers and promote screening uptake in under-represented groups*. It is based at University College Dublin (UCD) and funded by the Irish Cancer Society.

If this is of interest to you, please email Sophie on sophie.mulcahysymmons@ucdconnect.ie and she can send you more information about the project and how to get involved.

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Did you know you can access all previous newsletters on the CervicalCheck website [here](#).