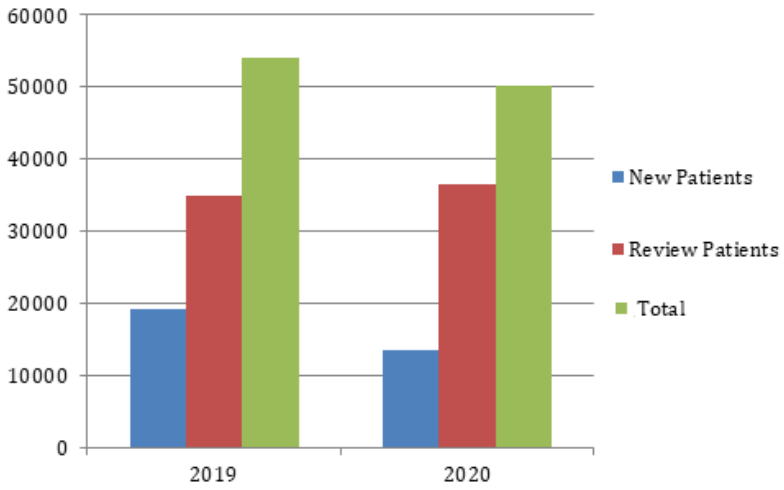
CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

HPV CERVICAL SCREENING NEWSLETTER

March 2021

Colposcopy update

Colposcopy clinics have worked hard throughout COVID-19 to reduce the waiting lists that resulted from the problems of 2018 and the offer of free smears which was taken up by close to 100,000 women. The resulting waiting list for referrals to colposcopy continued into 2020. During the three-month pause in screening in primary care, colposcopy units continued to work through this waiting list as hospital resources allowed. When screening resumed, most colposcopy waiting lists had been cleared. So even though the number of new referrals has been lower, colposcopy clinics have been busy during this period.



COVID-19 has affected capacity in colposcopy units. Despite the challenges faced by the service, more than 50,000 women were seen and cared for in colposcopy clinics around the country. All of the procedures put in place to protect patients and staff from COVID-19, including COVID triage, increased decontamination after each patient, and extended time between appointments to ensure social distancing in waiting rooms, have impacted on the numbers of women seen per clinic. Colposcopy clinics are continuing to work at capacity to see women referred for treatment. A few clinics are seeing priority referrals only at this time. Where possible, they are combining resources with other local clinics to offer further follow-up care.

c13,000 new patients and c36,000 return patients were assessed nationally. We have attached a visual summary of this in the table. As you can see, the numbers seen by all of you in 2020 are very similar to the numbers seen on 2019.

Clinical referrals to colposcopy

Over the past few years, there has been a significant increase in clinical referrals to the colposcopy service. Because one third of all referrals are now due to clinical reasons, it has become difficult for clinics to fulfil the programme standards and see all women referred within the recommended eight week timeframe. The introduction of HPV cervical screening is anticipated to lead to, at least a 40% increase in the number of new screening referrals to colposcopy from years 2 to 5 of the new programme.

In order to ensure that colposcopy clinics will be able to cope with the anticipated number of screening referrals, urgent steps are required to maximise capacity at colposcopy clinics. It is essential that women who screen positive are seen within the programme standard waiting times (i.e. all women should be seen within eight weeks). This issue has been recognised by both CervicalCheck and the National Women and Infants Health Programme (NWIHP). Creating new capacity at colposcopy clinics by investing in additional trained colposcopists will take a considerable amount of time and will not be finalised prior to year 2 of the HPV programme.

A joint decision has been made by the senior management teams at NWIHP and CervicalCheck to redirect non-screening clinical referrals to the gynaecology service from **01 March 2021**. We believe that this will result in more holistic, women-centred care which will ensure that women will see the right person with the appropriate expertise, at the right time in the right clinical setting.

CervicalCheck, in collaboration with NWIHP, are taking the following steps which should enhance this process

1. The CervicalCheck laboratory referral form issued to primary care will no longer have a tick box for suspicious cervix referrals. If a GP is genuinely very concerned about a possible cervical cancer, they should contact senior clinical staff in their local clinic.
2. The CervicalCheck programme will facilitate electronic referral from primary care to Colposcopy for screen-positive referrals. This has been completed and awaits implementation by HSE.
3. All clinical referrals should be referred primarily to gynaecology clinics and not to colposcopy clinics. Any referrals that are sent to colposcopy clinics will be triaged and forwarded to the local gynaecology service for management.
4. CervicalCheck are engaging with primary care sample takers to improve education regarding recognition and management of clinical symptoms and the recognition of a clinically ‘suspicious cervix'.
5. A new electronic referral, specifically for gynaecology, is being developed by Primary Care, NWIHP and The Institute of Obstetrics. This new form includes specific conditions that warrant urgent referral, including the suspicion of cancer.

Colposcopy QA

Colposcopy services play a key role in the success of any cervical screening programme by ensuring optimal management of women with detected screening test abnormalities. In particular, colposcopy services must ensure accurate diagnosis and effective treatment. Quality assurance for colposcopy services is therefore essential. Interventions aim to reduce the risk of cancer in these women with due cognisance of the potential risk of causing significant physical and psychosocial impact. The quality of any colposcopy service is reliant on the skill and judgement of the individual practitioners adhering to evidence-based programme standards. It is also dependent on an adequately resourced, well organised administration team.

CervicalCheck Standards for Quality Assurance in Colposcopy have been updated and are available here.

International HPV Awareness Day

Thursday, 04 March, was International HPV Awareness Day and we highlighted the way cervical screening is now carried out in Ireland. In this video, Clinical Director of CervicalCheck, Dr Nóirín Russell, explains why every cervical screening sample is now tested for HPV.

CervicalCheck has also débuted on Spotify with Dr Russell's podcast on HPV screening with Dr Doireann O'Leary: https://www.instagram.com/p/CKqjmy3nabU/?igshid=vy6u5rd26jjp

Transfer of Quest laboratory facilities

As part of its business development plans, Quest Teterboro, our US-based laboratory screening partner, is moving to a new, state-of-the-art facility in Clifton, New Jersey. Any change to laboratory processes, including a move of premises, is subject to quality assurance review and this involves revalidation of all instrumentation. This is currently in progress.

For practices assigned to Quest Teterboro, there is no action required. All current staff and equipment are moving to the new facility and the process will be complete and fully operational in early March. You may note that the change of address on screening reports but telephone contact details remain the same. Samples will continue to be received to the Quest collection point based in Santry, Dublin.

LGBT+ study

CervicalCheck would like your help in research we are conducting into the LGBT+ community's experiences with cervical screening. The aim of our study is to examine the knowledge, attitudes, participation and interaction of lesbian and bisexual women, trans men, intersex and non-binary people with a cervix, with cervical screening in Ireland.

The study will include both quantitative and qualitative methodologies. A national online survey will capture quantitative data, while focus groups will seek to capture lived experience. The research will also collect qualitative information from screening providers, sampletakers and national LGBT+ organisations.

We are partnering with a researcher and the LINC community organisation to conduct this work. LINC aims to improve the quality of life, health and wellbeing of all women who identify as lesbian or bisexual in Ireland.

The survey only takes a few minutes to complete and can be found here: www.surveymonkey.com/r/LGBT_plus_CervicalScreening

We ask all healthcare workers to consider informing patients of the research and encourage participation as closing date is **12 March 2021.** We look forward to sharing the final report with you and implementing the recommendations.

Home smear tests

With the introduction of HPV cervical screening last year, self-sampling is an interesting possibility for the cervical screening programme but it is yet to be fully evaluated and validated for use in a population screening programme.

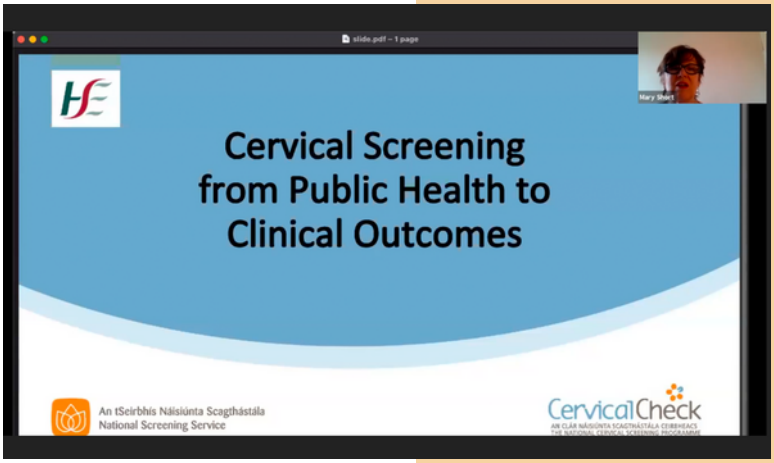
Some cervical screening programmes are looking at self-sampling but mainly just for populations who have difficulty engaging with medical services, such as migrants and people who have language barriers. The evidence is not there yet that it is a satisfactory, accurate and cost-effective method for collecting samples for all participants in a population-based screening programme.

CervicalCheck's target coverage is 80% of the eligible population. Our data for recent years shows the programme has achieved 79% and 78% coverage. It is interesting to note that international programmes currently using self-testing have a target coverage of 60% or lower.

The NSS keeps a close eye, through international contacts and using the expertise of the clinical, public health and screening experts working within screening, on the evidence and developments in other programmes. It will continue to take an interest in the developments on self-sampling.

CervicalCheck webinars

Three CervicalCheck webinars took place recently with a total attendance of over 1,000.



Organised by CervicalCheck's Clinical Advisor for Primary Care, Dr. Mary Short, the Cervical Screening from Public Health to Clinical Outcomes webinars took place at lunchtime on 17 and 24 February. The speakers over the two days included CervicalCheck's Director of Public Health Dr Caroline Mason Mohan, Clinical Director Dr Nóirín Russell; Clinical Laboratory Advisor Dr David Nuttall; Colposcopy Advisor Dr John Price; and the programme's Programme Manager Ms Gráinne Gleeson. The Q&A was moderated by Nurse Debbie Ramsbottom of the CervicalCheck Training Unit.

If you could not attend the two webinars, they are now available to watch back on the CervicalCheck website here.

Additionally the Cervicalcheck Annual Colposcopy Meeting with Nursing and Medical Teams, organised by Paula Doyle, took place over a half day on 26 February. The speakers included Prof John Tidy of Sheffield Teaching Hospitals; Dr Therese Mooney of the Programme Evaluation Unit; Maura Molloy, Senior Colposcopy Nurse Advisor.

Thank you to all who gave their time to take part in the three CervicalCheck webinars

Changes to the eligibility framework

Following the introduction of HPV cervical screening in March 2020, and in line with best practice guidelines, the CervicalCheck Clinical Advisory Group and Senior Management Team has approved changes to Programme eligibility and recall intervals for certain screening categories. Changes to a new screening programme are very normal as we incorporate feedback from stakeholders in relation to the new algorithms or as new research is published.
The following are the changes approved by the programme:

- Women who are on renal dialysis or pre/ post-transplant are now recommended to attend for **annual** screening.
- All women (including those on renal transplant or pre/ post- transplant along with HIV positive and DES exposed women) will exit the screening programme at age 65.
- Women over age 65 with no requirement for screening are no longer eligible for a test.
- Women who have completed their required number of increased surveillance tests post colposcopy require one screen at a **three year interval before moving to five yearly screening.**

See here the new revisions of the HPV primary screening eligibility framework

Frequently asked questions

If you have completed our e-learning module on HPV cervical screening and have further questions, you might want to read our FAQ document which is available on NSS Resources here.

What about cervical cancer that is not picked up by the new HPV screening test?

Screening is the process of identifying healthy people who may have an increased chance of having a disease or condition, enabling effective treatment. Screening programmes can improve health and save thousands of lives each year. Cervical screening is a choice and women are offered information to help them decide if they wish to accept the offer of screening.

Cervical screening aims to prevent the most common form of cervical cancer – squamous cell cancer – and 99% of those cancers are caused by HPV. This means that if you don't have HPV detected in your sample, it is extremely unlikely you have any cell changes that need treatment. Both cytology testing and HPV testing are directing at preventing squamous cell cancer. HPV testing will find more of these cancers than the old cytology test did.

However, there are a group of other cancers that are not squamous cancer and while over 85% of them are also caused by HPV, around 15% aren't. This is only a small number of cancers every year. The cell changes that happen with these were actually hard to pick up on the old cytology screening so, while some won't be picked up by primary HPV screening, more of them will be picked up in the new programme than in the old one.

Screening is for well women who do not have cancer. Women diagnosed with cervical cancer will be followed up and treated by the Gynae-oncology service. After a period of follow up, some patients are discharged from Gynae-oncology to their GP. If they develop symptoms, they are referred back to the Gynae-oncology service. They do not re-enter the screening service after a diagnosis of cancer as that would be inappropriate.

We know it is stressful for women when we comment on what screening cannot do, but we feel strongly that this kind of openness about limitations and about the fact that there are some cancers that will not be detected by screening is important. It shows why it is important to contact your GP if you develop symptoms, as they will arrange the appropriate follow-up tests for you.

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