CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

# HPV CERVICAL SCREENING NEWSLETTER

November 2020

## Invites for cervical screening

We are happy to report that thanks to your support for our programme restart invite strategy, all eligible people due a test in 2020 will receive an invite by December 2020.

The success of the invite strategy means we have turned back on the eligibility tracker at hse.ie/cervicalcheck. You can now see if your patient is eligible for their screening test. We ask that you use this tracker as a resource. However, the programme must still monitor capacity closely and match invites to processing capacity in the labs.

What we are asking you to do:

- Maintain your available screening clinics. Please do not put on extra clinics for screening.
- Continue to encourage people to attend for screening as soon as they receive their CervicalCheck invite.
- Continue to encourage those who are this year turning 25 years old to register with the programme and avail of their free screening test.

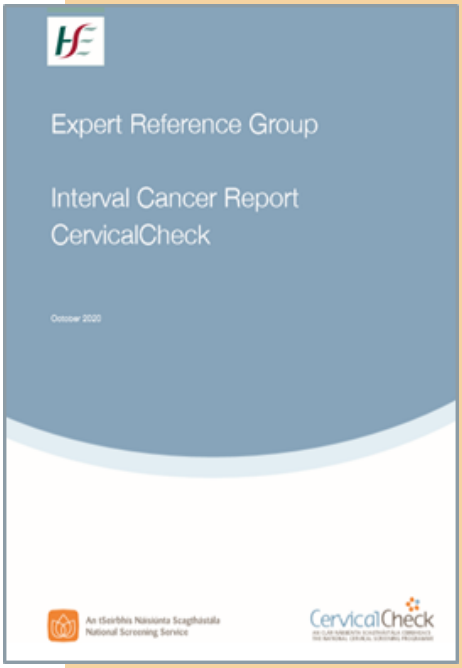
We are aware also that some GP clinics are advising people that they are not performing cervical screening tests due to the increased pressures of the winter period. We understand that your next available appointment time might be some weeks away and subject to change. However, as a vital part of the screening process, we ask that you continue to offer screening appointments to those who have received a priority letter, where you have capacity to do so.

We ask that you please contact us at primarycarecoordinator@cervicalcheck.ie or 061 406 567 if you are not in a position to offer screening appointments at the moment.

We can confirm that screening is an allowable function at all levels (1-5) of COVID-19 restrictions as directed by the Department of Health.

Only through your help we can ensure those invited and eligible for screening can avail of this service.

# Expert Reference Group Interval Cancer Reports




The National Screening Service (NSS) welcomes the publication of the Expert Reference Groups' Interval Cancer Reports, and supports their recommendations. You can read the full CervicalCheck report here. The NSS will work to implement those recommendations in full, in partnership with the people we care for, and our professional screening teams around the country.

The expert reports were commissioned as part of the Scally Review in 2018. They set out a new and comprehensive approach to reviews of interval cancers in people who have been screened by Ireland's breast, bowel and cervical cancer screening programmes.

The expert reports acknowledge that Ireland's screening programmes operate to the best international standards and that they reduce deaths from cancer among people in Ireland. They affirm that world class screening programmes must balance patient trust, staff recruitment and affordability, and that interval cancers are an inherent feature of any screening programme. They emphasise the need to sustain our vital public health screening programmes.

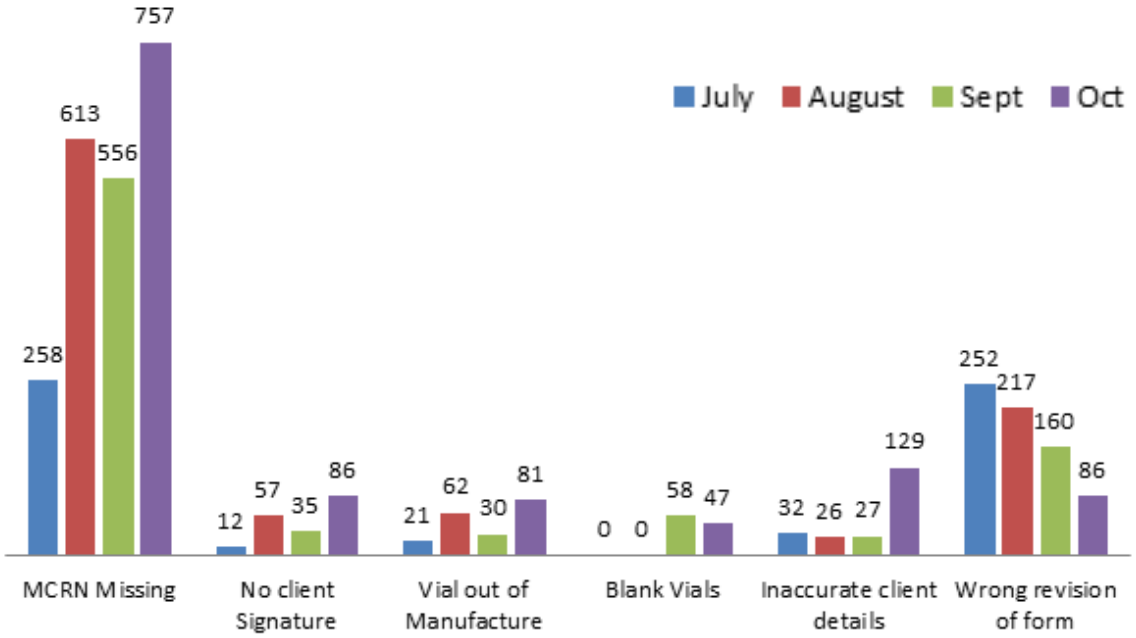
The reports have set out a number of recommendations for the National Screening Service (NSS) and the Board of the Health Service Executive (HSE). Their recommendations will support the NSS in establishing an independent and safe system to support future management of interval cancers.

**Recommendations for the CervicalCheck programme include:**

- People should continue to be provided with all the information they require in order to help them make an informed choice to consent to participate in the CervicalCheck programme.
- CervicalCheck should establish a process to conduct patient-requested reviews of all invasive cancers (both interval and screen-detected cancers) and establish a standard operating procedure for this.
- The findings of all patient-requested reviews should be fully disclosed. It is further recommended that the responsibility for disclosure of the review outcome rests with the treating clinician, generally the colposcopist or oncologist.
- Clinical programmatic reviews should be conducted only where either (1) such clinical reviews are both blinded and anonymised; or (2) legislation protecting the confidentiality of programmatic reviews is passed by the Oireachtas.
- The CervicalCheck programme should develop a new key performance indicator (KPI), the interval cancer rate.
- Communication with the National Cancer Registry Ireland (NCRI) should be strengthened to enable a more timely validation of invasive cervical cancers.

# Common errors with primary care samples

The table (below) outlines the main areas where common errors are being made when returning cervical screening samples. We have discussed three of the errors below in detail.

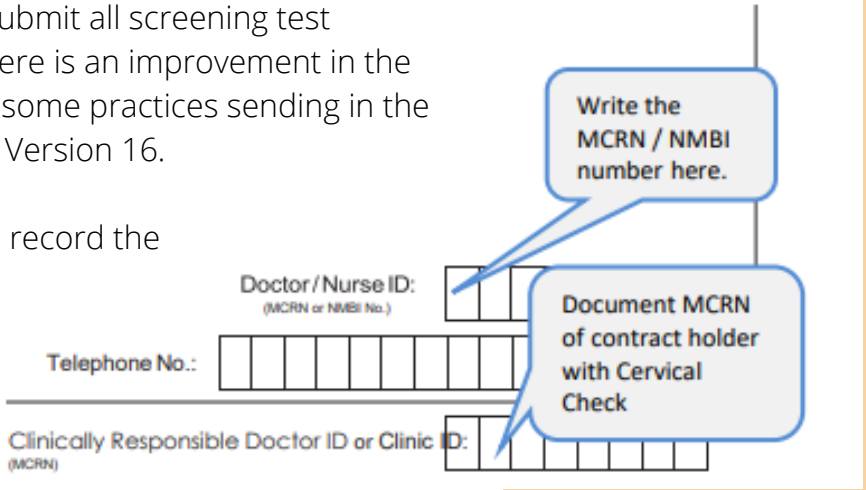



## MCRN missing

In our last newsletter we outlined the need to submit all screening test samples with the new screening form. Whilst there is an improvement in the correct screening form being used, there is still some practices sending in the incorrect one. Please ensure that you are using Version 16.

We would also ask sampletakers to take time to record the correct MRCN details on the screening form.

The MRCN details enable the lab to assign the test to the correct contract holder and process payment.




**To fill out the form correctly the sampletaker should:**

- Record their professional body registration number (MCRN/ABA) in the Doctor/Nurse ID section.
- Complete the Clinical Responsible Doctor (CRD) section using the MCRN number of the CervicalCheck contract-holder for their practice.
- Document the CervicalCheck clinic code in the CRD section if the sample is taken in any other setting (i.e. Gynae, Clin, ONCO).

If the form is not filled out correctly the test result can be delayed and the payment may be assigned to the incorrect contract holder.

Instructions on how to complete the CervicalCheck cervical screening form are available here.

## Expired vials

Expired vials continue to be submitted to the laboratory, where they cannot be processed. In the month of September 177 samples were submitted in expired vials, resulting in a woman having to repeat a screening test in the minimum interval of 3 months.

Sampletakers undertaking cervical screening must ensure that the sample vials used do not expire before reaching the laboratory or before being processed. **Please note that practices will currently have vials with an expiry date of 28 October 2020. These should not be used.**

Remember to:

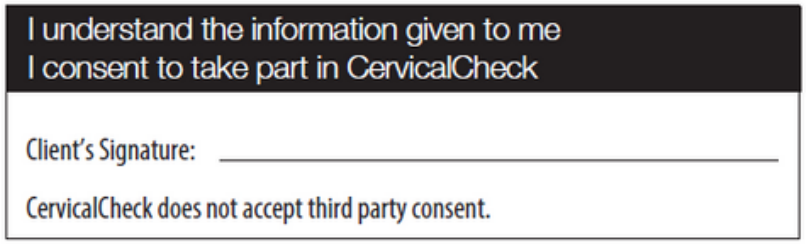
- Dispose of out-of-date sample vials. Any sample taken in out-of-date vials cannot be processed. This is because the laboratory cannot guarantee results from an expired vial.
- The vial must be within 2 weeks of expiry date when received by the laboratory.
- Check the expiry dates of all you current stock of screening test kits.
- No payment is made for screening tests that are in expired vials.
- Dispatch screening test samples at least once a week.
- Note that the expiry data printed on the vial is in US format as follows: YYYY-MM-DD.
- Check and rotate your stock. Test kits that are received first should be used first (FIFO - First In First Out). Newly received test kits should be stocked behind older supplies, so the older stock is used first.

Test kits are supplied within 2 working days of order. There is no requirement to maintain several months' supplies in stock. Please contact Screenlink Healthcare which will replace expired vials and issue correct labels when contacted.

**Tel:** 01 460 5270 **Fax:** 01 460 5248 **Email:** orders@screenlink.net

## No participant signature

November saw 116 cervical screening forms returned without the signature of the participant. This is a large increase compared to previous months.




The signature on the cervical screening form is to ensure the participant consents to take part in CervicalCheck and understands all the information they are given including the benefits and limitations of screening.

# Explaining to patients why we are no longer primarily checking for cell changes

Across our communication channels, participants are asking us why we are no longer checking for cell changes in the first instance. Many of these people would have had abnormal cells removed in the past, and cite the fact that HPV does not cause all forms of cervical cancer.

We outline the following points in our reply: Screening tests are designed to detect an individual's risk of disease and are not diagnostic tests. With HPV screening we are testing for a risk factor in the development of cervical cancer: the presence of HPV.

Most people at some time will have an HPV infection, but most do not get abnormal cells. In the majority of people who develop abnormal cells, those cells return to normal without treatment. The purpose of screening is to detect the small number of people whose bodies do not clear these cell changes and need treatment to remove an abnormality.

Under HPV cervical screening, if a participant's sample tests positive for HPV, it is also tested for cell changes. If the sample does not have high-risk HPV the sample will not be looked at for cell changes. This is because it is likely that it will not develop cell changes or cancer without having high risk HPV.

We know that HPV screening is better at predicting that your cervix is normal, than a screening test looking at the cells (smear test).  If 1,000 people are screened, about 20 people will have abnormal (pre-cancerous) cervical cells:

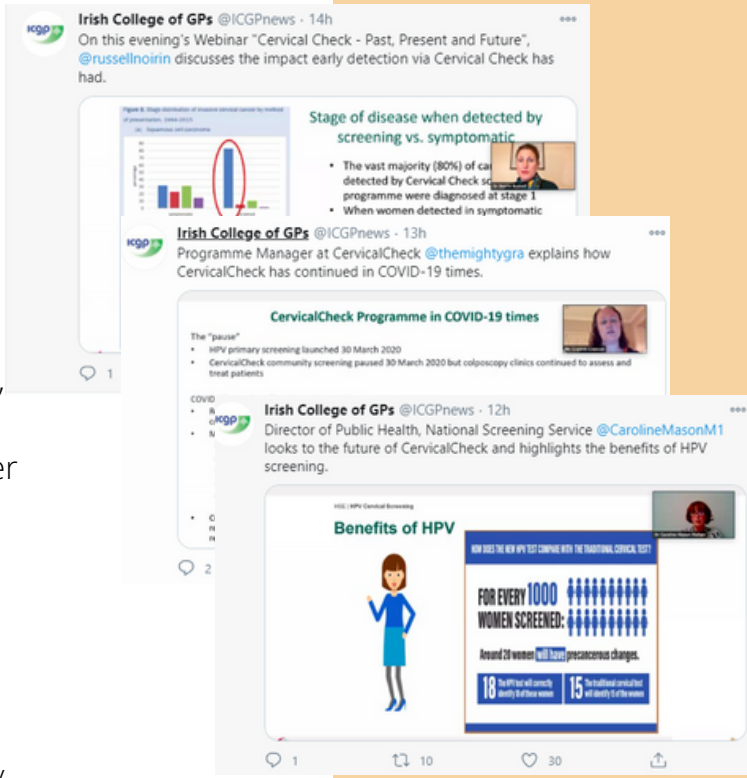
- 15 of these 20 people will have these cells found through the old smear test - 5 people will not and may go on to develop cervical cancer
- 18 of these 20 people will have these cells found through new HPV cervical screening - 2 people will not and may go on to develop cervical cancer

The HPV test is a more sensitive and accurate test than the old smear test. Therefore it is not envisioned that cytology (smear tests) will be offered by the programme when women are found to be HPV negative.

Screening is a population health measure and on a population basis, the HPV screening test is a more accurate test of the risk factor for the development of cancer. However, no screening test will detect or prevent all abnormal cell changes or cancers.

The NSS continues to encourage all people who are between screening appointments, or waiting for rescheduled appointments, to be aware of, and act upon, any symptoms associated with the conditions for which they are being screened. We ask that those people contact their GP, who will arrange appropriate follow-up care.

# ICGP webinar

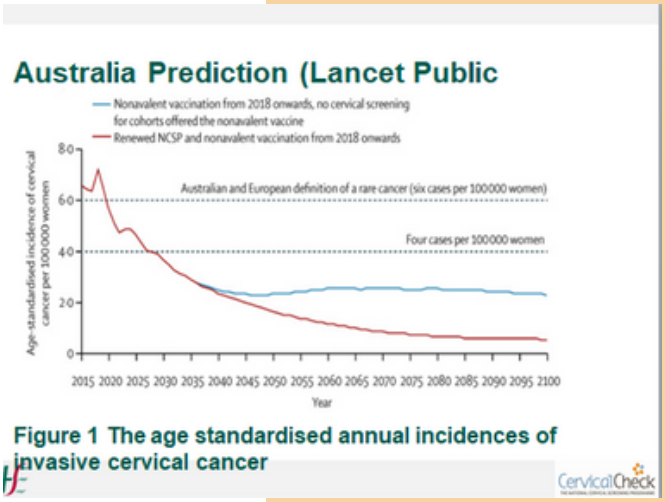



Dr Nóirín Russell, Clinical Director of CervicalCheck, Ms Gráinne Gleeson, Programme Manager of CervicalCheck and Dr Caroline Mason Mohan Director of Public Health presented to the ICGP's weekly webinar on "CervicalCheck's past, present & future".

Dr Russell discussed the beginnings of the CervicalCheck, Dr Scally's Scoping enquiry, RCOG and the recent publication of the Expert Reference Group Interval Cancer Audit. Dr Russell also talked about the screening and acute services interface, and the "the need to recognise interdependency in healthcare".

Ms Gleeson continued the webinar by explaining the pause of the programme in March of this year due to COVID-19, and the complexities around the restart in July. Data was also presented on recent uptake rates and total number of notifications and results received by the programme. Other areas highlighted were the need for continued improvement, including sampletakers using the correct screening form and ensuring the signature of the participant is on the form before it is submitted.

Ms Gleeson discussed the common feedback received by the programme programme, including that participants are not aware why their sample will no longer automatically be checked for cell changes. She asked all sample takers to discuss this with their patients before they sign the screening form. A guide to explaining this to patients is contained in the FAQ section of this newsletter.




Dr Mason Mohan completed the webinar by looking at the future of screening. She discussed what screening is and what a population-based programme aims to achieve.

She said that Australia predicts it will eradicate cervical cancer in its population in the next 20 years, through a combination of HPV vaccination and HPV cervical screening. It is possible Ireland may also look forward to this future.

We would like to thank the ICGP for the opportunity to update you, our key partners in cervical screening.

## 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.

***Why do we not screen people under 25?***

The minimum age in CervicalCheck continues to be 25 years. This is an evidence–based criterion arising from research that suggests that the risk of screening women under 25 years outweighs the benefits.

- Cervical cancer is very rare in the under 25 years of age cohort.
- In the age group of less than 25 years prevalence of HPV is usually high but clearance of HPV is also high, whereas the possibility of progressive high grade abnormality is low.
- Higher rates of vaccinated women now make up this age cohort and therefore lower their risk of cervical cancer.
- Women under 25 years, if screened, may be offered unnecessary treatment that may impact their obstetric outcomes in the future.
- Cervical screening in women aged 20-24 has little or no impact on rates of invasive cervical cancer up to age 30.

***My patient was previously on a one-year recall for 10 years and now is a 3/5-year recall, why is that?***

If your patient had treatment in a colposcopy clinic before 2012, under the old programme they might have been advised by theirr colposcopy team to have annual smears for 10 years. When they attend for their next screening appointment they will enter into the new programme. Their colposcopist will advise when their next follow-up is due.

If your patient has had treatment in a colposcopy clinic since 2012, under the old programme they would have had a 'test of cure' follow-up test instead of being recommended to have ten-year follow up.

If they have been discharged from colposcopy following the 'test of cure' test, their next screening appointment will be with their GP or sampletaker and they will at this point be on the new HPV programme. This means their follow-up will be according to your age.

If they are still attending the colposcopy clinic they will also be on the new HPV programme and their colposcopist will advise when their next sample needs to be taken.

## Contact us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