



National Screening Service  
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## **Update on issues relating to the national cervical screening programme**

Dear Colleague

I recently, on 4 February 2019, took up the post of Clinical Director of CervicalCheck. I am writing to provide you with an update in relation to CervicalCheck – the HSE National Cervical Screening Programme – and a number of issues the service is dealing with.

### **Overview**

We are acutely aware of women's concerns regarding cervical screening over the past year and, in particular, women's anxiety due to the ongoing delays in reporting on their smear test results.

Our key focuses in particular are to:

- 1) Address the delays in getting smear results to women, caused by the backlog of smears
- 2) Plan for the introduction of HPV primary screening
- 3). Rebuild public and professional confidence in the programme.

### **1. Result waiting times**

As you will be aware, in the past, screening test results would become available within four to six weeks of the test. Currently, results for many of your patients are taking up to 13 weeks from the time the lab receives their smear test sample. In some cases, this is taking longer.

We understand the anxiety this is causing for women and apologise for this delay. We are working tirelessly on solutions to reduce these waiting times.

### **2. Actions taken to reduce current waiting times**

While we continue to pursue additional cytology capacity, this has proved very challenging due to the global shortage of resources in cytology. We have also found it particularly challenging to interest providers globally in the provision of cytology services in Ireland, given the increased insurance costs in Ireland compared to other markets.

Notwithstanding these challenges, we are actively trying to identify solutions that will help reduce result waiting times by working with existing contracted providers and we continue to work with others to try and find additional capacity.

While there is a medium term plan to develop a national cervical screening laboratory at the Coombe Women and Infants University Hospital, there is no possibility of sourcing additional capacity within the Republic of Ireland in the timeframe required to address the current backlog of smear tests.

### **3. Delayed smear test results - Risk to women**

The natural history of cervical cancer would indicate that the disease would normally develop over a period of 10 to 15 years. In this context, the current period of up to 13 weeks for the return of cervical screening results in some cases, whilst undesirable, poses a very low risk to women. The same risk threshold also applies in cases where a woman would be required to undergo a repeat smear test three months after the previous test as a result of an unsatisfactory sample.

### **4. Private testing**

While some women may choose to attend for a private screening test and /or private colposcopy, please note that CervicalCheck cannot incorporate these results or management recommendations to women's CervicalCheck record.

### **5. Increased colposcopy referrals**

Colposcopy services have reported an increase in the referral rate based on 'suspicious cervix'. Inappropriate colposcopy referrals lead to overload of the colposcopy service, extended appointment waiting times and distress to those being referred. . A useful guidance note can be found at [www.hse.ie/cervicalcheck/management-of-suspicious-cervix/](http://www.hse.ie/cervicalcheck/management-of-suspicious-cervix/)

Smear takers should be familiar with the appearance of normal anomalies, e.g. eversion and nabothian follicles. After clearly visualising the cervix, an assessment as to whether there is cause for concern can be made. It is important to note that screening is not diagnostic.

The cervix image library on [www.nssresources.ie](http://www.nssresources.ie) is a valuable reference point.

### **6. Accuracy/ completeness of screening forms**

Please ensure that cervical screening forms are completed in full and have been checked for accuracy by your patient. When using pre printed labels please complete all additional fields on the form.

### **7. HPV expiration**

In November 2018, Quest Diagnostics, one of CervicalCheck's three contracted laboratories, advised us that a number of mRNA HPV tests carried out on cervical screening samples during the period 2015 to 2018 were done so outside of the manufacturer's recommended timeframe of 30 days.

The clinical advice received is that these mRNA HPV tests are effective outside the manufacturer's recommended timeframe and the risk of incorrect results is low. However in order to provide complete reassurance, we have asked some women to attend for a repeat smear test. These tests are being expedited by Quest Diagnostics, who aim to process samples within four to six weeks of the test being taken, to ensure a timely response for those women.

While we are aware that the establishment of the ICT system for dealing with these tests took longer than anticipated, Quest is confident that samples received to date will be reported within the next two weeks, while future repeat tests will be processed within the committed four to six week timeline.

We have now contacted all women affected and their healthcare professional in relation to this matter; this includes women who do not require any follow up.

In order to prevent recurrence, any sample approaching the 30 day storage limit is now sent for HPV DNA testing which can be performed up to 6 months post test date.

## **8. Difference between mRNA and DNA HPV testing**

The HPV DNA test detects any HPV present in the cell whether the virus is active or latent. HPV mRNA tests detect active infections only. Sensitivity for both tests is well over 90%, indicating that false negatives are rare. mRNA testing is more specific than HPV DNA assays and so has a lower HPV positive rate because it is detecting active infections only.

## **9. ICT issues**

In order to facilitate HPV DNA testing, another Quest Diagnostics facility in the USA is being used, however we are experiencing some ICT issues that has resulted in the lab being unable to send electronic results to the cervical screening register. As an interim measure, paper results are issued to healthcare professionals. Result letters are not being issued to women, nor is the facilitated referral form issuing for refer to colposcopy recommendation. A copy of this referral form is available on the CervicalCheck website: [www.hse.ie/cervicalcheck/colposcopyreferralform/](http://www.hse.ie/cervicalcheck/colposcopyreferralform/)

Please print a copy from the website, complete and refer as usual to colposcopy without delay.

## **10. Increase in 'unsatisfactory smear' rate**

An increase in this rate has been noted by many smearthakers and the programme. This increase is likely due to a number of factors including:

- A higher number of older women being screened
- Caution on behalf of screeners based on the current climate
- Use of lubrication by smearthakers

This unsatisfactory rate will be monitored and is currently within accepted standards.

## **11. HPV primary screening**

A HSE Steering Group, Clinical Advisory Group and HPV Project Team are in place and are progressing the planning for the move to HPV primary screening and the implementation process. We remain committed to implementing HPV primary screening as soon as and as safely as possible; in order to achieve this we are focused on stabilising the cervical screening programme and advancing the laboratory tender which will ultimately determine the implementation date.

## **12. Governance**

In addition to my appointment as Clinical Director we have recently appointed a Director of Public Health for the National Screening Service, Dr Caroline Mason Mohan, and a CervicalCheck Laboratory Quality Assurance Lead, Dr Dave Nuttall. We will also be shortly seeking to fill additional key posts in colposcopy.

### 13. Information resources

We have recently updated the information resources relating to the CervicalCheck programme. These can be viewed on the CervicalCheck website at [www.hse.ie/cervicalcheck](http://www.hse.ie/cervicalcheck)

I would be grateful if you could share this update with all ancillary staff and locums in your practice.

Finally, I wish to acknowledge and thank you for your support and assistance during this difficult and challenging time for our national cervical screening programme.

Yours sincerely



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