Programme Report
Irish Cervical Screening Programme

October 2000 to August 2008

IRISH CERVICAL SCREENING *programme*

Members of the Board of the National Cancer Screening Service

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Message from the Chief Executive Officer, National Cancer Screening Service

Welcome to the 2008 final Programme Report of the former Irish Cervical Screening Programme (ICSP) Phase One. This report outlines the programme statistics of the ICSP from October 2000 to August 2008, prior to the commencement of Cervical Check – The National Cervical Screening Programme.

The Irish Cervical Screening Programme Phase One

The ICSP had been in operation in Counties Limerick, Clare and North Tipperary since October 2000, originally under the aegis of the Mid-Western Health Board and from 2005 the Health Service Executive (HSE).

Established as a pilot programme in advance of the planned introduction of a national cervical screening programme, the aim of the ICSP was to test the operational issues and indicate lessons to be learned before the introduction of a national programme.

The ICSP operated a partnership approach in the provision of cervical screening to eligible women (aged 25 to 60). The support and service offered to women living in the Mid-West region by primary healthcare workers who were ICSP registered smeartakers provided the core foundation for the establishment of the national programme.

The governance and management of the ICSP was transferred to the Board of the National Cancer Screening Service (NCSS), following its establishment in 2007. The NCSS was charged with developing the plan to implement the cervical screening programme nationwide and, based on a review of the Phase One programme, proposed that significant criteria for the roll out should include:

- Putting in place a formal contractual relationship between the Programme and each of the key service providers, including smeartakers, and providers of cytology and colposcopy services
- Bringing together the funding of these under the governance of the NCSS
- Putting in place a Women's Charter with deliverable commitments on a range of key quality considerations

I would like to take this opportunity to thank each of those involved in the delivery of the ICSP for their commitment to the Programme and the women they screened.

About the National Cancer Screening Service

The National Cancer Screening Service Board was established by the Minister for Health and Children in January 2007. The establishment followed the launch of 'A Strategy for Cancer Control in Ireland 2006' which advocates a comprehensive cancer control policy programme in Ireland by the Cancer Control Forum and the Department of Health and Children.

The Strategy set out recommendations regarding prevention, screening, detection, treatment and management of cancer in Ireland in coming years and recommended the establishment of a National Cancer Screening Service Board. Governance of BreastCheck - The National Breast Screening Programme and the former Irish Cervical Screening Programme (ICSP) Phase One were combined under the Board of the NCSS on its establishment.

The functions of The National Cancer Screening Service are as follows:

- To carry out or arrange to carry out a national breast screening service for the early diagnosis and primary treatment of breast cancer in women
- To carry out or arrange to carry out a national cervical cancer screening service for the early diagnosis and primary treatment of cervical cancer in women
- To advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated
- To advise the Minister, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer
- To implement special measures to promote participation in its programmes by disadvantaged people

The mandate of the Board of the NCSS also includes a policy, development and advice role. This has related initially to formulating recommendations for a national, population-based colorectal cancer screening programme. In addition, the Board has established an Expert Group on Hereditary Cancer Risk comprising of experts in the areas of breast cancer, colorectal cancer, cancer epidemiology and medical genetics.

At the request of the Minister for Health and Children, the Board of the NCSS undertook a thorough review of the role of HPV vaccines in the prevention and control of cervical cancer. The Board is also empowered to provide advice to the Minister for Health and Children relating to other screening developments.

The NCSS launched CervicalCheck – The National Cervical Screening Programme on 1 September 2008. Preparations were made to ensure that a quality assured, organised, effective programme be made available free of charge to eligible women aged 25 to 60 living in Ireland.

In line with best international practice, screening is provided every three years to women aged 25 to 44 and then, once a woman has had two consecutive 'no abnormality detected' results, every five years between the ages of 45 and 60.

The purpose of cervical screening is to identify and to treat cell changes before they ever have a chance to develop into cancer. The vast majority of abnormalities detected will be pre-cancerous changes, not cervical cancer.

As no single screening test is 100 per cent accurate, the National Cervical Screening Programme will offer a woman repeat smear tests at intervals dictated by international best practice using laboratory services that have been independently assessed as operating to the highest standards. This will minimise a woman's risk of cervical cancer.

Smeartaker Training Unit

A Smeartaker Training Unit has been established. The Unit has responsibility for the co-ordination and delivery of all smeartaker educational initiatives. The introduction of the National Cervical Screening Programme led to a demand for training potentially 4,000 smeartakers on an ongoing basis. The Unit is managed by Carol McNamara and is supported by three regional smeartaker training co-ordinators. Clinical smeartaker training will continue to be overseen by a network of 10 national clinical trainers.

Opportunistic Screening

Screening is for asymptomatic women. Opportunistic smeartaking is not effective and does not impact on levels of detection of cervical cancer. Consistent with international best practice opportunistic screening is discouraged now that the National Cervical Screening Programme is available to women aged 25 to 60 years nationwide.

Conclusion

The key objective of CervicalCheck is to deliver a quality assured screening service to women living in Ireland in line with best international practice. The NCSS is delighted to deliver this screening programme that can make a real difference to women's lives by significantly reducing the incidence of and death from cervical cancer in Ireland.

The publication of this report has been approved by the Board of the National Cancer Screening Service. The Board wishes to acknowledge the support of Mary Harney, TD, Minister for Health and Children, in the establishment of CervicalCheck – The National Cervical Screening Programme.

A successful National Cervical Screening Programme has the potential to cut current incidence rates from cervical cancer by up to 80 per cent over time. Currently in Ireland, having regular smear tests as part of CervicalCheck is the most effective way to minimise a woman's risk of cervical cancer.

I would like to acknowledge the dedication of my colleagues in the CervicalCheck and NCSS offices. Without the dedication and support of colleagues and the staff of the former ICSP this national programme would not now be in place. I also wish to thank our Board members for the huge commitment they have shown in bringing this programme into being.

Mr Tony O'Brien
Chief Executive Officer
National Cancer Screening Service

Introduction from the Head of Cervical Screening, National Cancer Screening Service

Introduction from the Head of Cervical Screening, National Cancer Screening Service

This is the final and closing report of the Irish Cervical Screening Programme Phase One. It reflects the monitoring and measuring of activity throughout the lifetime of the regional programme in the Mid-West from October 2000 to August 2008. The regional programme was concluded with the introduction of CervicalCheck - The National Cervical Screening Programme on 1 September 2008.

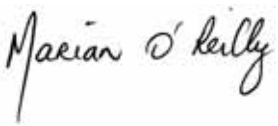
Screening programmes are best delivered as a population based public health measure. Quality assurance including data quality of all elements of the cervical screening programme is essential.

In order to be able to fully evaluate the effectiveness of a cervical screening programme, it is necessary to link the data on a woman from recruitment to the programme, through cytology screening to investigation and treatment services. This requires ongoing access and the transfer of personal health information associated with a woman's demographic data, her clinical history of cytology, colposcopy and histology results through the screening pathway.

The effectiveness of cervical screening is dependant on high coverage of the population that needs to be achieved and maintained. The objective is to achieve eighty per cent coverage of the target population to give an optimal reduction in the mortality and morbidity associated with cervical cancer.

Cervical smear tests have a beneficial impact on cervical cancer prevention. Cervical cancer usually takes more than a decade to develop. The reduction in risk in developing cervical cancer is achieved through regular screening, in an organised structured approach, of the target population. A three yearly screening interval achieves a 91 per cent risk reduction in developing invasive cervical cancer and a five yearly screening interval gives an 83 per cent risk reduction.

Since taking up this post in May 1998 to establish the team and oversee the development of the Irish Cervical Screening Programme, I am delighted to be part of the implementation of this important programme for the women of Ireland. I wish to express my sincere gratitude to all those involved for their contribution to the cervical screening programme in the Mid-West region. I acknowledge the dedication of people who assisted in developing this initiative through various committees at a local and national level. In particular my colleagues over the years in the Programme office since 1998, the smeartakers who were the face of the Programme, the staff of the Limerick colposcopy clinic under Dr Kevin Hickey, staff at the histology laboratory of the Mid Western Regional Hospital under Dr Elizabeth Mulcahy and above all the women who participated. The lessons learned provided vital learnings for the organisation and launch of CervicalCheck.



Dr. Marian O' Reilly,
Head of Cervical Screening
National Cancer Screening Service

Statistical Overview

Statistical Overview

1.1 Summary

As of 31 August 2008, there were 137,585 women on the ICSP Phase One Cervical Screening Register (CSR). This review for 2000 to August 2008 indicates that coverage of the target population of women aged 25 to 60 is 67.0 per cent (70,204/104,806). There were 4,801 unique women seen in colposcopy from 16 October 2000 to 31 August 2008 representing 6.0 per cent (4,801/79,142) of the total number screened during the period. Diagnostic histology services recorded 25 cervical cancers and 952 pre-invasive cancers in the same time period.

The change of the screening interval from five yearly to every three years in women aged 25 to 44 and every five years in women aged 45 to 60 following two consecutive negative smear test results has been operational since July 2007.

1.2 Objective

The objective of this report is to monitor ICSP Phase One activity. Key performance indicators monitor the screening process and allow early identification of problems and reactions, if needed. Statistics are gathered regarding activity of the:

- Creation of the screening register (list of names, addresses and date of birth)
- Smear test attendance rates and coverage
- Laboratory reporting rates – cytology and histology
- Colposcopy service attendance and workload

The monitoring and measurements of a national cervical screening programme are essential and mechanisms to support them are required. Cost effectiveness, coverage, and the decrease in the incidence and mortality of cervical cancer as a result of the Programme are the major measures required. A number of screening rounds are required to demonstrate a decrease in morbidity and mortality. There will be confidence in evaluation outcomes of a national programme when all stakeholders adhere to one clearly defined national policy.

1.3 Methodology

The prime source of the following data is the CSR information system based on data up to 31 August 2008. Reporting on screening activity at population level in ICSP Phase One was made possible by the demographic details and clinical screening data stored centrally in the CSR for each woman. An extensive de-duplication process of women's files was undertaken annually and name matching software was active on the CSR. Information retained on the women for ICSP purposes is subject to the Data Protection Act 1998 and 2003.

1.4 Analysis

The CSR contained the files of 137,585 women for ICSP Phase One on 31 August 2008. These women were grouped into one of three categories: active, inactive or permanently inactive (Table 1).

The inactive category identified those women who are, for an interim, exempt from the Programme for reasons such as self-deferral of routine smear test, under the care of colposcopy services or undergoing other medical treatment, under age or have temporarily moved out of the region.

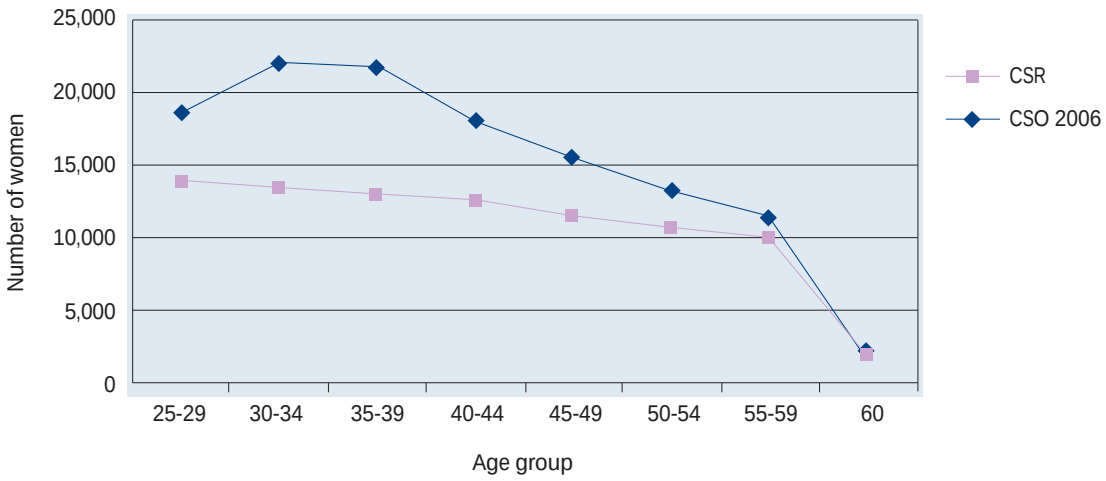
The permanently inactive file was an archive of women who are not, or no longer, eligible for the screening programme due to death, reaching the age of 61, having a history of a total hysterectomy for benign reasons, having moved out of the country or having requested not to be part of the Programme (opt-out).

Table 1: Number of women on the Cervical Screening Register by age group and status on 31 August 2008

Age group	Active	Inactive	Permanently inactive	Total	Total within age cohort	Total % within age cohort
<25	1,462	1,115	10	2,587		
25-29	16,041	2,369	120	18,530	18,530	15.16%
30-34	17,501	3,937	476	21,914	21,914	17.93%
35-39	16,792	4,019	783	21,594	21,594	17.67%
40-44	14,486	2,922	616	18,024	18,024	14.75%
45-49	13,019	1,860	636	15,515	15,515	12.69%
50-54	11,113	1,336	665	13,114	13,114	10.73%
55-59	9,621	1,005	823	11,449	11,449	9.37%
60 only	1,777	165	147	2,089	2,089	1.71%
61+	1,121	5,266	6,382	12,769	0	0
All Total	102,933	23,994	10,658	137,585	122,229	

Figure 1 profiles the CSR population demographics against the 2006 census data in the Mid-Western area for women in the target population (25 to 60). The under 25 and over 60 age groups along with women in the permanently inactive CSR category have been excluded to better reflect the target population. The drop in the graph at age 60 reflects the reference to that age alone whereas the other points refer to five year age cohorts. An explanation of the discrepancy for age groups 25 to 44 may be that women living outside the Phase One area have attended General Practitioners that were registered with the ICSP.

Figure 1: Correlation between the number of women aged 25 to 60 on the CSR database and the CSO 2006 Census Data on 31 August 2008



1.4.1 Level of screening

1.4.1.1 Number of women screened

From 16 October 2000 to 31 August 2008, 79,142 unique women attended for cervical screening of which 8.1 per cent (6,438 / 79,142) were below and 3.2 per cent (2,500 / 79,142) above the policy age threshold (Table 2). The count of unique women screened is taken as the date of the first smear test for a woman in the period of time reported and her age at the time of the smear test. A unique woman may be counted in a different age cohort or year depending on the period of time reported, i.e. as in this document 2000 to 2008 or 2004 to 2008.

Table 2: Number of unique women screened by age for the period 16 October 2000 to 31 August 2008

Age group	2000	2001	2002	2003	2004	2005	2006	2007	2008 (Jan – Aug)	Total	Total within age cohort	Total % within age cohort
<25	212	926	852	810	843	726	638	934	497	6,438		
25-29	285	1,727	1,674	1,467	1,443	1,481	1,684	2,054	1,288	13,103	13,103	18.66%
30-34	278	1,867	1,832	1,888	1,452	1,378	1,302	1,506	886	12,389	12,389	17.65%
35-39	268	1,826	1,853	1,827	1,309	1,408	1,056	1,289	740	11,576	11,576	16.49%
40-44	244	1,595	1,605	1,685	1,212	1,331	832	1,147	638	10,289	10,289	14.66%
45-49	242	1,340	1,301	1,463	1,079	1,142	689	880	423	8,559	8,559	12.19%
50-54	181	1,121	1,047	1,207	965	1,030	557	683	410	7,201	7,201	10.26%
55-59	117	716	1,548	1,236	684	667	441	543	307	6,259	6,259	8.92%
60 only	17	91	247	175	49	59	66	85	39	828	828	1.18%
61+	40	318	583	424	223	211	262	301	138	2,500		
Total	1,884	11,527	12,542	12,182	9,259	9,433	7,527	9,422	5,366	79,142	70,204	

1.4.1.2 Coverage

Coverage is a cumulative measure of the number of eligible women (25 to 60 years) who have undergone smear testing over the screening interval. It provides information on the relative extent to which the ICSP is reaching its target population. The proportion of the target population screened in intervals is the main determinant of success of a screening programme. On the other hand, too frequent testing increases human and financial costs with only a very small gain in mortality reduction.

Coverage is defined as the number of unique women (nominator) who have had at least one satisfactory smear test taken within the defined screening interval, expressed as a percentage of the total number of eligible women (denominator). A satisfactory smear test is a smear test which is deemed adequate to be screened and where the slide is not damaged or broken.

Coverage from 1 January 2004 to 31 August 2008 does not reflect the full five year screening interval as this report closes out the activity of ICSP at the end of August rather than December of that year and was 59.4 per cent at that point in time (62,254/104,806) (Table 3 and Figure 2).

Table 3: Number of unique women screened by age for the period 1 January 2004 to 31 August 2008

Age group	2004	2005	2006	2007	2008 (Jan – Aug)	Total	Total within age cohort	Total % within age cohort
<25	1,149	840	686	955	507	4,137		
25-29	2,731	1,967	1,969	2,333	1,370	10,370	10,370	16.66%
30-34	3,124	2,075	1,847	2,348	1,057	10,451	10,451	16.79%
35-39	2,909	2,113	1,753	2,460	1,013	10,248	10,248	16.46%
40-44	2,705	1,967	1,605	2,511	832	9,620	9,620	15.45%
45-49	2,340	1,652	1,339	2,287	569	8,187	8,187	13.15%
50-54	2,029	1,490	1,093	1,884	525	7,021	7,021	11.28%
55-59	1,679	1,007	870	1,530	405	5,491	5,491	8.82%
60 only	216	113	154	330	53	866	866	1.39%
61+	600	353	461	798	221	2,433		
Total	19,482	13,577	11,777	17,436	6,552	68,824	62,254	

Table 4: Coverage by age cohort from 1 January 2004 to 31 August 2008

Age group	Eligible women	No. of women screened from 1 Jan 2004 to 31 August 2008	Coverage per age cohort
25-29	16,943	10,370	61.21%
30-34	18,800	10,451	55.59%
35-39	18,074	10,248	56.70%
40-44	15,248	9,620	63.09%
45-49	13,564	8,187	60.36%
50-54	11,495	7,021	61.08%
55-59	9,901	5,491	55.46%
60 only	781	866	110.88%
Total	104,806	62,254	59.40%

Coverage of women in the ICSP Phase One from 1 January 2004 to 31 August 2008 is the number of women in age cohorts who have had a smear test within the last five years expressed as a percentage of the eligible women from the CSR database (Figure 2).

Figure 2: ICSP coverage for the period 1 January 2004 to 31 August 2008

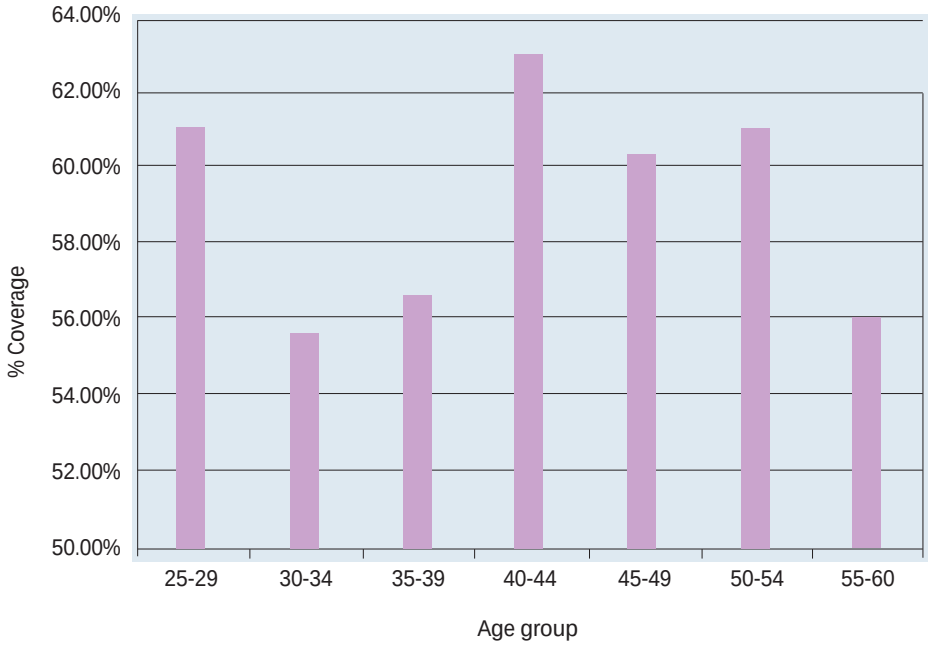


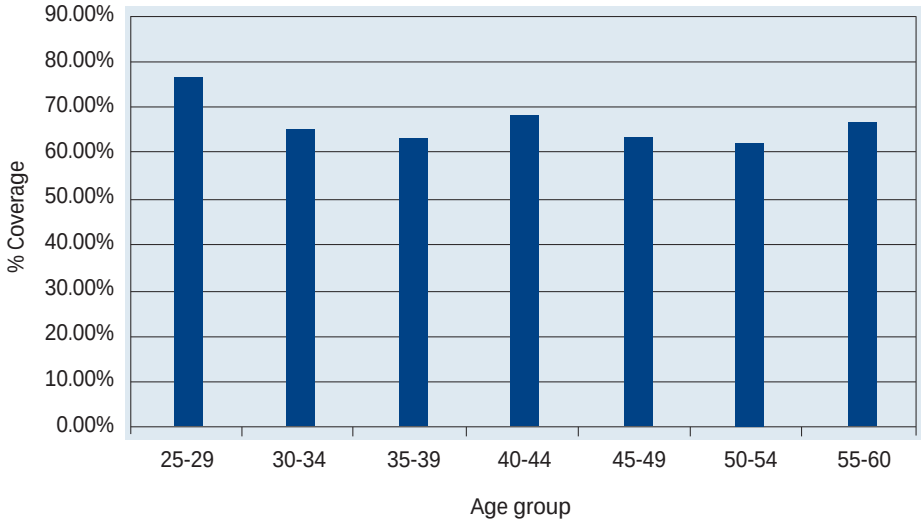
Table 5: Coverage by age cohort from 16 October 2000 to 31 August 2008

Age group	Eligible women	No. of women screened from 16 October 2000 to 31 August 2008	Coverage per age cohort
25-29	16,944	13,103	77.33%
30-34	18,803	12,389	65.89%
35-39	18,073	11,576	64.05%
40-44	15,251	10,289	67.46%
45-49	13,565	8,559	63.10%
50-54	11,495	7,201	62.64%
55-59	9,895	6,259	63.25%
60 only	780	828	106.15%
Total	104,806	70,204	66.98%

As a look back over the lifetime of ICSP coverage is also calculated from 16 October 2000 to 31 August 2008 and was 67.00 per cent (70,204/104,806) (Table 5).

Coverage of women in the ICSP Phase One throughout its eight years from 16 October 2000 to 31 August 2008 is the number of women in age cohorts who have had a smear test expressed as a percentage of the eligible women from the CSR database (Figure 3).

Figure 3: ICSP coverage for the period 16 October 2000 to 31 August 2008



1.4.2 Smear test activity

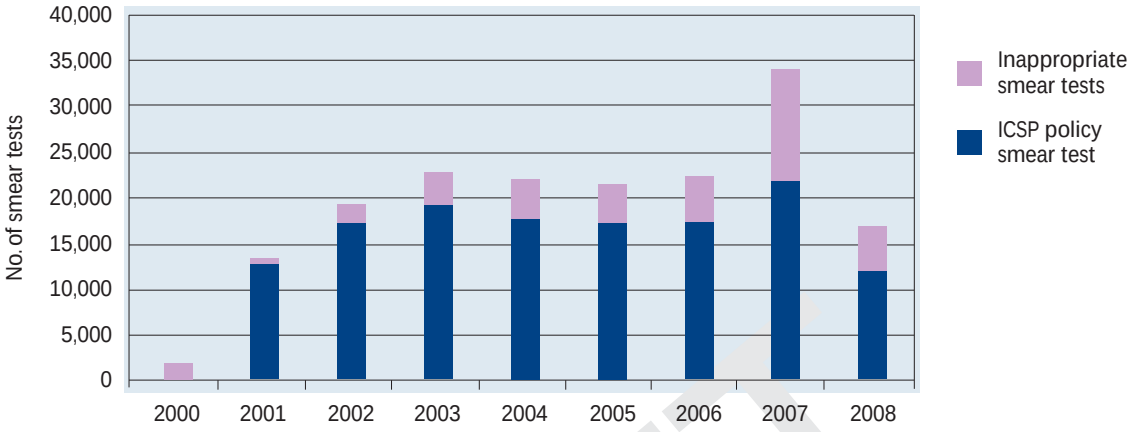
1.4.2.1 Adherence to ICSP screening policy

Overall, policy smear tests represented 79.07 per cent (136,502/172,624) (Table 6) of all smear tests received by the ICSP. Inappropriate tests accounted for 20.9 per cent (36,122/172,624) for which no payment was made and included smear tests on women under 25 years of age. The level of inappropriate smeartaking was generally low within the ICSP eligible (25 to 60 years) population (Figure 4). Smear tests in women over 60 years of age were appropriately followed-up as indicated by cytology management guidelines.

Table 6: Policy and inappropriate smear tests

ICSP colposcopy procedures					
Year	No. of smears	Policy		Inappropriate	
	No.	No.	% of n	No.	n
2000	1,886	1,884	99.89%	2	0.11%
2001	13,249	12,751	96.24%	498	3.76%
2002	19,054	17,003	89.24%	2,051	10.76%
2003	22,719	19,179	84.42%	3,540	15.58%
2004	21,851	17,630	80.68%	4,221	19.32%
2005	21,277	17,203	80.85%	4,074	19.15%
2006	22,232	17,364	78.10%	4,868	21.90%
2007	33,678	21,569	64.04%	12,109	35.96%
2008	16,678	11,919	71.47%	4,759	28.53%
Total	172,624	136,502	79.07%	36,122	20.93%

Figure 4: Distribution of ICSP policy and inappropriate smear tests for period 16 October 2000 to 31 August 2008



1.4.3 Cytology

Of the 170,601 (Table 7) smear tests processed, those that were pending results at 31 August 2008 were not included in this analysis.

1.4.3.1 Cytology findings

From the raw data of cytology screening activity, 7.69 per cent (13,115/170,601) were reported unsatisfactory or inadequate for cyto-screening and required a repeat test (Table 7). The introduction of liquid based cytology (LBC) preparations in sample taking began in 2005 and was not fully implemented in the Mid-West until 2006. There is known to be an associated drop in unsatisfactory reporting rate with LBC.

When the figures are adjusted to remove the unsatisfactory or inadequate smear test reports from the total reported (Table 8), 2.56 per cent of smear test samples showed moderate dyskaryosis, severe dyskaryosis, invasive squamous carcinoma and glandular neoplasia.

Table 7: Cytology findings for smear tests in the period 16 October 2000 to 31 August 2008

Year	Smear tests	Cytology findings			
	Total number of smear tests processed	Unsatisfactory/inadequate smear tests		Satisfactory/adequate smear tests	
	No.	No.	%	No.	%
2000	17	4	23.53%	13	76.47%
2001	8,642	842	9.74%	7,800	90.26%
2002	20,320	2,046	10.07%	18,274	89.93%
2003	24,374	2,114	8.67%	22,260	91.33%
2004	23,468	2,574	10.97%	20,894	89.03%
2005	19,081	1,917	10.05%	17,164	89.95%
2006	18,719	1,258	6.72%	17,461	93.28%
2007	34,875	1,200	3.44%	33,675	96.56%
2008	21,105	1,160	5.50%	19,945	94.50%
Total	170,601	13,115	7.69%	157,486	92.31%

Table 8: Cytology findings excluding unsatisfactory smear tests in the period 16 October 2000 to 31 August 2008

Year	Smears	Cytology findings															
		NAD		BNA(sq) or HPV		BNA(gl)		Mild dyskaryosis		Moderate dyskaryosis		Severe dyskaryosis		Query invasive Sq Ca		Query glandular	
	n	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2000	13	8	61.54%	1	7.69%	0	0.00%	3	23.08%	0	0.00%	0	0.00%	0	0.00%	1	7.69%
2001	7,800	7162	91.82%	260	3.33%	19	0.24%	174	2.23%	80	1.03%	102	1.31%	1	0.01%	2	0.03%
2002	18,274	16821	92.05%	636	3.48%	25	0.14%	375	2.05%	207	1.13%	193	1.06%	13	0.07%	4	0.02%
2003	22,260	20355	91.44%	767	3.45%	22	0.10%	590	2.65%	263	1.18%	237	1.06%	14	0.06%	12	0.05%
2004	20,894	19388	92.79%	587	2.81%	31	0.15%	473	2.26%	216	1.03%	178	0.85%	10	0.05%	11	0.05%
2005	17,164	15553	90.61%	424	2.47%	33	0.19%	673	3.92%	263	1.53%	207	1.21%	7	0.04%	4	0.02%
2006	17,461	15220	87.17%	751	4.30%	31	0.18%	840	4.81%	323	1.85%	280	1.60%	8	0.05%	8	0.05%
2007	33,675	30399	90.27%	1145	3.40%	16	0.05%	1,302	3.87%	438	1.30%	361	1.07%	5	0.01%	9	0.03%
2008	19,945	17637	88.43%	795	3.99%	26	0.13%	892	4.47%	324	1.62%	243	1.22%	11	0.06%	9	0.05%
Total	157,486	142,543	90.51%	5,366	3.41%	203	0.13%	5,322	3.38%	2,114	1.34%	1,801	1.14%	69	0.04%	60	0.04%

1.4.4 Colposcopy

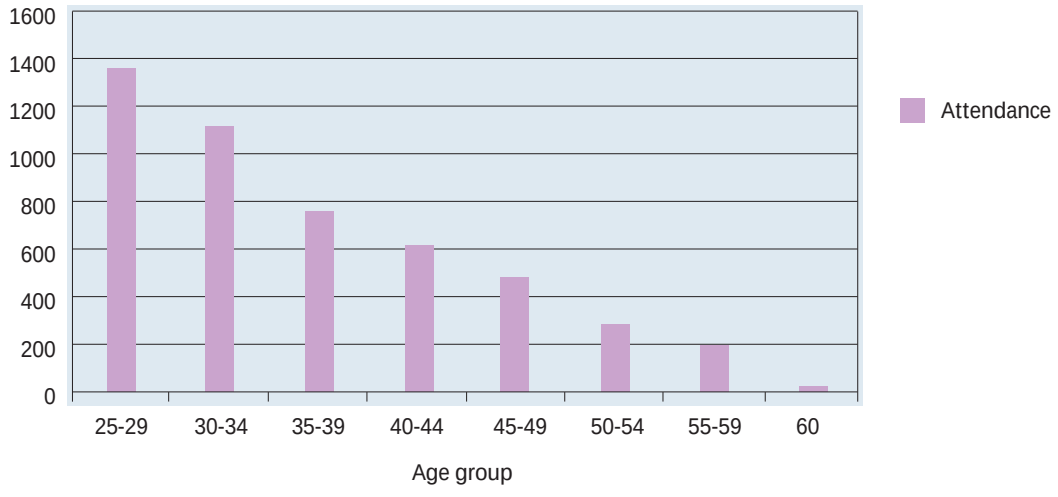
The following provides information on the level of activity in colposcopy. Looking at the period 16 October 2000 to 31 August 2008, 6.0 per cent (4,801/79,142) of the total number of women screened were seen at colposcopy. From the numbers of women referred to the colposcopy clinic, Mid-Western Regional Maternity Hospital, Limerick and those that attended the clinic, it is apparent that there is a high degree of compliance by women. (Table 8 and Table 9). In the period October 2000 to August 2008, 99.19 per cent (4,801/4,840) of women complied with the referral to colposcopy.

Table 9: Number of unique women who attended colposcopy for the period 16 October 2000 to 31 August 2008

	No. of women										No. of attendances
Age group	2000	2001	2002	2003	2004	2005	2006	2007	2008 (Jan – Aug)	Total	2000-2008
25-29	5	165	111	136	135	134	216	223	225	1,350	3,353
30-34	2	145	81	145	150	152	144	151	139	1,109	2,936
35-39	1	100	68	109	90	90	108	103	87	756	1,992
40-44	1	77	45	63	86	75	92	99	77	615	1,536
45-49	2	68	40	73	66	53	67	59	47	475	1,157
50-54	0	31	26	31	41	37	38	34	40	278	635
55-59	0	28	24	29	23	22	22	31	16	195	365
60	0	2	5	5	3	0	2	4	2	23	49
Total	11	616	400	591	594	563	689	704	633	4,801	12,023

A unique woman (Figure 5) usually attends the clinic a number of times throughout her pathway of care before being discharged back to her General Practitioner for post colposcopy surveillance.

Figure 5: Number of unique women who attended colposcopy for the period 16 October 2000 to 31 August 2008

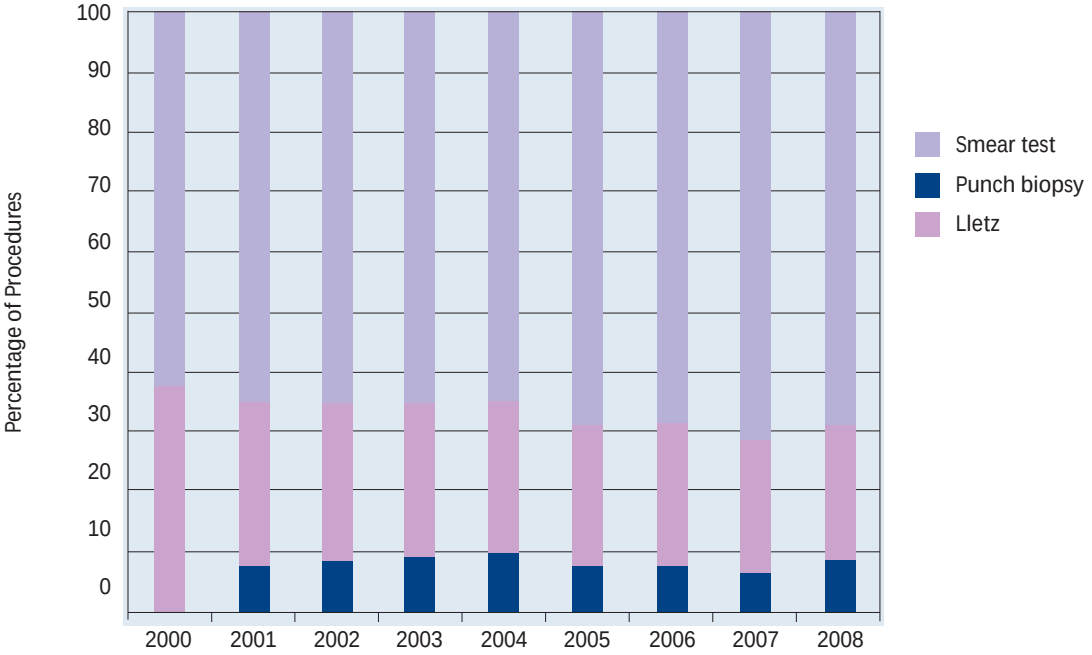


Women attending the colposcopy clinic may have had an investigative procedure carried out or biopsy taken (Table 10 and Figure 6).

Table 10: Types of colposcopy procedures as a percentage of total number of procedures for the period 16 October 2000 to 31 August 2008

Colposcopy procedures							
Year	Total no. of procedures	Lletz		Punch biopsy		Smear tests	
	No.	No.	n	No.	n	No.	n
2000	16	0	0.00%	6	37.50%	10	62.50%
2001	1,427	115	8.06%	391	27.40%	921	64.54%
2002	1,316	116	8.81%	344	26.14%	856	65.05%
2003	2,032	192	9.45%	509	25.05%	1,331	65.50%
2004	2,294	228	9.94%	582	25.37%	1,484	64.69%
2005	2,161	171	7.91%	500	23.14%	1,490	68.95%
2006	2,753	225	8.17%	646	23.47%	1,882	68.36%
2007	3,068	210	6.84%	681	22.20%	2,177	70.96%
2008	2,593	224	8.64%	589	22.72%	1,780	68.65%
Total	17,660	1,481	8.39%	4,248	24.05%	11,931	67.56%

Figure 6: Types of colposcopy procedures as a percentage of total number of procedures undertaken by year for the period 16 October 2000 to 31 August 2008



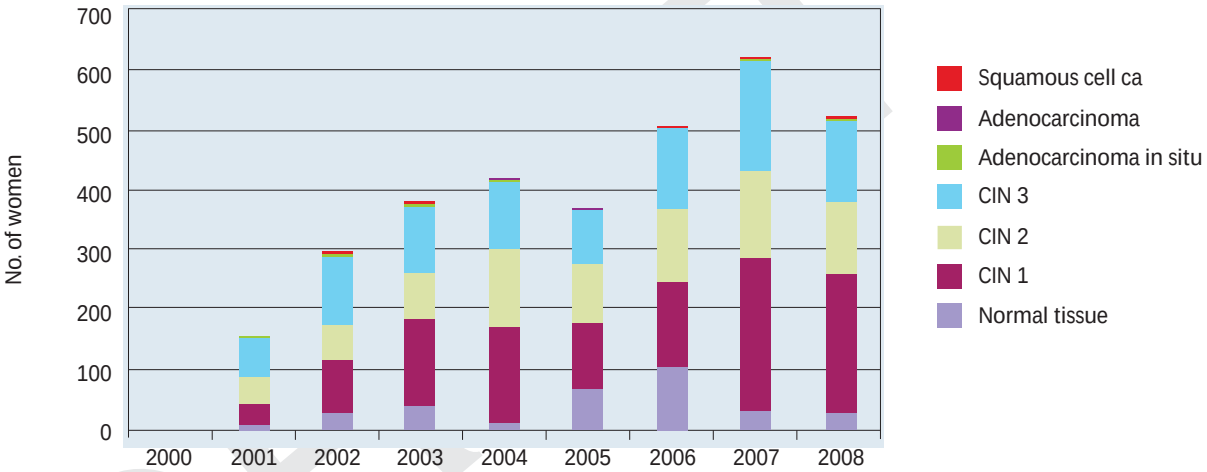
1.4.5 Histology

The highest ranking SNOMED code is reported. If a woman has a number of histologically diagnosed specimens, the most severe grade is noted.

1.4.5.1 Histology findings by year

Histological findings relating to the cervix were reported for 3,256 women screened for the period of 16 October 2000 to 31 August 2008 (Figure 7, Table 11).

Figure 7: Distribution of histology findings by highest ranking SNOMED code for the period 16 October 2000 to 31 August 2008



Of women referred to histology, SNOMED results indicated the following (Table 11):

- Normal tissue 10.16 per cent (331/3,256)
- Low grade CIN 1 35.72 per cent (1163/3,256)
- High grade CIN 2 24.11 per cent (785/3,256)
- Pre-invasive CIN 3 29.24 per cent (952/3,256)
- Carcinoma 0.77 per cent (25/3,256)

Table 11: Distribution of histology findings by highest ranking SNOMED code for the period 16 October 2000 to 31 August 2008

Year	No. of women	Normal		CIN 1 tissue		CIN 2		CIN 3		Adeno-carcinoma in situ		Adeno-carcinoma		Squamous cell ca	
		M00100 M09450		M74006		M74007		M74008		M81402		M81403		M80703	
	n	No.	n	No.	n	No.	n	No.	n	No.	n	No.	n	No.	f n
2001	158	8	5.06%	36	22.78%	46	29.11%	65	41.14%	3	1.90%	0	0.00%	0	0.00%
2002	295	30	10.17%	89	30.17%	58	19.66%	114	38.64%	2	0.68%	0	0.00%	2	0.68%
2003	376	42	11.17%	144	38.30%	75	19.95%	110	29.26%	3	0.80%	0	0.00%	2	0.53%
2004	416	14	3.37%	159	38.22%	125	30.05%	116	27.88%	0	0.00%	1	0.24%	1	0.24%
2005	368	68	18.48%	111	30.16%	97	26.36%	91	24.73%	0	0.00%	1	0.27%	0	0.00%
2006	505	106	20.99%	142	28.12%	122	24.16%	133	26.34%	0	0.00%	0	0.00%	2	0.40%
2007	619	34	5.49%	251	40.55%	143	23.10%	186	30.05%	3	0.48%	0	0.00%	2	0.32%
2008	519	29	5.59%	231	44.51%	119	22.93%	137	26.40%	2	0.39%	0	0.00%	1	0.19%
Total	3256	331	10.17%	1163	35.72%	785	24.11%	952	29.24%	13	0.40%	2	0.06%	10	0.31%

CervicalCheck
THE NATIONAL CERVICAL SCREENING PROGRAMME

WOMEN'S CHARTER

Screening commitment:

- CervicalCheck – The National Cervical Screening Programme offers a free, complete quality assured programme of care
- You choose your smeartaker from a wide range of eligible service providers registered with the Programme
- You may change your preferred provider for subsequent Programme screening
- All Programme staff will respect your privacy, dignity, religion, race and cultural beliefs
- Your screening records will be treated in the strictest confidence
- You will always have the opportunity to make your views known and to have them taken into account
- Once you become known to the Programme you will be invited every three years for screening while you are aged 25 to 44 and every five years while you are aged 45 to 60
- Your smear test will be screened in an accredited quality assured laboratory
- Your result and any treatment recommendation will be provided to you and your nominated smeartaker by the Programme within four weeks.

We aim:

- To ensure pleasant and comfortable surroundings during screening.

If you require further treatment, we aim:

- To ensure that you will be offered an appointment at a quality assured colposcopy clinic *(within four weeks for high grade cell changes and within eight weeks for low grade cell changes)*.

Tell us what you think:

- Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve
- You have a right to make your opinion known about the care you received
- If you feel we have not met the standards of this Charter, let us know by telling the people providing your care or in writing to the Programme
- We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service – one that satisfies you
- Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you.

Ways you can help us:

- Please make your appointment with a registered smeartaker on receipt of your invitation letter from the Programme
- Please bring your PPS number with you to your appointment
- Please read any information we send you
- Please try to be well informed about your health.

Let us know:

- If you change your address
- What you think – your views are important.

Freephone 1800 45 45 55
www.cervicalcheck.ie

CervicalCheck
THE NATIONAL CERVICAL SCREENING PROGRAMME

National Cancer Screening Service

The National Cancer Screening Service encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

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If you have any queries about the former Irish Cervical Screening Programme or CervicalCheck - The National Cervical Screening Programme, contact:

CervicalCheck administration office on 061 461 390 or Freephone 1800 45 45 55

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Title	Programme Report of the Irish Cervical Screening Programme
Author	National Cancer Screening Service
Year	2009
Published by	National Cancer Screening Service
ISBN	978-1-907487-03-3
CS/PR/PM-13 Rev 1	