



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Implementation of organized HPV-based screening programs

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The Netherlands

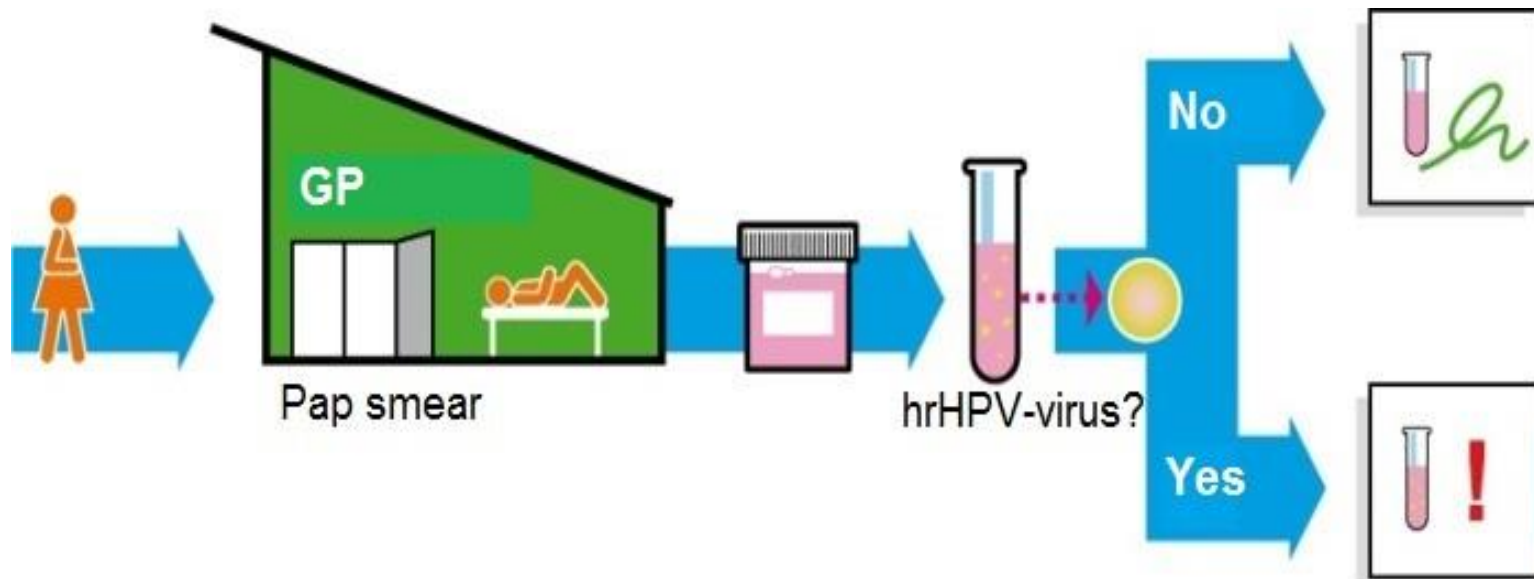


From cytology based to HPV based screening

	Untill 2016	2017
Age (years)	30 - 60	30 – 60 (65 HPV+)
Method	Clinical sample GP	Clinical sample GP Selfsampling non-responders
Test	Cytology	HPV HPV+/Cytology
Follow-up 6 month	ASCUS/LSIL	HPV+
Referral Gynaecologist	HSIL>	HPV+ and ASCUS>

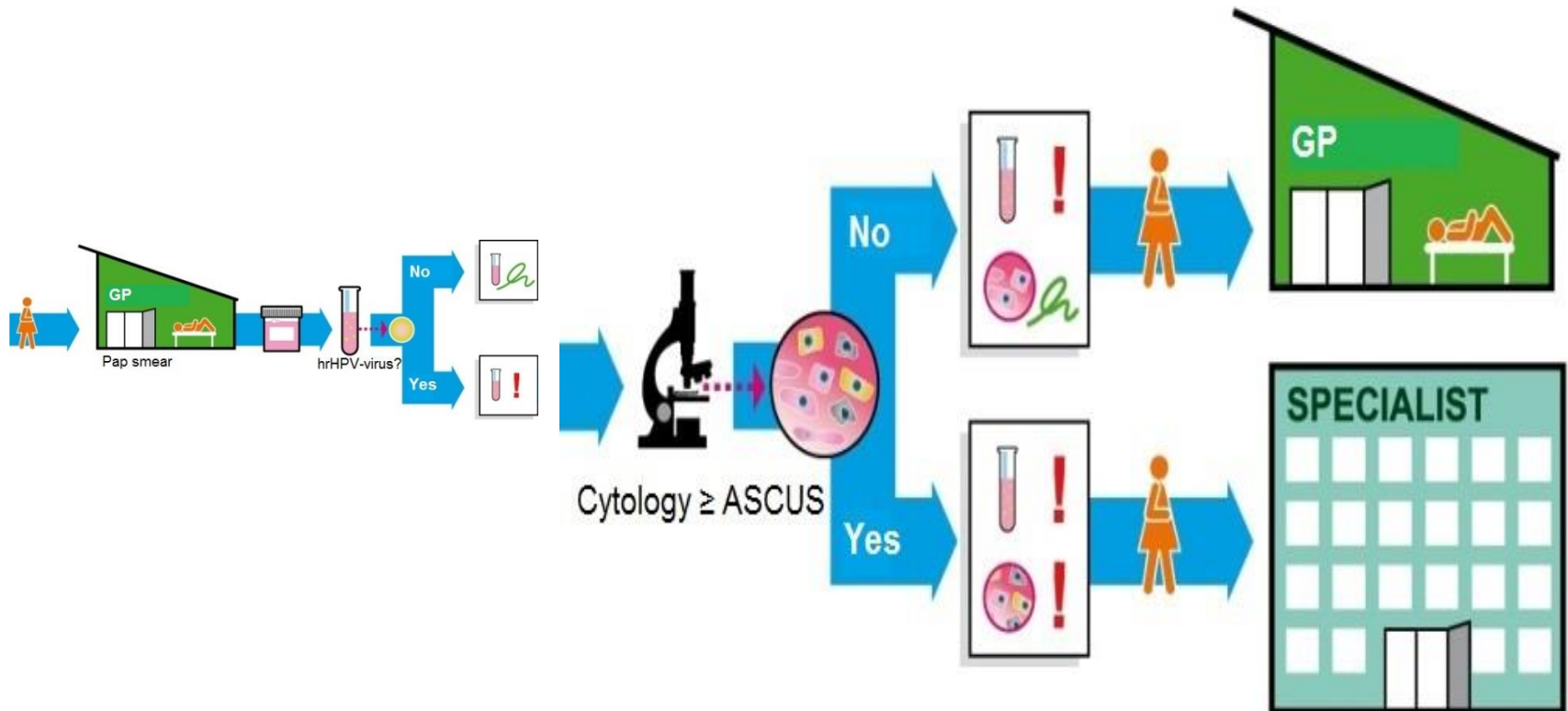


hrHPV testing

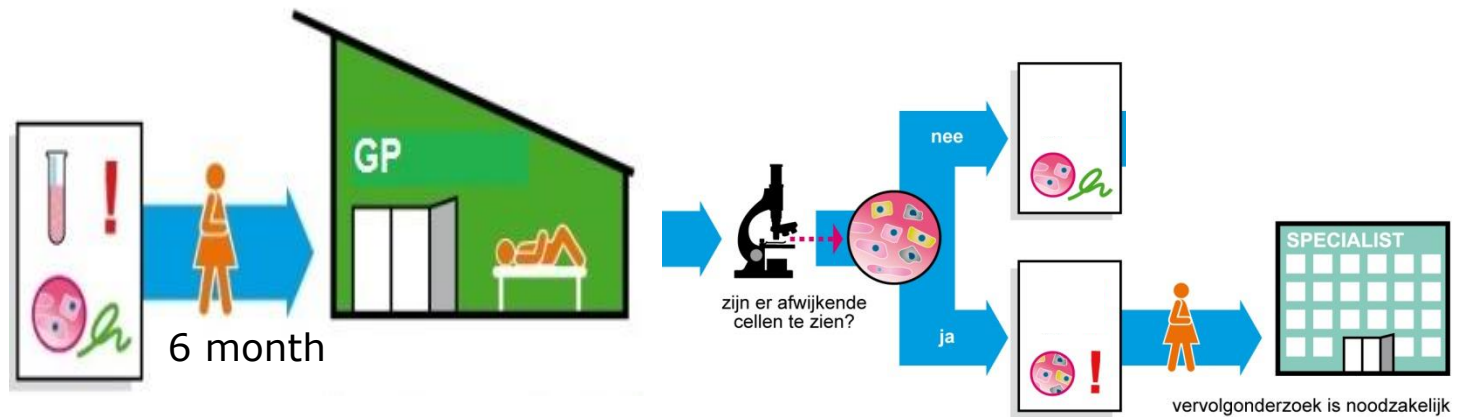




Cytology triage testing

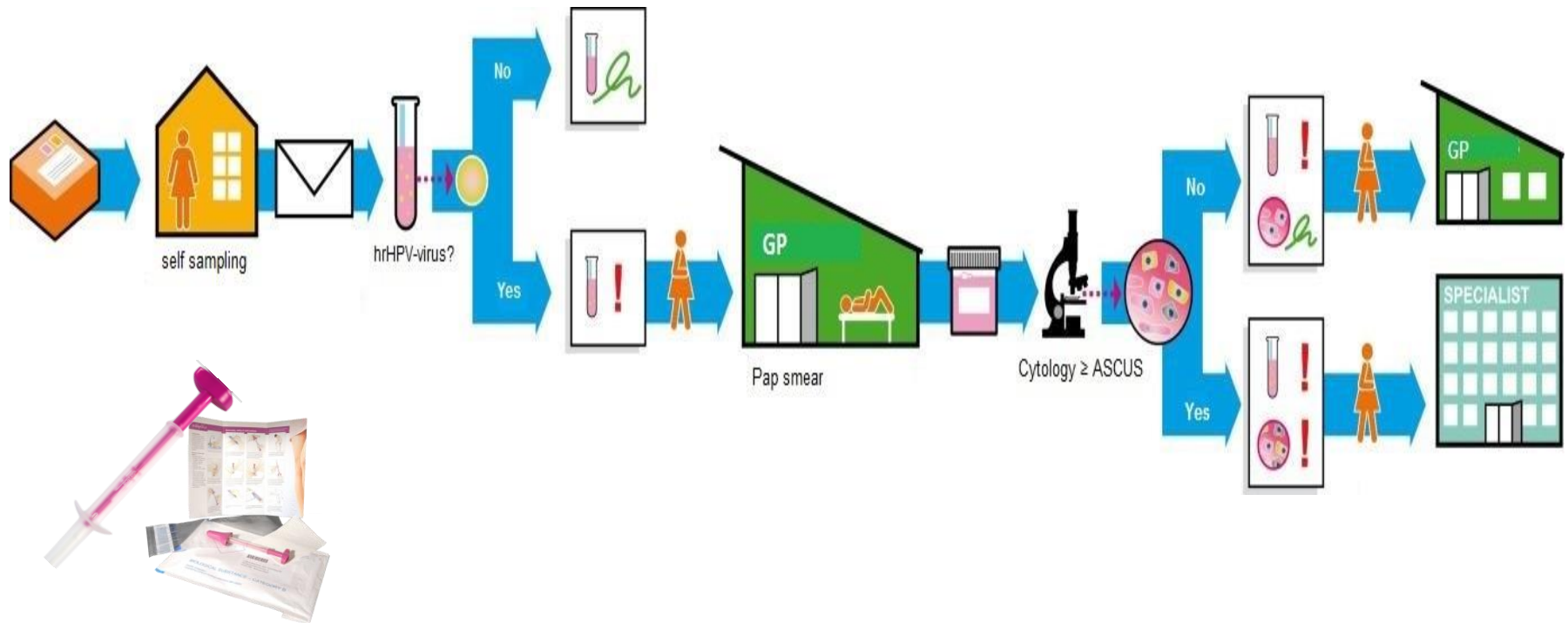


Follow-up smear





Self-sampling



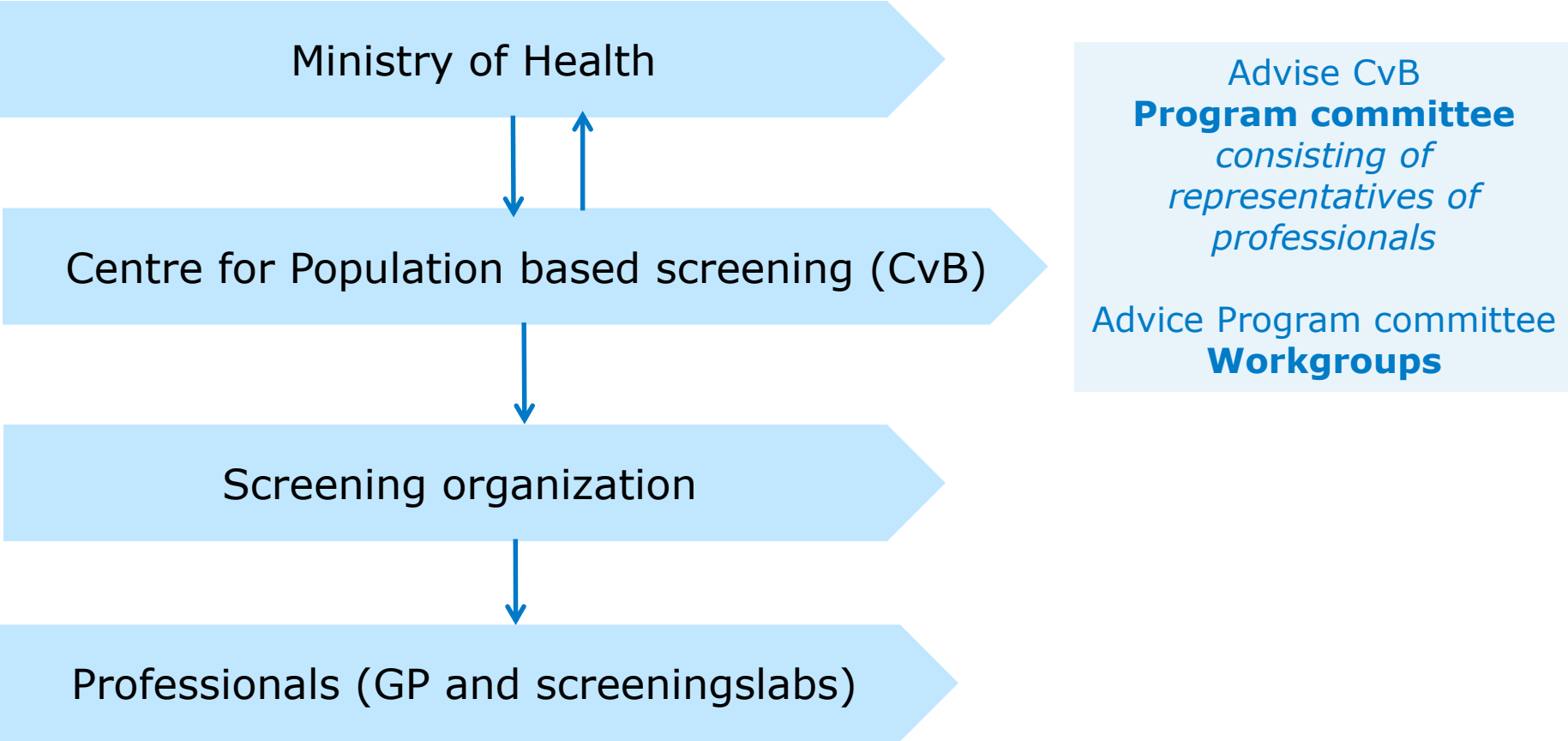


Results

	2016	2017
referral rate total	1.9%	3.6%
referral rate direct	0.93%	2.60%
referral rate indirect	0.79%	1.00%
followed referral total	91%	75%
followed referral direct	91%	77%
followed referral indirect	76%	69%
detection screening programme total	0.99%	1.25%
detection screening programme direct	0.69%	1.00%
detection screening programme indirect	0.27%	0.25%
PVV total	56.3%	34.7%
PVV direct	71.5%	38.4%
PVV indirect	7.2%	4.7%



Framework





Renewed programme: Phases

Decisionmaking phase (2 years)

Preparation phase (3,5 years)

- Tenders; HPV, selfsampling, labs
- Organisation screenlaboratories
- Set up information technologies
- Framework tasks and responsibilities professionals
- Guidelines GP, pathology, gynecology
- Development communication and education materials

Implementation phase (8 months)

- Set up and testing laboratories (testing with old samples)
- First lab testing IT and workflow low volume (2.000)
- Education of professionals (HPV/cytology)

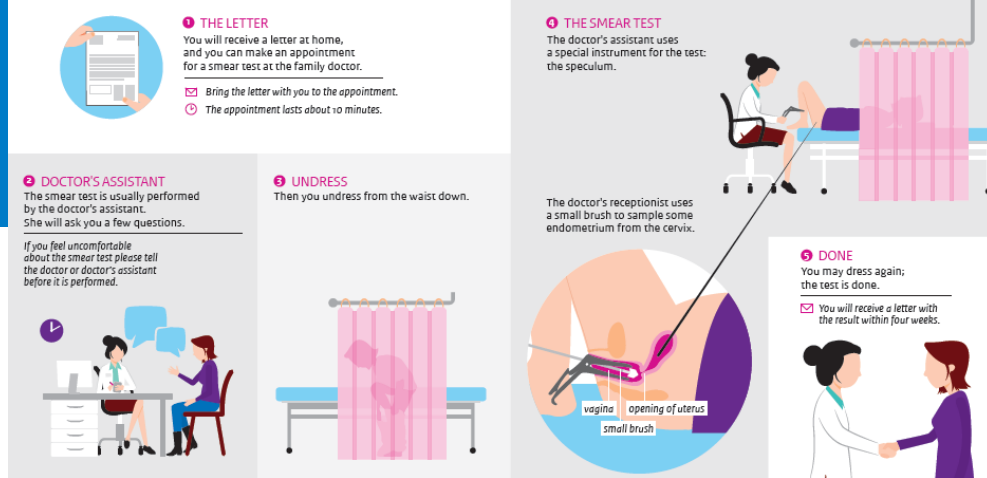
Transition



Transition

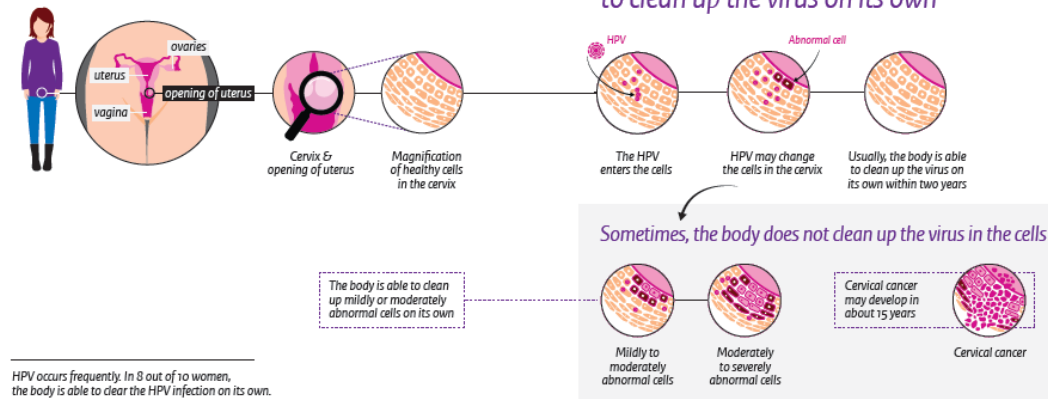
2016 stop cytology screeningprogram

- Concentration of invitations before september
- Recall in september
- Informing clients that cytology screening stops
- Informing GP to stop taking smears in december
- Labs could finish cytology in january
- Old IT system closed on 20th of january
- Migration of data on 21th of january in new IT system



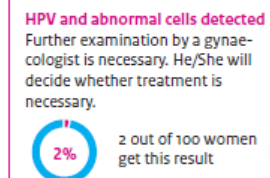
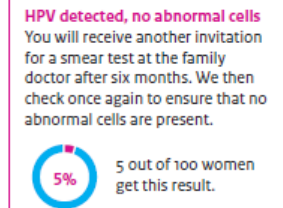
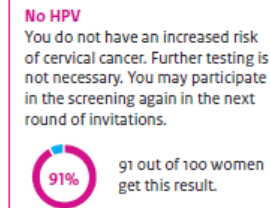
letter and folder; basic information

HPV Infection



What can the results be?

About four weeks after the screening, you will receive a letter with the results. You can get the following results:



Unclear
A new smear test is required. Please make an appointment with your family doctor for this in about six weeks after your first smear test.

In 2 out of 100 women, the smear test is inconclusive.



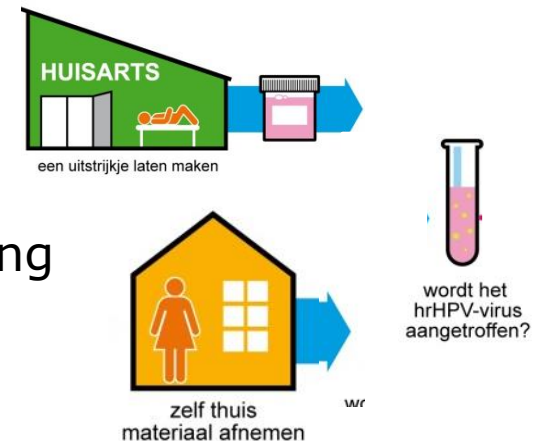
QA in primary hrHPV screening

Characteristics 1st hrHPV screening programme

- Five test sites representing five different regions
- All test sites similar hrHPV test equipment
- Two sample flows (clinical samples, self samples)
 - Large daily throughput, each lab 450 samples daily
 - Low prevalence

→ fast adjustments if required

- Specific attention to QA in primary hrHPV screening
 - Performance over time
 - Performance in different regions
 - Performance in relation to other testsystems





QA in triage cytology screening

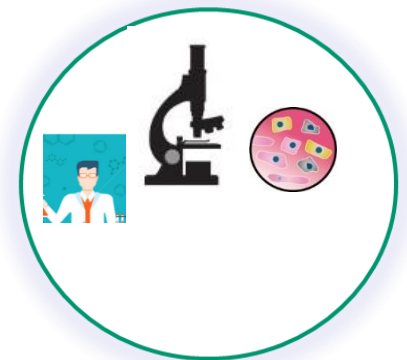
Characteristics 1st hrHPV screening programme

- Increased abnormal cytology
- HPV-bias (influence of knowledge HPV on cytology)
- Increased referral



→ fast adjustments if required

- Specific attention to QA in triage cytology screening
 - Instructions and learning effect HPV-bias
 - Referrals over time
 - Referrals in different regions





Continuous process of optimizations

- Investigating possibilities to decrease unnecessary referrals, for example by adding genotyping to our triage (2022)
- Stronger position self-sampling, by sending them out to non-responders and all first-invited-women (2023)
- Preparing for HPVvaccinated women in screening program (2023)
- Lowering barriers for participation (2021)
- Dealing with consequences of the COVID19-pandemic



Radboudumc



Universitair Medisch Centrum Groningen





More?

Website:

www.rivm.nl/en/topics

Feasibility report (organization, finances, support)

Framework new screening

Folders for the participants

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