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# Cervical Screening Programme and planned HPV screening in Ireland

HPV Prevention and Control Board 2017

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# Cervical cancer in Ireland-key statistics

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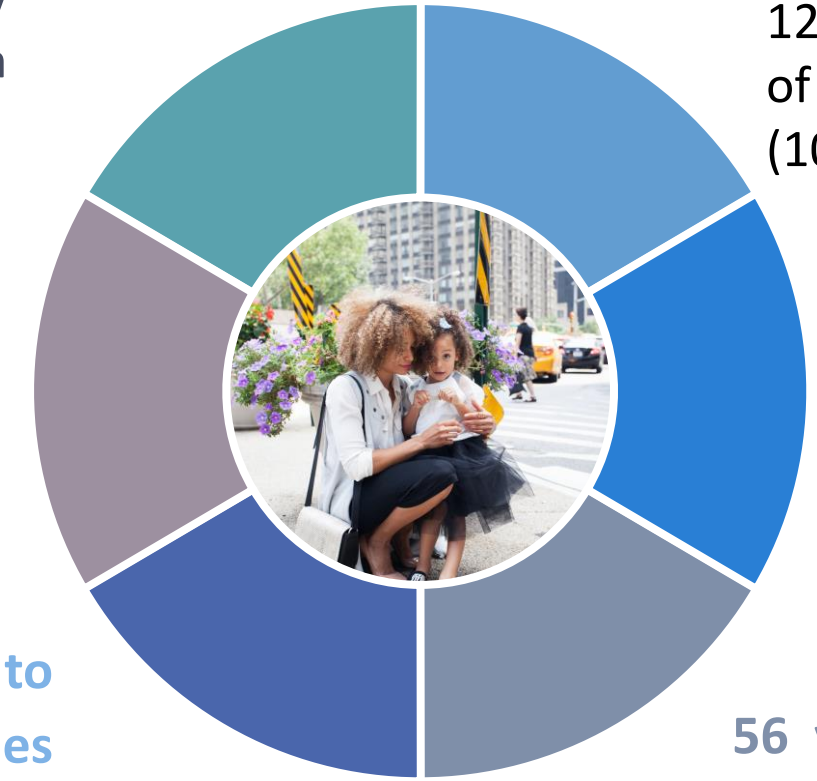
**Incidence**
9th most frequently diagnosed cancer in women (270)

**Mortality**
12th most common cause of cancer death in women (103)



**Trends**
Mortality has been increasing since 1978

**46 years**
The average age at diagnosis

**Comparison to other countries**
Ireland relatively more cancers

**56 years**
The average age of death

# Cervical cancer rates in Ireland

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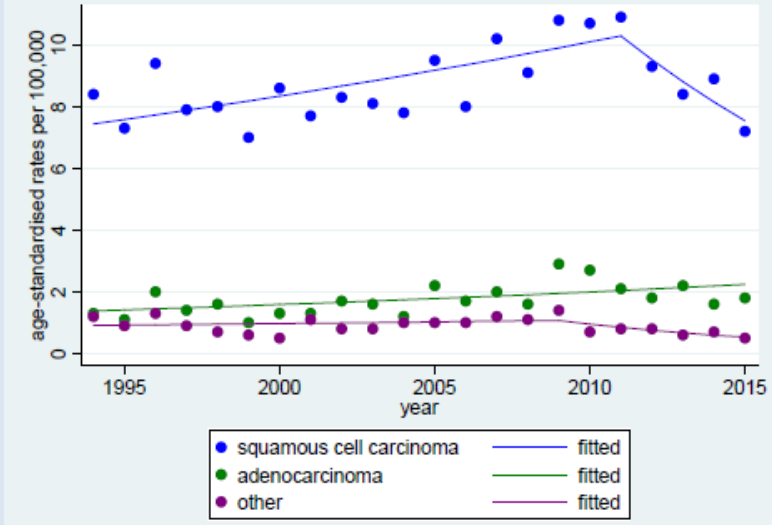
01 NCRI data show encouraging reduction in new cancers




| | Period | APC | 95% CI |
|---|---|---|---|
| squamous | 1994-2011 | **+1.9%** | 0.9%, 3.0% |
| | 2011-2015 | -7.5% | -15.2%, 0.9% |
| adenocarcinoma | 1994-2015 | **+2.3%** | 0.5%, 4.1% |

02 Irish cervical cancer rates are still much higher than other countries

## Cervical cancer Incidence & mortality

| Country | Incidence per 100,000 women (ASRW) | Mortality per 100,000 women (ASRW) |
|---|---|---|
| Sweden | 7.4 | 1.9 |
| UK | 7.1 | 1.8 |
| Netherlands | 6.8 | 1.9 |
| USA | 6.6 | 2.7 |
| Canada | 6.3 | 1.9 |
| Australia | 5.5 | 1.6 |
| New Zealand | 5.3 | 1.4 |
| Finland | 4.3 | 1.0 |

**ASRW = age standardised rate (World Standard Population)**
**Source: GLOBOCAN 2012 http://www.globocan.iarc.fr**

# Cervical cancer control in Ireland – 2008-2017

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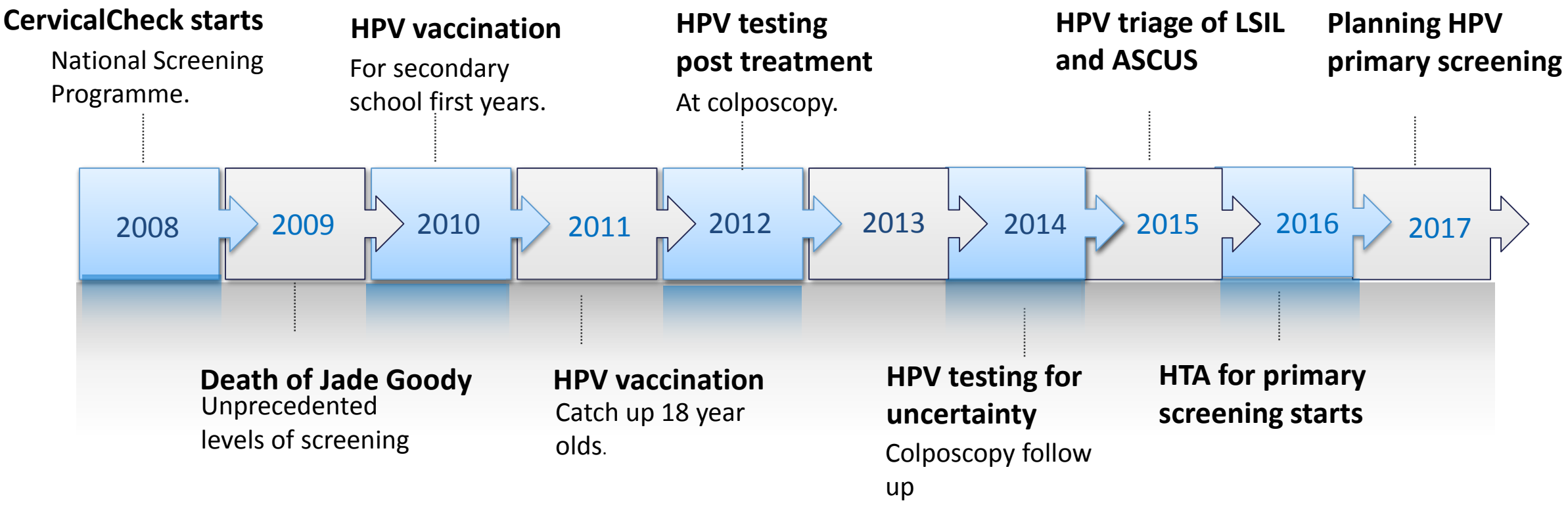



**CervicalCheck starts**
National Screening Programme.

**HPV vaccination**
For secondary school first years.

**HPV testing post treatment**
At colposcopy.

**HPV triage of LSIL and ASCUS**

**Planning HPV primary screening**

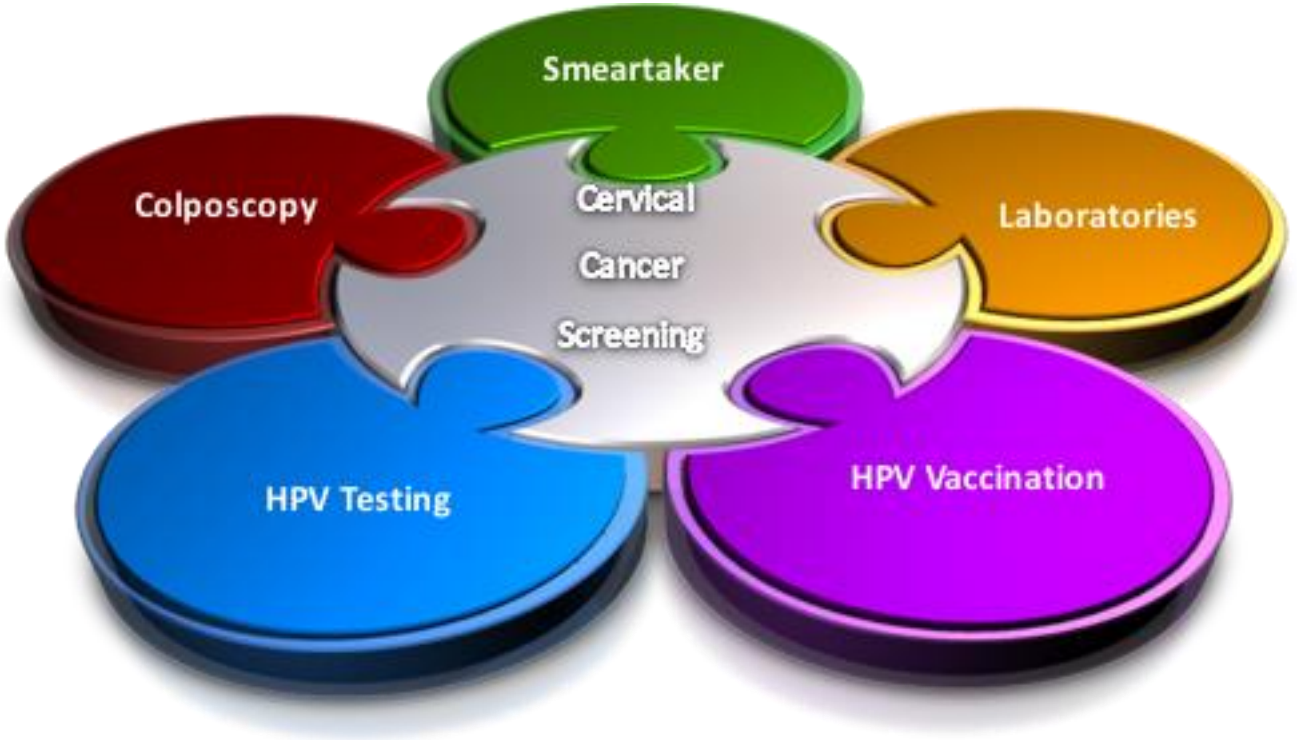
**Death of Jade Goody**
Unprecedented levels of screening

**HPV vaccination**
Catch up 18 year olds.

**HPV testing for uncertainty**
Colposcopy follow up

**HTA for primary screening starts**

# Integration of information




- The Cervical Screening register in an information hub
- Connected with Colposcopy, laboratories and smear takers
- Enables performance evaluation
- Has imported information on the vaccinated cohort


Target population 1.2 million women aged 25-60
Target five year coverage > 80%

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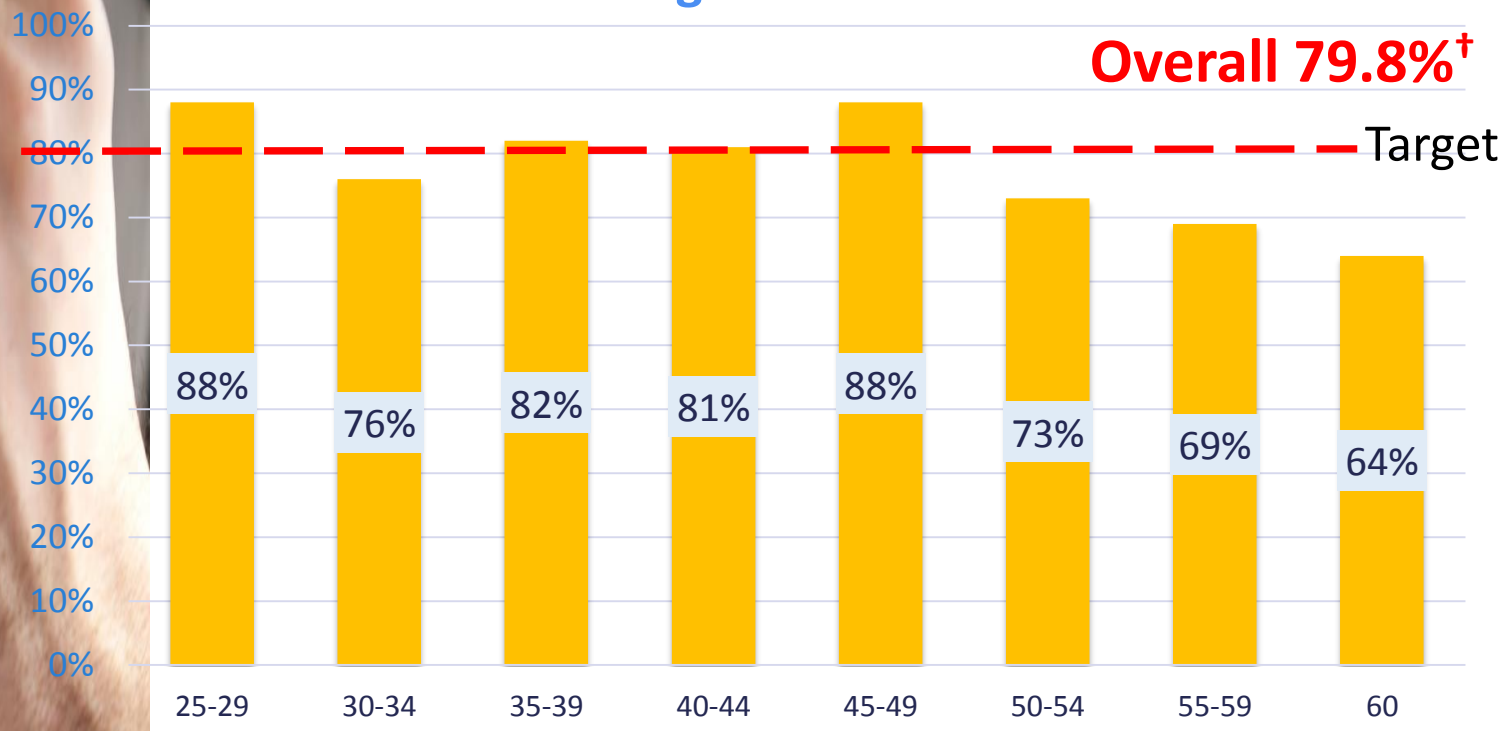
## Programme 5 year coverage for period ending 31st August 2017*




** Coverage adjusted for known rates of women who have had total hysterectomy*

*† Coverage at end of August 2017 =79.8%*

# Improving screening – helping women to remember

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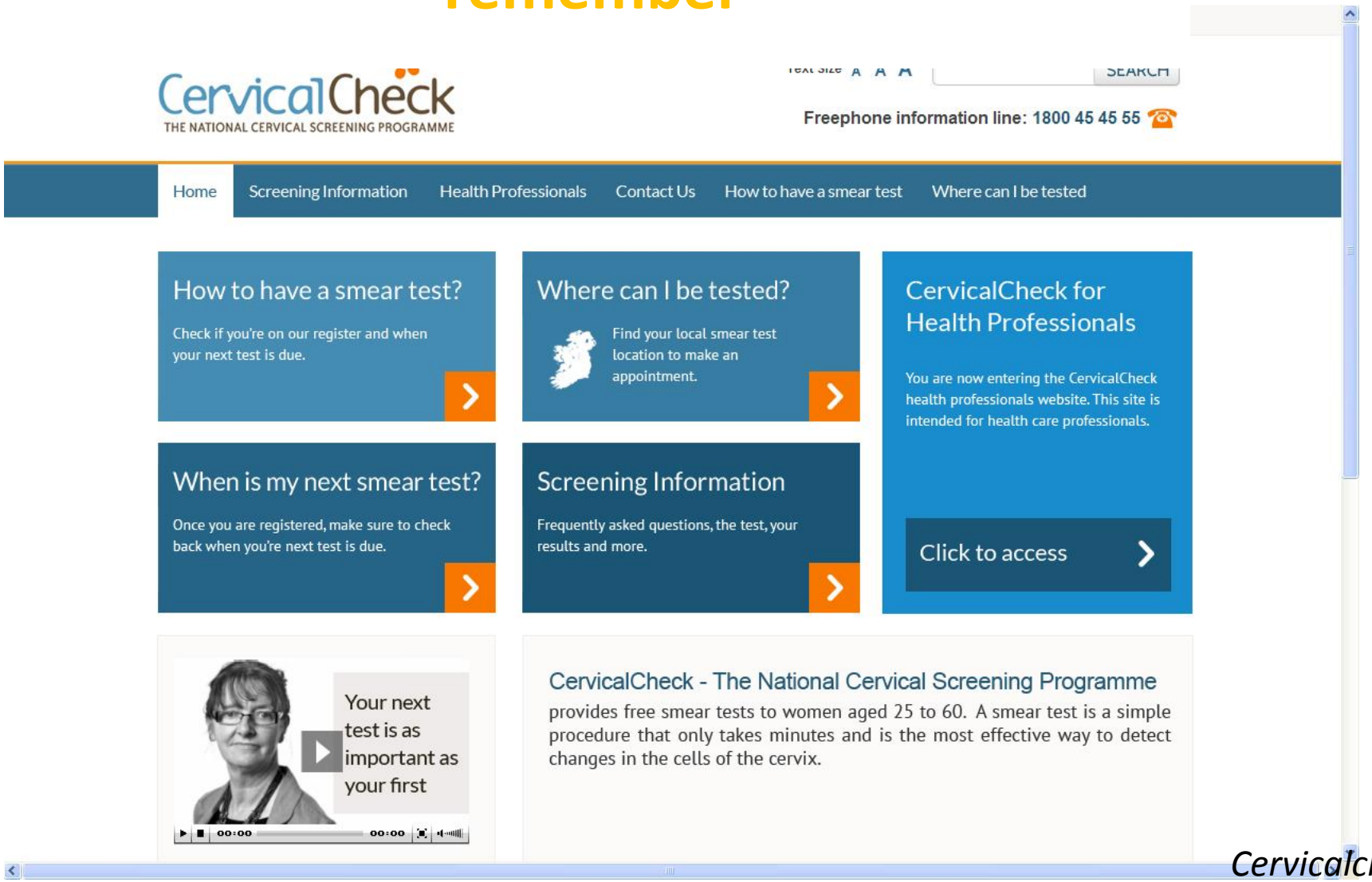


Information service

- Freephone 1800 45 45 55
- Freepost
- Email info@cervicalcheck.ie
- Website www.cervicalcheck.ie

*Cervicalcheck.ie*

# Cervical Screening - what are we trying to achieve?

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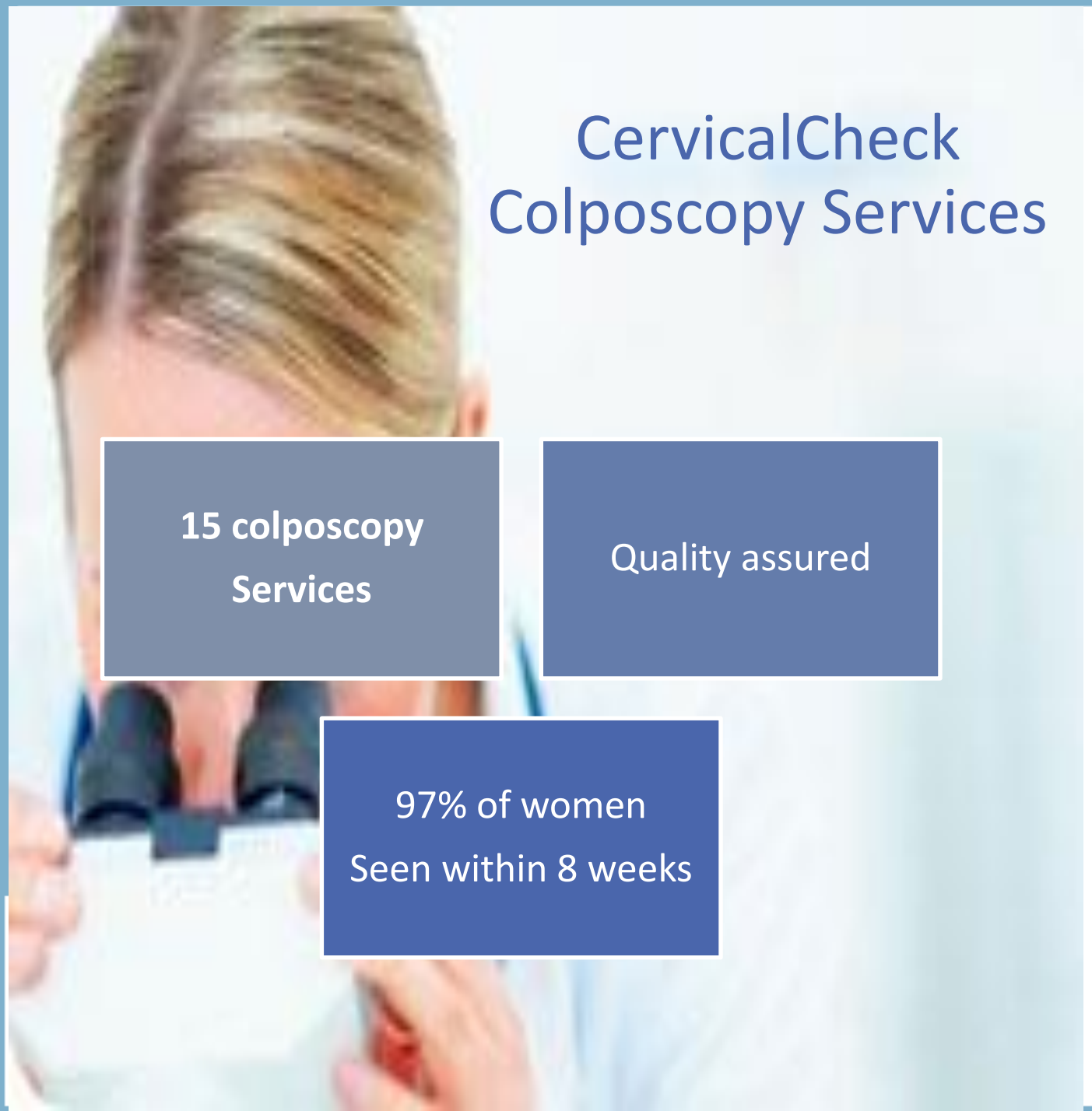
Identify women with changes on the cervix which can lead to cancer.



# CervicalCheck Colposcopy Services

**15 colposcopy Services**

Quality assured

97% of women Seen within 8 weeks

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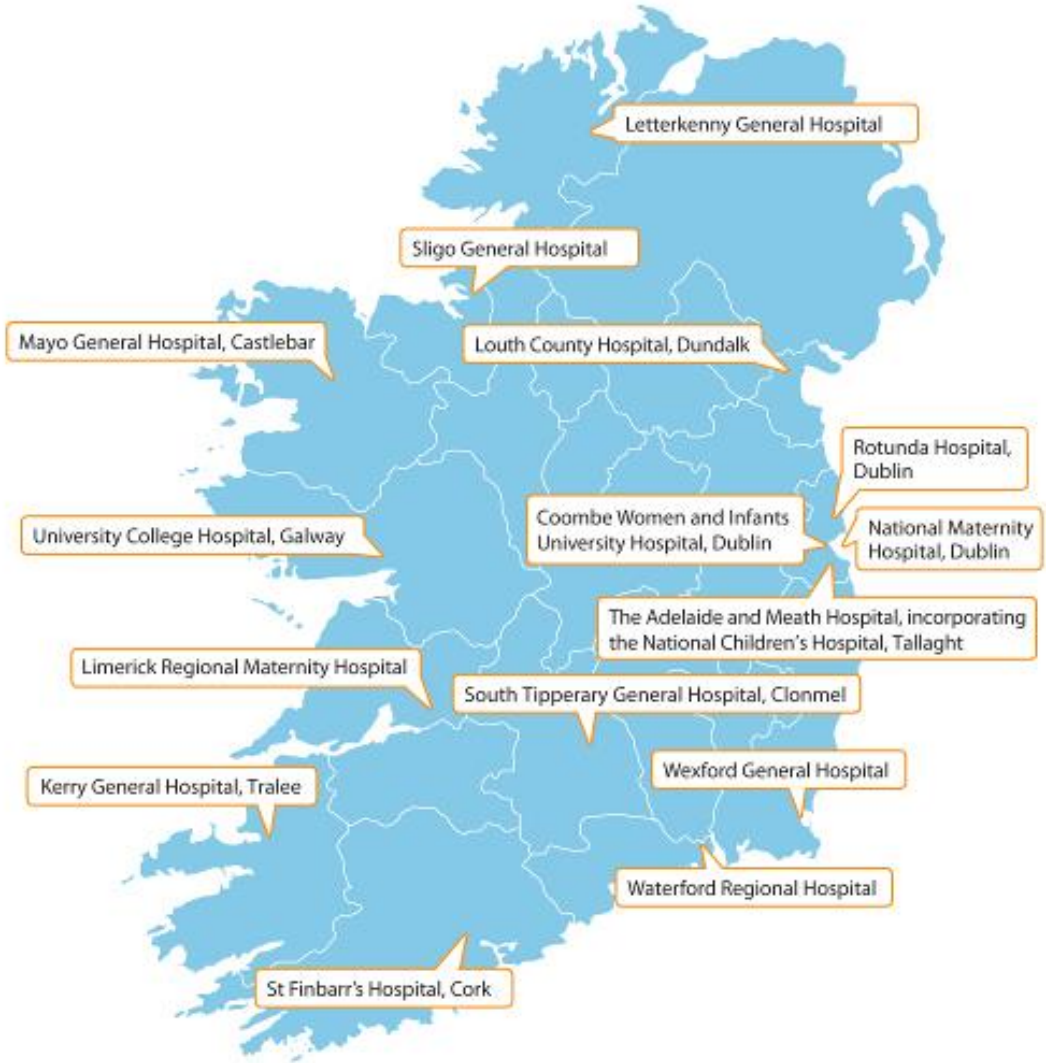
Colposcopy services provided at



# Improving access to colposcopy - number of attendances

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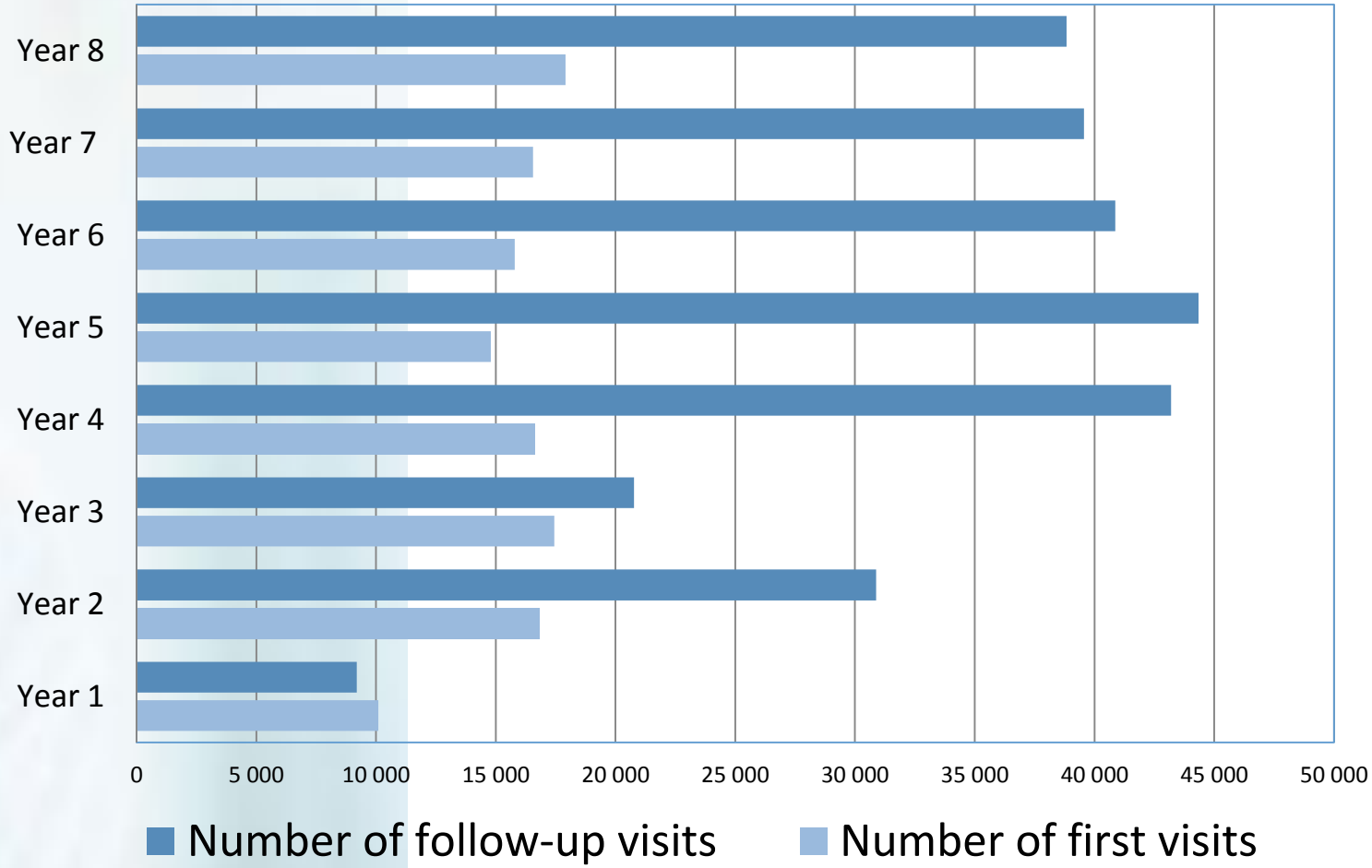

# Improving access to colposcopy reducing waiting times

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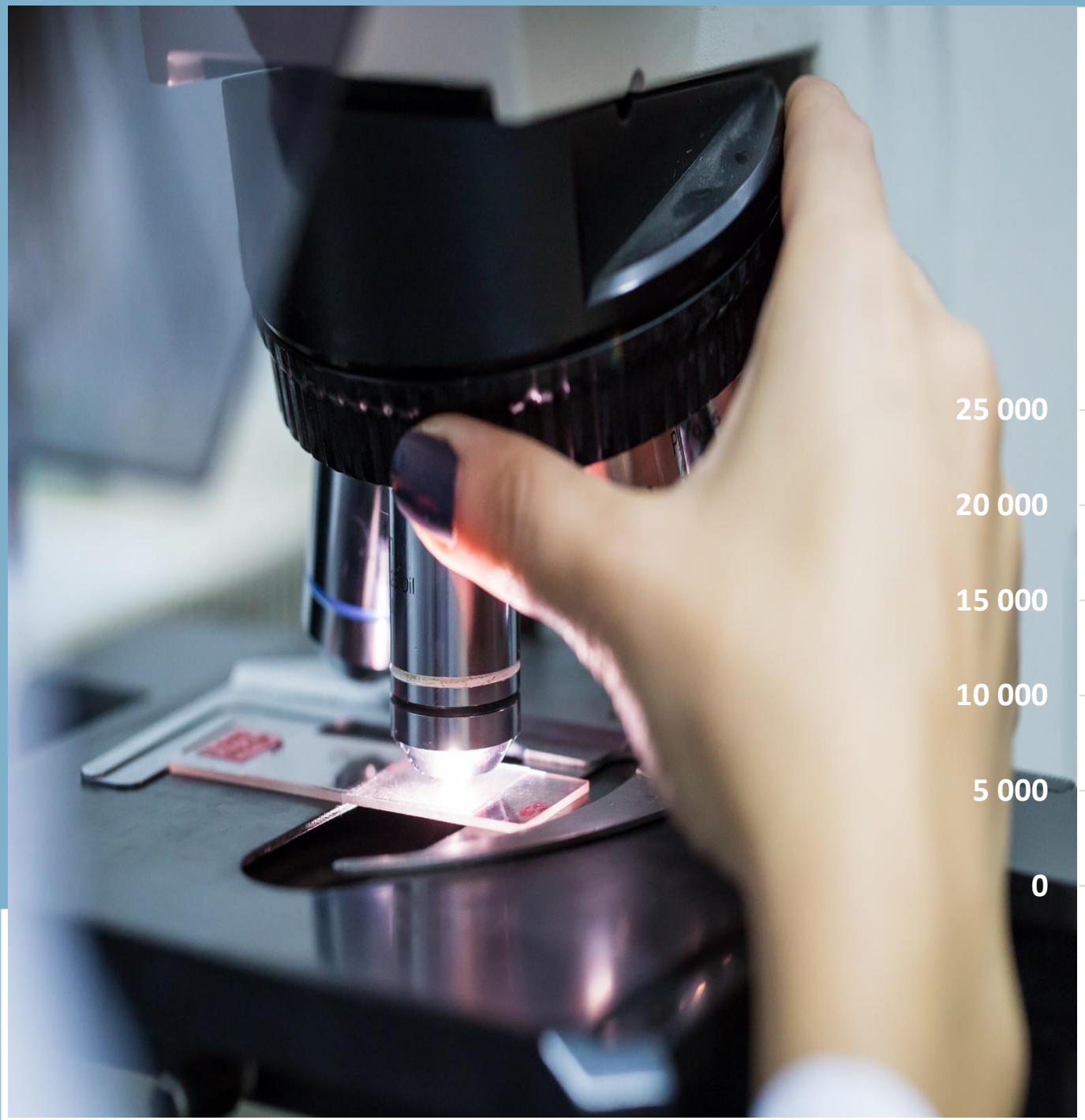

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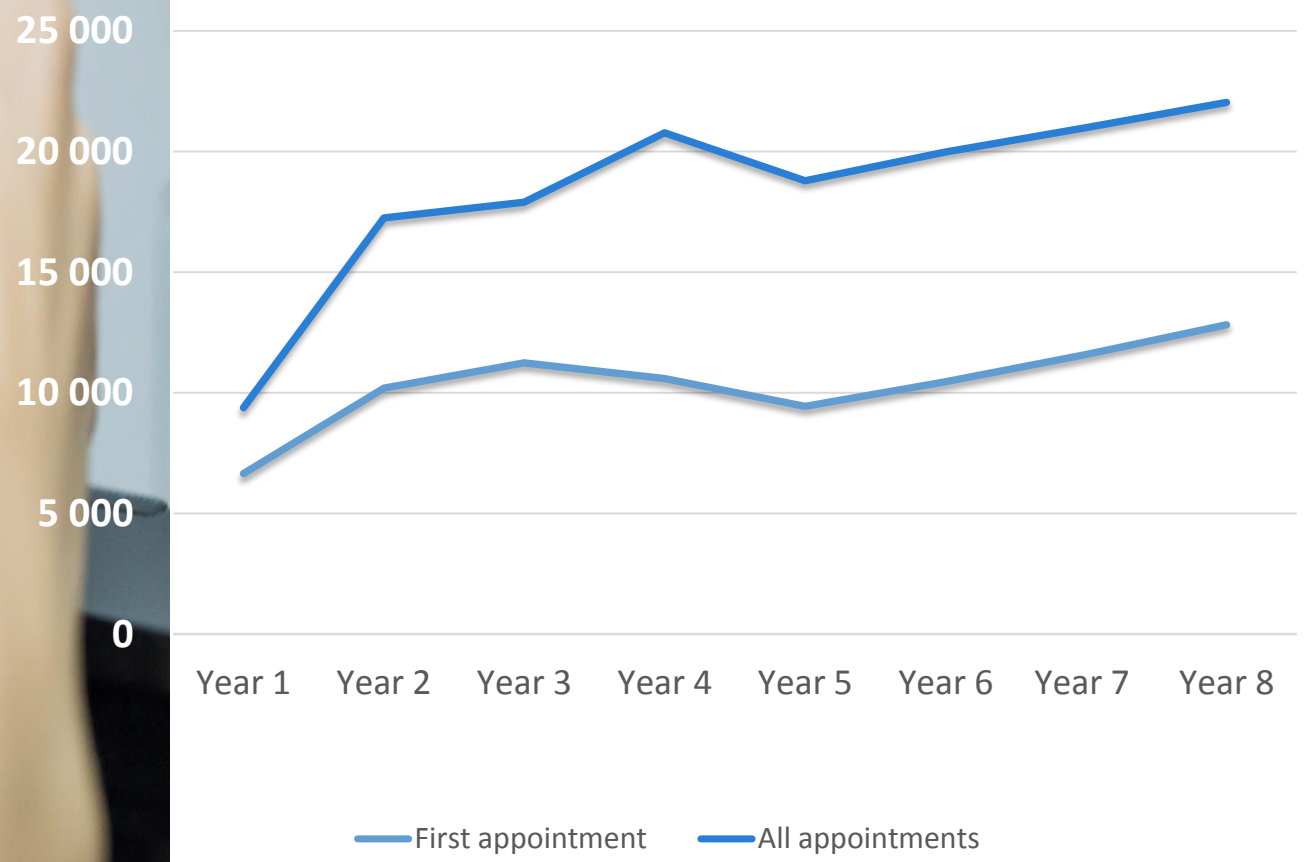
# Biopsies At CervicalCheck Colposcopy Services



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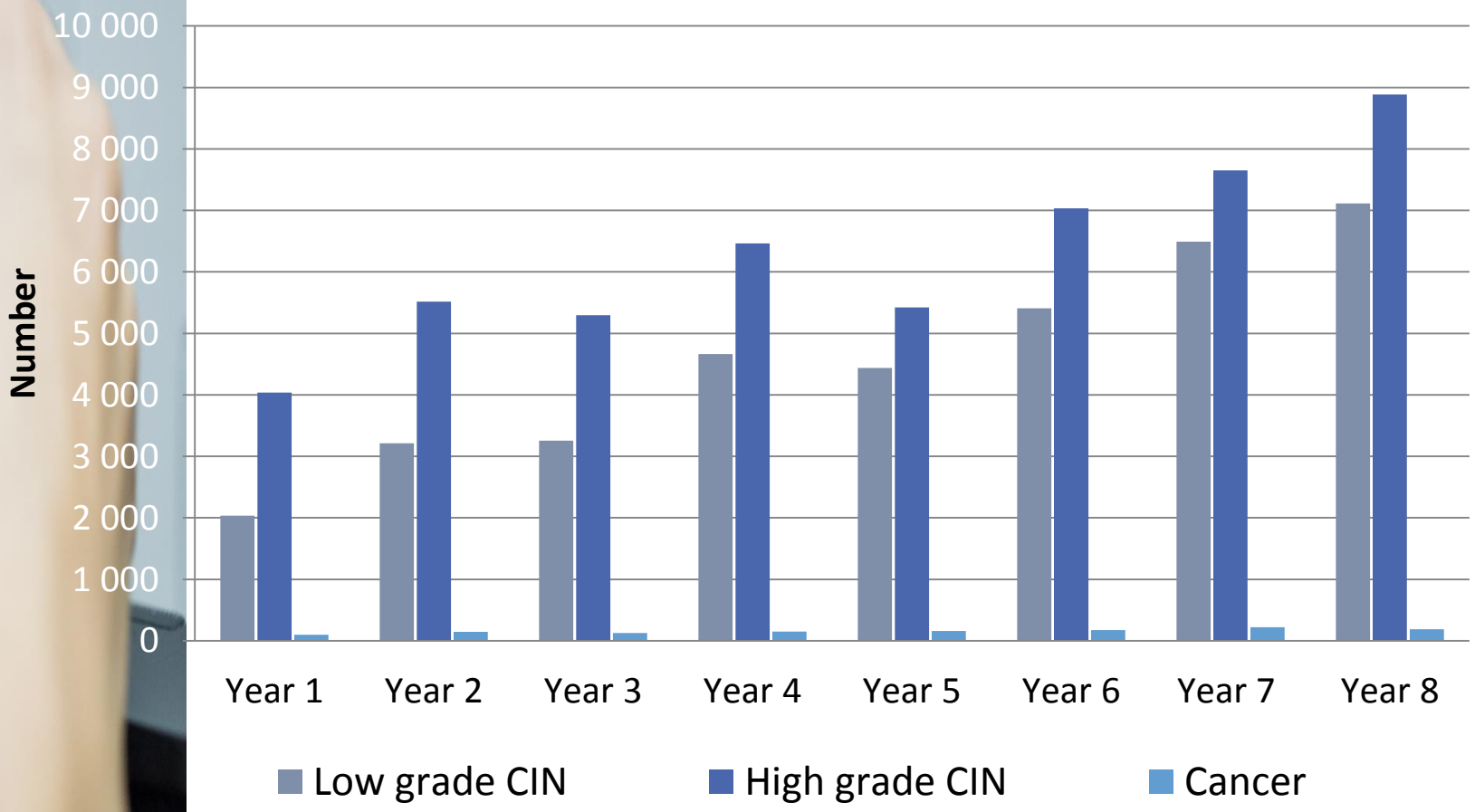
# Detection of CIN and Cancer



# Why change the test?

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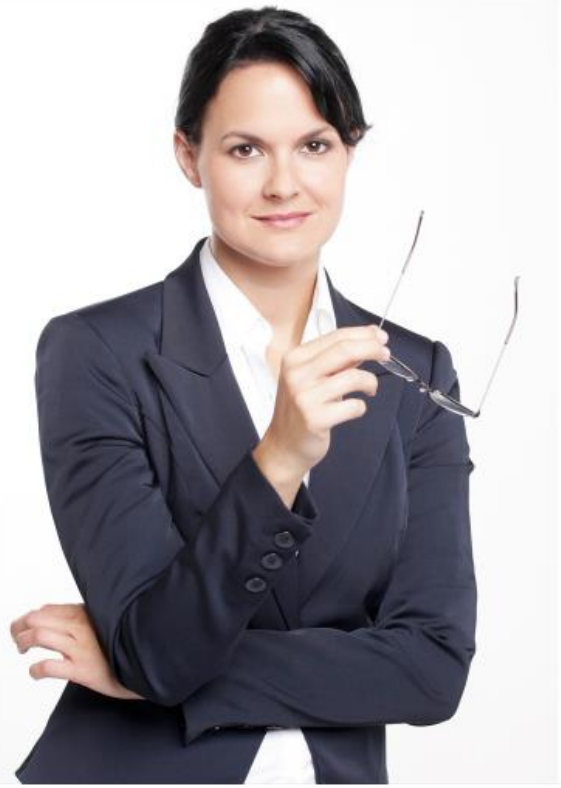
HPV testing – better NPV – twice the protection against CIN3 at five years

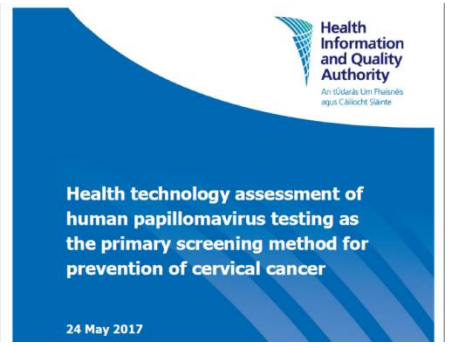
Screening Intervals can be changed – fewer screens in a womans lifetime

More sensitive test – needs a second “triage” test to select women for further investigation

# The process The HIQA Health technology assessment (HTA)

Multidisciplinary group conducted a Health Technology Assessment to address the following Questions






01

**Ideal Strategy**

What tools and in which order?

02

**Age range?**

Extend the upper age range?

03

**Screening Intervals**

Could smarter tools allow for longer intervals between screens?

# Changing face of cervical screening

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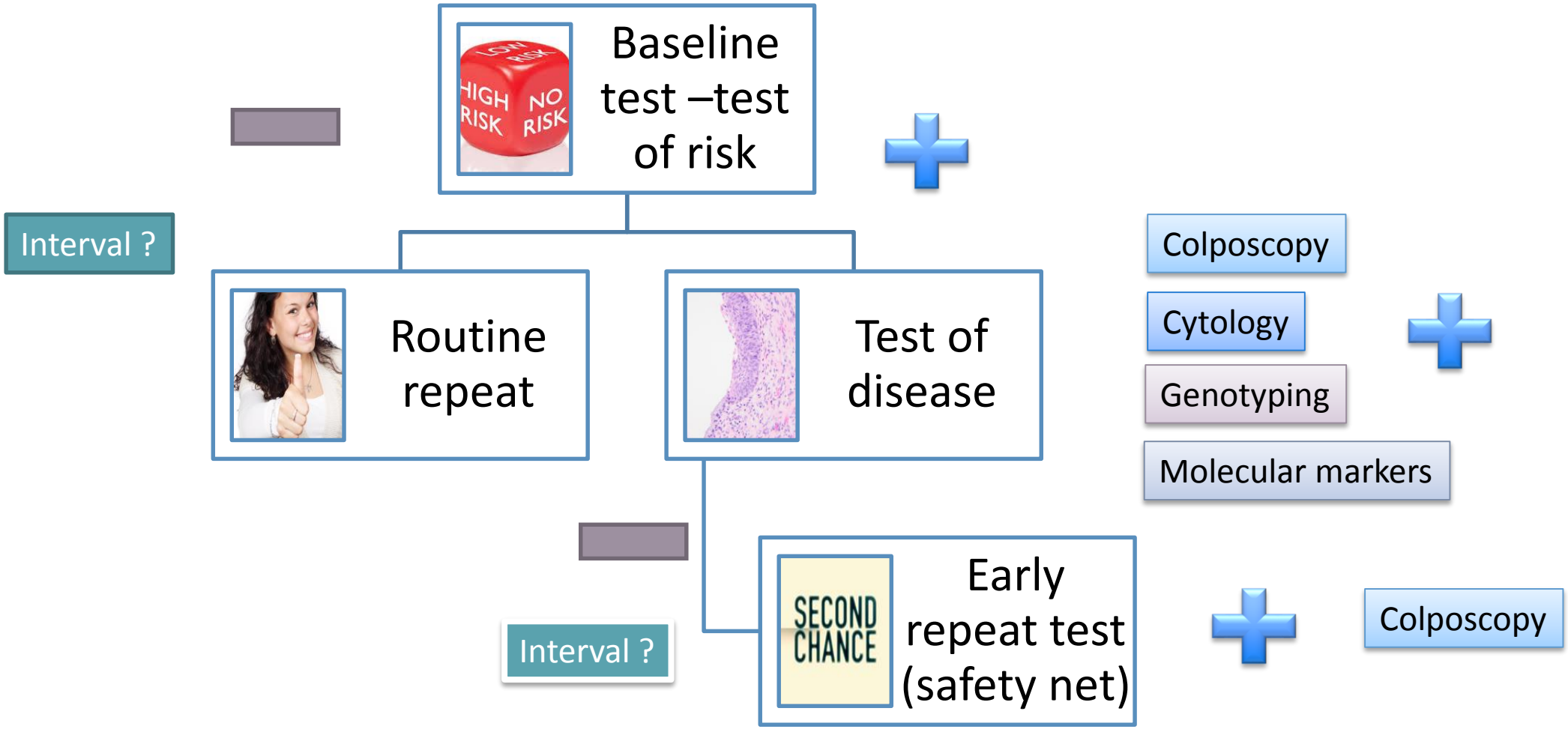

Question

# How should we manage women aged 25-30?

# Specific questions -women 25-30

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## Should we screen women under 30 with HPV at all?

- Pragmatic – one size fits all
- Detect more CIN2 +

## Why 3 yearly interval?

- Ireland different – comparatively high levels of HPV related cervical cancer
- HIQA confirmed – more clinically effective – would prevent more cancers
- Balance between overtreatment and cancer prevention

## How to avoid overtesting?

- Triage tool - cytology
- Reccomendations for intermediate risk (HPV0 and negative cytology at year 1)? Genotyping

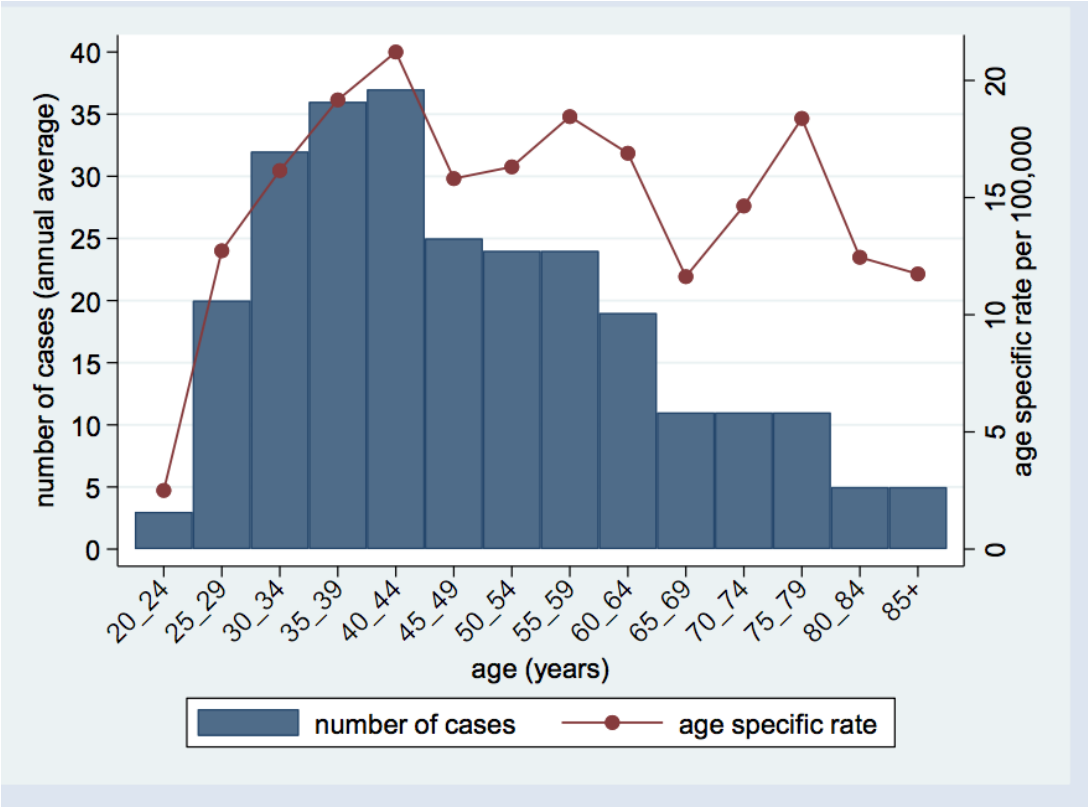
Question

# Should we screen women aged 60-65?

# Screening women aged 60-65 years

- Peaks at older ages
- Relatively poorly screened group
- HIQA – screening of this group would prevent more cancers and be more clinically effective

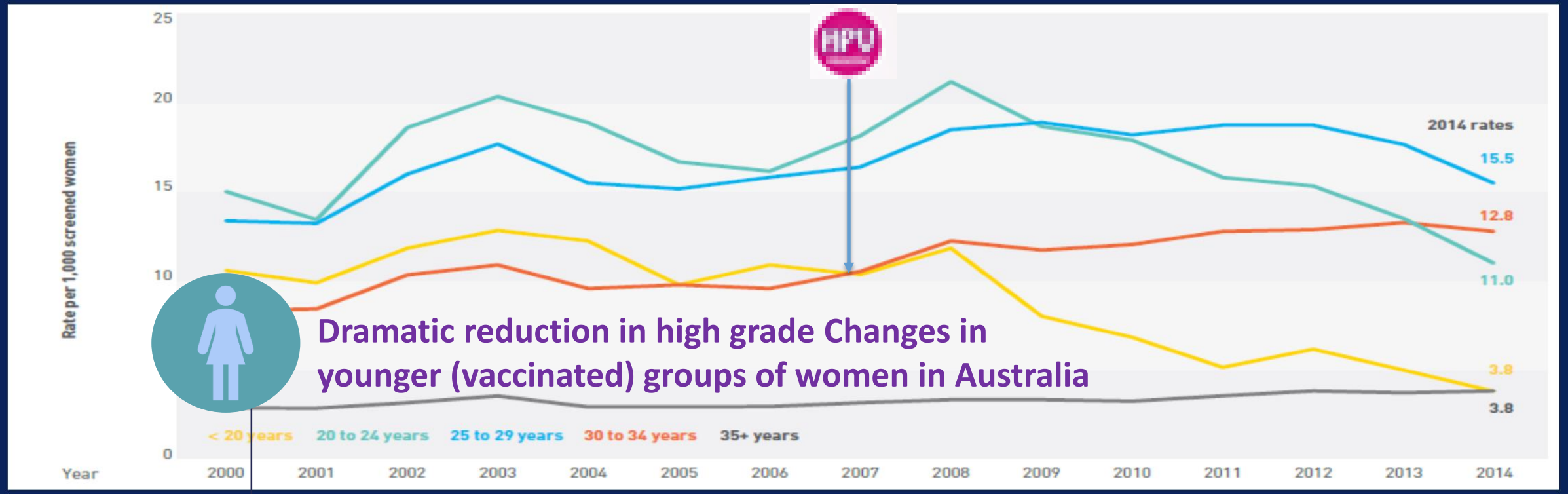
Average number of cases and age specific incidence rates of cervical cancer in Ireland 2013-2015



Question

# What about the vaccinated cohort?

# Trends in high-grade cervical abnormalities (histologically-confirmed) by age, 2000-2014

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# What will happen by the age of 25 years with high uptake?

## HPV positivity

HPV infection rates (16/18) reduced from 27% to 4%

## Precancerous changes

High grade precancers reduced by 90%

# What changes are planned ?

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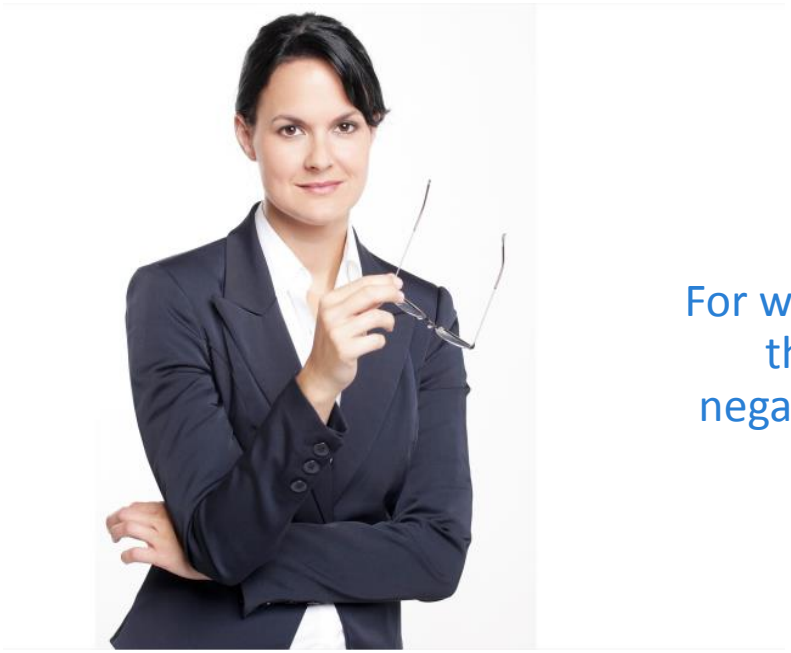

Change the primary screening test to HPV

Triage test will be required – initially cytology

For women over thirty with a negative screen

Extend the screening intervals to five years

Extend the upper screening age to 65 years

Women will be taken off the programme at sixty five years

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# Change will have an impact on

**Programme**

Systems, Communication, IT

**Screeners**

Learning, Communication

**Laboratories**

Capacity, quality assurance, Integration

**Colposcopy**

Volume, waiting times, quality, pathways

# Managing expectations of screening

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Cervical Screening still aims to reduce the Incidence and Mortality of cervical Cancer

01 Screening tests are not 100% accurate. They are not diagnostic tests.

02 A ‘negative’ screening test is not an ‘all clear’, it means no evidence of the risk marker was detected.

03 A ‘positive’ screening test does not necessarily mean the disease is present – further investigation (tests) is almost certainly required.

04 ‘False negatives’ (the risk marker is missed when it is present) and ‘false positives’ (the risk marker is reported when there is no disease present) occur in screening.

# Communicating the change

Information, education and learning resources for stakeholders – primary care, laboratory, colposcopy

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# Acknowledgements

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