Developments in Cervical Screening

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Improving Your Health and Wellbeing

Sample taker audit



- The first audit reports since the implementation of pHPV are due to be issued in the coming weeks

- The introduction of pHPV has had a significant impact on the data included in the audit

- The audit presents data for the Practice on:
  - The total number of cervical screening samples received by the Regional Laboratory
  - A breakdown by HPV result
  - A breakdown by cytology result for HPV positive cases
  - GP Practice and individual sample taker activity data

Impact of pHPV on the audit

- The introduction of pHPV has reduced the ability to correlate screening results with the quality of the sample

- This is because:
  - Only HPV positive samples get cytology tested
  - Reducing cytology reporting from 100% to 13% of samples received
  - Inadequate rates only apply to samples that are cytology reported

- This means:
  - Inadequate rates are lower when taken as a percentage of all samples tested.
  - Small numbers at Practice and individual sample taker level

Interpretation / limitations of audit data

- Practice audit data should be considered in context of the programme changes
- Recognise lower inadequate rates are reflective of the current testing process rather than changes to sample taking practice
- Don’t seek to draw comparisons to pre-pHPV audit data
- Lower inadequate rates will reduce relevance of the sample taker audit as a standalone measure of sample taker performance.

Sample taker codes

- All sample takers should have a sample taker code and include this on the smear request form.

- Recording the sample taker code allows the laboratory to process samples under the correct identifier, meaning data can be provided at sample taker level as part of the audit

- Missing, incorrect or illegible codes can lead to incomplete data. To avoid this please check that:
  - Your sample taker code has been registered with the PHA
  - Your code is clearly recorded on each sample submitted to the laboratory

- If you do not have a sample taker code registered, please submit a request to get one set up by emailing:

Screening.cervical@hscni.net

Screening intervals

National position

- UK NSC recommended that primary HPV testing allows a safe move to 5 yearly screening for all age groups for those who test negative for HPV
- Rationale – long lead in time from exposure to HPV to cervical changes and progression to cancer
- Introduced at different stages across other countries in UK

Current position in NI

- Intent is to move to 5 yearly screening
- Cannot be safely done until we have a new IT system to support call/recall functions – this is being actively explored
- Continue to operate a 3 yearly interval for younger women in the interim

Self-sampling



National position

- UK NSC recommended that programmes may offer self sampling to non responders to screening invites where they feel it would be helpful
  - Validation of test kits and analysing platforms
  - YouScreen study in London
- Recognise lower sensitivity of test – not a first line offer
- Variable use across other countries in UK
- Ongoing research (benefits of increasing uptake vs poorer test, patient vs clinician taken sample)

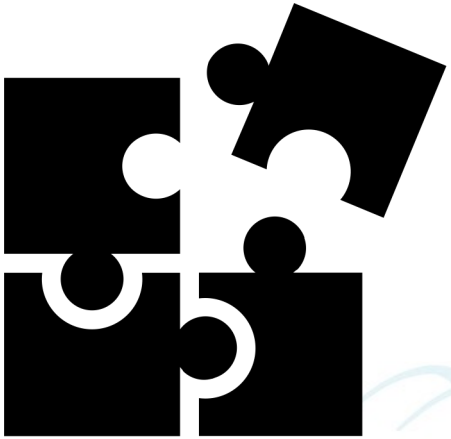
Current position in NI

- Willingness to introduce this in NI
- Cannot do this with our current IT system for call/recall as requires the development of new patient pathways
- Potential to deliver this is included in the scope of work on new IT systems

The future of cervical screening

- WHO cervical cancer elimination
  3 pillars (vaccination, screening, treatment)

- UK level – modelling work with University of Sydney
  - impact of HPV vaccination and primary HPV testing on future screening offers
  - eligible age range?
  - how often?
  - individualised? (eg based on vaccination status)



Thank you

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