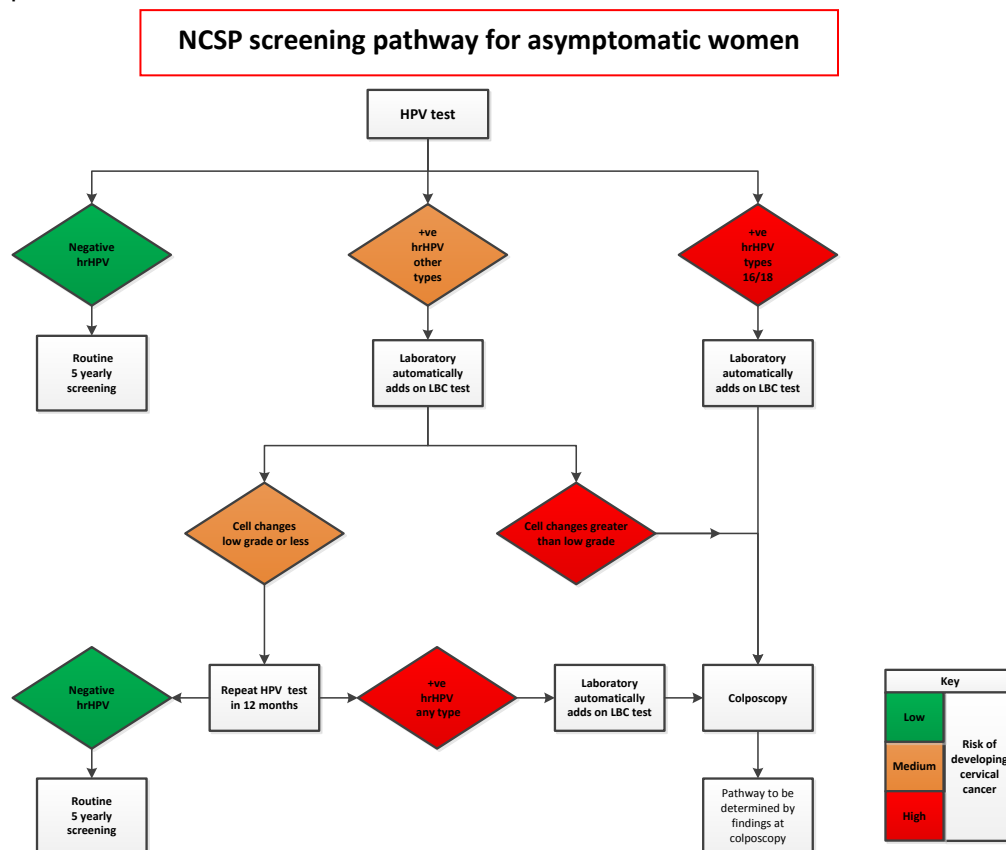




## ANNUAL NEWSLETTER FOR SCIENTISTS PERFORMING HPV TESTING

Welcome to the **2016 NCPTS annual newsletter for scientists who perform hrHPV testing** in New Zealand. In March 2016, the Minister of Health announced that New Zealand will move to HPV testing for primary screening in New Zealand in (late) 2018. This will substantially increase the number of hrHPV tests performed in New Zealand nationally. A large amount of work needs to be done by the NCSP, the NCSP-Register and by laboratories to prepare for this change.

**HPV primary screening with partial genotyping and cytology triage** describes the new cervical screening pathway for 2018. Note that this is **for asymptomatic women**. Women who are symptomatic (identified by the sample taker) will have both HPV testing and liquid-based cytology reported.



**To summarise:** Asymptomatic women who are due for a screening test (with no previous abnormal results/those who have returned to regular screening) will have a sample taken in the same way as currently, collected into an LBC vial. At the laboratory, HPV testing will be performed with partial genotyping for HPV 16 and 18. If HPV is not detected, no further tests will be reported and the woman will be recalled in 5 years for her next screening test. If HPV 16 or 18 is detected, she will be referred for colposcopy. Her LBC result will also be reported, as this result assists the colposcopy, but it is the HPV 16/18 Detected result that determines her referral. If the initial HPV test detects "other" (i.e. non-16/18) hrHPV subtypes then the laboratory will report the cytology on the same sample. The cytology result is then used to "triage" her management: those women with a high-grade or possible high-grade cytology result will be referred for colposcopy whereas women with a normal or low-grade cytology result will be recalled for a repeat HPV test in 12 months. If HPV is still detected at the 12-month recall (any subtype), referral to colposcopy will occur whereas if HPV is not detected, then she will return to 5-yearly screening.

**The screening interval will change to a 5-yearly screening interval** from the current 3-yearly interval. The longer interval is possible because a negative HPV test result gives greater reassurance about the absence of disease and a lower risk of developing a high-grade lesion in subsequent years, compared with a negative cytology result. In the UK ARTISTIC Trial, the risk of

developing a high-grade lesion was the same at 6 years after a negative HPV test, as the risk at three years after a negative LBC result. (Kitchener HC et al *Eur J Cancer* 2011 Apr;47(6):864-71)

**The recommended age to commence screening will rise to 25 years** in 2018, up from the current 20 years. New Zealand will then be in line with international trends which recognise that screening women under 25 is not effective at reducing cervical cancer rates. This change is not related to HPV primary screening but will be introduced at the same time. The new age range for screening will be 25-69 years, but women will also be offered a further HPV test at 70-74 years of age, if they wish to be reassured at this age that they are HPV negative before ceasing screening.

**New Clinical Guidelines** will be introduced in 2018 to guide clinicians who manage women identified with abnormal results. A new NCSP Register is being developed. The **NCSP National Policy and Quality Standards (NPQS)** also need to be extensively revised. Work has commenced to review *Section 5: Providing a laboratory service* and scientists will be engaged in discussions about the implications for laboratories of the new screening strategy as this work evolves in 2017.

The project to introduce HPV testing to New Zealand is a large one and the NCSP is advised by a **Technical Reference Group (TRG)** of experts from the laboratory sector to guide the work. Molecular scientist representatives on the TRG are Collette Bromhead and Lance Jennings. A subcommittee of the TRG has also been established to look specifically at defining the requirements for HPV test methodologies to be approved for use in New Zealand. The subcommittee will also address issues of quality assurance directly related to the test. Molecular scientists on this group are Lance Jennings (Chair), Collette Bromhead, Fahimeh Rahnama and Kevin Barratt. Please contact these individuals if you have particular concerns to raise.

#### **Forum Board for scientists performing HPV testing**

We anticipate that scientists performing HPV testing will wish to discuss a range of technical, QA and staffing issues with colleagues as planning for HPV testing for primary screening evolves. We have established a Forum Board on the NCPTS website [www.ncpts.co.nz](http://www.ncpts.co.nz) where questions, answers and comments from scientists performing HPV testing can be posted. The site is a secure on-line site with **access to the Forum Board restricted to scientists directly involved in performing HPV testing. Your password to the NCPTS website will give you access to the Forum board.** Please email Melinda Paterson if you need a password (or a new one).

#### **The NCPTS Training Team: introducing Melinda Paterson, NCPTS Administrator**



Melinda Paterson joined the NCPTS Training team in August 2016, following the resignation of Pauline Ward. Melinda has a PhD in molecular science and 10 years of research experience. She has already developed the attached article outlining the nuts and bolts of the most commonly used HPV test methodologies and will be assisting with the preparation of further teaching material for both molecular scientists and the cytology sector in 2017. We are very fortunate to have Melinda in the NCPTS Training Team.

#### **Training Plans for 2017**

At the recent November meeting of the National Training Committee of the NCPTS, plans to run a National Training Day for all laboratory staff who provide reporting services to the NCSP were discussed. The venue and timing is still to be determined but this day would cover a variety of topics relating to the changes that are coming, such as the use HPV testing for primary screening, immunisation against HPV, differences in HPV test methodologies, an update about the new NCSP Register, changes to the NPQS and workforce implications of introducing HPV primary screening for laboratories. It is hoped that some travel assistance funding may be available – more details will be released in 2017 so watch this space!