

Primary screening with HPV testing

A new era in cervical cancer prevention

Dr Jane O'Hallahan
Clinical Director
National Screening Unit



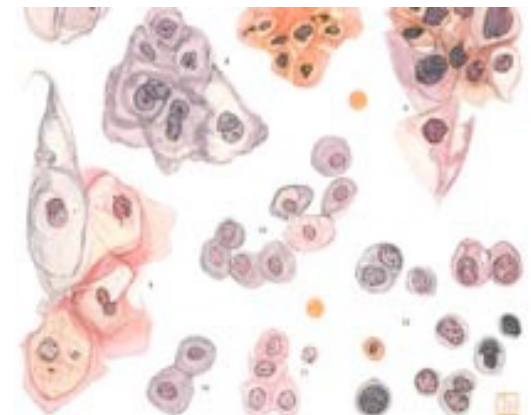
National
Cervical
Screening
Programme

Thank you - as we move towards the end of an era

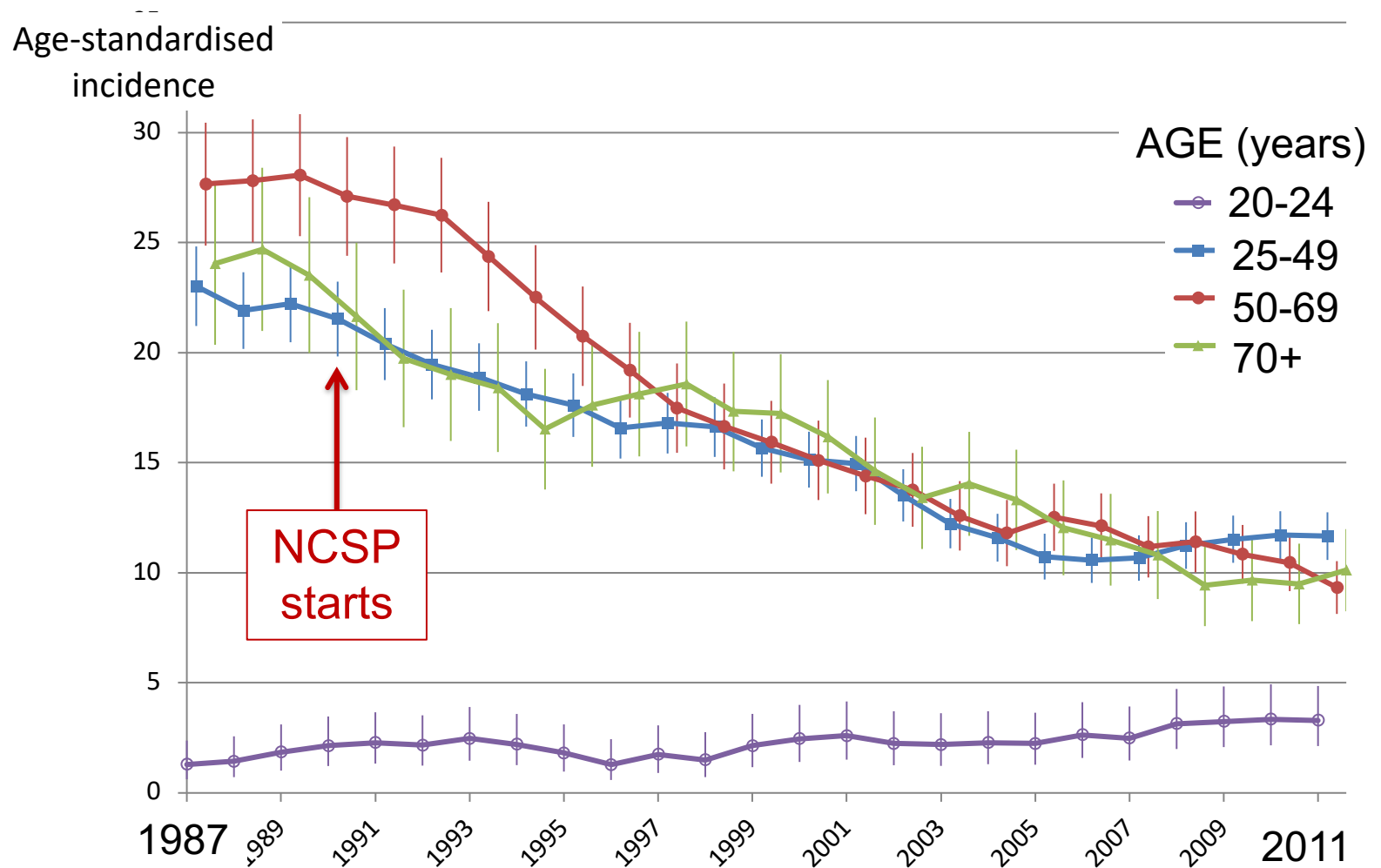
- Organised screening began in Scandinavia in the 1960's
- The Cartwright Inquiry (1987-1988) recommended a national screening programme for New Zealand
- **National Cervical Screening Programme (NCSP) begins in 1990**
- Significant reductions in cervical cancer incidence and mortality have already been achieved



George Papanicolaou
Diagnosis of Uterine Cancer by the Vaginal Smear published 1943.



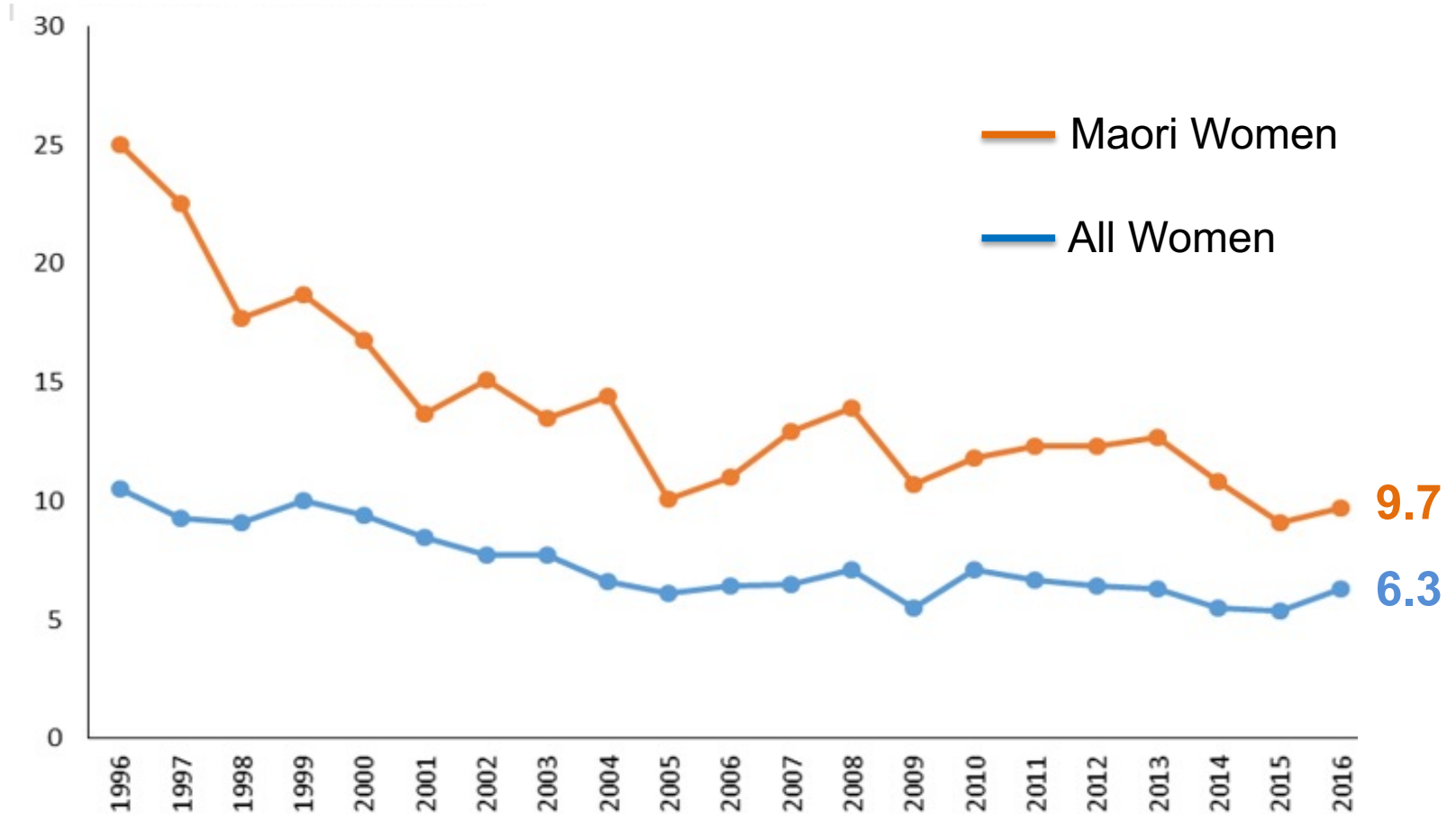
New Zealand five-year average cervical cancer incidence by age (age-standardised, per 100,000)



New Zealand

Age-standardised (WHO) cervical cancer incidence rates

Incidence per 100,000 women

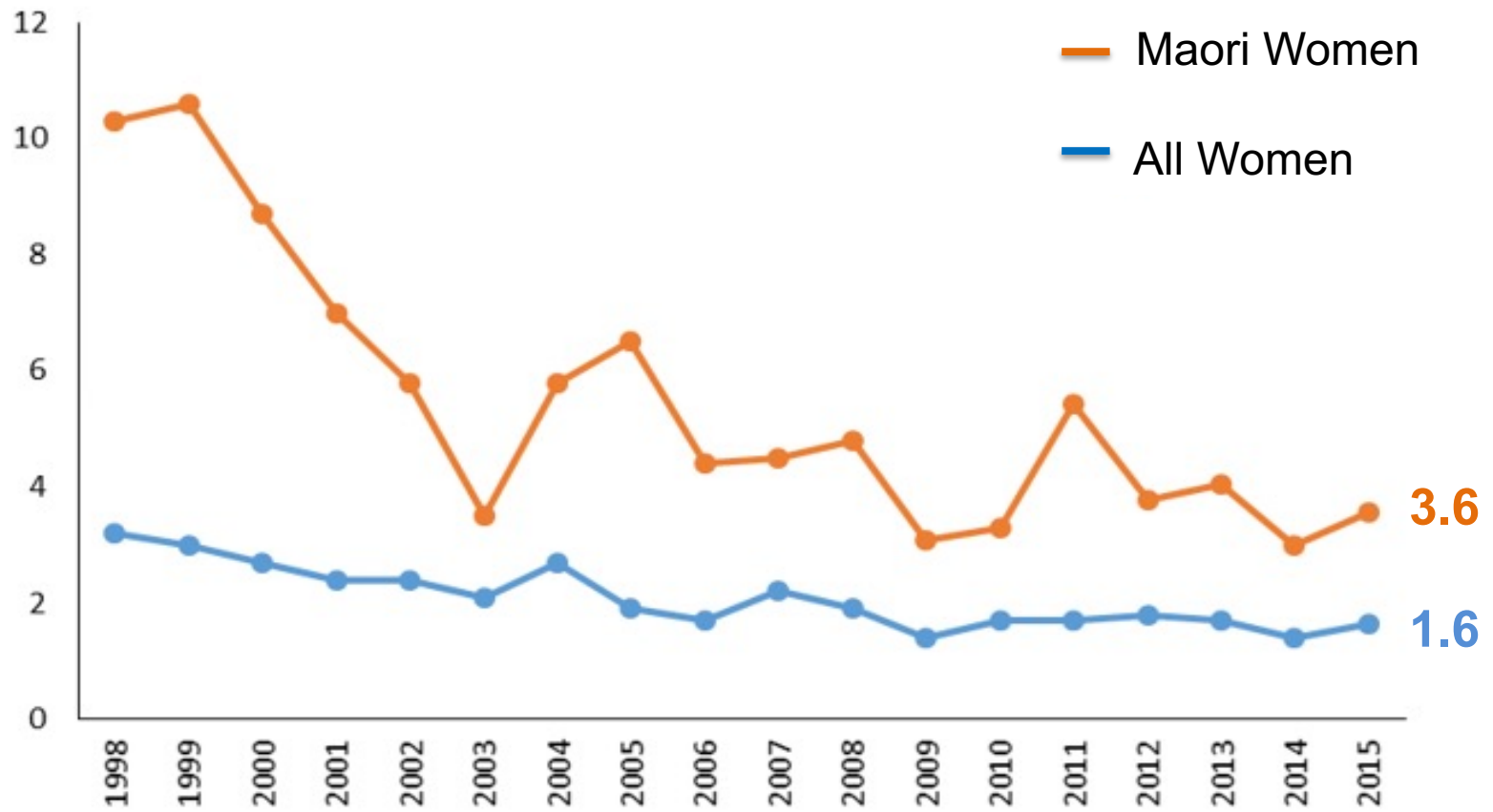


170 new cases in 2016

New Zealand

Age-standardised (WHO) cervical cancer mortality rates

Incidence per 100,000 women



53 deaths in 2015

New era long anticipated

- WHO recommended primary screening with HPV testing in 2015
- Parliamentary Review Committee recommendations 2011-2018
- October 2015 - NZ public consultation
- March 2016 - Minister of Health announced that NZ would
 - move to primary HPV screening
 - raise starting age for screening from 20 to 25 years of age
- June 2018 - HPV primary screening to be delayed until 2021
- 2019 - starting age for cervical screening was raised to 25 years
- **May 2021 Budget - Minister of Health announced \$53 million funding to change to HPV primary screening from mid-2023**

Thank you for your patience with changing timeframes and your continued dedication in providing cytology services

New era long anticipated

HPV test is more sensitive than cytology

- Predicted an extra 7.8% reduction in cervical cancer incidence and an extra 8.2% reduction in mortality over 17 years
 - 149 fewer cervical cancer diagnoses and 45 fewer deaths.
- Together with other programme initiatives such as self-testing, the NCSP is expecting to prevent 399 cervical cancer cases and 138 deaths over 17 years
 - Estimated 119 of the cases avoided and 44 of the deaths avoided will be in Māori women.

HPV immunisation reduces cervical cancer incidence but lowers the performance of cytology-based screening

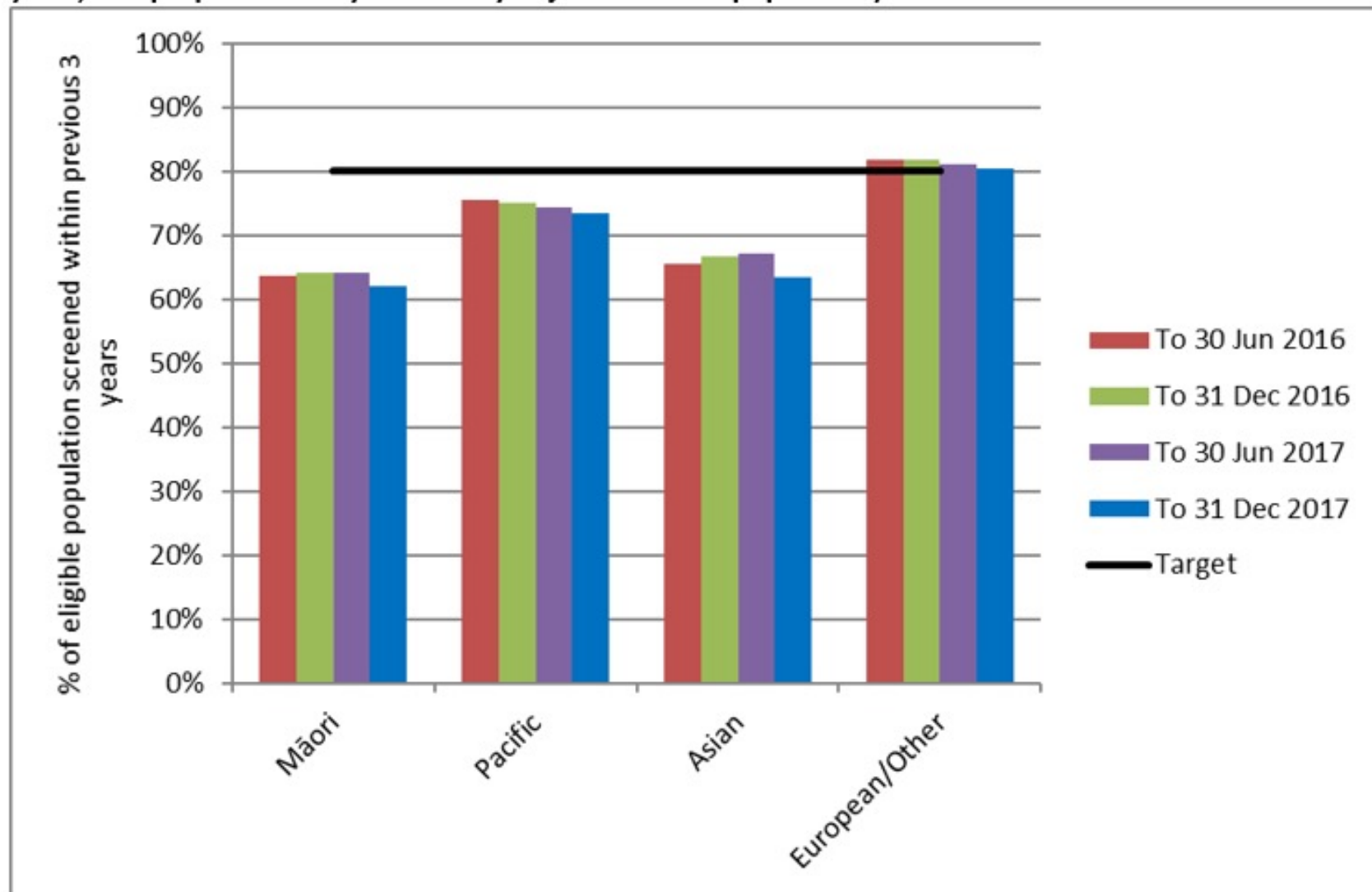
- 2008 - immunisation free for women up to 20 years of age; school-based immunisation programme for girls (Gardasil-4)
- 2017 - funded for boys and girls aged 9-26 years (Gardasil-9)
- 2017 - approximately 70% of both boys and girls (10-11 years) were immunised

WHO (2019) cervical cancer elimination goal

- Sets thresholds for primary HPV screening, HPV immunisation uptake and treatment.

Current inequitable cervical cancer outcomes are highly influenced by differences in screening coverage

Figure 18 - Trends in three-year coverage by ethnicity (women aged 25-69 years screened in the previous three years, as a proportion of hysterectomy-adjusted female population)



Self-testing a game-changer for equity

HPV testing on a self-collected sample is as accurate as a clinician-taken sample when PCR DNA-based HPV test technology is used.

- Self- or clinician-collected vaginal swab
- Less invasive / more acceptable so can assist those reluctant or unable to be screened currently
 - Cervical screening participation has been decreasing for all groups over recent years - largest declines in Māori, Pacific and Asian
- Will reduce cervical cancer rates by reducing the number of under- or never-screened.
- Equity-enhancing: New Zealand trials have demonstrated that self-testing is highly acceptable to women, including Māori
- Requires HPV platform validation before laboratories can process self-collected swab samples for HPV testing

Essentials to be in place

- **New Cervical Screening Register**
 - Complex work – at least 12 months to build/programme and complete user acceptance testing
 - Uses National Screening Solution as the “spine”
 - National Bowel Screening Programme
 - National Cervical Screening Programme
 - BreastScreen Aoteroroa
 - Advantage of experience with bowel screening register but cervical screening pathways are more complex
- **Clinical Practice Guidelines**
 - Required to ensure correct pathways used by clinicians, laboratories and the NCSP Register
 - Consultation with laboratories currently underway
- **NPQS standards Section 5**
 - Initial consultation completed May/June 2021

Impact on laboratories

- HPV test volumes will rise and cytology volumes will fall immediately and substantially
 - Most cytology will be in those who are hrHPV positive so the proportion of cytology reported as abnormal will rise considerably
 - cervical cytology will become increasingly specialised when the primary screening is done by HPV testing
 - screening will be more intensive as the abnormality rate will be higher
 - Immunisation will gradually reduce the number of cases as disease prevalence drops
 - There will be fewer cytoscientists/cytotechnicians and how this will occur is not determined yet but it is clear that **the success of the screening programme depends on maintaining an experienced cytology workforce**. The NCSP will be working hard to ensure that this occurs

Laboratory services essential

- Procurement of Laboratory Services
 - The Ministry of Health Procurement Team will be handling the laboratory procurement process
 - Timelines will be announced to laboratories ASAP
 - The NCSP has confidence in all current labs: any existing laboratory could do this work
 - a reconfiguration of services will be needed because it is such a big change
 - Recognise that this change is very significant and will be unsettling and for laboratory staff
 - NCSP will support labs through this transition period

Again - thank you for your ongoing dedication to maintaining our high-quality cytology laboratory services in the NZ cervical screening programme

Acknowledgements

National Cervical Screening Programme

NSU Clinical Director: Dr Jane O'Hallahan

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Dr Howard Clentworth (Colposcopy)

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