

# Reporting in the HPV primary screening era

1. Transition arrangements
2. Unhappy pathways

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# The Transition: 24 August – 12 September

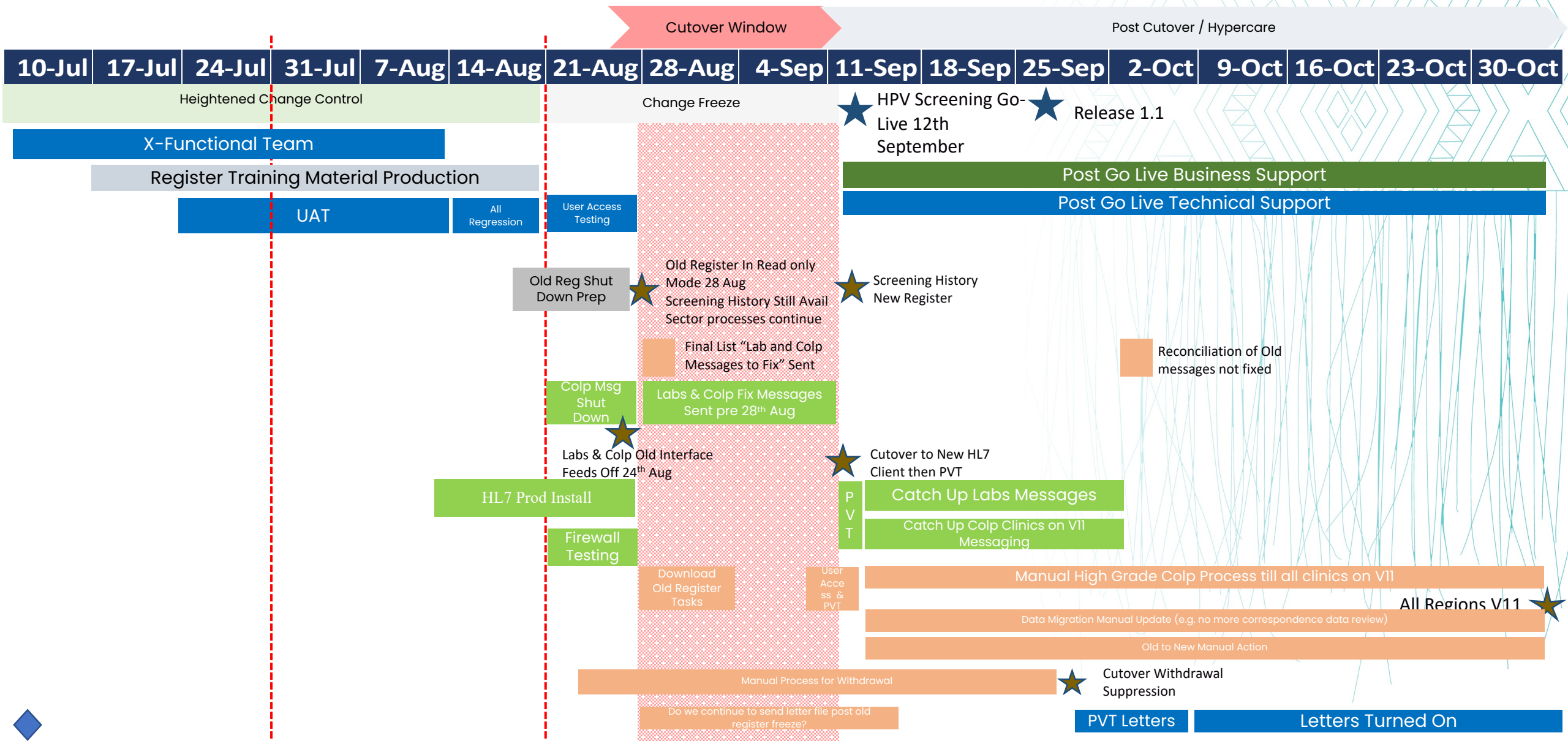
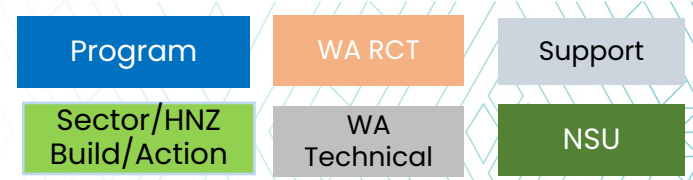
August						
S	M	T	W	T	F	S
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
September						
	M	T	W	T	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23

- **HL7 is turned off:** no more messages sent from labs
- **Current NCSP Register is frozen:** no more results entered in the current register

(MJS on leave)

- **Go-live 12<sup>th</sup> September**

# Whakarongorau- HPV Go-Live & Transition Plan



# What do labs need to do during transition?

**Before Thursday 24<sup>th</sup> August:** Report as much as possible and correct previous error messages for the current register

**From 24<sup>th</sup> August to 12<sup>th</sup> September (transition):**

- Use current R-codes for reporting up to and including Monday 11<sup>th</sup> September
- this may also apply to any samples registered before Go-live: Check with your IT team.

Current register screening histories will be available but **will not contain results of any reports issued on or after 24th August**

- For cases where there may have been other samples reported on or after 24<sup>th</sup> August that may not be on the NCSP Register record (used to decide on the correct recommendation) then **add AD16:**

**AD16:** *The recommendation in the report is based on the NCSP register record up to **28th August** and may need to be modified if additional cervical or vaginal screening or diagnostic tests were reported between this date and the date the current sample was reported.*

# R-code to H-code translator

will run in the background for the cutover period results

Please DON'T USE the following codes:

**R3** Please repeat the sample within 3 months of the end of pregnancy

**R12** Please repeat the sample after a course of oestrogen treatment

R-codes current	Descriptor	Filters	H-codes July 2023	Descriptor
R1	The next sample should be taken in 3 years based on information held on the NCSP Register.	Age ≤66 years → H21 Age 67+ years → H18	H1	The next HPV screening test should be taken in 5 years, based on the NCSP Register history.
R2	Please repeat the sample within 3 months.		H2	The next HPV screening test should be taken in 3 years because of the clinical history of immune deficiency.
R3	Please repeat the sample within 3 months of the end of pregnancy. <b>Ban using this or raise a task if used</b>		H3	Please repeat the liquid-based cytology (LBC) sample for cytology in 6 to 12 weeks.
R4	Please repeat the sample in 3 months.		H4	Please repeat the HPV test. No delay before repeat testing is needed.
R5	Please repeat the sample in 6 months.		H5 + add AD15	Please repeat the HPV test in 12 months. A liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.
R6	Please repeat the sample in 12 months.		H6	Please recall for a liquid-based cytology (LBC) sample in 6 to 12 weeks so that the HPV test and cytology can both be repeated.
R7	Because a previous sample showed low grade changes (ASC-US or LSIL), please repeat the sample in 12 months.		H7	Please recall now for a liquid-based cytology (LBC) sample, as cytology is indicated.
R8	Annual samples are indicated because of a previous high-grade abnormality.		H8	Referral for specialist colposcopy assessment is indicated.
R9	Referral for specialist assessment is indicated.		H9	Referral for specialist gynaecology assessment is indicated.
R10	Urgent referral for specialist assessment is indicated.		H10	Urgent referral for colposcopy assessment is indicated.
R11	Code not in use		H11	Urgent referral for specialist gynaecology assessment is indicated
R12	Please repeat the sample shortly after a course of oestrogen treatment. <b>Ban using this or raise a task if used</b>		H12	Referral for colposcopy is indicated. A clinician-taken LBC sample for cytology prior to colposcopy is recommended.
R13	Under specialist care.		H13	Under specialist care.
R14	In view of the abnormal clinical history provided, referral for assessment is recommended regardless of the cytology result.		H14	(Blank)

# Reporting from 12th September

From 12<sup>th</sup> September: Use H-codes only from 12<sup>th</sup> September

**Need to check about samples registered up to 11<sup>th</sup> September**

Full screening histories will be available in the new Register.

Exceptions:

- Cutover period results may take a few days to a couple of weeks to process
- HPV self-sampling research HPV results will be individually migrated in – may take a couple of months
- Cases where the migration into the new register is complex have been pulled out for individual consideration and may not be completed by 12 September.
  - Where this applies the **Pathway status will be blank**. Contact the NCSP so we can fast track the migration so you can report the sample.

# Reporting cases taken in the cytology screening programme and reported after the 12th September

Cytology taken prior to 12<sup>th</sup> September but reported after 12<sup>th</sup> September will need to be reported using H-codes.

**Use the translator coding sheet and add AD15 where indicated**

**AD15:** *This sample was taken during the cytology primary screening programme and has been reported after HPV primary screening was introduced. The recommendation given has been adjusted for the HPV primary screening programme.*

# Reporting H-code translations

R-codes current	Descriptor	Filters	H-codes new	Descriptor
R1	The next sample should be taken in 3 years based on information held on the NCSP Register.	Age $\leq 66$ years and immune competent OR Age $\leq 68$ years and immune deficient (or not enough screening in their 60's to exit)	H21	Please recall in 3 years for an HPV primary screening test, or in 12 months if the screening participant is immune deficient.
		Age 67+ years, immune competent and can exit screening OR Age 69+ immune deficient and can exit screening	H18	No further cervical or vaginal screening tests are indicated. HPV testing or cervical/vaginal cytology should only be requested if clinically indicated.



# Reporting H-code translations

R-codes current	Descriptor	Filters	H-codes new	Descriptor
R2	Please repeat the sample within 3 months.	Unsatisfactory cytology which needs repeating* (e.g. Test of cure)	H3	Please repeat the liquid-based cytology (LBC) sample for cytology in 6 to 12 weeks.
<b>R3 BANNED</b>	Please repeat the sample within 3 months of the end of pregnancy.	<b>DON'T USE THIS CODE</b>		
R4	Please repeat the sample in 3 months.	Unsatisfactory cytology which needs repeating	H3	Please repeat the liquid-based cytology (LBC) sample for cytology in 6 to 12 weeks.

- \* A primary screening cytology sample which is unsatisfactory will be repeated using an HPV test
- **Suggest a free text comment** is added to the report to identify the options of a repeat LBC or a swab collected sample
- If another LBC sample is received, then an HPV test will be done first, with cytology only if HPV Detected

# Reporting H-code translations

R-codes current	Descriptor	Filters	H-codes new	Descriptor
R5	Please repeat the sample in 6 months.	Add AD15 (Please recall for an HPV test ....would be better)	H5 + AD15	Please repeat the HPV test in 12 months. A liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.
R6	Please repeat the sample in 12 months.	Add AD15 (Please recall for an HPV test....would be better)	H5 + AD15	Please repeat the HPV test in 12 months. A liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.
R7	Because a previous sample showed low grade changes (ASC-US or LSIL), please repeat the sample in 12 months.	Add AD15 (Please recall for an HPV test....would be better)	H5 + AD15	Please repeat the HPV test in 12 months. A liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.

# Reporting H-code translations

R-codes current	Descriptor	Filters	H-codes new	Descriptor
R8	Annual samples are indicated because of a previous high-grade abnormality.	Use H17 OR H15	H17	Annual co-test screening (an LBC sample for cytology and HPV testing) is indicated because of the history of a previous HPV-negative high-grade cervical or vaginal lesion, or a history of AIS where the HPV status prior to treatment is unknown.
			H15	HPV testing and cytology (Test of Cure) are indicated in 12 months. A liquid-based cytology (LBC) sample is required.
R9	Referral for specialist assessment is indicated.	Use H8 or H9	H8	Referral for specialist colposcopy assessment is indicated.
			H9	Referral for specialist gynaecology assessment is indicated.
R10	Urgent referral for specialist assessment is indicated.	Use H10 or H11	H10	Urgent referral for colposcopy assessment is indicated.
			H11	Urgent referral for gynaecology assessment is indicated.

# Reporting H-code translations

R-codes current	Descriptor	Filters	H-codes new	Descriptor
R12 BANNED	Please repeat the sample shortly after a course of oestrogen treatment.	DON'T USE THIS CODE		
R13	Under specialist care.		H13	Under specialist care.
R14	In view of the abnormal clinical history provided, referral for assessment is recommended regardless of the cytology result.		H8	Referral for specialist colposcopy assessment is indicated.

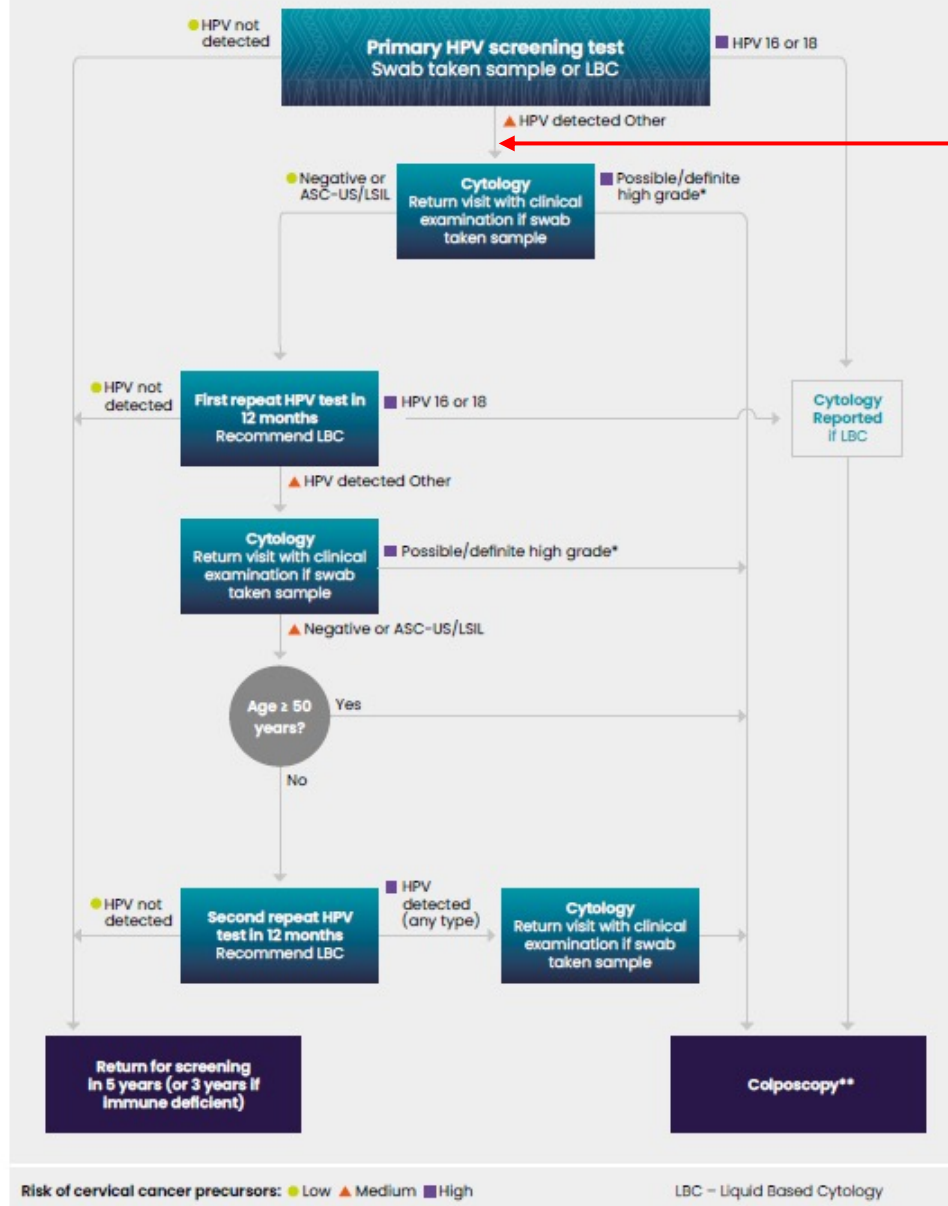
# Unhappy Pathways

- Situations where laboratories either receive the wrong samples, or receive the right samples at the wrong time
- Laboratories need to know how to report these samples
- The register needs to be aligned to respond appropriately when the results come in
- This does not include people having their tests late, except where it impacts their screening pathway.

# Unhappy Pathways: primary screening tests

ISSUE	RESPONSE
Swab samples sent for HPV testing prior to 12 Sept 2023	Swab samples may be discarded and not processed
Co-test requested but no clinical indication for cytology	HPV testing is performed Cytology is only reported if HPV is detected
Cytology only requested for a primary screening test	AD14 Additional Comment added to explain why cytology was not reported
Primary screening test taken too soon	Report the sample and set the next expected event according to the result
Primary screening test taken too late	
HPV Test received age 70-74 after participant has been unenrolled	Report the HPV test and exit screening if HPV Not Detected. Refer to colposcopy if HPV Detected
Primary screening test taken from 75+ years or inappropriately post-hysterectomy	Those 75+ who keep screening will have their samples reported so will be able to keep screening (but no tracking).

Figure 3: Cervical screening pathway: HPV primary screening for asymptomatic participants



## HPV Other Pathway after primary screening

**Cytology Recall:** Triage cytology required after an HPV Other result on a swab.

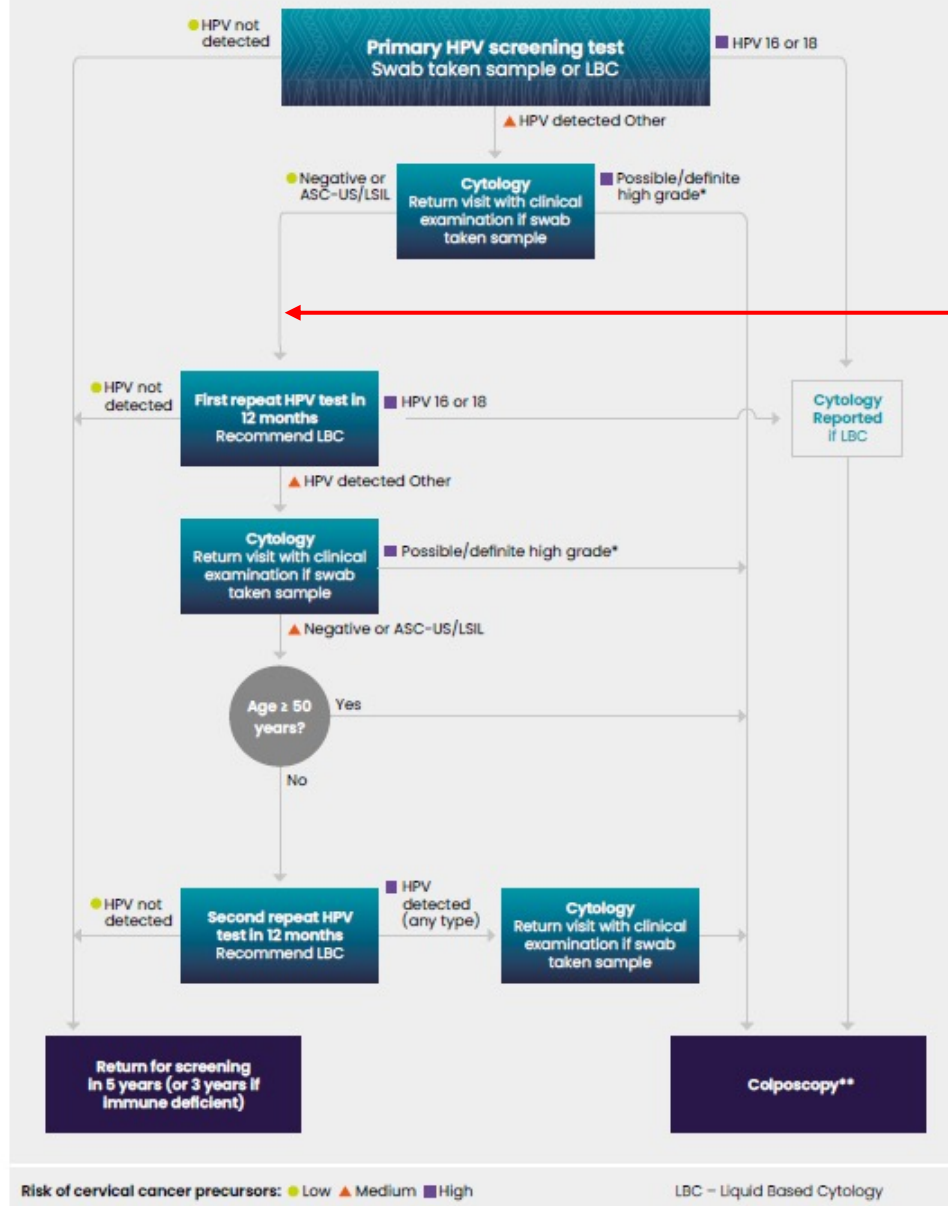
\*Possible/definite high grade cytology includes ASC-H, HSIL, SCC, atypical glandular cells, AIS and adenocarcinoma.  
 \*\*Refer to Section 9 for specialist referral of atypical or malignant endometrial cells

# Cytology recall: Triage cytology required after an HPV Other result on a swab

ISSUE	RESPONSE
Cytology recall taken <b>too late: &gt;3 months</b> (and not already at colposcopy)	Repeat the HPV test as well as reporting the cytology
Cytology recall not performed and the <b>next request is a swab for repeat HPV taken &lt; 9 months</b> after the primary HPV test	Report the HPV test but don't accept as the first 12 month repeat <ul style="list-style-type: none"> <li>- if HPV Not detected return to regular interval screening</li> <li>- if HPV Detected 16 or 18, refer to colposcopy</li> <li>- if HPV Other is persistent, <b>recall for cytology</b></li> </ul> Register keeps pathway status at <b>Cytology recall</b>
Cytology recall not performed and the <b>next request is a swab for repeat HPV taken <u>≥</u>9 months</b> after the primary HPV test	Report the HPV test and accept as first 12 month repeat. <ul style="list-style-type: none"> <li>- if HPV Not detected, return to regular interval screening</li> <li>- if HPV detected 16 or 18, refer to colposcopy</li> <li>- if HPV Other is persistent, <b>recall for cytology</b></li> </ul> Register updates pathway status to <b>First Repeat Cytology Recall</b>



Figure 3: Cervical screening pathway: HPV primary screening for asymptomatic participants



## HPV Other Pathway after primary screening

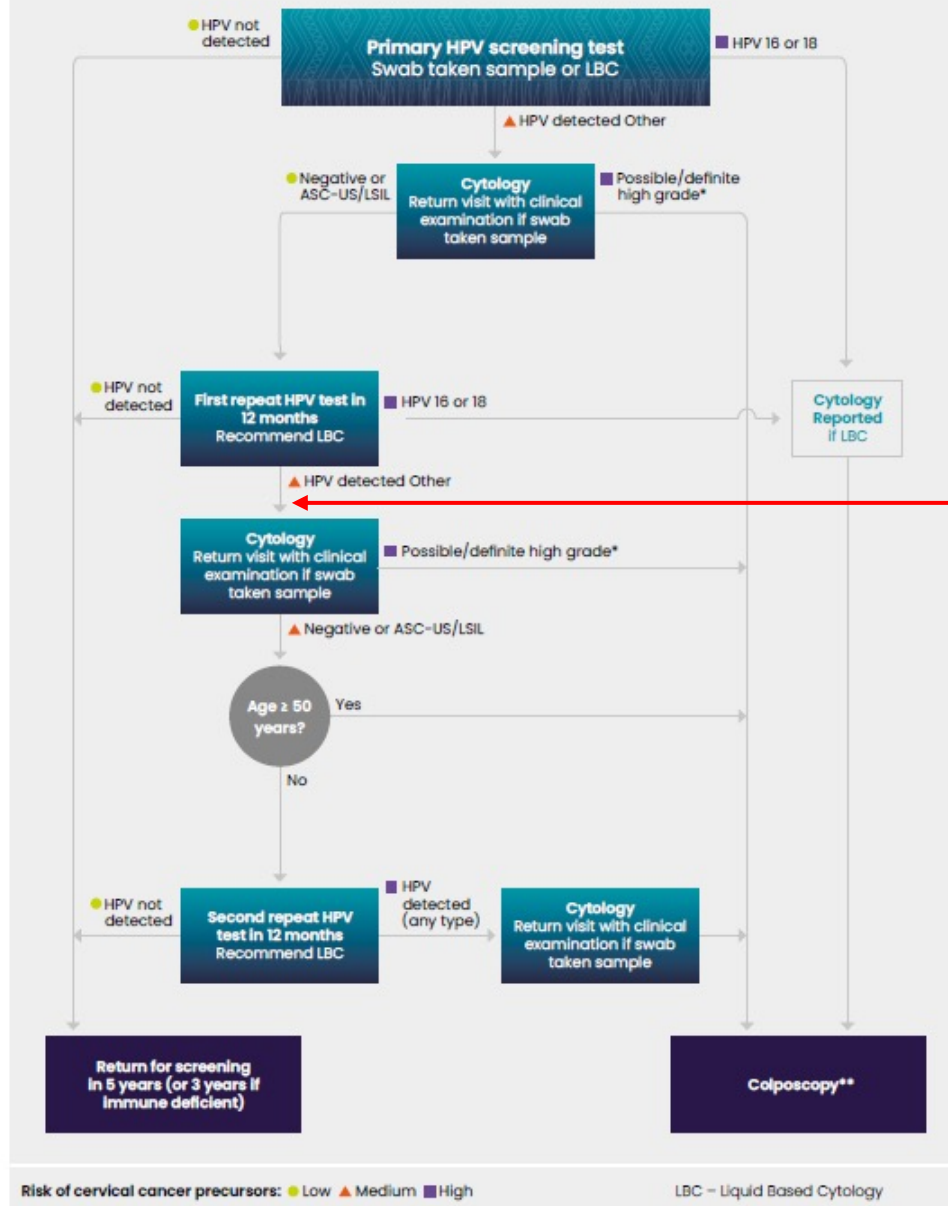
First Repeat HPV Recall: Testing at first 12 month repeat HPV

\*Possible/definite high grade cytology includes ASC-H, HSIL, SCC, atypical glandular cells, AIS and adenocarcinoma.  
 \*\*Refer to Section 9 for specialist referral of atypical or malignant endometrial cells

# First Repeat HPV Recall: Testing at first 12 month repeat HPV

ISSUE	RESPONSE
<p>Repeat HPV is too early: &lt;9 months</p>	<p>Report the result but don't accept as the first 12 month repeat.</p> <ul style="list-style-type: none"> <li>- If HPV Not Detected, return to regular interval screening.</li> <li>- If HPV Detected 16 or 18, refer to colposcopy</li> <li>- If HPV Other and a swab, <b>recall for cytology</b></li> </ul> <p>If an LBC for cytology is done:</p> <ul style="list-style-type: none"> <li>- If high-grade cytology refer to colposcopy</li> <li>- If negative or low-grade cytology, <b>recall in 12 months for repeat HPV test (irrespective of age)</b></li> </ul> <p>Register keeps pathway status at <b>First Repeat HPV Recall</b> and next event due date is updated to 12 months from this test date ("Resetting the clock").</p>
<p>Repeat HPV is too late: ≥2 years</p>	<p>Report the result.</p> <ul style="list-style-type: none"> <li>- If HPV Not Detected, return to regular interval screening.</li> <li>- If HPV Detected 16 or 18 refer to colposcopy</li> <li>- <b>If HPV Other refer to colposcopy irrespective of age.</b> Use H12</li> </ul>

Figure 3: Cervical screening pathway: HPV primary screening for asymptomatic participants



## HPV Other Pathway after primary screening

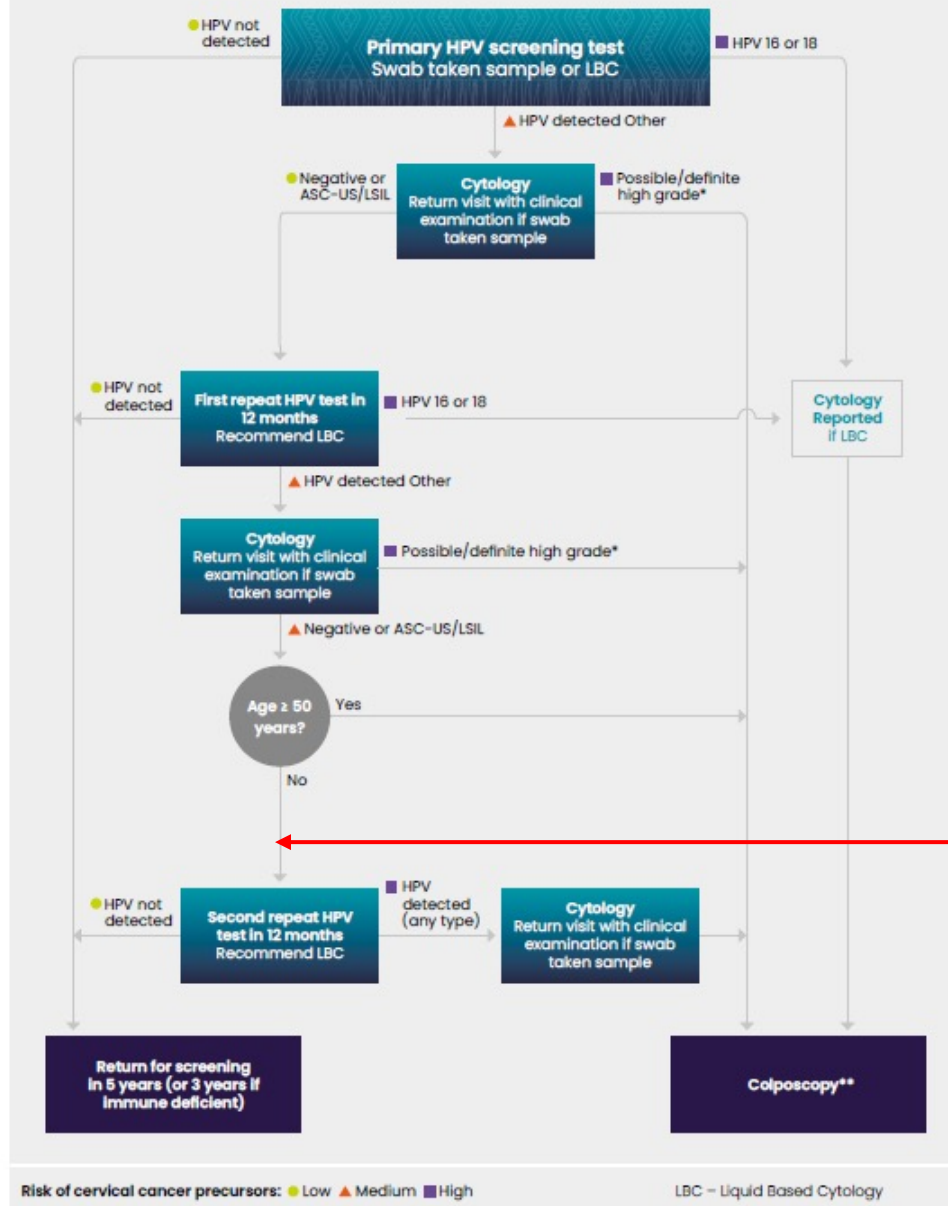
**First Repeat Cytology Recall:** Triage cytology required after an HPV Other result on a swab

\*Possible/definite high grade cytology includes ASC-H, HSIL, SCC, atypical glandular cells, AIS and adenocarcinoma.  
 \*\*Refer to Section 9 for specialist referral of atypical or malignant endometrial cells

# First Repeat Cytology recall: Triage cytology required after an HPV Other result on a swab

ISSUE	RESPONSE
Cytology recall <b>taken too late: &gt;3 months</b> (and not already at colposcopy)	Repeat the HPV test as well as reporting the cytology
Cytology recall not performed and the <b>next request is a swab for repeat HPV taken &lt; 9 months</b> after the 12 month repeat HPV test	Report the HPV Test but don't accept as the second 12 month repeat. -if HPV Not detected return to regular interval screening - if HPV Detected 16 or 18, refer to colposcopy - if HPV Other is persistent, recall for cytology Status remains at First Repeat Cytology recall.
Cytology recall not performed and the <b>next request is a swab for repeat HPV taken <u>&gt;</u>9 months</b> after the 12 month repeat HPV test	Report the HPV test and accept as second 12 month repeat. - If HPV Not detected, return to regular interval screening - If HPV detected 16 or 18, refer to colposcopy - if HPV Other is persistent, refer for colposcopy. Use H12 to recommend cytology prior to colposcopy

Figure 3: Cervical screening pathway: HPV primary screening for asymptomatic participants



## HPV Other Pathway after primary screening

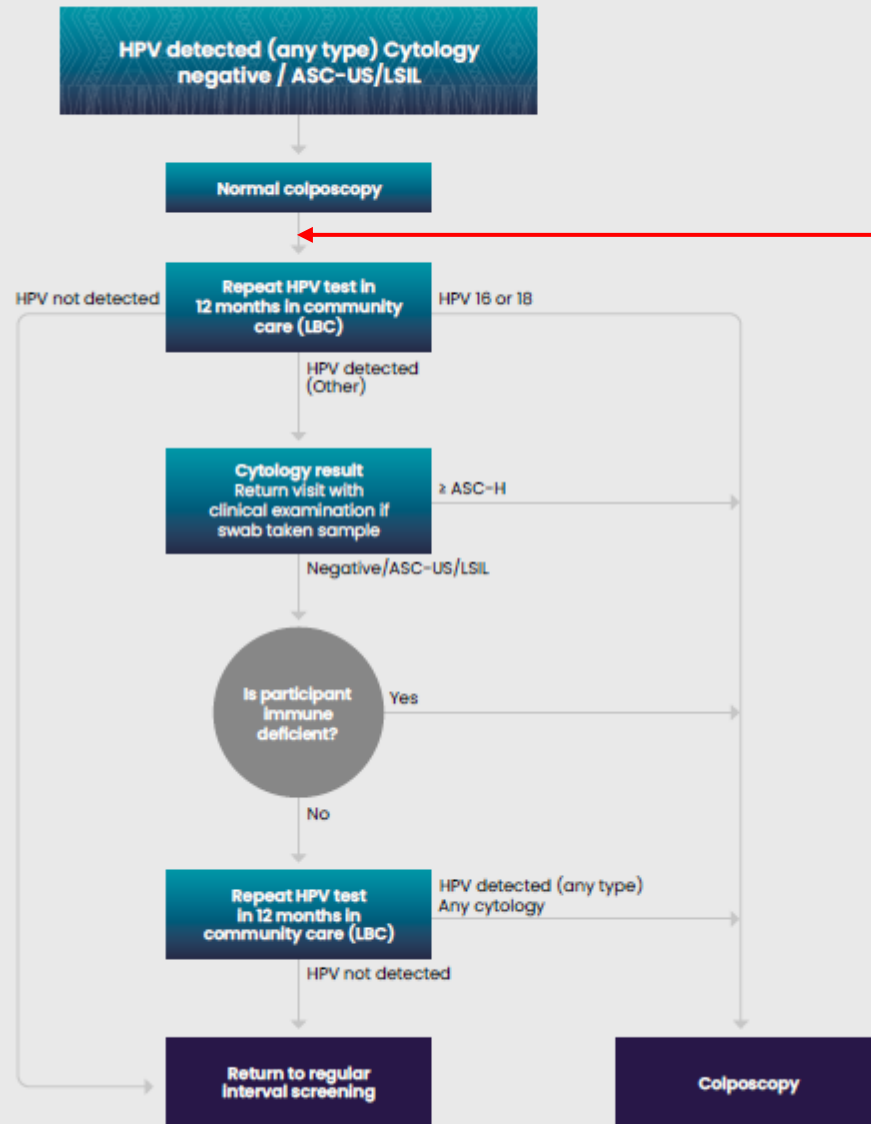
Second HPV Repeat Recall: Testing at second 12 month repeat HPV test

\*Possible/definite high grade cytology includes ASC-H, HSIL, SCC, atypical glandular cells, AIS and adenocarcinoma.  
 \*\*Refer to Section 9 for specialist referral of atypical or malignant endometrial cells

# Second HPV Repeat Recall: Testing at second 12 month repeat HPV test

ISSUE	RESPONSE
Cytology taken <b>too late: &gt;3 months</b> (and not already at colposcopy)	Repeat the HPV test as well as reporting the cytology
Repeat HPV is <b>too early: &lt; 9 months</b>	<p>Report the result but don't accept as the second 12 month HPV repeat.</p> <ul style="list-style-type: none"><li>-If HPV Not Detected, return to regular interval screening.</li><li>-If HPV Detected 16 or 18 refer to colposcopy</li><li>-If HPV Other, <b>recall for cytology</b> (within 3 months)</li></ul> <p>Register keeps pathway status at <b>Second Repeat HPV Recall</b> but next expected HPV test is 12 months after this repeat HPV test (Resetting the clock).</p>

**Figure 4:** Normal colposcopy following HPV detected (any type) and a cytology result that is negative/ASC-US/LSIL



## Follow-up testing after a normal or low-grade colposcopy

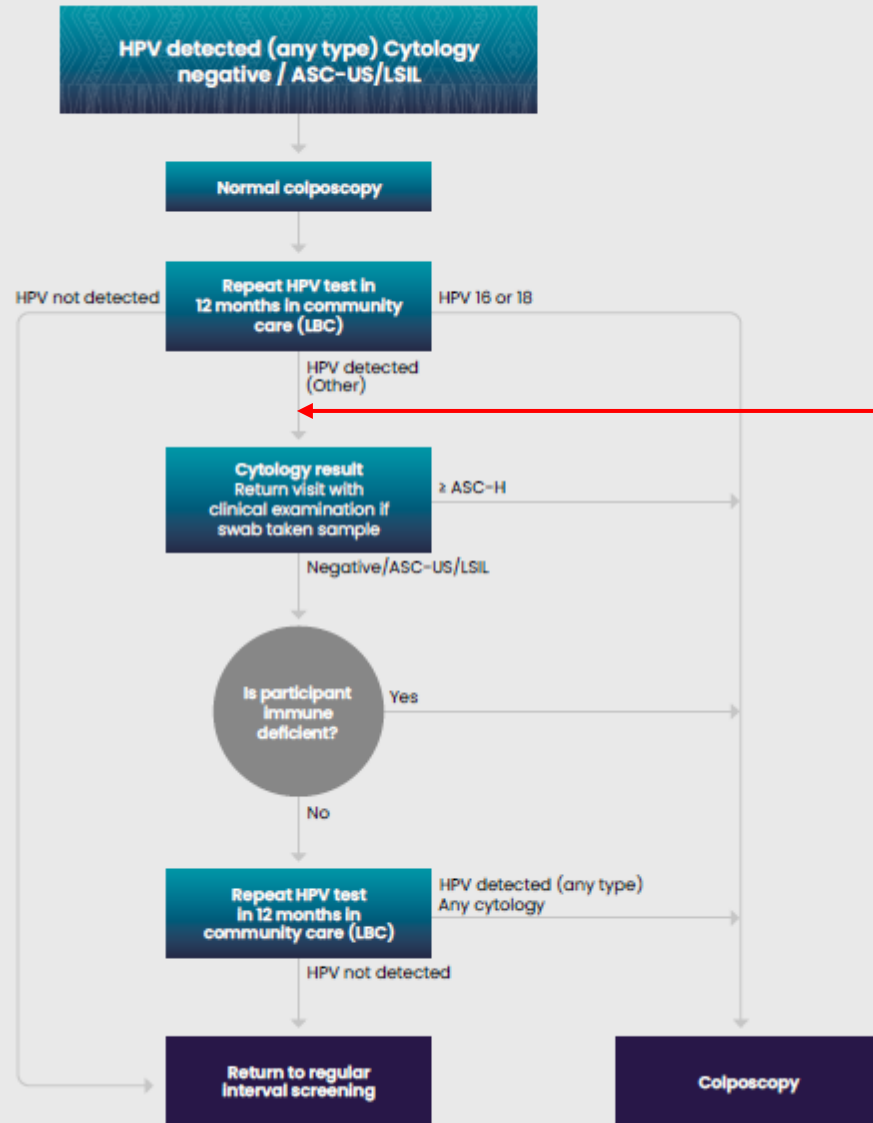
First Post-colposcopy Recall

# First Post-colposcopy Recall

ISSUE	RESPONSE
HPV test is <b>too early: &lt;9 months</b> after discharge from colposcopy	<p>Report the HPV result.</p> <ul style="list-style-type: none"><li>- If HPV Not Detected, return to regular interval screening.</li><li>- If HPV Detected 16 or 18 refer to colposcopy</li><li>- If HPV Other and a swab, <b>recall for cytology</b>.</li></ul> <p>When cytology result is known:</p> <ul style="list-style-type: none"><li>- If high-grade cytology refer to colposcopy</li><li>- If negative or low-grade cytology, <b>recall in 12 months for repeat HPV test</b></li></ul> <p>Register keeps pathway status at <b>First Post-colposcopy Recall</b> and next event due date is updated to 12 months from this test date (“Resetting the clock”).</p>
HPV is <b>too late: &gt;2 years</b>	<p>Report the HPV result.</p> <ul style="list-style-type: none"><li>- If HPV Not Detected, return to regular interval screening.</li><li>- if HPV Detected 16 or 18 refer to colposcopy</li><li>- If HPV Other, <b>refer to colposcopy</b>. Use H12 to recommend cytology first.</li></ul>



**Figure 4:** Normal colposcopy following HPV detected (any type) and a cytology result that is negative/ASC-US/LSIL



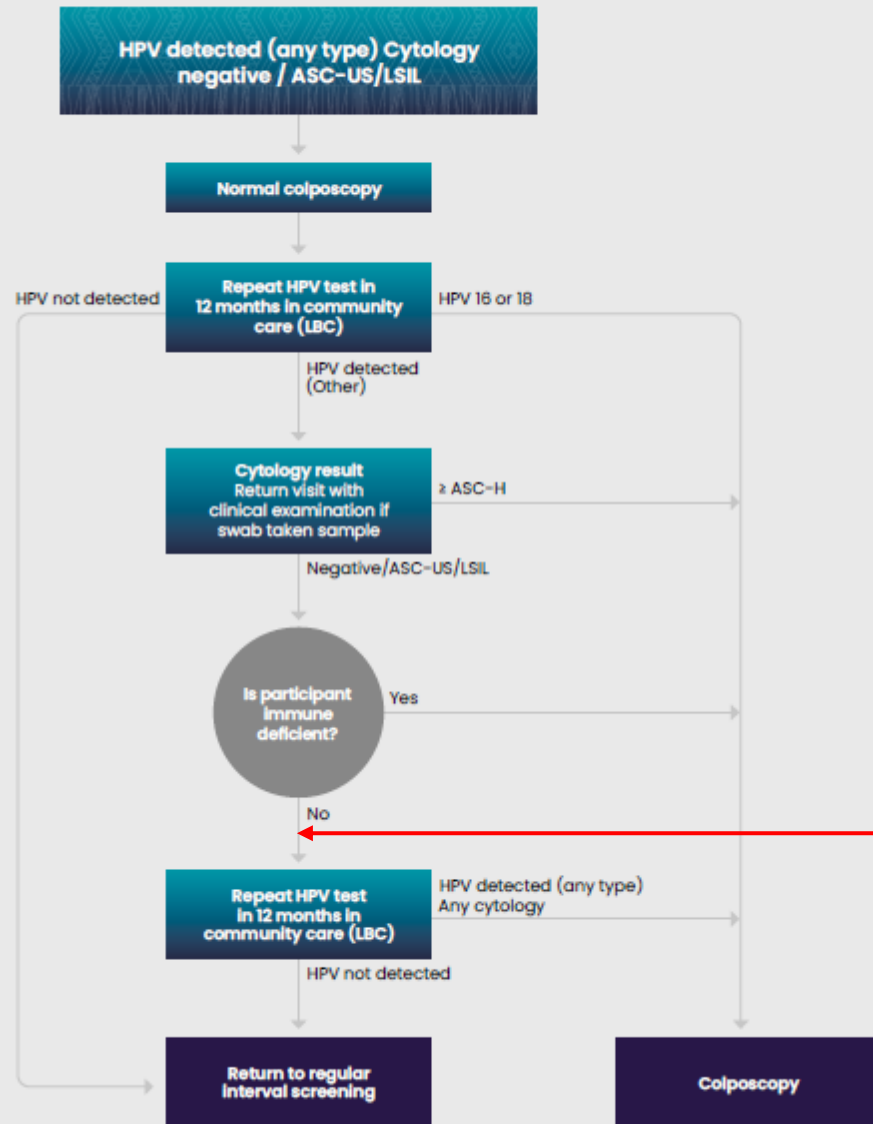
## Follow-up testing after a normal or low-grade colposcopy

First Post-colposcopy Cytology Recall

# First Post-colposcopy Cytology Recall

ISSUE	RESPONSE
Cytology recall taken <b>too late: &gt;3 months</b>	Repeat the HPV test as well as reporting the cytology
Cytology recall not performed and the next request is a <b>swab for repeat HPV taken &lt;9 months</b> after the First Post-colposcopy recall HPV test	Report the HPV test but don't accept as the second post-colposcopy recall <ul style="list-style-type: none"> <li>- If HPV Not detected, return to regular interval screening</li> <li>- If HPV detected 16 or 18, refer to colposcopy</li> <li>- If HPV Other is persistent, <b>recall for cytology</b></li> </ul> Register keeps pathway status at <b>First Post-colposcopy Cytology Recall</b>
Cytology recall not performed and the next request is a <b>swab for repeat HPV taken ≥9 months</b> after the First Post-colposcopy recall HPV test	Report the result and accept as the second post-colposcopy HPV recall. <ul style="list-style-type: none"> <li>- If HPV Not Detected, return to regular interval screening.</li> <li>- If HPV Detected 16 or 18 refer to colposcopy</li> <li>- If HPV Other, <b>refer to colposcopy</b>. Use H12.</li> </ul>

**Figure 4:** Normal colposcopy following HPV detected (any type) and a cytology result that is negative/ASC-US/LSIL



## Follow-up testing after a normal or low-grade colposcopy

Second Post-colposcopy Recall

# Second Post-colposcopy Recall

ISSUE	RESPONSE
HPV test is <b>too early: &lt;9 months</b> after the first post-colp recall HPV test	Report the result but don't accept as the second post-colposcopy recall. -If HPV Not Detected, return to regular interval screening. -If HPV Detected 16 or 18 refer to colposcopy - If HPV Other, recall for cytology. Status remains at Second post-colposcopy Recall but next expected event is 12 months after this repeat HPV test (Resetting the clock).
HPV test is <b>too early: ≥9 months</b> after the first Post-colposcopy recall HPV test	Report the result and accept as the second post-colposcopy recall. -If HPV Not Detected, return to regular interval screening. -If HPV Detected 16 or 18 refer to colposcopy - If HPV Other, refer to colposcopy. Use H12 to recommend cytology first.
<b>Cytology taken too late: &gt;3 months</b>	Repeat the HPV test as well as reporting the cytology

# First Test of Cure and First Test of Cure Repeated

ISSUE	RESPONSE
A <b>swab sample</b> and an <b>LBC sample</b> are both received	Report the HPV result and cytology from the LBC sample Discard the swab sample
Co-test received too early: <4 months after treatment	Report the results - If HPV Not detected and cytology negative, accept the result as first TOC. - If HPV Detected or any cytology except HG, leave at first TOC and expect a further co-test 6 months post-treatment - Any HG cytology goes back to colp
<b>Swab sample</b> for HPV only received	Report the swab sample and recall for cytology if HPV ND to complete the Test of Cure If HPV Detected, refer to colposcopy

# Second Test of Cure

ISSUE	RESPONSE
A <b>swab sample and an LBC sample</b> are both received	Report the HPV result and cytology from the LBC sample Discard the swab sample
Co-test received <b>too early &lt;9 months</b> after first test of Cure	Report the results - If HPV Not detected and cytology negative, recall in 12 months for repeat co-test. Register keeps pathway status at <b>Second Test of Cure</b>
Co-test received <b>late</b>	Report the results - If HPV Not detected and cytology negative, accept as the second test of Cure cotest, as long as still consecutive testing after the first test of Cure and return to <b>regular interval screening</b>
Swab sample for HPV only received	Report the HPV test -Recall for cytology to complete the Test of Cure if HPV ND - refer for colposcopy if HPV detected

# To conclude.....

Thanks for everyone for participating in the training

Best wishes for working in the HPV primary screening programme

Please keep in touch if you run into problems