



HPV primary screening in New Zealand

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With thanks to Dr Margaret Sage for her slides and
information

What we will cover...

- Terminology
- The new register
- Screening age and interval
- HPV primary screening pathways

What is “primary screening”?

- Primary screening means having an HPV test when:
 - A person enters screening for the first time
 - A person on regular interval screening (5-year recall, or 3-year recall if immune deficient) returns to have another screening test
- The “HPV test” is for the 14 high-risk HPV types only, categorized as:
 - HPV 16
 - HPV 18
 - HPV Other (12 other high-risk types)
 - The 12 HPV Other types can be identified specifically by some HPV test technologies, but this is not required at least initially, in the HPV primary screening program
 - Infections with multiple HPV types occur
 - Low-risk HPV types are not included in the test

What is a “ screening test”?

- The term screening test includes both HPV testing and cytology
 - HPV is the primary screening test but cytology is also used in the screening pathway, e.g. as the triage test after an HPV-Other result
- Early recall tests that are done to follow up those who have already had an abnormality identified or have been treated, are called follow-up tests or surveillance tests.
- These are HPV and cytology tests too, but used in a different context
- When a person is symptomatic, the cytology and HPV tests done to investigate this may be called diagnostic tests, as screening is only for those who are asymptomatic.
- Histology is always a diagnostic test, not a screening test

How will samples be taken for an HPV test?

- **Swab samples**
 - A vaginal swab sample is as sensitive as a clinician-taken LBC sample for detecting the presence of HPV, provided that the HPV test technology uses PCR to detect HPV DNA (not HPV RNA). All HPV test technology types used in NZ laboratories meet these requirements.
- Swab samples may be a self-collected sample (taken by the screening participant themselves) or can be a swab sample taken with the assistance of a clinician.
- **LBC samples**
 - LBC samples require a speculum examination and are only collected by a clinician.
 - An LBC sample is required if a cytology result is needed, as a vaginal swab sample is not adequate for cytology

The new NCSP Register

- The new NCSP Register will be used as soon as HPV primary screening starts
- It is population-based so everyone with an NHI in the eligible age range will be automatically registered from the NHI data base
- Individuals will be notified by the register when they are due for screening
- Screening test appointments will still be arranged by primary/community care
- Anyone can withdraw by notifying the register in writing

Screening age and interval

- Anyone with a cervix or vagina who has ever been sexually active should be offered a primary HPV screening test from age 25 to age 69
- If the HPV screening test result is negative (HPV Not Detected) the next screening test should occur in 5 years (or in 3 years if immune deficient)
- All participants should have a negative HPV screening test before exiting screening
 - Those aged 70 to 74 years who are overdue, underscreened or unscreened prior to age 70 should have a negative hrHPV test before ceasing screening

Entering screening at age 25

- Everyone will be notified by the Register when they are due for screening at age 25
- For those enrolled at a general practice, people can contact their usual practice to arrange an appointment
- For those who are not enrolled at a general practice, information will be available regarding local facilities where they can be screened (i.e. Family Planning)
- If the first HPV test is Not Detected, the next screening test will be in 5 years time
 - No second screening test is needed 12 months after the first test, because of the increased sensitivity of an HPV test compared with a cytology test

Tests taken under 25 years of age

- Some testing will still occur under 25 years e.g. for those with symptoms
- At 20 – 24 years: test results will be managed as for those 25+ years of age
- Results will be recorded on the Register with the same tracking and follow-up
 - if HPV: Not Detected at age 20, recall = age 25
 - if HPV: Not Detected at age 24, recall = age 29
 - if HPV is Detected, management is the same as 25+ years
- <20 years: results will be recorded on the Register but not tracked
 - *Labs*: No recommendation is given in the pathology report (except that referral will be recommended if high-grade cytology is reported)
 - *Clinicians*: the clinician determines further management in the clinical context
 - *Register*: No tracking or follow-up letters will be sent by the Register

Exiting screening: aging out

- One HPV Not Detected result is enough to safely discharge participants from the NCSP at the upper end of the screening age range
- Those with HPV Not Detected from age 65+ will cease screening, as they will be over 69 when they would be due for recall five years later (67+ for immune deficient participants)
- Those aged 70-74 years who have not had an HPV Not Detected result in the 5 years prior to age 70 (or 3 years prior if immune deficient), will have an HPV test and can cease screening if the HPV result is Not Detected
- Screening for asymptomatic participants aged 75+ years is not recommended

Exiting screening: post-hysterectomy

- No further screening is needed after a hysterectomy if all the following apply:
 - Had a total hysterectomy with complete removal of the cervix
 - Had either a normal screening history or had been returned to regular interval screening after follow-up/treatment of previous abnormal results prior to the hysterectomy (e.g. completed a test of cure following high-grade results)
 - The cervical histology in the hysterectomy specimen was normal or benign
- Where the screening history is unknown and the total hysterectomy cervical histology was normal, one post-hysterectomy HPV Not Detected result is required before ceasing screening
- If all cervical tissue was not removed at hysterectomy, screening needs to continue

Reporting HPV Other outside the screening age range

1. Under 20 years:

- If HPV is Detected with an LBC sample, report the cytology
- If there is high-grade cytology, refer to colposcopy
- Otherwise, a recommendation for the next step is not given and the requesting clinician is asked to manage the result in the clinical context

2. Up to and including 69 years: report as usual even if the follow-up extends beyond age 69.

3. For 70+ years: any HPV Detected result should be referred to colposcopy. Report the cytology on an LBC sample if available. Where a swab sample was taken, the cytology will be taken at colposcopy.

Testing outside recommended pathways

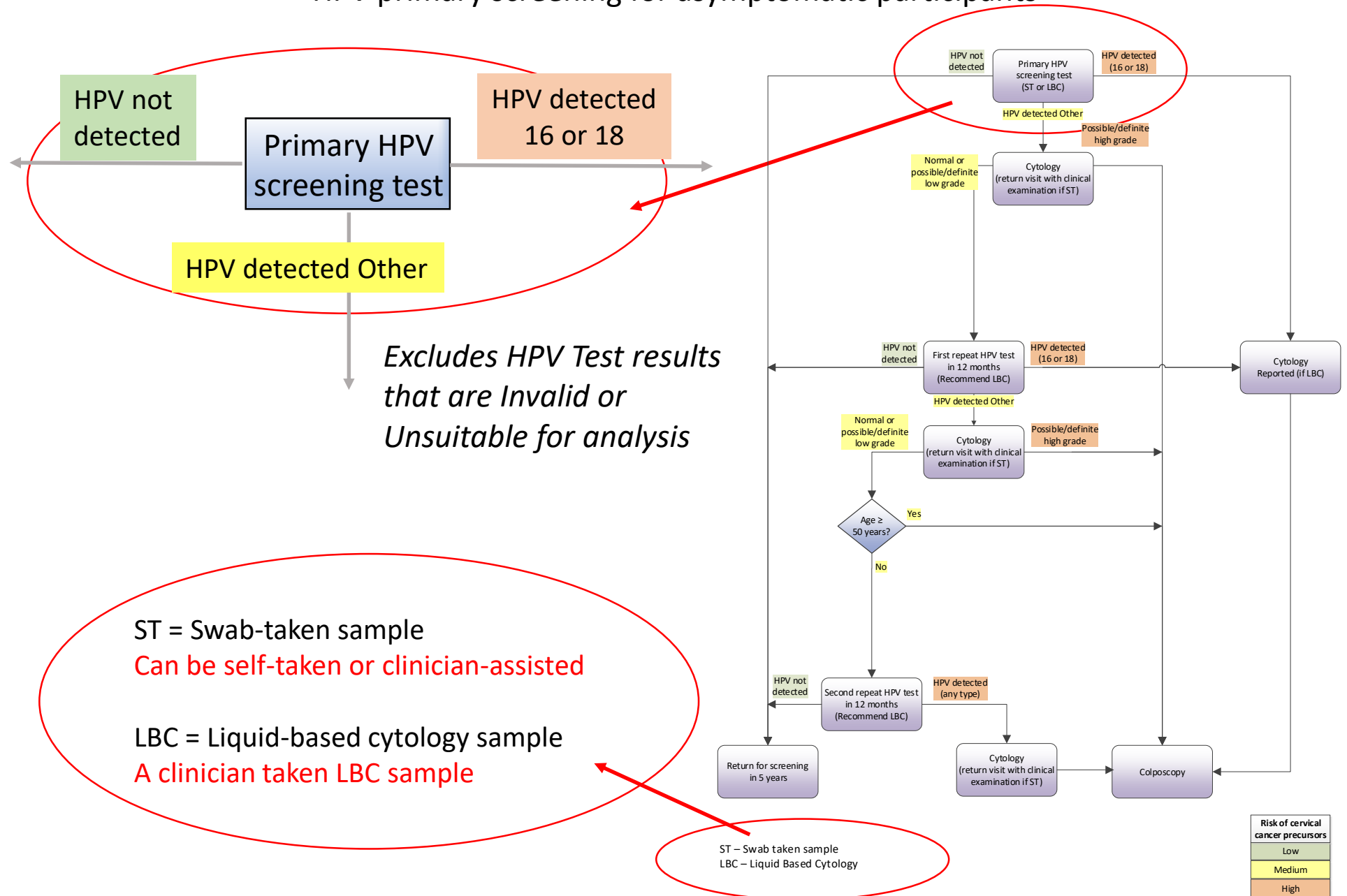
Those recommended to return in 12 months for a repeat HPV test may come back too early:

- if the repeat HPV result is Not Detected, can return to 5-yearly screening
- If the repeat HPV result is HPV Other again, and the repeat test was taken less than 9 months after the primary screening test, it will not be counted as the first 12-month repeat. A further 12 month repeat will be requested, to count as the first repeat HPV test: “Resetting the clock”

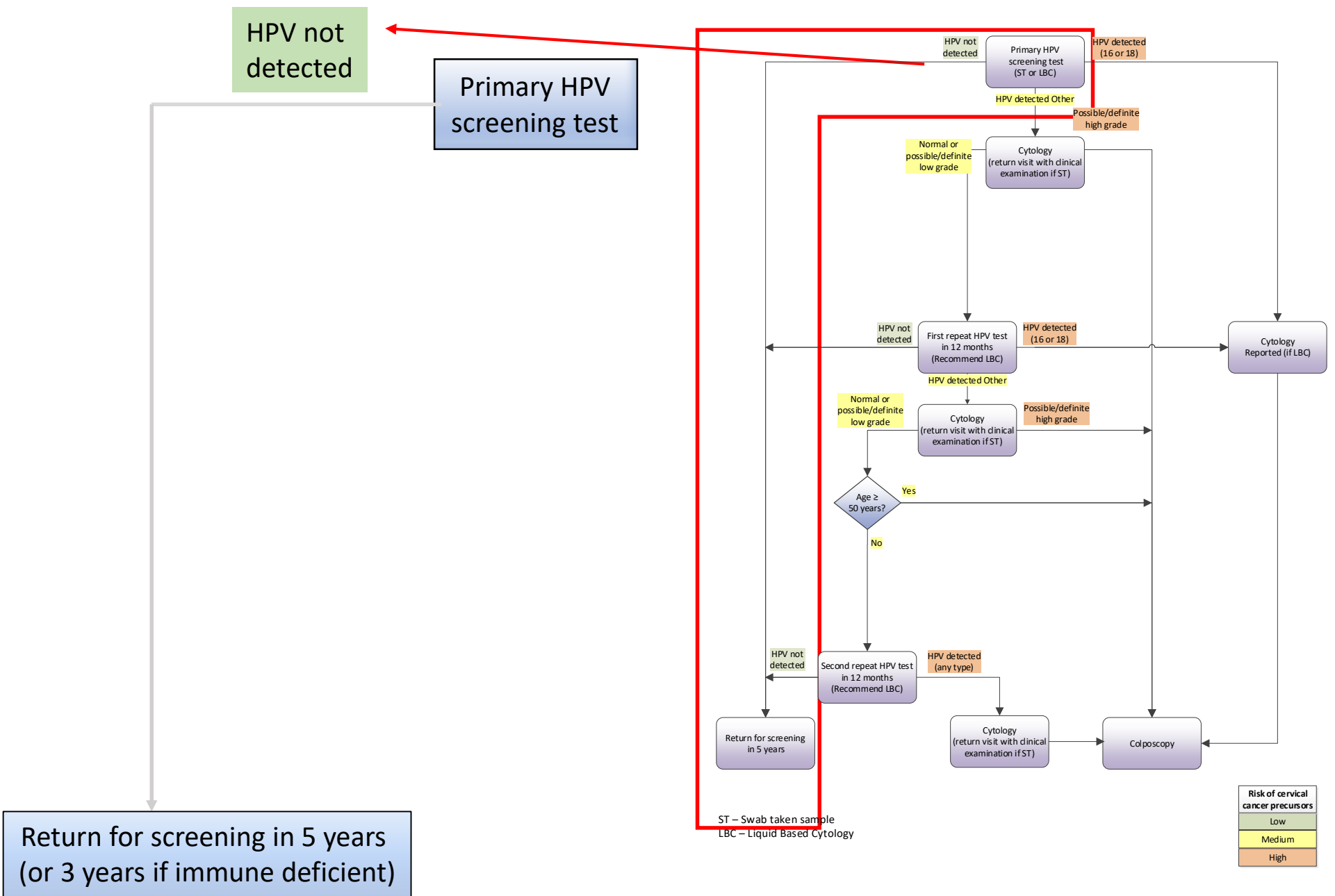
Those who do not want to have a speculum examination for an LBC sample may not return for cytology. Some may have repeat HPV tests only.

The primary screening algorithm (flowchart)

HPV primary screening for asymptomatic participants

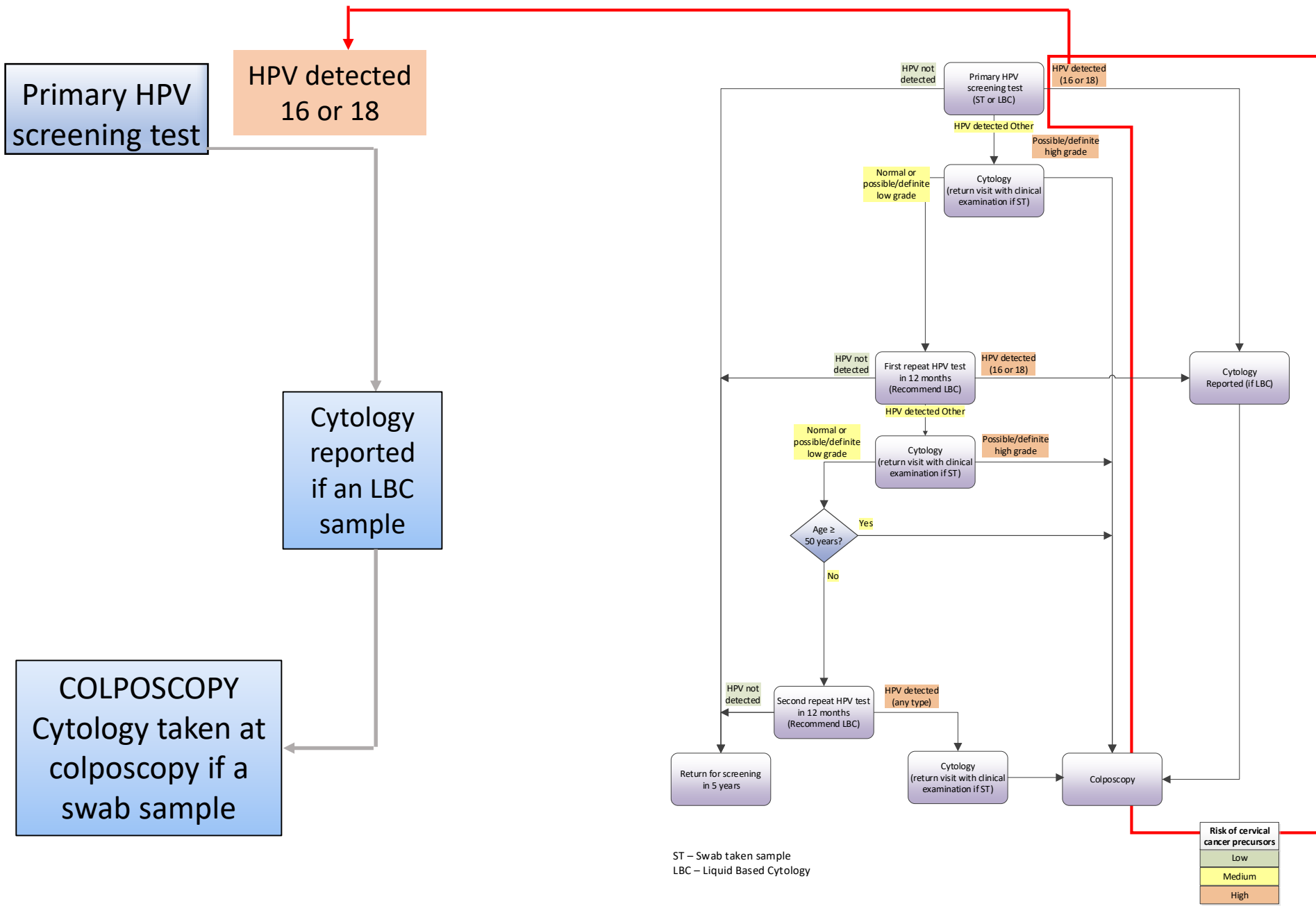


The primary screening algorithm (flowchart)

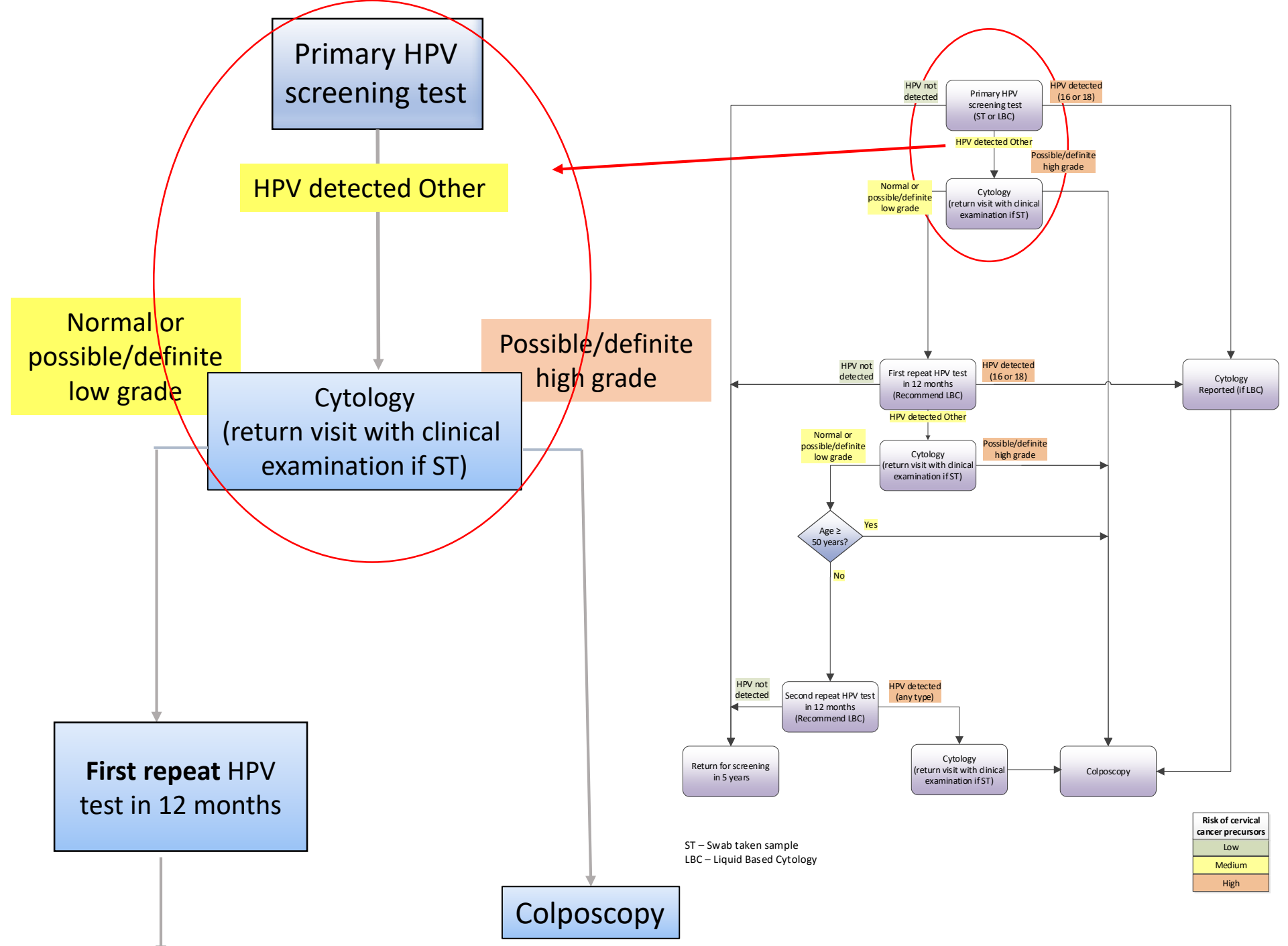


Return for screening in 5 years (or 3 years if immune deficient)

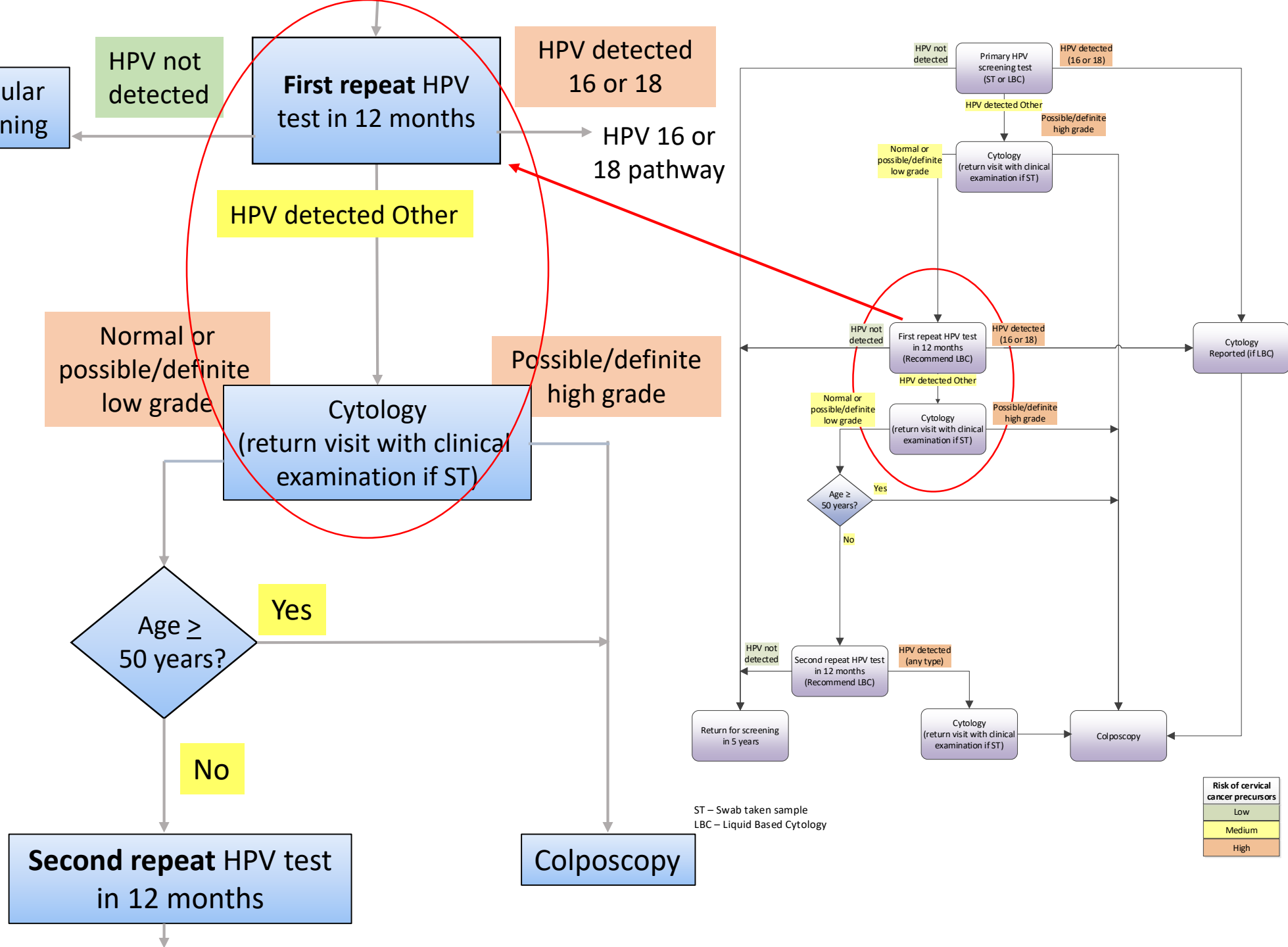
The primary screening algorithm (flowchart)



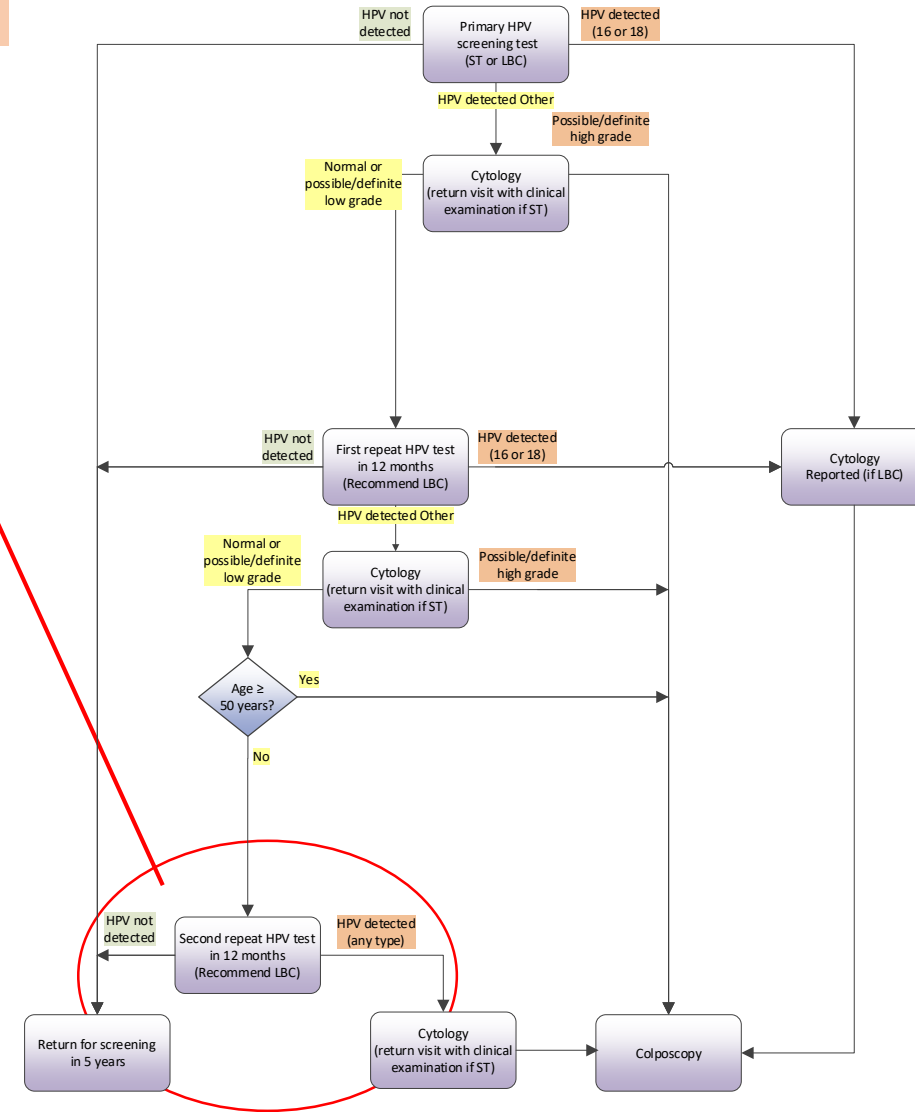
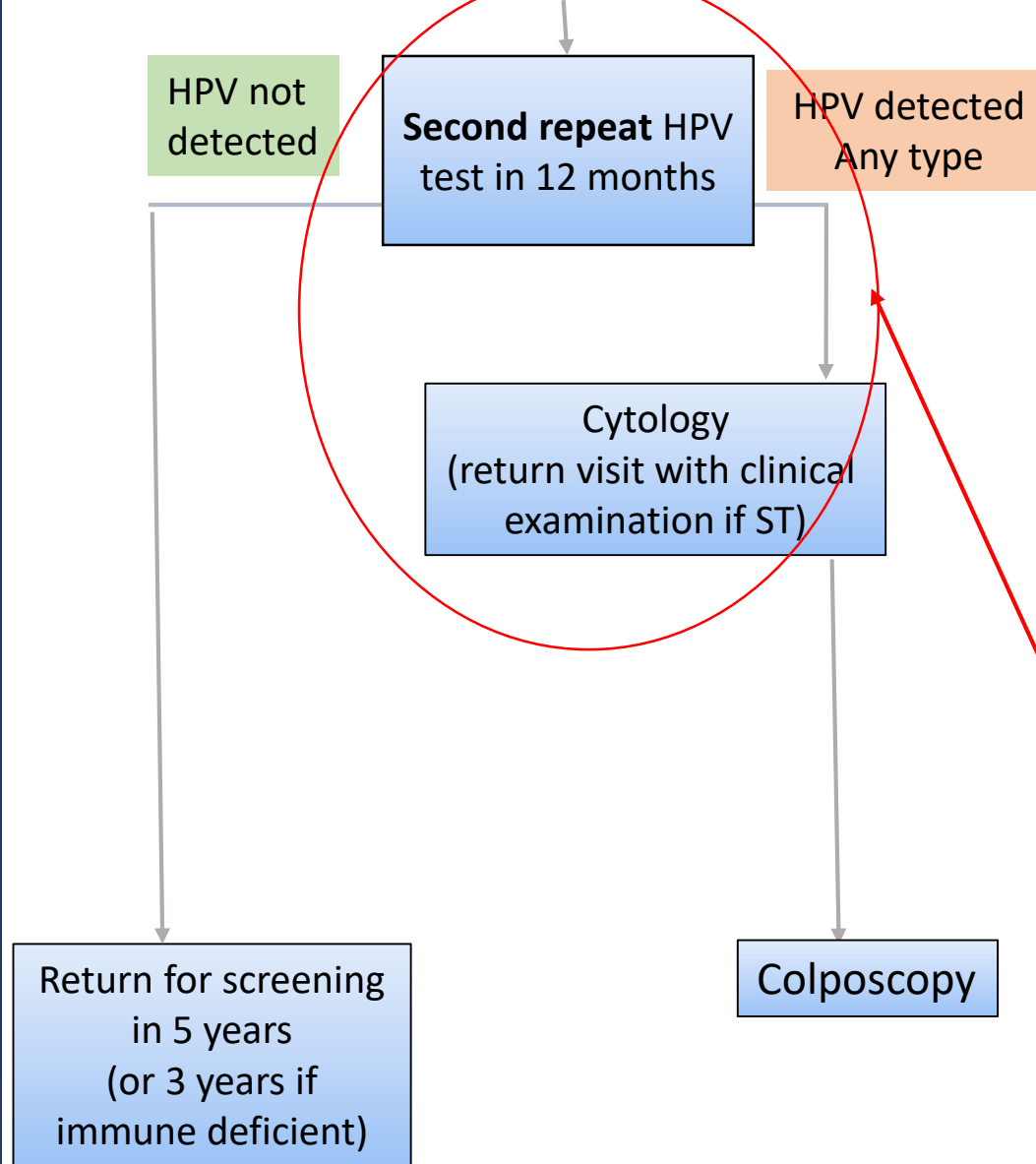
The primary screening algorithm (flowchart)



Managing HPV Other results in the primary screening pathway



Managing HPV Other results in the primary screening pathway



ST – Swab taken sample
LBC – Liquid Based Cytology

Risk of cervical cancer precursors
Low
Medium
High