

UK National Screening Committee

Screening for Cervical Cancer

19 November 2015

Aim

To ask the UK National Screening Committee to make a recommendation, based upon the
evidence presented in this document, on whether the UK Cervical Cancer Screening
Programmes should adopt HPV as a primary screen in place of cytology.

This document provides background on the items addressing the proposed modification to the UK Cervical Cancer Screening programmes.

Current programme policy and area impacted by the proposed change

Screening for cervical cancer is recommended by the UK NSC for women between 25 and 64.
 Current policy is to offer liquid based cytology as the primary screening test.

Programme Modification Proposal

- **3.** The proposal is to use a test for Human Papillomavirus (HPV) as the primary screening test, in place of the current one which uses liquid based cytology (LBC).
- **4.** Key reasons supporting this proposal:
 - a. High risk HPV (HR-HPV) causes virtually 100% of cervical cancers.
 - b. HPV testing is more sensitive than LBC so will find more women at risk of cervical cancer and facilitate their treatment to prevent cancer developing.
 - c. HPV testing has a very high negative predictive value. This means that if the cervix does not have HR-HPV the woman's chances of having underlying pre-malignant change or indeed developing a cancer within five years are very small indeed. This will allow the screening interval to be extended and the use of reflex cytology limited to HPV positive samples.
 - d. HPV as a primary test will be cost effective, as it will save more lives, and reduce costs largely through extension of screening intervals, when confirmatory NHS Cervical Screening

- Programme pilot data and other international evidence emerge and is brought to the UK NSC.
- e. HPV vaccination further strengthens the rationale for primary HPV screening as this will most accurately identify the falling proportion of HPV positive women who will remain at risk of developing cervical malignancy.

Consultation

- 5. A three month consultation was hosted on the UK NSC website, and 14 organisations were contacted directly. Stakeholders were invited to comment on any aspect of the supporting documents and on whether they agree or disagree with the proposed modification. Annex A
- 6. Responses were received from the following 12 stakeholders: Altnagelvin Hospital: Cellular Pathology Department, BD Diagnostics, British Association for Cytopathology, Cancer Research UK, East Midlands Cytology Laboratories, Gloucestershire Hospitals NHSFT, Institute of Biomedical Science, Jo's Cervical Cancer Trust, NHS CSP Screening Laboratory, North East, Yorkshire & the Humber Laboratory QA Group, Northern Ireland Pathology Network Board, Path Links, Northern Lincolnshire & Goole NHS FT, Pathology Partnership, Roche Diagnostics Limited, Royal College of Pathologists.

 All comments are in Annex B.

Recommendation

7. The Committee is asked to approve the following modification to the NHS Cervical Cancer Screening Programme:

UK Cervical Cancer Screening Programme should adopt the test for Human Papillomavirus as a primary screening test.

The programmes should continually gather evidence and experience to allow for a modification of screening intervals. This evidence should be presented to the UK NSC on a regular basis to allow for consistent UK practice outside formal research. Major modifications should be brought formally to the UK NSC.





List of organisations contacted:

- 1. British Association for Cancer Research
- 2. British Association for Cytopathology
- 3. British Association of Surgical Oncology
- 4. British Society for Colposcopy and Cervical Pathology
- 5. Cancer Research UK
- 6. Jo's Cervical Cancer Trust
- 7. Radiology: National Clinical Director for Diagnostics NHSE
- 8. Royal College of General Practitioners
- 9. Royal College of Nursing Colposcopy Nurses Group
- 10. Royal College of Pathologists
- 11. Royal College of Physicians
- 12. Royal College of Physicians of Edinburgh
- 13. Royal College of Surgeons
- 14. Society and College of Radiographers

List of organisations who submitted a response without prior contact from the NSC Evidence Team:

- 1. Altnagelvin Hospital: Cellular Pathology Department
- 2. BD Diagnostics
- 3. East Midlands Cytology Laboratories
- 4. Gloucestershire Hospitals NHSFT
- 5. Institute of Biomedical Science
- 6. NHS CSP Screening Laboratory
- 7. North East, Yorkshire & the Humber Laboratory QA Group
- 8. Northern Ireland Pathology Network Board
- 9. Path Links, Northern Lincolnshire & Goole NHS FT
- 10. Pathology Partnership
- 11. Roche Diagnostics Limited

Annex A