UK National Screening Committee
Consultation on modifying the NHS Cervical Screening Programmes in the four UK nations

Purpose

The UK National Screening Committee (UK NSC) recommended the use of primary HPV screening in the cervical screening programme in November 2015. The purpose of this coversheet is to set out a series of issues to help operationalise HPV based screening in the four UK nations. The UK NSC would like to hear from stakeholders on the recommendations made on each issue.

Issue 1: screening intervals and surveillance intervals

Proposed recommendation:

It is proposed that the Cervical Screening Programmes in the four UK nations should implement the following:

- an expanded, five year, screening interval for HPV negative women
- a 12 month surveillance interval for HPV positive / cytology negative women and that
- women with persistent HPV infection and negative cytology should undergo two surveillance tests. If HPV positive at the second test they should be referred to colposcopy irrespective of cytology result

Justification

The evidence base for expanded screening intervals was discussed in the previous UK NSC review. This focused on several European studies of HPV / cytology co-testing (document 2). Reports from the HPV pilot sites lent further weight to the viability of extended screening intervals. Early data from the pilot sites is also discussed in document 1.

However there is little, direct, relevant primary research evidence to guide this discussion. Because of this, modelling studies have been undertaken in the UK and internationally to explore the likely impact of extended screening intervals. In the UK, the NHS National Cervical Screening Programme (NCSP) commissioned a team within PHE to produce a model exploring the screening and surveillance intervals. This model (document 3a) estimated that a strategy as proposed by the UK NSC would result in:

- a decrease in the annual number of primary screening tests and no change in the number colposcopies
- an increase in detection of CIN2+ and a reduction of cancer incidence and cancer related deaths
- an annual reduction in health related costs and an uncertain impact on quality adjusted life years

A review of modelling studies undertaken in this area suggests that these outcomes are consistent with estimates developed as outputs from other modelling exercises (document 4).

Comments

The UK NSC would welcome comments on the proposed strategy.

Issue 2: women aged 64 and over who are exiting the programme

There is an absence of evidence to guide recommendations on women exiting the programme. For example, no estimates of outcomes in this age group were identified in the summary of modelling studies (document 4).

Proposed recommendation:

It is proposed that the Cervical Screening Programmes in the four UK nations should implement the following steps :

- HPV positive / cytology positive women should be managed in the same way as other age groups
- HPV positive / cytology negative women should be recalled at 12 months and, if still HPV positive, be referred for colposcopy. If colposcopy is:

    i. decisively negative this would prompt discharge from the programme
    ii. decisively positive this would prompt the offer of loop excision
    iii. indecisive this would prompt the offer of loop excision or recall a further 12 months later
- as there is an absence of evidence in this area the Programme should work with the relevant national professional or standard setting bodies to produce a clinical consensus statement to guide practice in this area.

Comments

The UK NSC would welcome comments on the proposed strategy.

Issue 3: Self sampling as a strategy to address non attendance for screening

Proposed recommendation

It is proposed that self sampling as a strategy to address non attendance for screening requires further study in well organised pilots and research projects.

Other questions relating to the fit between this approach and the screening programme should also be the subject of research and piloting. For example this would apply to the use of self sampling as an approach to routine screening programme delivery.

Justification

A rapid review of the evidence relating to self sampling is attached (document 5). The current draft of the document was completed in in March 2017 and reported that:

i) test performance is reasonable and may be useful as a failsafe for women who do not respond to screening invitations

ii) there is a low rate of inadequate samples for HPV testing

iii) there was an improvement in screening uptake, in most studies, of between ~10% - ~20% when compared to invitations to clinician sampling

iv) a proportion of women did not use the kits but were prompted to attend clinician sampling. This proportion varied considerably between studies

However, the review highlighted a number of limitations:

- cost effectiveness of the strategy had not been evaluated
- there was insufficient information on the circumstances in which the approach should be used. This might include the overall level of uptake, length of time following the initial invitation and the number of subsequent prompts
- the review suggested that it would be useful to understand more about how to approach women regarding self sampling. However higher uptake was reported when sampling kits were directly mailed to women compared to an offer to collect or order a kit
- the potential for a negative impact on usual responders had not been explored.

Comments

The UK NSC would welcome comments on this proposal.

Forthcoming work

Data from the HPV pilot sites was presented to the UK NSC during its discussions on the above issues. This is currently being prepared for publication.

The UK NSC is in the process of initiating work to consider the options for screening in the vaccinated population. This will provide an opportunity to return to a number of issues and to take account of more recent data. An example of this is genotyping which, at the moment, is not being proposed as part of the primary screening strategy or as part of the surveillance strategy.

We will engage with stakeholders as this work develops.