

Concerns remain around Cervical Screening Programme changes

The Minister's announcement of changes in the testing pathway for the National Cervical Screening Programme are causing disquiet amongst women's health groups and clinicians alike. The Federation of Women's Health Councils Aotearoa believes the Ministry of Health has placed too much weight on potentially modest overall gains from a test change and this will introduce new risks for women.

"A change of test will do nothing to reduce the burden of cervical cancer in the at risk group of under-screened or unscreened women" Federation spokesperson Barbara Robson claims. "The fact that around 80 per cent of cervical cancers occur in this group points to where the greatest effort needs to go."

"Choosing a 'best practice test' will do little to reduce health status inequalities arising from income inequality where cost is a barrier to any testing at all. Women's groups have argued for years that the single most important change to increase the programme's uptake would be to provide free screening checks for all eligible women. This hasn't been addressed in the Minister's announcement and is the urgent priority for change within the cervical screening programme."

"Further New Zealand evidence and data is needed to support the model of screening and testing options that have been chosen, including raising the age of eligibility. Our population is different from the Australian experience that the modelling has been drawn on. Our population is still largely unvaccinated against HPV and will be for some time to come" says Robson.

"A change of primary screening test from a cervical smear to an HPV test will simply indicate the presence of an HPV infection which usually resolves itself. The HPV test will not indicate any cell changes or identify lesions, as the current cytology test provides. Many lesions are identified as pre-cancerous despite a negative HPV test. We also have concerns that research currently indicates cytology should remain the primary test for younger women under 25 years of age. It's not as simple as using one test for women of all ages" contends Robson.

"If we downplay the place of cytology in the cervical screening pathway we risk losing the benefits of incidental findings. Emerging evidence is demonstrating the major role NZ liquid based cytology (LBC) testing is having in detecting the increasing numbers of endometrial cancers (300+ per year), many of them asymptomatic. If the opportunity to detect these cancers early is lost we risk increasing morbidity and mortality and thus the overall burden of cancer.

The Federation says the model used places too much reliance on a vaccinated population of women going forward. “We don’t know if this will be so, we are not there yet, and we don’t know how long the protective effects of the limited Gardasil vaccine HPV types will last. There would be a much stronger case for a move in this direction if NZ was to introduce the Gardasil9 vaccine (which was approved by the FDA in Dec 2014). However, this still assumes high vaccination uptake will eventually be achieved and the protective effects will be long term” notes Robson.

“Introducing an option for self-sampling in an effort to reach currently unscreened women is far from straight forward. It must be piloted as a specific research subset before any decision is made to incorporate it within the national screening programme. We need to determine whether it is acceptable in practice and, most importantly, that it does not become an option of lesser benefit to those women who choose this than the current programme testing regime.

The Federation fears the changed pathway risks further increasing the current inequalities gap. Some women may shy away from reliance on a primary HPV test that indicates a sexually transmitted infection. It also risks increasing the harm arising from over-testing and over-diagnosis by sending more women with a positive HPV test result to colposcopy, especially younger women. Significant numbers of women already do not attend their follow-up colposcopy appointments. “How would an increase in referrals be managed under the new proposal?” Robson asks.

Increasing the screening interval to 5 years may see women pushing the interval out to 6 -10 years and transient women may be even harder to track down.

“Clearly additional work needs to be undertaken to get the changed testing pathway right” Robson says. “There must be discussions with New Zealand based experts and clinician providers from outside the National Screening Unit, as well as women, to give women confidence that any changes will not undermine the present programme benefits.”

“New Zealand cannot afford to risk losing the significant gains and benefits achieved overall for women who have regular screening programme check-ups. We owe it to New Zealand women and their families to ensure the best population screening outcome continues to be the goal from a quality, New Zealand evidence-based programme. Cervical screening in New Zealand does not need another unfortunate experiment. We have come a long way since then.”

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For related information see:

<https://www.beehive.govt.nz/release/new-primary-cervical-screening-test-2018>

<https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/primary-hpv-screening>