

The new pathway to primary HPV testing

National Cervical Screening Programme

Jo Manning, 5 August 2016

Roadmap

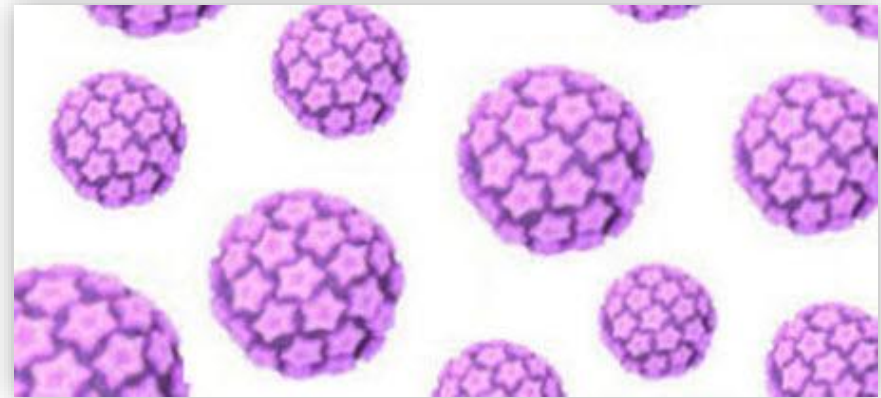
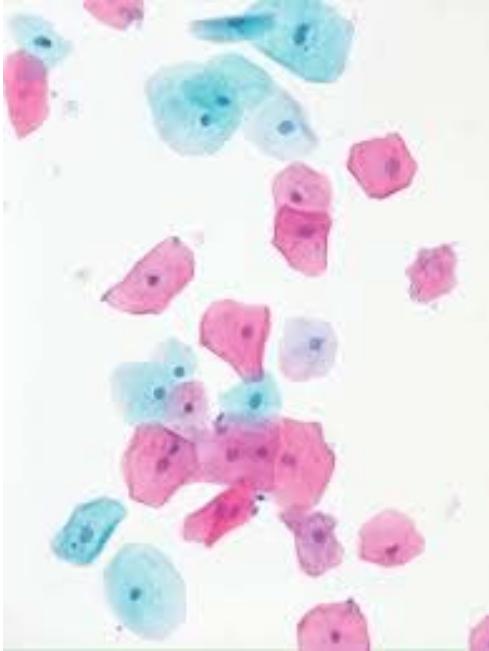
- ◆ The NCSP today
- ◆ HPV
- ◆ The NSU's new primary pathway for the NCSP, compared to the existing one
- ◆ Potential benefits
- ◆ Potential risks and questions
- ◆ Principles against which to judge the new pathway



The NCSP today

- ◆ NZ's NCSP is one of the most successful in the world
- ◆ High participation rate internationally (73%)
- ◆ Deaths from cervical cancer have fallen by 66% since 1990
- ◆ Equity gaps - Māori, Pacific & Asian women less likely to be screened & they higher cervical cancer rates
- ◆ Lower immunisation rate in NZ

Changing the test



Three week public consultation period



Minister of Health

March 2016



“reduce cervical cancer deaths by 16 per cent in unvaccinated women and 12 per cent in vaccinated women”

“HPV testing is internationally recognised as a better primary test for cervical screening than cervical screening & a number of countries are implementing HPV screening including Australia, the UK, and the Netherlands”

Human Papilloma Virus



Current v New Pathway

	Current pathway	Proposed pathway
Primary screening test	Liquid based cytology with automation assisted screening	hrHPV testing with partial genotyping
Age range	Women aged 20–69 years	Women aged 25–69 years
Interval between screenings	3 years	5 years
Triage options	ASCUS/LSIL result + reflex hrHPV DNA testing (in women age 30+)	HPV positive result HPV 16/18 positive women referred straight to colposcopy Women positive for other oncogenic HPV have a further LBC test (LBC reflex testing)
Exit strategy	LBC test at age 69 years	HPV test at age 69 years (or an exit test between 69 and 74 years – ie, five years after the last screening event)
Self-collection	N/A	Yes (specified circumstances)

Benefits of HPV testing – a logical next step?

- ◆ Reduction in cervical cancer cases & deaths by 12-16%
- ◆ More effective at screening the immunised women entering the Programme; automated, more sensitive test
- ◆ Improve our ability to detect risk of pre-cancerous cervical cell changes (60-70% more effective)
- ◆ Less frequent screening (3-5 years)
- ◆ Higher starting age
- ◆ Effective test for immunised and non-immunised women

Benefits?

- ◆ reduce equity gaps
- ◆ Self-sampling for target groups
- ◆ internationally recognised best practice
- ◆ optimal balance between detecting pre-cancerous lesions & limiting potential harms of screening
- ◆ Cost effective (4-12% or NZ\$1.3 to \$3.2 million saving annually in total programme costs)



Potential risks & harms

- ◆ HPV test not specific
- ◆ Anxiety to many women testing positive under 12 months surveillance
- ◆ Not losing women who self sample and test positive
- ◆ Changed function of the Register
- ◆ Workforce implications

Principles against which to assess new Pathway

- ◆ Deliver a best-practice programme
- ◆ Make access more equitable
- ◆ Acceptable to women
- ◆ Maintain & improve safety & quality screening
- ◆ Maintain a skilled & competent workforce
- ◆ Wide consultation
- ◆ Maintain & improve the Register's capability to support the NCSP

