



NSC *UK National
Screening Committee*



Screening Programmes

Cervical screening in the UK

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The UKNSC

Is a scientific advisory committee providing evidence based recommendations on all aspects of screening programmes to the four UK departments of health through the CMOs. This includes

- Starting a programme
- Stopping a programme
- Making big changes to a programme
- Piloting a programme

The UKNSC Secretariat

Commission reviewers to gather, synthesise and appraise the peer reviewed literature.

Consult in line with good practice

Communicate the reasons why such recommendations are made

Develop principles underpinning screening using informed choice for public and professionals

Public Health England

Pilots new programmes and works with the NHS in England to roll out where agreed.

For all programmes (new or existing) PHE staff work with clinicians and representatives of the patient and public voice to:

set standards,
write specifications,
develop and run IT,

Public Health England cont.

collect analyse and publish data,
produce programme specific public and patient
information,
develop training for front line professionals
assess evidence and develop guidance for current
programmes, encourage and support external
research/evaluation and
quality assure systematic whole population
screening for over 30 conditions across the life
course

The recommendation

- UKNSC reviewed evidence for HPV primary screening in 2015. Using programme modification process
- Recommended move in 2016
- Ministerial announcement Summer 2016

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

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.

Key reasons supporting this proposal:

- High risk HPV (HR-HPV) causes the overwhelming majority of cervical Ca.
- HPV testing is more sensitive than LBC so will find more women at risk of cervical cancer and facilitate their treatment to prevent their cancer developing.
- 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 developing cancer are very small indeed.
- HPV as a primary test is cost effective. It will allow for extension of screening intervals, as confirmatory NHSCSP pilot and international evidence emerges and is brought to the UKNSC

Questions

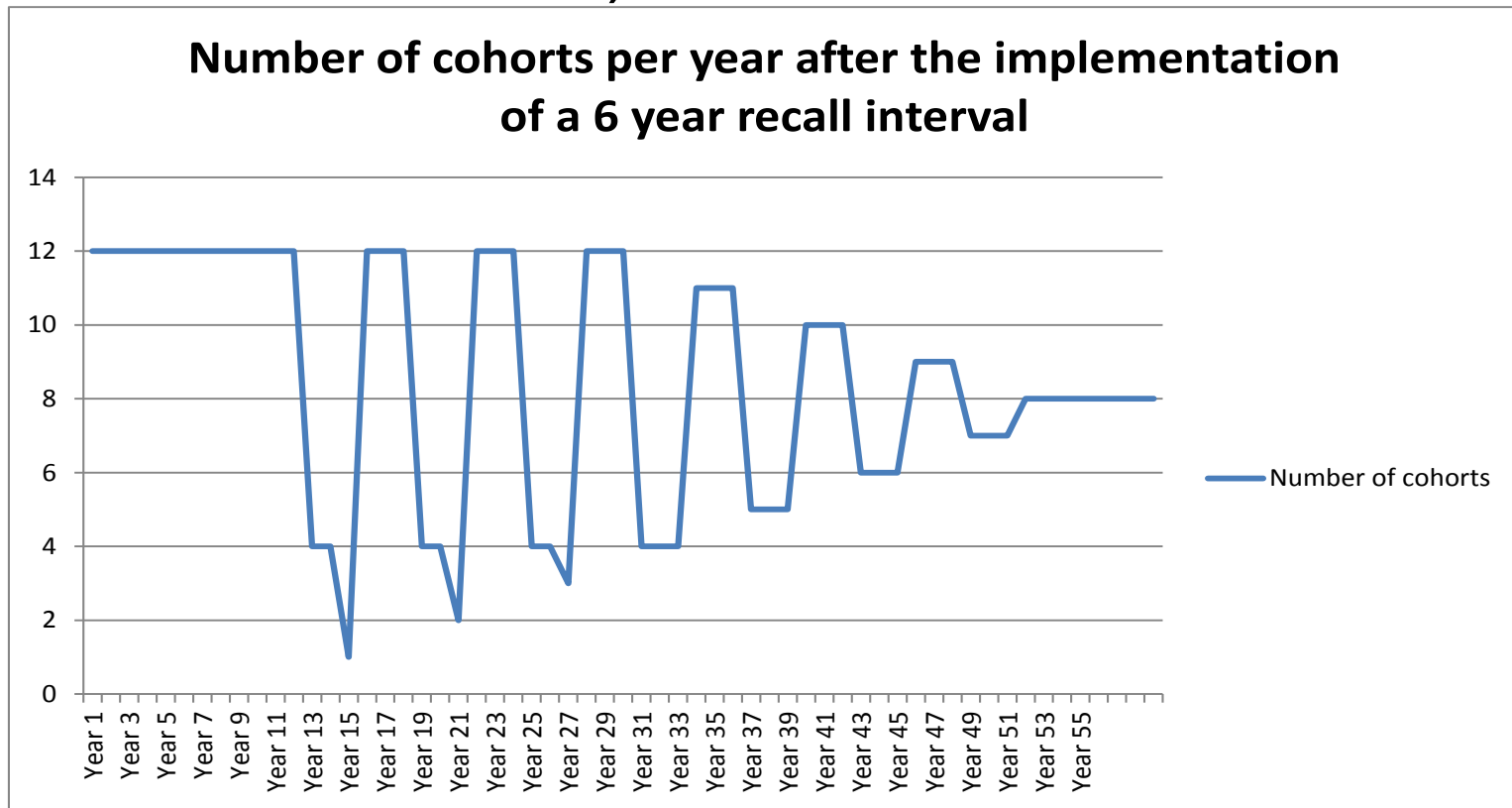
Intervals **evidence**

- Extending intervals in cohort. Safe testing regimes for HPV –ve women aged 50-64
- Surveillance recall intervals in HPV positive / cytology negative women.
- Management of women who are HPV+ve at final screen

Self sampling effectiveness and effect on uptake (IT!)

Questions

Effect on workload and workforce (modelling inc HPV vaccination)



Questions

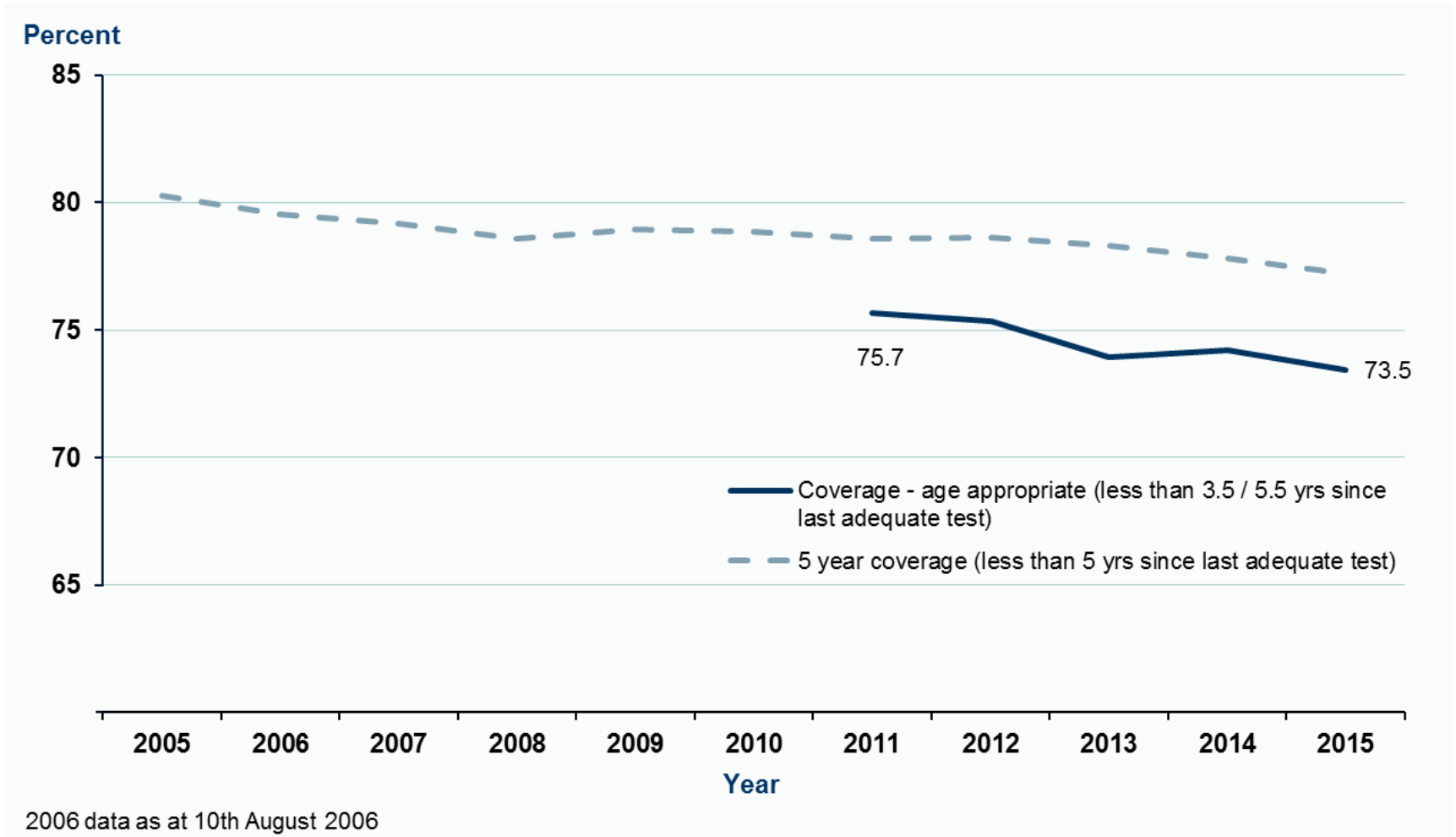
Service configuration

- Many/few labs doing primary HPV
- Many/few cyto services

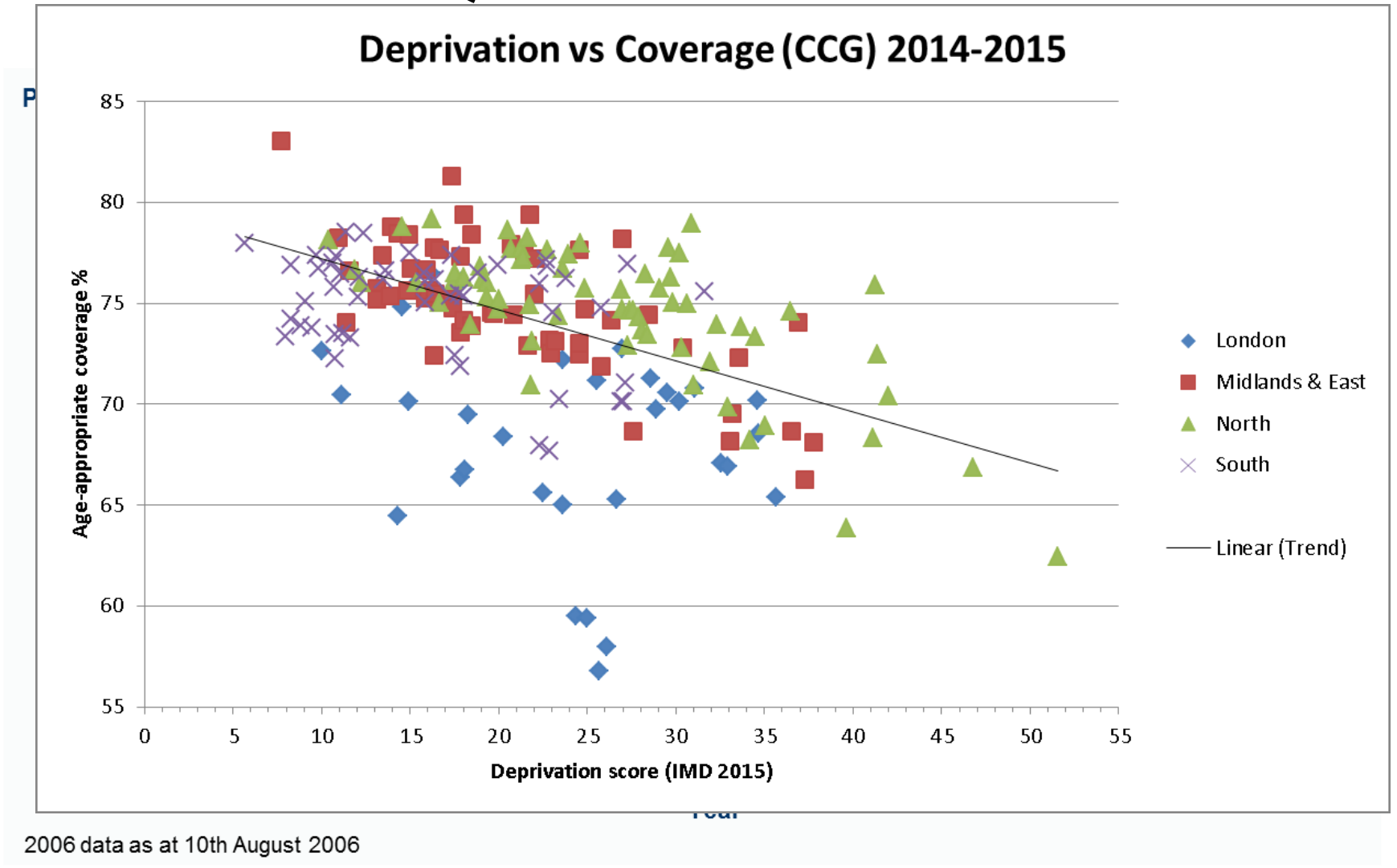
Procurement

Service problems right now!!!

Questions



Questions



Questions

Uptake and inequalities

- Invitations and reminders, barriers and salience

Colposcopy workload

Data and IT

- Coverage and uptake targets
- Programme and QA standards
- HPV vaccination status
- Uptake/coverage activities

Questions

HPV vaccinations

- Effect on screening
- What gets you a screen in in the HPV vaccinated cohort?