

National Cervical Screening Program Update

Australian Society of Cytology – 48th Annual
Scientific and Business Meeting

Monday 17 September 2018



Australian Government

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program

Agenda

- Key changes to the National Cervical Screening Program (NCSP)
 - MBS items
- NCSP updates
 - Self collection
 - HPV positivity and laboratory standards
- National Cancer Screening Register (NCSR) update
- Reporting and performance indicators
- Modelling and early observational data
 - Cytology results after HPV tests
 - Screening in 20-24 year olds

Key changes to the National Cervical Screening Program

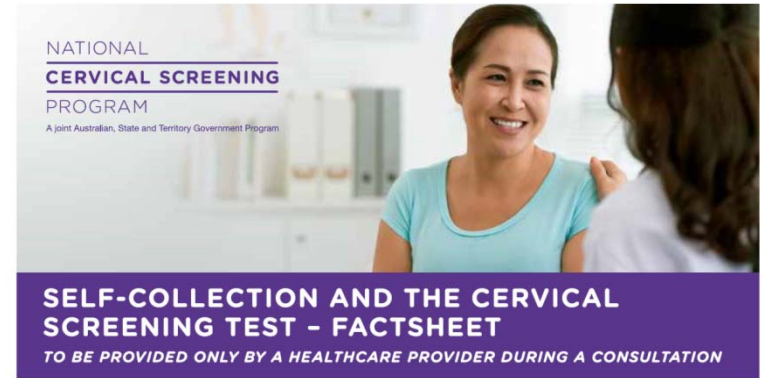
Program features	Pre-1 Dec 2017	Renewed (post 1 Dec 2017)
Primary screening test	Pap test	HPV test
Reflex test	N/A	Liquid based cytology
Age range	18 to 69 years	25 to 74 years
Screening interval	Two yearly	Five yearly
Self-collection	No	Yes
Screening results	Cervical abnormalities	Risk of significant cervical abnormalities
Invitation system	No	Yes
Register	Jurisdictional	National

MBS items

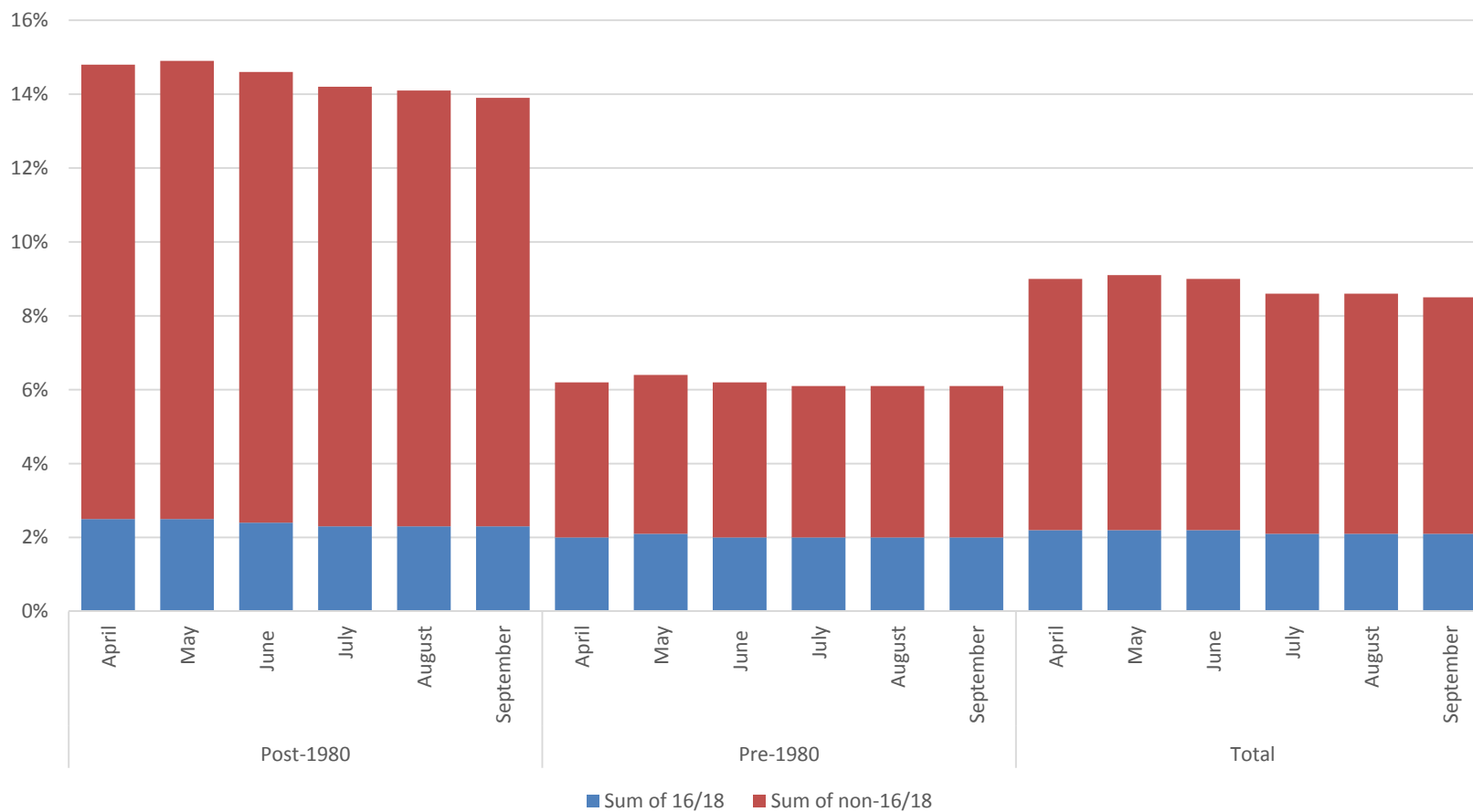
#	Context	Test type	Age	Restrictor
1	Clinician collected Cervical Screening Test (asymptomatic)	HPV	≥ 24yrs and 9mths to <75yrs	One per patient in 57mth period
2	Self collected Cervical Screening Test (asymptomatic)	HPV	≥30yrs of age	One per patient in 7yrs (84mth) period
3	Symptomatic patient, screening in specific populations, follow up test or post treatment for clinical management	HPV	Any age	
4	Follow up self collect for clinical management	HPV	Any age	One per patient in 21mths following detection of HPV (any type) under Item 2
5	Follow up after total hysterectomy	HPV	Any age	
6	Repeat HPV test following an unsatisfactory HPV test	HPV	Any age	
7	Cytology of cervical or vaginal vault specimen	LBC	Any age	

Self-collection update

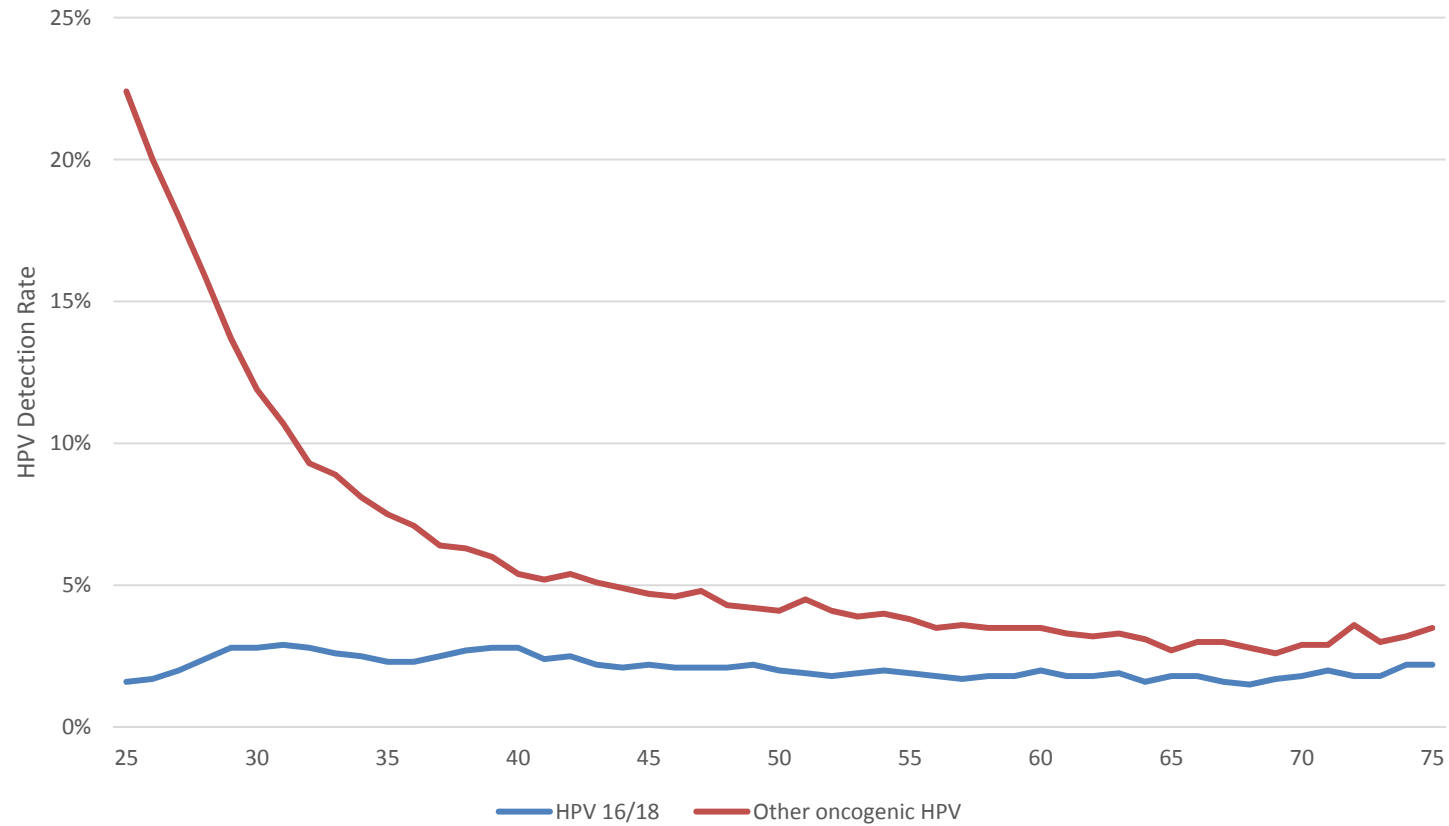
- Currently there is one pathology laboratory accredited to process self-collected samples
- To assist pathology laboratories to attain accreditation from NATA to perform tests on self-collected samples, a technical expert committee has been convened under the National Pathology Accreditation Advisory Council (NPAAC) to develop minimum validation standards for laboratories interested in providing this service
- Additionally, a clinical expert committee has been established to review and make policy recommendations in response to current and emerging evidence that supports the sensitivity of self-collected samples as equivalent to clinician collected samples for HPV testing



HPV detection rate



HPV positivity by single year age



National Cancer Screening Register (NCSR) Update

1 December 2017

NCSR goes live

DATA RECEIVED	REGISTER FUNCTIONS
<p>All cervical screening results received by the NCSR including colposcopy forms</p>	<ul style="list-style-type: none"> • NCSR providing follow-up relating to the renewed NCSP (manual) <ul style="list-style-type: none"> - Correspondence to women and healthcare providers • State and territory Pap registers still providing participant histories and follow up correspondence under the Pap program

May 2018

Migration of state and territory registers into the NCSR

<ul style="list-style-type: none"> • Migration historic data and linking individuals with Medicare and IHIs • Continue receiving renewal pathology, colposcopy forms and MBS claims • Commence matching data from 1 Dec to participant records 	<ul style="list-style-type: none"> • NCSR providing follow-up relating to the renewed NCSP (manual) <ul style="list-style-type: none"> - Correspondence to women and healthcare providers • State and territory Pap registers still providing participant histories and follow up correspondence under the Pap program

End of June 2018

Large volume automation

<p>All results received by the NCSR including colposcopy forms and MBS claims</p>	<p>NCSR providing most participant histories and correspondence – automation and large scale correspondence</p>

National monitoring and reporting

Activity	Pap test program	HPV test program
Annual Monitoring Report - Performance Indicators	Yes	Yes
Quality Monitoring Report	No	Yes
Safety Monitoring	Yes – of clinical management guidelines	Yes
NPAAC – HPV positivity rate	No	Yes
NPAAC – Performance Measures	Yes	Yes

Program performance indicators

Pap test program	HPV test program
Participation	Recruitment
Rescreening	Screening
Cytology	Screening HPV test performance
Histology	Self-collection
Cytology/Histology correlation	Follow-up
Incidence	Assessment
Mortality	Diagnosis
	Outcome

Modelling and early observational data

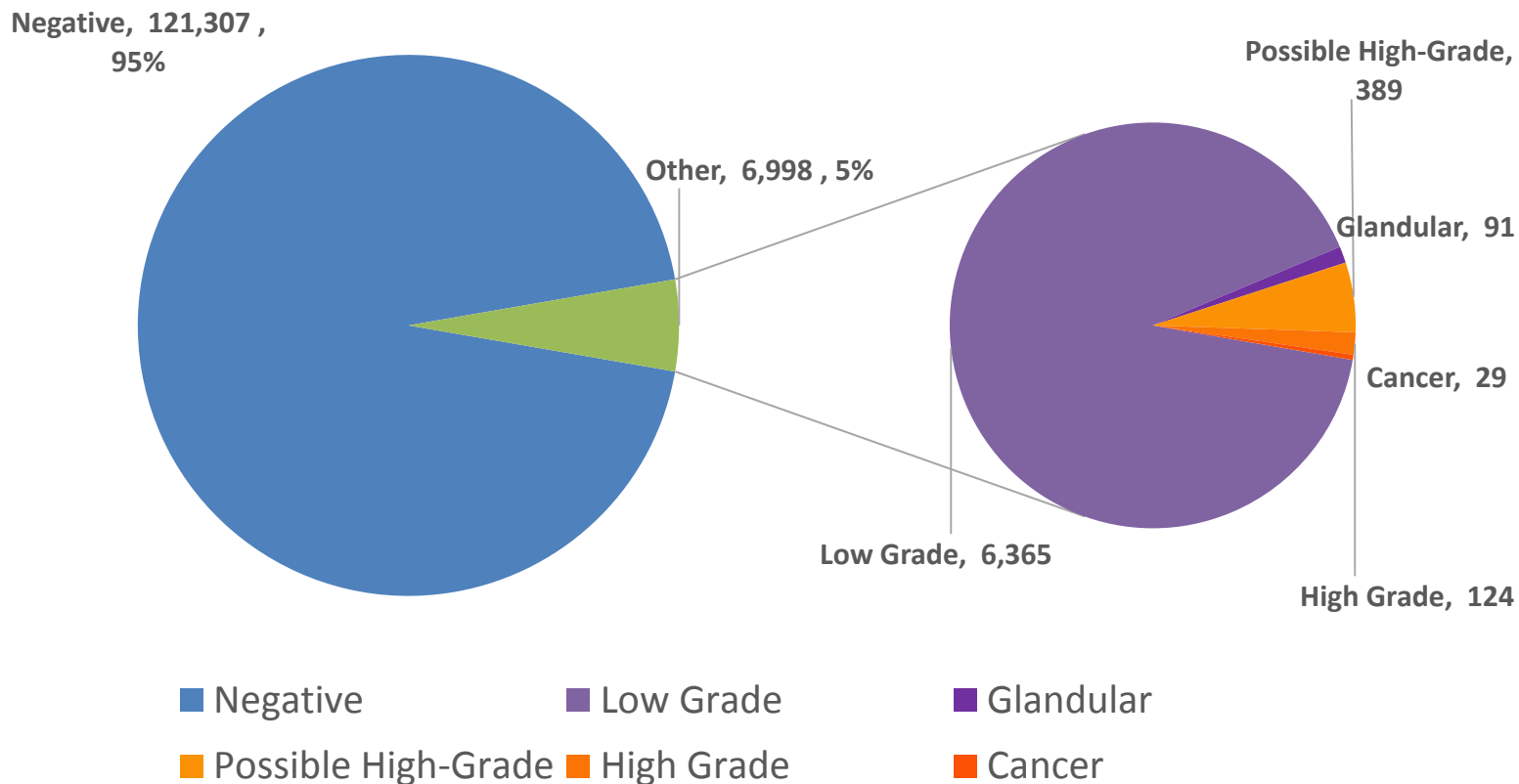
- Modelling by Hall et al. (1) predicted a transient increase in identification of high grade abnormalities (16-24%) and invasive cervical cancer diagnosis (11-14%) in the first 1-3 years after the implementation of the renewed NCSP due to the increased sensitivity of the test and increased detection rate of prevalent disease.
- Early diagnosis and treatment will result in longer term reductions in both cervical cancer incidence and mortality.
- Rates of high grade abnormality and cervical cancer detection are then expected to decrease by 40-44% and 42-51%, respectively, compared to 2017 rates by 2035.

Limitations

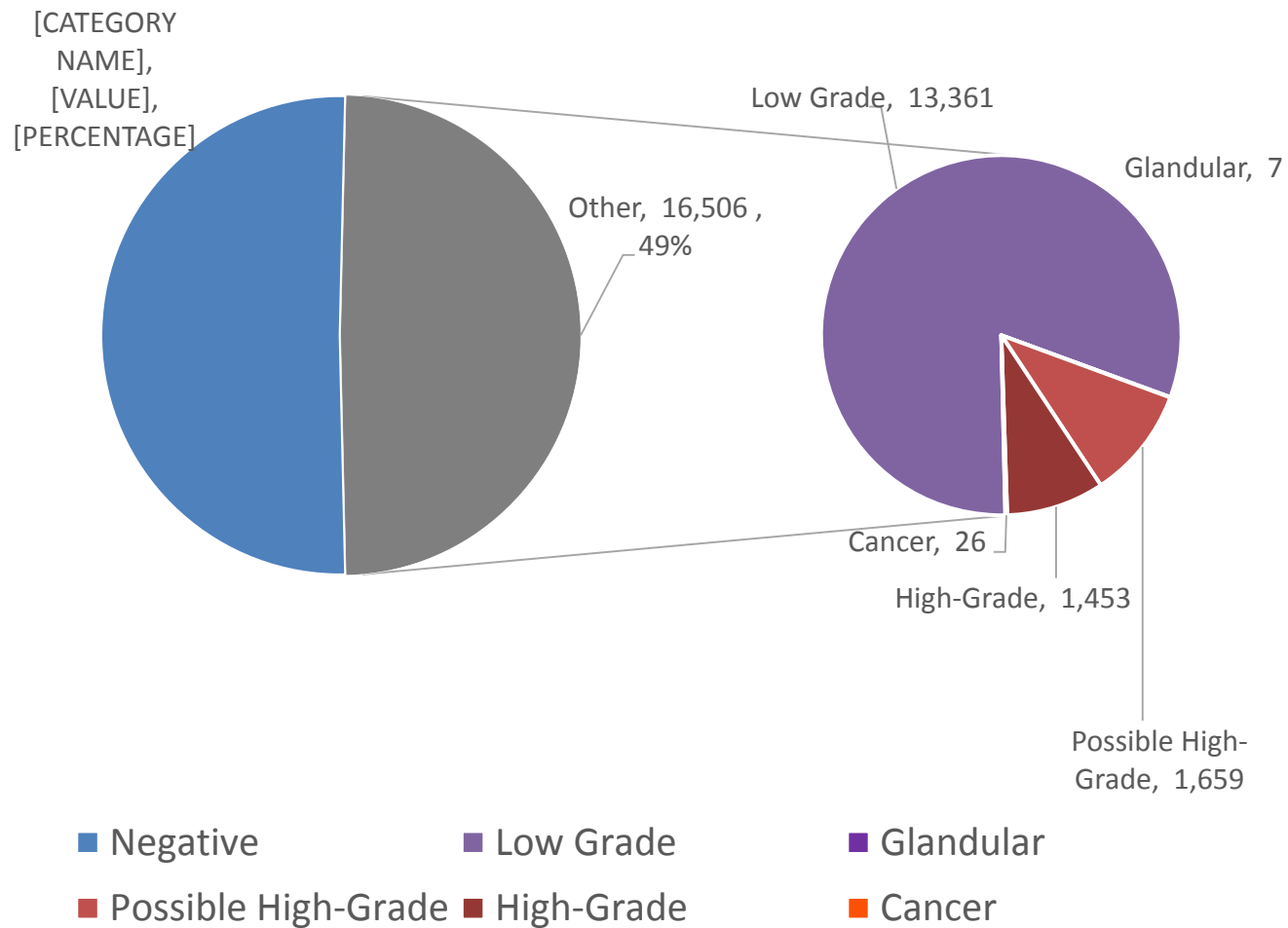
- While the modelling above considers the impact of vaccination, the assumptions are conservative.
- The modelling does not take into account any changes in screening behaviour caused by the transition from the Pap program to the renewed NCSP nor does it take into account the impact of strategies implemented that target the participation of unscreened and under-screened women.
- The preliminary data provided in the following slides is informed from early observational data provided by the NCSR – notably cytology and not histopathology-confirmed data
- NCSR data quality is dependant upon accurate and consistent reporting processes from laboratories.

(1) Hall MT, Simms KT, Lew J-B, Smith MA, Saville M, Canfell K (2018) Projected future impact of HPV vaccination and primary HPV screening on cervical cancer rates from 2017–2035: Example from Australia. PLoS ONE 13(2): e0185332. <https://doi.org/10.1371/journal.pone.0185332>

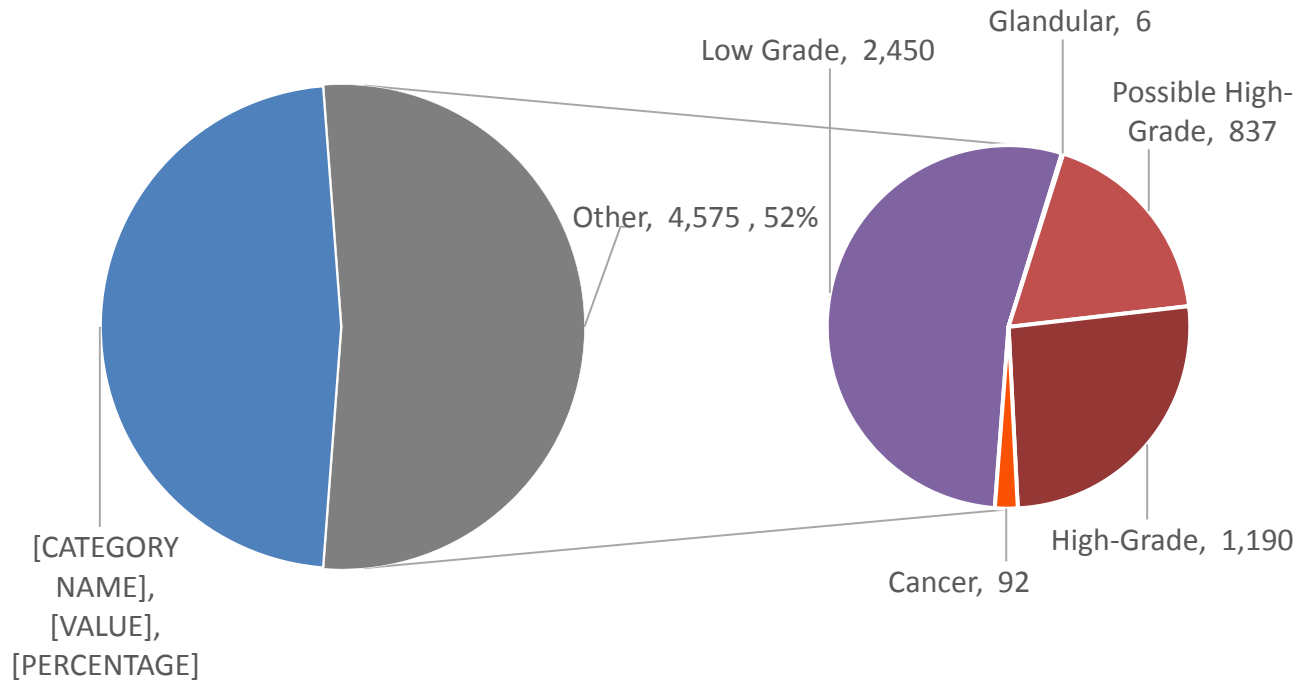
Co-testing: Cytology after negative HPV tests



Co-testing: Cytology after positive HPV not 16/18

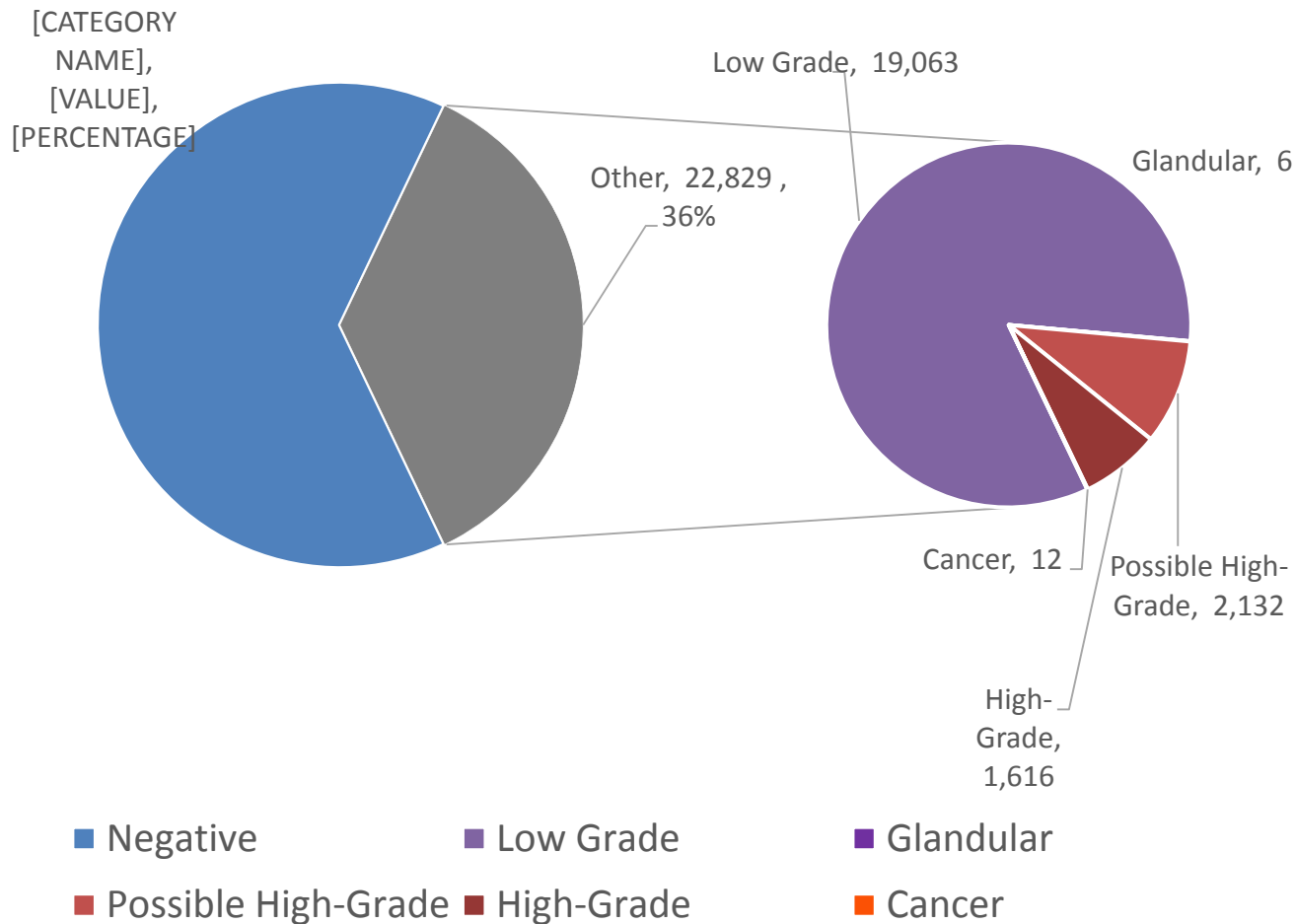


Co-testing: Cytology after positive HPV 16/18

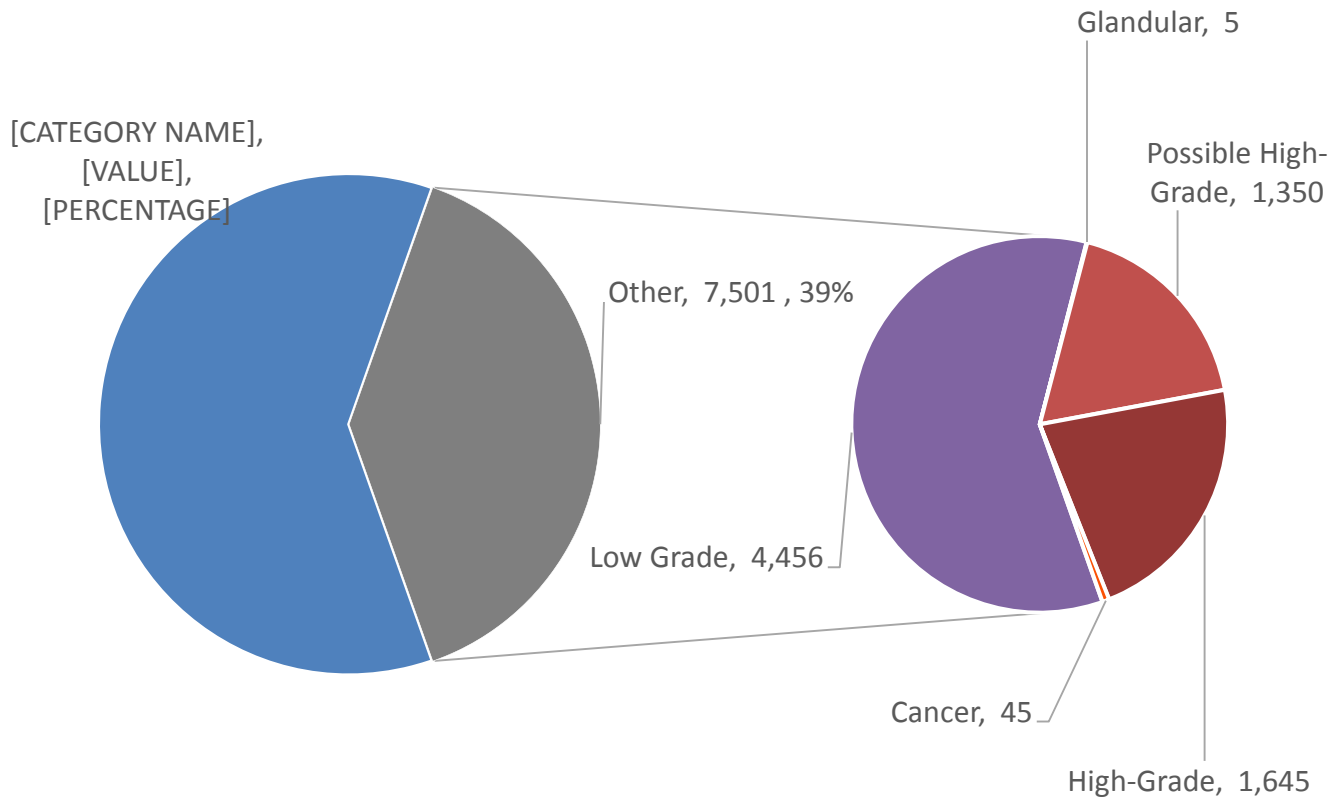


- Negative
- Glandular
- High-Grade
- Low Grade
- Possible High-Grade
- Cancer

Screening: Cytology after positive HPV not 16/18

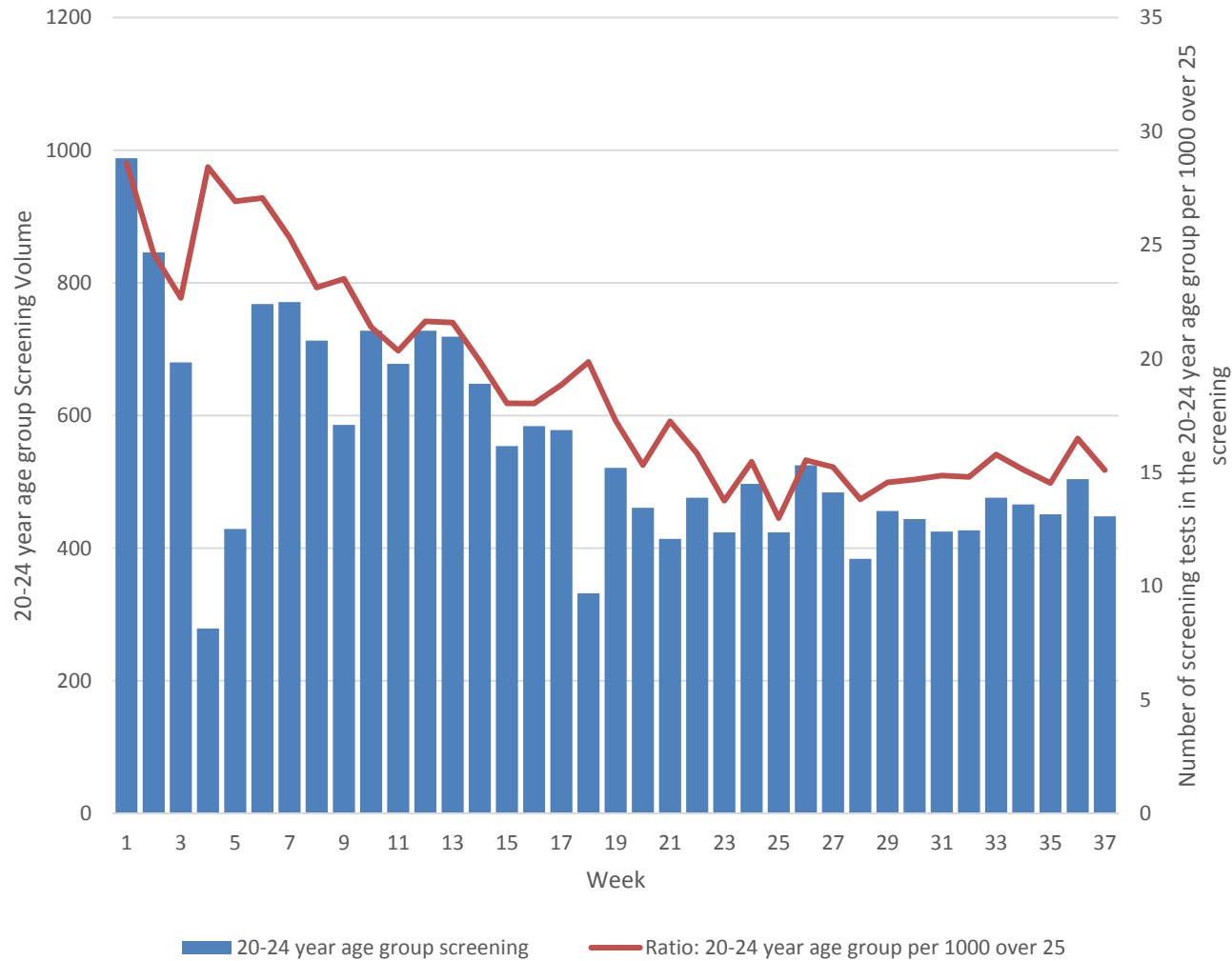


Screening: Cytology after positive HPV 16/18

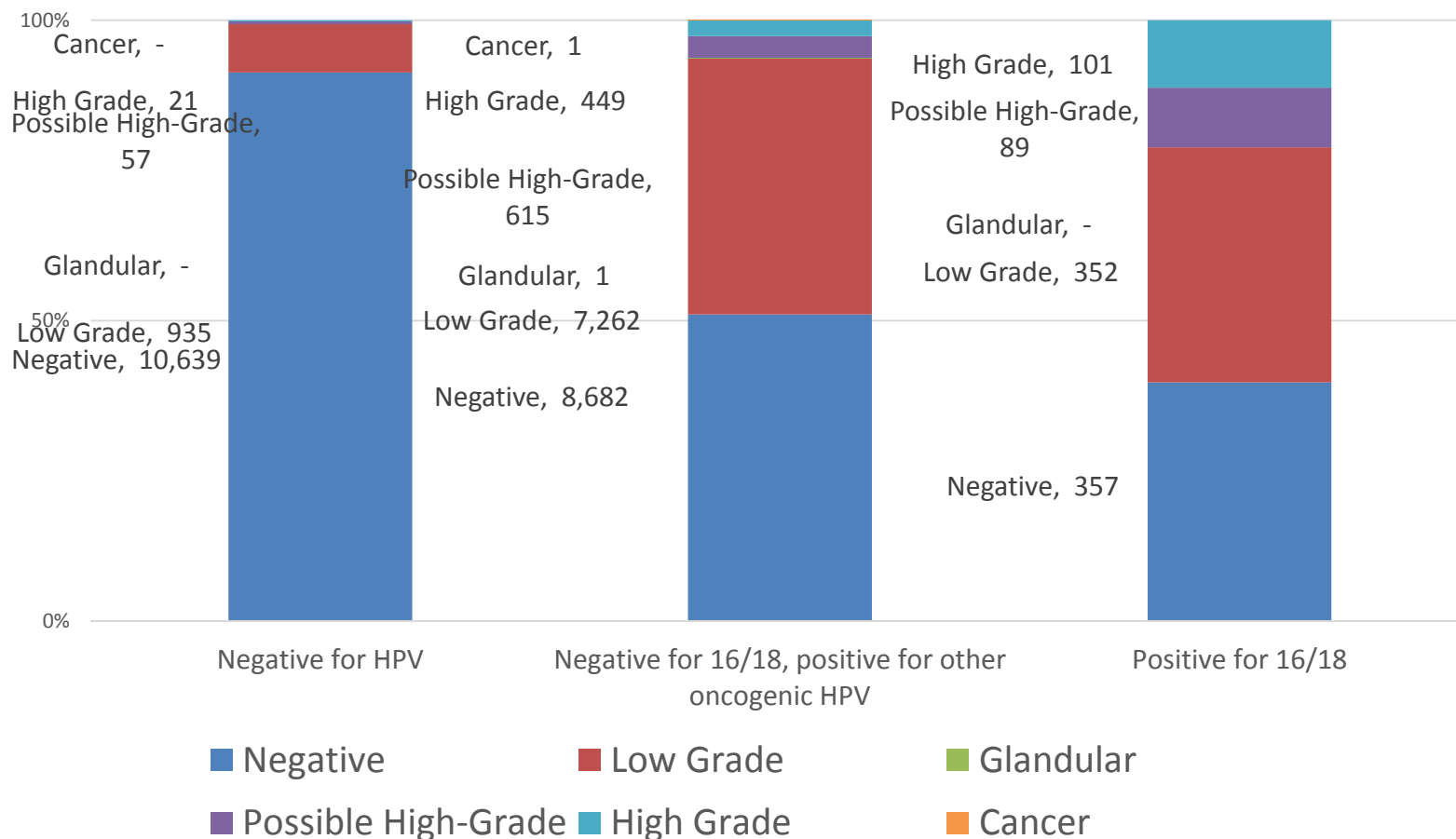


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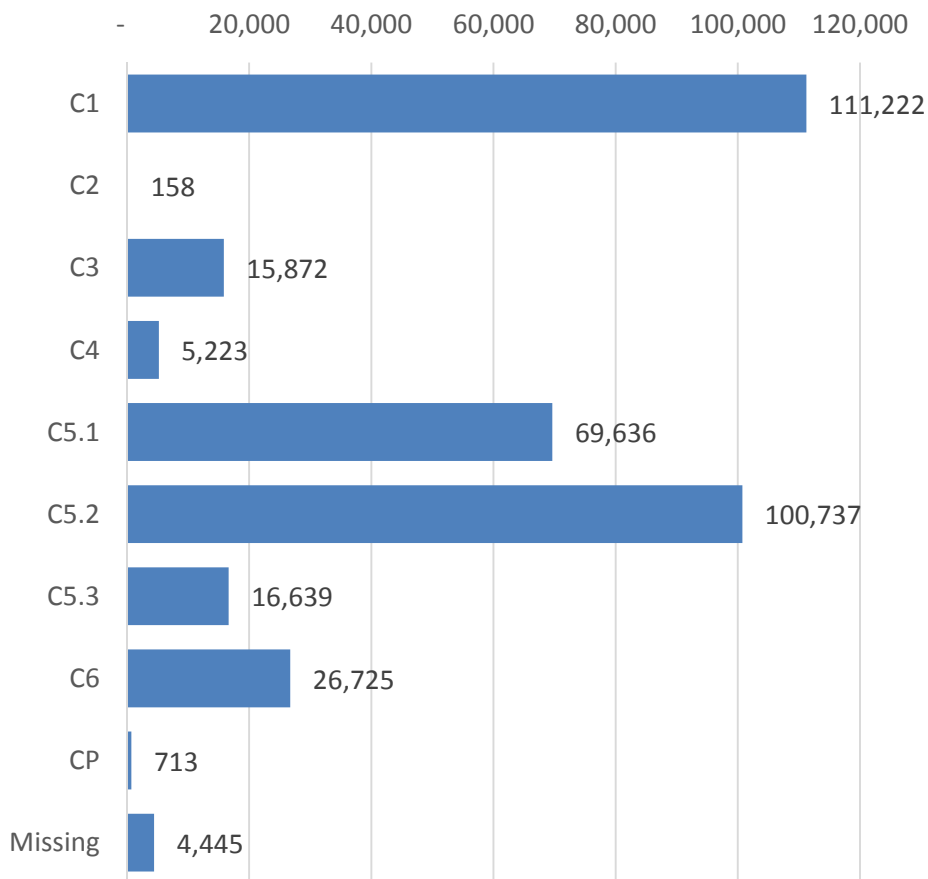
Screening in the 20-24 year age group



LBC results in the 20-24 year age group



Reason for LBC test



Legend

- C1: Reflex LBC cytology after detection of oncogenic HPV in primary screening HPV test
- C2: Cytology after detection of oncogenic HPV in self-collected sample
- C3: Reflex LBC after detection of oncogenic HPV in Follow-up HPV test
- C4: Cytology at colposcopy
- C5.1: Co-test— test of cure
- C5.2: Co-test— investigation of signs or symptoms
- C5.3: Co-test— other, as recommended in guidelines
- C6: Other
- CP: Conventional Pap test to screen for cervical cancer precursors

Further information and contact

National Cervical Screening Program

- For further information on the National Cervical Screening Program, visit our website at cancerscreening.gov.au/cervical

National Cancer Screening Register

- The telephone number for the NCSR contact centre is 1800 627 701
- HPV data can be found at the NCSR web site at <https://www.ncsr.gov.au/>