LABORATORY NEWSLETTER

May 2016

This National Cervical Screening Programme (NCSP) laboratory newsletter is designed to provide you with updates from the NCSP relevant for laboratories.

Please feel free to share it widely with colleagues.

1) HPV primary screening project update

With the Minister of Health's announcement in March 2016 that the primary screening test in the NCSP will change from cytology to a test for human papillomavirus in 2018, the NCSP team is now preparing to implement the change. Work on this project over the past six months has focussed on the following:

Laboratory workforce

The NCSP and laboratory representatives met (by phone and teleconference) to discuss the workforce matters on 30 March 2016. Since that meeting, there have been further discussions with laboratories to seek their individual views.

A laboratory strategy will now be prepared which will help us plan how to get from where we are now, to where we need to be in 2018. The strategy will cover staffing, future NCSP laboratory contract arrangements, and ongoing training and maintenance of a cytology workforce post-transition.

Laboratories and staff have told us they would like regular communication from the NCSP about the HPV primary screening project, so we will provide a project update on a quarterly basis. The updates will be distributed by the NCSP to charge scientists or laboratory managers to share with laboratory staff.

Anyone who would like more information about the project is welcome to contact the NCSP team at any time. Information about the project is also available on the National Screening Unit website: https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/primary-hpv-screening

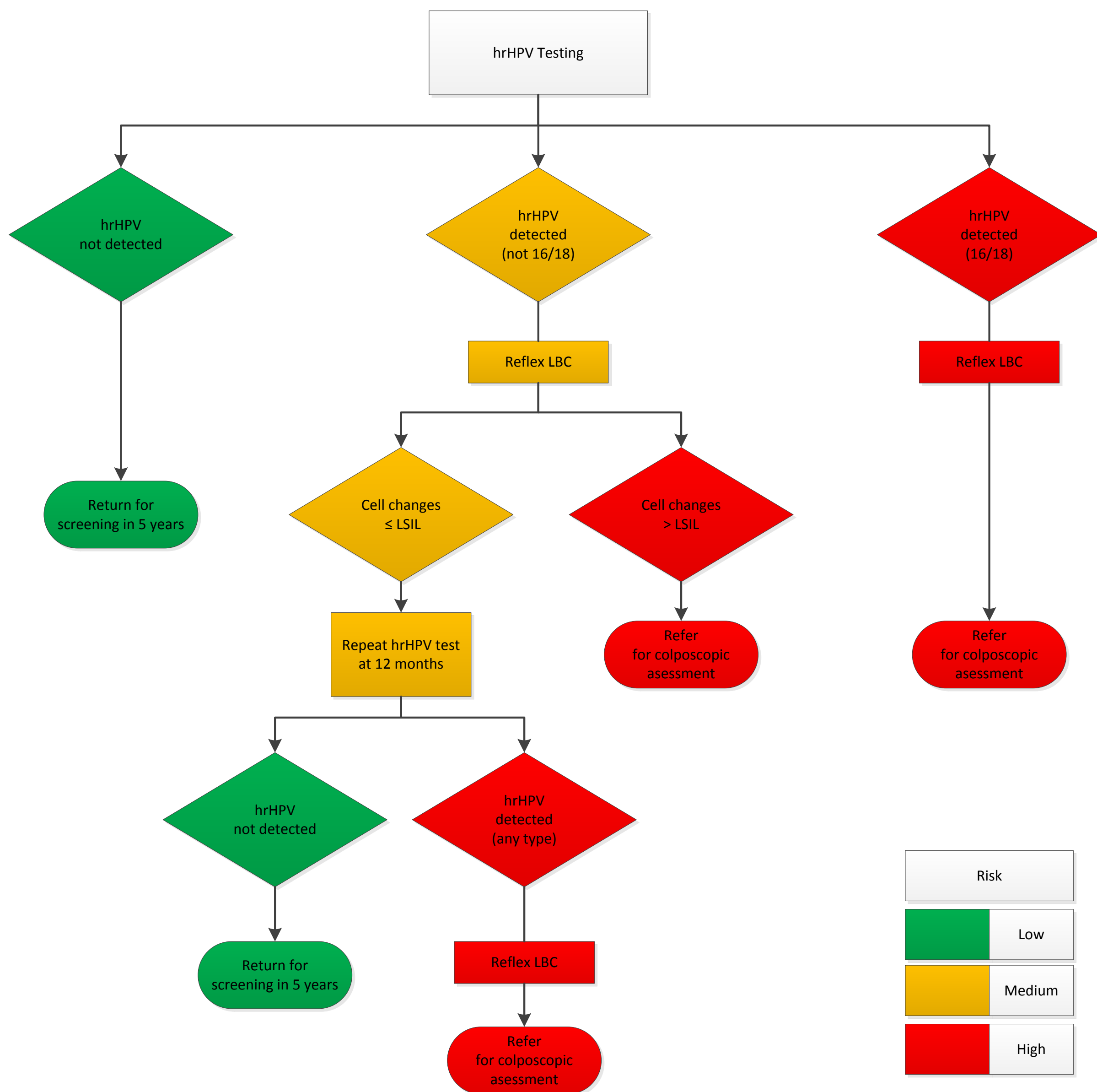
Guidelines

The NCSP team has been working for the past six months with a group of NZ colposcopists, gynae oncologists, a nurse colposcopist and pathologists to prepare new draft *Guidelines for Cervical Screening for NZ*. The guidelines set out new recommendations on the age to start and end screening, the screening interval, and the use of cytology within the new pathway.

The draft guidelines will be released for public consultation in late August 2016. The consultation period will be six weeks, and we encourage everyone with an interest to review these guidelines and provide us with feedback. We will provide more information about this consultation closer to the time.

A diagram showing the current draft pathway is set out below. HPV is the first test performed by the laboratory. For any positive HPV test, the laboratory would automatically add on a cytology test. Overall, the new pathway is less complex to navigate for sample takers and laboratories. Cytology remains an important part of the NCSP pathway.

Working draft – the HPV primary screening pathway.



NCSP-Register

Several workshops with the sector (including laboratory representatives) have sought advice on what functions will be needed in the NCSP-Register. Direct primary care access to the Register and links to HPV immunisation data were discussed. A business case is now being written to seek funding to build a new NCSP-Register.

NCSP Policies and Standards

The NCSP team has begun reviewing its Policies and Standards documents, which cover laboratories, colposcopy, the Register, regional coordination, invitation and recall and smear taking (cervical sample taking).

The first step in reviewing the *NCSP Policies and Standards Section 5: Providing a Laboratory Service* was a survey of laboratory staff to capture information about what aspects of the current policies and standards need to be changed. Thanks to all of those who completed this survey – very useful feedback was provided.

The next step will be discussions with the various workforce groups to look at the parts of Section 5 relevant to their specific area of laboratory practice, and how the policies and standards need to be updated for HPV primary screening. The discussions will occur by email and teleconference so anyone who wishes to participate will be able to do so. The approximate timeframes proposed are:

- Histopathologists and Histoscientists: June/July
- Molecular Scientists: July/August
- Cytoscientists/cytotechnicians: August/September
- Cytopathologists: September/October

Please feel free to let us know who would like to be involved from each laboratory.

2) New regular monitoring report using laboratory data

The NCSP now has more regular access to the data held on the NCSP-Register, and can generate new reports from a data warehouse. We are intending to provide a regular report to laboratories using this data.

This report will not replace the larger independent monitoring reports that are produced by the Cancer Council New South Wales on a six monthly basis, but will provide more timely access to information used to monitor NCSP performance against key standards and indicators.

We expect to be able to send out the first of reports in the next few months, and will welcome your feedback on the format and usefulness of the report.

3) High grade cytology, no histology follow up

"Indicator 6" in the NCSP monitoring reports[1] measures whether all women who have had a high-grade cytology result, also have a histology result on the Register within 90 days, or 180 days.

To achieve this indicator the following must happen:

1. The laboratory has to report the high-grade result to the Register
2. The smear taker needs to get the result, and make a colposcopy referral
3. The referral needs to be accepted by the colposcopy clinic, and an appointment made within the time frame
4. The woman needs to attend the appointment, and a biopsy be taken
5. The lab processes the biopsy and reports the results to the Register

The measurement of Indicator 6 in the NCSP monitoring reports identifies a group of women for which there is has been no colposcopy, histology, HPV test or subsequent cytology within 180 days of the high-grade cytology result. These women are therefore at risk of being lost to follow-up.

The NCSP has undertaken some follow up work to check whether the women identified in the monitoring reports as potentially lost to follow up have, in fact, had some follow up care in the months following when the initial data was analysed.

The key findings of this work are:

- In 2014, there were 4173 women who had a high grade cytology result who were not already under specialist care at the time of their smear. By December 2015, 4,085 (98%) of these women were not lost to follow up. This can be considered a significant success.
- Of the remaining 2% (88 women) who may be lost to follow up:
  - 56 women have gone overseas - some may have sought treatment overseas, and others will re-enter the programme if they return to NZ.
  - 27 women did not attend their colposcopy appointments (despite multiple appointments being offered) or are classified as "gone no address" and unable to be contacted.
  - five women declined a colposcopy referral.
- Māori women make up 64% of the 22 women who did not attend their colposcopy appointments. These women have been discharged from colposcopy back to their smear takers without being seen at colposcopy, and have subsequently had no further tests. This indicates the need for better support for Māori women to attend colposcopy appointments.
- The NCSP-Register is a very important safety back up tool and does a good job of ensuring women are tracked through the cervical screening pathway. Information on attempts to get women into colposcopy were recorded in all cases where a colposcopy referral was indicated.

[1] See https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/independent-monitoring-reports

4) Review of cervical cancer cases

The NCSP has engaged Dr Peter Sykes (University of Otago) to conduct a review into the cases of all women with a new diagnosis of cervical cancer between 2008 and 2012. The review is expected to be completed by August 2016 and we will share the findings when available.

The review will help to provide insight into the effectiveness of the NCSP in reducing the incidence and mortality of cervical cancer. When we understand what circumstances lead to women developing cervical cancer, we can better identify quality improvements and interventions that may prevent development of cervical cancer in other women.

The cancer case review involves retrospectively matching and reviewing cervical cancer cases registered in the five years from 2008 to 2012 in the NZ Cancer Registry with the NCSP-Register screening history data for all women who have developed cervical cancer.

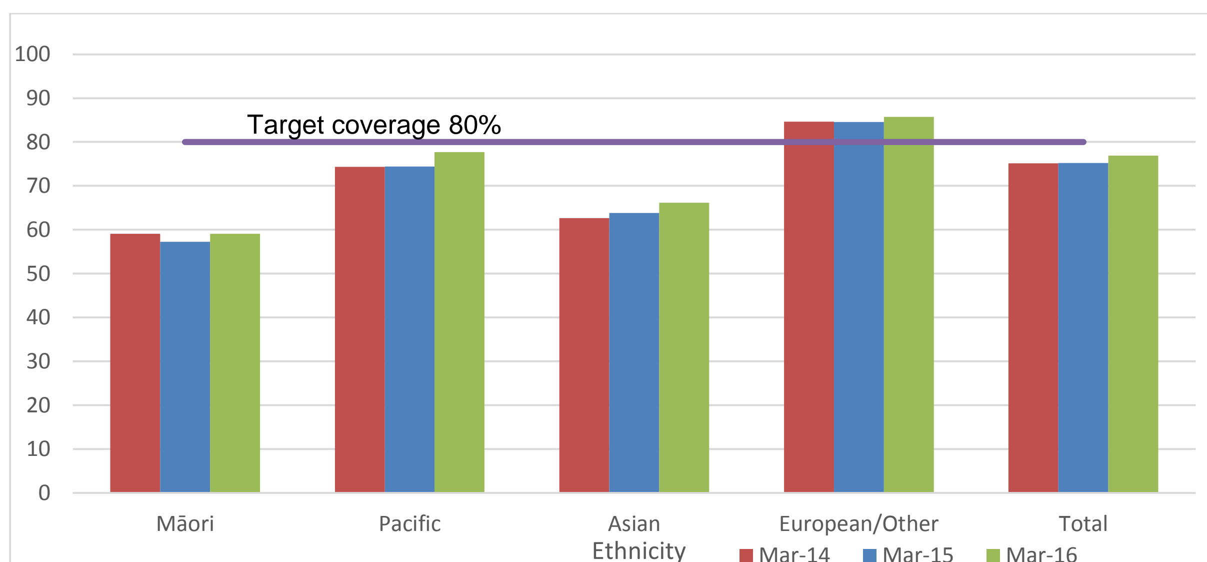
Once that review is complete, cancer cases from 2013 will be reviewed.

5) Activities to increase cervical screening coverage and provide support to screening

The New Zealand NCSP is one of the most successful cervical screening programmes in the world, and has reduced cervical cancer incidence by half and mortality by two-thirds since the programme began in 1990.

We are successful because we have high participation rates – almost 80% of NZ women have a smear every three years. However, if we look at our coverage statistics by ethnicity, the picture is not as good. While we are making significant progress with increasing Pacific coverage (now up to 78%), Māori and Asian coverage is well below the 80% target (59% and 66% respectively).

NCSP national coverage by ethnicity, March 2016.



Because of this inequity, we have a number of initiatives in place across the country to improve the participation of Māori, Pacific and Asian women, and women of any ethnicity who have not had a smear for more than five years.

The NSU has recently tendered for new “support to screening” providers who will work with primary care and colposcopy clinics to identify women who need screening and need one on one support to enable them to attend. We will let you know in the next few months who the support to screening service providers are in your regions.

In addition, the NCSP funds regional coordination teams across NZ who work with primary care and other providers to reduce barriers to access to screening. The activities undertaken by these regional teams include:

- leading strategic engagement about cervical screening with key stakeholders at a regional level, and implementing an annual action plan
- electronic data matching and working with primary care to identify women who need screening
- allocating free smears for priority group women to primary care
- working with colposcopy units to reduce barriers to access
- arranging updates for smear takers to improve knowledge and understanding of cervical screening, and promoting best practice systems and processes to increase coverage
- ensuring women have options and choice about where to have a smear
- delivering quality improvement initiatives at a regional level
- running outreach projects that deliver one on one support for high-needs practices and women.

This work is making a difference, and we are seeing an increase in cervical screening participation over time. Of particular note is a 4% increase in Pacific coverage over the past two years. In April 2016, Counties Manukau DHB (which has the largest Pacific population in the country) reached the significant milestone of achieving 80% coverage for Pacific women.

Please contact Deborah if you would like further information on any information provided in this newsletter (deborah_mills@moh.govt.nz).