



Our Ref: EG/Communications

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Deputy Pa Daly pa.daly@oireachtas.ie

PQ16287/21 To ask the Minister for Health if he will report on the protocol for cervical screening under the CervicalCheck programme with particular emphasis on the protocol for detecting abnormal cells; and if he will make a statement on the matter.

Dear Deputy,

I refer to the above Parliamentary Question.

CervicalCheck is the national cervical screening programme for Ireland. A cervical screening programme aims to reduce the incidence and mortality of cervical cancer in the population by identifying and treating precancerous stages of cervical cancer.

The programme is available free to women and people with a cervix aged between 25 and 65 years. Screening is a balance of benefits and potential harms. Based on the evidence, the balance in cervical screening is at its best for this group of people and with the intervals set.

Screening tests are not diagnostic. They are a way of assessing someone's risk of the condition. Once the potential increased risk is identified the participant is referred to a diagnostic service to see if they have the condition.

While the main purpose isn't to pick up cancers, cancers are detected by screening. Approximately half of the cervical cancers diagnosed in Ireland per year are picked up by screening. When they are picked up by screening they tend to be at an earlier stage, which means there are more treatment options and a chance of a better outcome.

HPV cervical screening

CervicalCheck transitioned to HPV cervical screening in March 2020. This policy change was recommended in a report by HIQA in 2017 and was made after approval by the Department of Health. This means that samples are tested for HPV (human papillomavirus). HPV is the cause of the majority of cervical cancers. Without HPV women are extremely unlikely to develop cervical cancer. Cervical screening aims to reduce the rate of the most common type of cervical cancer, squamous cell cancer (approximately 70-80% internationally), 99% of which are caused by HPV. About 85% of the other types of cervical cancer are also caused by HPV. These cancers were difficult to find with cytology screening for a variety of reasons, including the fact that the abnormal cells aren't always on the part of the cervix from which the smear was taken. More of them will be picked up with HPV screening but these, unfortunately, are the cancers that can go undetected by a screening programme.

Before March 2020, CervicalCheck used cytology screening, where the cells of the cervix (in the sample) were looked at under the microscope. This was a good test used internationally and reduced incidence and mortality from cervical cancer.



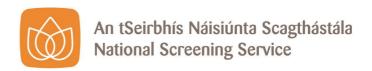












HPV is a better test than cytology for identifying people at risk of having high grade changes in the cells of the cervix. The research shows that if 20 samples with changes on them are tested with HPV and cytology, cytology will identify 15 of them correctly and HPV will identify 18 of them.

A negative HPV test is a very strong predictor that there are no changes in the cells on the cervix. With a negative HPV test it is 99% likely that there are no changes in the cells. Cervical cancer rarely occurs without HPV being in the cells. Even if someone picked up HPV the next day, for most people, if they were unlucky enough to stay HPV positive and go on to develop cancer, it would take 10-15 years to get to that point. This means the interval between screens can be increased to five years for those aged between 30 and 65 years.

If an individual woman has abnormal cells without evidence of HPV, it is likely that these abnormal cells will return to normal without intervention. Treating abnormal cells on the cervix is not risk-free - women who have two or more LLETZ treatments are at a significant increased risk of preterm birth. It is important that only significant cell changes are treated.

HPV also picks out a lot of people who have HPV but don't have significant changes. Because of this, cytology is used as a second stage to screening for people who are HPV positive. For this group, the cells are looked at directly to see if they have changes that need to be assessed in colposcopy. Colposcopy is a diagnostic examination and if necessary, treatment of precancerous changes and early cancers can be done in the colposcopy clinic.

For people who are HPV positive but with no high-grade changes in their cells are recalled in twelve months. For a lot of these people, their immune system will have 'cleared' the HPV and they will go back to the normal interval between screens. For those who still have HPV they will be referred to colposcopy to have a diagnostic check.

For the few patients who are truly HPV negative with a cancer – there is no known screening test available that we can use, which is why we advocate the investigation of clinical symptoms in general gynecology even if a previous screening test has been negative.

Screening is the process of identifying healthy people who may have an increased chance of having a disease or condition, enabling effective treatment.

The NSS continues to encourage all people who are between screening appointments, or waiting for rescheduled appointments, to be aware of symptoms. We ask that those people contact their GP, who will arrange appropriate follow-up care.

For other queries patients can call the Freephone information line on 1800 45 45 55, or email: info@screeningservice.ie or contact their clinic directly.

I trust this information is of assistance to you, but should you have any further queries please contact me.















Fiona Murphy
Chief Executive
National Screening Service









