



5 July 2022

Deputy Thomas Pringle  
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Our Ref: HM/Communications

**PQ33063/22 To ask the Minister for Health the absolute number of low-grade lesions, high-grade lesions and of cancers detected; the detection rate of same, detected through CervicalCheck in each of the years 2015 to 2021, in tabular form; and if he will make a statement on the matter.**

Dear Deputy,

I refer to the above Parliamentary Question.

### **Cervical screening and cervical cancer**

The purpose of cervical screening is to identify people in an apparently healthy population who are at higher risk of developing pre-cancerous cells, so that an early treatment or intervention can be offered. Screening is not the same as diagnosis. Screening invites people who do not have symptoms to undergo testing, whereas diagnostic tests are performed for people with symptoms.

From September 2008 to March 2020, CervicalCheck has provided almost 3.2 million cervical screening tests. In the same time period, 64,110 cases of high-grade pre-cancerous cells (CIN2 and CIN3) and 60,650 cases of low-grade pre-cancerous cells (CIN1) have been identified. Many of these women could have developed cervical cancer if the abnormalities were not detected and treated via cervical screening. In the absence of screening, cervical cancer would not have been detected in these people until they developed physical signs or symptoms of disease.

In addition, 1,786 cases of cancer have been detected by the CervicalCheck programme. We know that 80% of cancers diagnosed by CervicalCheck are diagnosed at stage 1 which is the earliest possible stage. We know that from the recent [NCRI report](#) that 292 women were diagnosed in Ireland between 2017 and 2019. Unfortunately, we know that 40%-50% of all cervical cancers are diagnosed in women who have never had a screening test. They are likely to present with symptoms and tend to be diagnosed at a later stage in their disease.

Since CervicalCheck started in 2008, the number of women who developed cervical cancer decreased by 7% year-on-year from 2010-2015. More recent data from NCRI shows that the decreasing incidence has been sustained even as the programme matures, with a 2.8% annual percentage decrease from 2010-2018.

Please be advised that the CervicalCheck Programme Report 2017 to March 2020 has just been published [here](#).

### **Data table**

The following table highlights the number of high grade and low grade cell changes and of cancers detected; the detection rate of same, detected through CervicalCheck from September 2014 to March 2020. Verified data for the new HPV programme i.e. March 2020 - 2021 is not yet available.

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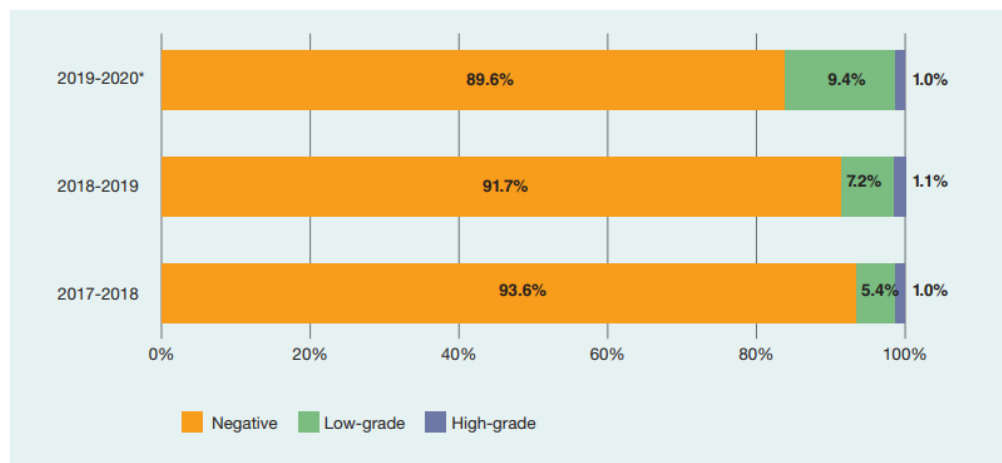
	Total nos. of women screened:	Low grade (LG)	High grade (HG)	Cancer	Cancer rate per 1,000 screened	Totals
Sep'14-Aug'15	281,928	5,618	5,741	170	0.6	15,811
Sep'15-Aug'16	272,086	6,217	6,786	174	0.64	17,664
Sep'16-Aug'17	282,220	6,263	5,853	124	0.44	16,481
Sep'17-Aug'18*	341,917	6,702	5,231	119	0.35	16,592
Sep'18-Aug'19	249,726	8,357	5,010	100	0.4	18,721
Sep'19-Mar'20	138,722	5,078	3,085	74	0.53	11,171
<b>Totals</b>	<b>1,566,599</b>	<b>38,235</b>	<b>31,706</b>	<b>761</b>	<b>0.49</b>	<b>96,440</b>

\*Year women availed of the offer of a free out-of-schedule screening test

Annual CervicalCheck Laboratory Metrics (NHS Cervical Screening Programme Statistical returns).

Programme standard	2017/2018	2018/2019	2019/2020	Target
Low-grade results	5.4%	7.2%	9.4%	3-8%
High-grade results	1.0%	1.1%	1.0%	0.7-1.3%

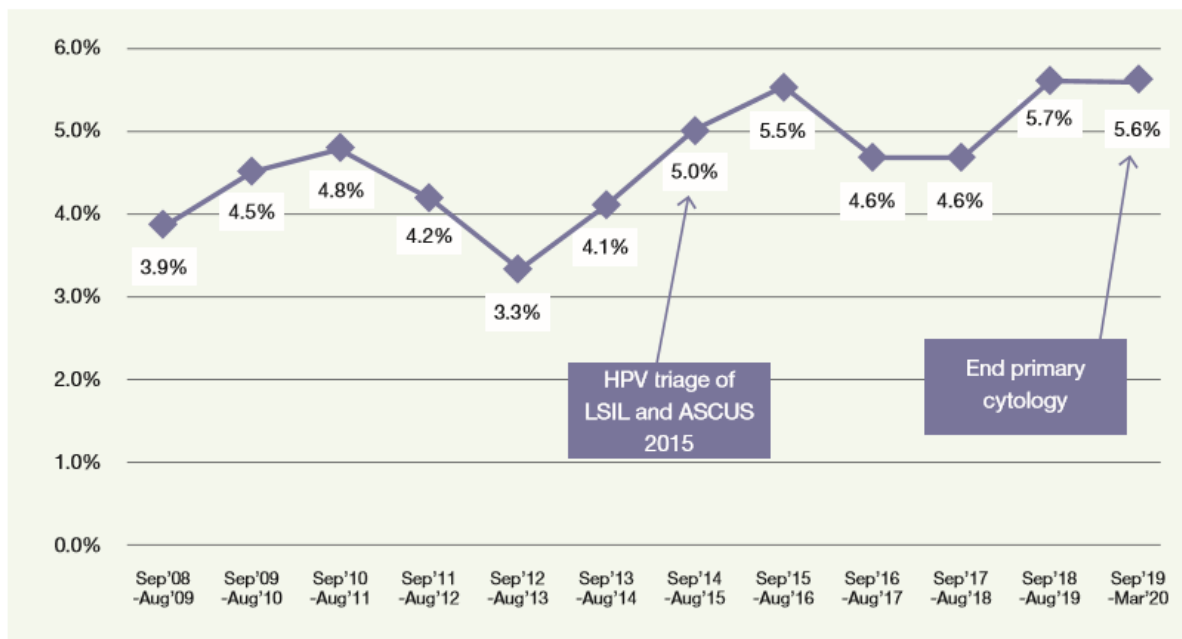
Figure 9: Percentage of negative, high-grade and low-grade abnormalities on cytology samples



\* The period 2019 to 2020 runs from September 2019 to end of March 2020 and is only 7 months long instead of the usual 12 months

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Figure 11: Referral to colposcopy from screening tests from 1 September 2008 to 31 March 2020



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Approximately 5% of the screened population are referred to colposcopy for a diagnostic assessment whereas the majority are either reassured or asked to repeat screening in 12 months.

The CervicalCheck programme was paused during April, May and June 2020 on public health advice because of the situation with COVID-19. Despite the many restrictions the pandemic placed on our operations, the programme is now up to date with invites for screening.

We continue to emphasise the importance of being symptom aware for all of our screening services. We encourage anyone with symptoms to contact their GP who will give them appropriate advice on follow-up care.

### Media guide

As part of our work to promote a better understanding of the services we provide, we are making accurate information available to assist those writing and talking about our service and related issues. To assist in that purpose we have produced *A Guide to Talking About Cervical Screening in Ireland*, which you are welcome to access [here](#).

For other queries, programme participants can call the Freephone information line on 1800 45 45 55; email: [info@screeningservice.ie](mailto:info@screeningservice.ie); or contact their clinic directly.



An tSeirbhís Náisiúnta Scagthástála  
National Screening Service

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

Yours sincerely,

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Fiona Murphy,  
Chief Executive.

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