Goodfellow Unit Webinar on HPV Primary Screening for Cervical Cancer Prevention

The following questions were submitted following the webinar on June 6. The answers are supplied by the National Cervical Screening Programme (NCSP) Clinical Team

Note: Other questions were answered live at the webinar or in the chat. The link to the webinar is https://www.goodfellowunit.org/events-and-webinars/hpv-primary-screening-cervical-cancer

New #	Original #	Question	Answer
		CLINICAL	
1.	4	Please explain why the woman can chose HPV self/supervised or speculum?	These options aim to empower participants with choices and greater self-determination. Research has shown this is likely to encourage more people to screen, especially with the self-test being seen by some to be a less invasive and more acceptable test. Some people may prefer to choose to have an LBC sample taken if they are more likely to need cytology (e.g., if they have had a previous abnormal test) or if it would be difficult/they don't want to return for a second appointment if HPV is detected. Those with symptoms and those who need a Test of Cure need an LBC sample for a co-test.
2.	7	Does the longer screening interval apply to women who have multiple partners also?	Yes. The number of partners does not affect the screening interval.
3.	10	Is there any change in advice for vault smears?	If someone has had cancer their gynae-oncologist determines their follow up with screening. In other circumstances the recommendations for screening after total hysterectomy vary depending on screening history and histology of the specimen. Guidance can be found in Section 10 of the Clinical Guidelines.
4.	14	So, those with high grade histories, still need to stay on 3-year HPV testing or 5 please?	Someone with previous high-grade abnormalities will need to complete a Test of Cure. This is defined as 2 consecutive co-tests (HPV + cytology), the first taken no sooner than 6 months after colposcopy and the second taken 12 months after the first. Only once these tests are all negative can the participant return to the 5-yearly screening interval. There are some people who will need to continue with a 1-yearly co-test, particularly those who have a historical glandular (high-grade) lesion where the HPV status prior to their treatment is unknown.

			The 3-year interval is for people with immune deficiency who are having regular screening.
5.	15	You mentioned immune comprised individuals with HPV positive are high risk, how about immune supressed? Would we need to state if they are on immunosuppression?	Immune compromised, immune deficient and immunosuppressed are used interchangeably. People with immune deficiency are at higher risk of cervical cancer. They need a referral to colposcopy if any HPV type is detected. Their regular screening interval is 3 years. It is important to record immune deficiency on the lab form to ensure that the correct recommendations are given with the results.
6.	16	Does immune deficient include people on DMARDs?	A wide range of medical conditions and medications may lower a participant's immune system and therefore impact their screening interval and clinical pathway. This includes organ transplant, HIV and immune suppressant drug therapy). There is more detail in Section 13 of the Clinical Guidelines.
7.	35	Is there a more precise definition of immune deficient?	There is a non-exhaustive list of medications and conditions included in the pathway and section 13 of the Clinical Guidelines.
8.	39	The list of immune deficiency medications and conditions will be on the health pathway. On methotrexate too?	There is a non-exhaustive list of medications and conditions included in the pathway and in section 13 of the Clinical Guidelines. The health pathway is being updated and will include this information.
9.	28	If someone has never been sexually active do they need HPV screening? (they didn't need smears under the previous screening program)	"Sexually active" includes any sexual activity or intimate skin-to-skin contact. If there has been no sexual or intimate contact at all then the person does not need to start cervical screening.
10.	54	Currently under-screened is determined as wāhine who haven't had a test for 5 or more years. With the regular recall changing to 5 years if no HPV detected, will there be a change in timeframe to determine who is 'under-screened' rather than just due or overdue?	The definition of under-screened will change to the last HPV Not Detected test being 7+ years ago.
11.	58	So, what happens to HPV testing on LBC samples performed outside current NCSP guideline?	Any LBC received by the lab will be tested for HPV and if detected the same sample will be tested for cytology, unless reason for co-testing is given. Clinical follow-up requirements will be advised with the lab result. Legislation requires that results be recorded on the NCSP-Register, even if the test is outside the current guideline.
12.	60	I understand post-natally and breast feeding is likely to have the highest level of oestrogen which might interfering with the result?	Oestrogen levels are lower postpartum and while breastfeeding. This will not interfere with HPV testing but does impact the appearance of cells on cytology. It is important to note if post-

			natal or breast-feeding if sending an LBC sample. An HPV self-test can be done as soon as the lochia settles after delivery.
13.	72	For our constant non responders who won't have an LBC, can we just get them in for HPV self-swabs?	Yes. It is important to explain that they will be recommended to have further investigation if HPV is detected. It is also important to note that if someone declines LBC after HPV Other is detected and continues to only have swab samples there is a clinical risk that there may already be high-grade cell changes (including cancer) which will be undetected and therefore remain untreated. For those age <50 years, it could take up to 2.5 years before they are seen at colposcopy with persistent HPV Other and no cytology result.
14.	73	Will we at any time in the future be able to do POC HPV testing on site?	The point of care HPV testing device is not currently validated, but this may occur in the next 12 months. When available this option will be explored.
15.	74	If HPV can lay dormant or they have passed the virus what is the risk of the swab coming back negative but they still are at risk of abnormal cell changes due to previous HPV?	Whether the virus is dormant or not present an HPV Not Detected result indicates a very low risk of high-grade changes within the next 5 years. It is important to continue regular screening to detect any reactivation of latent virus. The mechanisms for reactivation are not well understood but are the subject of active interest and research.
16.	77	Would you need HPV swab prior to Mirena insertion?	HPV testing is only required when the person is due for screening.
17.	78	For those 70-74 age groups - should we then be doing an audit to review these women's smear history and to offer HPV testing?	Great idea! For those age 70-74 who have not had 2 negative cytology tests between 62-69 years, they should be offered an HPV test. If they have had these 2 negative cytology tests they will already be exited from the programme. If history is unknown or you are not sure if testing is needed it is safest to offer HPV testing.
18.	80	If the cervix has been removed in a woman whose never had a smear and then becomes sexually active, should she have HPV screening for vaginal squamous cell changes due to HPV?	No.
		TRAINING	
19.	95	Which website is it that you're referring to for the training videos etc? Can you please post a link to the training website? What is the website that we go to for the training?	The Learn Online website at https://learnonline.health.nz/enrol/index.php?id=587

20.	97	How long will the online training take?	Between 20 minutes and 60 minutes, depending on the module
21.	99	Do the current smear takers need to do training again to do the HPV swab test?	Current screen-takers are strongly encouraged to complete the online training modules which contain new information about HPV primary testing.
22.	100	If a clinician completed the HPV Screening Program they can go ahead and deliver HPV testing but cannot do the cytology test until they complete Cervical Screening training? Or are you expecting the new staff to complete both trainings to become authorised prior engaging in the delivery? What is the standard national requirement?	At Go-Live current sample takers can do HPV testing. They are strongly encouraged to complete the online learning modules. Training will be developed for other groups such as RNs who are not accredited sample takers and those in non-clinical roles such as kaiāwhina. This will be available in later phases of the roll out.
23.	106	Will we have great flow charts like we do currently?	The algorithms are available in the Clinical Practice Guidelines. The Guidelines can be found on the NSU Health Professionals' website at https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/clinical-practice-guidelines-cervical
24.	114	If we aren't smear takers how do we become qualified sample taker?	To become an accredited cervical sample-taker who can take LBC samples and do HPV testing, clinicians will need to complete NZQA training. See the information at https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/my-role-cervical-screening/accredited Training for HPV testing only (i.e. consenting people to take the HPV self-test while working under the delegation of an accredited screen taker) will be developed in the future.
25.	118	Will the clinical guidelines be sent to GP practices or are they only available to download?	They are only available to download. The Guidelines can be found on the NSU website on the Health Professionals' webpage at https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/clinical-practice-guidelines-cervical
26.	121	Is there going to be a campaign to encourage people to get a vaccinated when they present for the first HPV swab at 25 years?	Improving HPV immunisation rates is essential for reaching the WHO goal of cervical cancer elimination. Currently there are no planned combined campaigns as the initial campaign will focus on increasing awareness of the HPV test and encouraging participation.
		SWABS/LABORATORIES	

27.	124	Will we be able to send eLab to lab test and patient to have self-swab at latest?	The laboratory collection centres are not able to hand out swabs, at this stage.
28.	125	Can we send patients to Lab tests to do a self HPV swab? I.e., order the test as we would for any other test.	The laboratory collection centres are not able to hand out swabs, at this stage.
		REGISTER	
29.	147	If we've had patients who have already had HPV testing through the research, is it correct that we are putting them as a 5-year recall now prior to the roll-out if it was negative?	As long as the research group was using a laboratory with HPV test equipment validated to process swabs for HPV testing. All HPV research participants will be flagged on the Register identified as being part of a study. Validated study results will be migrated to the new Register, those results using an unvalidated test will still be flagged they were part of a study but no result will be held. However, if anyone from the research studies went on to colposcopy; those visits will be on the Register. The research team will be able to advise you as to whether their testing method was validated.
30.	156	Some of my colleagues mentioned testing needs to be done on female patients without cervix as well because there could be cancer cells, what is your thought on this?	This depends on the clinical situation. Most people will be able to stop screening either immediately after hysterectomy, after an HPV test or after a Test of Cure. You can find advice about screening after a hysterectomy in Section 10 of the Clinical Guidelines.
		IMMUNISATION	
31.	157	Do patients who have HPV vaccination when they have to take HPV swab?	HPV vaccination status does not change the recommendations for screening.
32.	159	With the WHO target to eliminate Cx Ca, will there be a targeted HPV Imms campaign occurring alongside the change to HPV primary screening? Imms must be better at preventing CaCx than screening.	Improving HPV immunisation rates is essential for reaching the WHO goal of cervical cancer elimination. Currently there are no planned combined campaigns as the initial campaign will focus on increasing awareness of the HPV test and encouraging participation.