



GPN Insight | January 2019

# Cervical screening update

What you need to know about HPV primary testing

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# Cervical screening and HPV



- **The NHS cervical screening programme invites anyone registered as a woman on their GP records aged 25–64 for cervical screening.**
- **It prevents at least 2,000 cervical cancer deaths each year in the UK.**
- **People screened between the ages of 35 to 64 are thought to have a 60 to 80% lower risk of being diagnosed with cervical cancer in the 5 years following the test compared to those who haven't been screened.**
- **9 in 10 women have a negative (normal) result.**

Human papilloma virus (HPV) primary testing has been implemented in Wales. It will be rolled out in England throughout 2019 and in Scotland in January 2020.

The procedure is staying the same (nothing will change for people having screening or how you collect

the sample) but samples will now be tested for HPV first.

- Those which are HPV-positive will then be tested for cell changes
- This means there are new protocols for management and follow-up according to the test results

The main benefit of HPV primary testing is that it has higher sensitivity levels than cytology for detecting cervical abnormalities, which means it will identify more women at risk of developing cervical cancer.

Around 70–73% of eligible people attend cervical screening. Cervical screening rates are declining across the UK. This decline is greater among under 50s, and in particular young women aged 25–29.

While the new test is introduced, it's important that people continue to attend screening. Uptake is higher when letters with fixed rather than open appointments are used<sup>1</sup>. Trans men may not receive an invitation or know they are eligible, so it may be worth prompting them.

Time from screening to receipt of results has significantly lengthened in the past year.

**Check the turnaround time for receiving results in your area – and let patients know what to expect.**

1. Everett T, Bryan A., Griffin MF, et al. Interventions targeted at women to encourage the uptake of cervical screening. Europe PMC Funders Group 2014.

# Answering patient questions

The introduction of HPV testing and associated media coverage might prompt patients to ask questions.

## What is HPV and how is it linked to cancer?

The human papilloma virus (HPV) is common and doesn't have any symptoms. 8 out of 10 sexually active people come into contact with HPV during their lifetime.

For most people HPV causes no harm and goes away on its own, but around 13 types of HPV are considered high risk for cancer.

Two types (HPV16 and HPV18) cause about 70% of cervical cancer cases. Having HPV doesn't mean that you have or will definitely get cervical cancer, but persistent infection and abnormal results could mean you are at an increased risk, which is why you would be invited back for further tests.

## What happens if I have HPV?

- If the sample is HPV-positive and there are also changes to your cells, you'll be invited for another test to look at the cells in more detail. This is called a colposcopy.
- If the sample is HPV-positive and there aren't any changes to your cells, you'll be invited to have another screening test sooner than the standard test interval.

## Can HPV be prevented?

All girls aged 11 to 13 in the UK are routinely offered the HPV vaccine

at school. This protects against the types of HPV that are most likely to cause cervical cancer. But it doesn't protect against all types, so cervical screening is still beneficial in people who have had the HPV vaccine.

In future, although the date is not yet confirmed, the HPV vaccine will also be offered to boys.

Practising safer sex by using barrier methods like condoms can reduce the risk of getting HPV and passing it on.

## Why should I go for screening?

Cervical screening is relevant to all women and trans men aged between 25 and 64, regardless of relationship status, ethnicity, or if you've been vaccinated against HPV.

The HPV virus is contracted from close skin to skin contact and so can be passed from person to person without penetrative sex. There is also a delay between contracting the virus and changes in cells, so you should still consider screening if you are not sexually active or have had the same sexual partner for a long time.

Screening is still important, even if your last test was normal.



## More information and resources

### HPV primary screening protocol (England):

<https://www.gov.uk/government/publications/human-papillomavirus-hpv-primary-screening-protocol>

### Screening blog from PHE:

<https://phescreening.blog.gov.uk/>

### Cancer Research UK:

[cruk.org/screening](http://cruk.org/screening)



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Cancer Research UK helped prove the value of cervical screening, which now prevents thousands of deaths every year.

Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103). CIPN16

# Cervical screening (smear test) prevents at least 2,000 cervical cancer deaths each year in the UK

You might have heard that the smear test will now look for human papilloma virus (HPV) infection.

- This is really common and has no symptoms
- Having HPV doesn't mean that you have cancer, but some types of HPV infection can increase your risk of cervical cancer if they don't go away



So pay attention to your invitation to screening if you're

- a woman or trans man aged 25–64
- even if you've had the HPV vaccine
- whether you're sexually active or not and whatever your sexual orientation



And speak to your GP if you haven't received a letter.

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