

**Cervical Screening Programme
Change in Age Range and Frequency 2016**

Questions and answers paper

- From Monday, **June 6th 2016***, the age range for cervical screening will change from ages 20–60 years, to ages 25–64 years plus 364 days.
- The frequency of cervical screening will continue to be every three years from age 25 to age 49, but will change to be every five years for women from age 50 to 64 plus 364 days of age.
- Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to age 70 years plus 364 days of age (a change from current arrangements up to age 68).

This Q&A paper has been developed by the Change in Age Range and Frequency (CARAF) communications group to clarify the details of the service change for health professionals and to provide support in the implementation of these changes. It will also assist professionals in advising women who may be affected by the changes at their next cervical screening appointment and answering questions that they may have about the changes.

The questions and responses have been divided into two parts:

- 1 Service changes that will affect women aged 20 to 25 years.
- 2 Service changes that will affect women aged 50 years and over.

*Please note this is a change in implementation start date. The original planned start date was April 1st 2016.

Final Version

1 Questions relating to service changes that will affect women aged 20 to 25 years

What is the change?

From 6th June 2016, the age at which young women will first be invited for cervical screening will change from 20 years to 25 years.

When are the changes being implemented?

The changes will be implemented on 6th June 2016.

Who will be affected?

Only women who are being invited by the screening programme for the first time will be affected by the change to the lower age for screening.

What if a young woman (under 25 years) has already had a cervical screening test taken in Scotland?

- If a young woman under the age of 25 (date of birth between 6th June 1991 and 6th June 1996) has already been invited for a test as part of the screening programme (i.e. the patient's details are already on the Scottish Cervical Call and Recall System (SCCRS) on 6th June 2016) she will continue to be invited for screening regardless of whether her recall date is before or after she reaches 25 years and regardless of whether she attended for screening or not
- her screening history was routine or non-routine
- she has previously defaulted but the exclusion status is now closed
- she previously had a temporary exclusion applied which has now been closed
- she has received the HPV (human papillomavirus) immunisation
- she left Scotland for a period of time and has now returned (woman must have had an active SCCRS record prior to leaving Scotland)

What if a young woman (under 25 years) has never had a cervical screening test in Scotland but has had a cervical screening test taken outside of Scotland?

If the woman's screening history is available and it is routine, she will be invited according to the new age range, i.e. when she reaches age 25, and by taking into account of her screening history.

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If the woman's screening history is available and it is non-routine, she will be invited according to her screening management recommendations.

If there is no screening history available, the woman will be invited according to the new age range, i.e. when she reaches age 25.

Why is the lower age range for cervical screening being increased from age 20 to 25?

The UK National Screening Committee made the recommendation to increase the lower age range for cervical screening based exclusively on evidence about its effectiveness in women under age 25.¹ Cost was not a factor in this decision.

The cervical screening test is not a test for cancer. It can, however, pick up changes which, if left untreated, may develop into cervical cancer. Changes are very common in the young cervix and women who are screened twice before the age of 25 (at age 20 and 23) have a 1 in 3 chance of having changes detected on at least one occasion and 1 in 20 of these women will go on to have treatment.

We also know that **in the vast majority of women under 25**, changes will clear up of their own accord. Detecting these changes in women under 25 may lead to further investigation and treatment which may cause anxiety² and harm.³ Cervical cancer is extremely rare in women under the age of 25.

A review of the data has shown that screening women aged 20 to 24 has little or no impact on rates of invasive cervical cancer in women up to the age of 30.^{4,5} Since the age of first invitation to screening was changed in England in 2003, there has been no increase in cervical cancer mortality in women aged 20 to 24.⁶

The Expert Review Group in Scotland reviewed the evidence^{7,1,8} and was convinced there would be no detrimental effects from delaying the age of first screening to 25. They therefore supported the recommendation that the lower age range should be changed in Scotland, bringing it into line with policy in the rest of the UK. 2016 is also the year when the first phase of young women to receive the HPV vaccination will reach the age of twenty. So although women now won't be offered screening until 25, the vast majority will have been vaccinated

Does this mean nothing will be done for young women?

Absolutely not, 99% of cervical cancer is caused by high-risk types of HPV and the NHS has prioritised HPV immunisation of girls before they become sexually active. This programme has been running since September 2008. All girls aged 11 to 13 years old are offered the HPV vaccine, immunising them against two high-risk

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types before they have become sexually active. These two high-risk types of HPV cause over 70% of cases of cervical cancer.^{9,10} In addition, from 2008 to 2011 the NHS carried out a catch-up programme aimed at ensuring girls born from September 1989 and onwards had been immunised.

While the uptake of HPV immunisation is high at over 90% in the routine cohort¹¹ and 66% across all age groups (this includes the national catch-up campaign),¹² there are a minority of young women who do not complete the immunisation programme. However, these young women are still at very low risk of developing cervical cancer.^{13,14}

For more information on the human papillomavirus (HPV) immunisation programme, please visit:

www.immunisationscotland.org.uk/vaccines-and-diseases/hpv.aspx

If young girls are now offered HPV immunisation in secondary school, why is it so important to continue to emphasise the importance of cervical screening?

The HPV vaccine protects against two of the high-risk types of HPV. These two high-risk types of HPV cause over 70% of cases of cervical cancers.^{9,10} All girls should be encouraged to be fully immunised with the current HPV vaccine. The vaccine does not, however, protect against HPV infections that have been picked up by women prior to being immunised, or against infections caused by other high-risk types of HPV. So although the vaccine offers good protection, it is still important to attend for regular cervical screening appointments.

High levels of HPV positivity, poor attendance at cervical screening and deprivation¹⁵ are all linked. We also know that a small proportion of girls do not take up the offer of HPV immunisation.

Therefore, to maximise cervical cancer prevention, women must continue to receive the message that all women (including those who have been fully immunised) should attend cervical screening every time they are invited.

What if a young woman has symptoms?

If a woman has symptoms which could be suspicious of cancer, she **should not** have a cervical screening test carried out. A woman with symptoms requires diagnostic tests. It is possible that a cervical screening test result could be a false negative and provide false reassurance to both the professional and patient.

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Symptoms such as unusual and/or unpleasant vaginal discharge or bleeding, including bleeding after sex or between periods and/or discomfort or pain during sex, require assessment according to the local protocol and referral to gynaecology if required.

The biggest improvement in survival for younger women who develop cervical cancer will be achieved if their symptoms are promptly recognised and treated appropriately.

The Scottish Referral Guidelines for Suspected Cancer can be found at:
www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/scottish_referral_guidelines.aspx

For more information on symptoms of cervical cancer visit:

www.nhsinform.co.uk/health-library/articles/c/cancer-of-the-cervix/symptoms
or contact NHS inform on **0800 22 44 88**

Where can women get more information on the cervical screening programme?

More information on the cervical screening programme can be found at:

www.nhsinform.co.uk/screening/cervical

Where can women get support and more information on cervical cancer?

More information on cervical cancer (including symptoms, risk factors, diagnosis, staging and treatment) can be found at:

NHS inform

www.nhsinform.co.uk/health-library/articles/c/cancer-of-the-cervix/introduction

Jo's Cervical Cancer Trust

www.jostrust.org.uk (or telephone **0808 802 8000**)

Cancer Research UK

www.cancerresearchuk.org

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2 Questions relating to service changes that may affect women aged 50 years and over

What are the changes?

From June 6th 2016, women who have a routine screening history will be invited to attend routine cervical screening until they are 64 years old. The upper age range includes those in their 65th year (i.e. 64 years plus 364 days). Currently, women stop being invited for screening at the age of 60 plus 364 days.

From June 2016, the frequency of screening for women aged 50 and over who are on routine recall will be increased to five-yearly. Women must, however, be offered routine screening at least twice between the ages of 50 years and the upper age limit of screening which will be 64 years and 364 days.

From June 2016, women with a non-routine history will be invited up to the age of 70 plus 364 days. For non-routine screening, the upper age range includes women in their 71st year (i.e. 70 years plus 364 days). Currently, women stop being invited at the age of 68 years. The frequency of screening for women with a non-routine history will not be affected by the service changes, (they will be invited according to their clinical management arrangements recommended by the laboratory).

When are the changes being implemented?

The changes will be implemented on **6th June 2016**.

Why is the age range increasing to 64?

The UK National Screening Committee (NSC) recommended that all UK countries should screen women routinely between the age of 25 and 64. This recommendation was based on evidence about the effectiveness and benefits of screening women in this age range. Ensuring women aged 25 to 64 years participate in cervical screening could lead to a sharp drop in incidence of and mortality from cervical cancer at older ages.¹

In England, Wales and Northern Ireland, women between the ages of 25 and 64 are invited for screening, with those aged 25 to 49 screened every three years and those aged 50 to 64 screened every five years.

Recent evidence suggests that a growing number of women over 50 are not participating in cervical screening because they believe it is unnecessary and irrelevant to them.² Women should be advised that HPV infection is present within

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the whole sexually-active population and, therefore, all women (and men) who have **ever** been sexually active are likely to have been exposed. All eligible women, within the screening age range, who **have ever been/are currently** sexually active should, therefore, be encouraged to participate in screening regularly, whatever their age, current relationship/marital status or if they have had previous colposcopy or cancer treatment as this remains the best way to protect themselves from cervical cancer.

How does a woman, currently in her early 60s, know if she will be invited for routine screening again after the service changes come in to place on 6th June 2016?

Whether/when a woman in her early 60s is invited for further screening depends on a number of factors including:

- her date of birth
- her projected recall date
- her screening history.

If she is under the age of 65 on 6th June 2016 (date of birth after 6th June 1951) and her last screening test was routine (i.e. a negative result) it is highly likely that she will be invited for another screening test. Only people with access to the Scottish Cervical Call Recall System are in a position to give a definitive answer as to whether/when an individual will be invited.

NHS 24 call handlers should direct women to her local call/recall office if she requires further clarification as to whether/when she will be invited (see Appendix). If a woman requires clinical information she should contact her cervical sampler/GP practice.

How does a woman between the ages of 65 and 71 know if she will be invited for non-routine screening again after the changes come in to place on 6th June 2016?

Whether/when a woman under the age of 71 years is invited for further screening depends on a number of factors including:

- her date of birth
- her projected recall date
- her screening history.

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If a woman is between the ages of 65 and 71 on 6th June 2016 (date of birth after 6th June 1945) and her last screening test was non-routine, it is likely that she will be invited for another screening test. Only people with approved access to the Scottish Cervical Call Recall System are in a position to give a definitive answer as to whether/when an individual will be invited.

NHS 24 call handlers should direct a woman to her local call/recall office if she requires further clarification as to whether/when she will be invited (see Appendix). If a woman requires clinical information she should contact her cervical sampler/GP.

Why is the frequency of screening increasing from three to five years for women aged 50 and over?

The UK National Screening Committee made the recommendation that screening for women aged 50 to 64 should be undertaken every five years.³ This decision was based on evidence which concluded that five-yearly screening offered similar protection to three-yearly screening in this older age group.^{4,5}

The Scottish Expert Review Group agreed that there was sufficient evidence to increase the screening frequency for women 50 and over to five-yearly intervals as long as women were offered at least two routine screening tests between the age of 50 and the upper age limit of screening.⁶

What if a woman who will be in her 50s on 6th June 2016 has been informed that she will be invited in three years following her last screening appointment? Will this now be changed?

No. Any woman who will be 50 and over on 6th June 2016 (date of birth before 6th June 1966) who has been advised that she will be invited in three years' time will still be invited according to that advice. All subsequent screening invitations for women with routine results will, thereafter, be sent five-yearly until she reaches the upper age range (i.e. 64 years 364 days).

What if a woman is in a call cycle (i.e. in the process of being invited and reminded to attend for cervical screening) on/after 6th June 2016 and does not attend?

If a woman aged 50 and over **before** 6th June 2016 (routine and non-routine) does not attend her screening appointment during an existing call cycle (see definitions) on 6th June 2016 and continues to 'default', she will be excluded from the cervical screening programme, as a defaulter, for 27 months from the date of her initial invitation according to the current policy. If a woman aged 50 and over enters a call

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cycle **after** 6th June 2016 (routine and non-routine) and she then defaults, she will be excluded from the cervical screening programme as a defaulter for a period of 51 months from the date of her initial invitation according to the new policy

Why will women aged 65 and over not be invited for routine screening?

Women aged 65 and over will not be invited for cervical screening unless they are on non-routine follow up. This would generally be required if a woman has had changes detected in any of her three most recent screening tests or has been recommended to have an early repeat because of previous changes.

Generally speaking, the natural history and progression of cervical cancer means it is highly unlikely that women aged 65 and over who have attended screening regularly will go on to develop the disease.⁷

What if a woman has symptoms?

If a woman has symptoms which could be suspicious of cancer, she **should not** have a cervical screening test. A woman with symptoms requires diagnostic tests. It is possible that a cervical screening test result could be a false negative and provide false reassurance to the professional and patient.

Symptoms such as unusual and/or unpleasant vaginal discharge or bleeding, including bleeding after sex or between periods and/or discomfort or pain during sex, require assessment according to your local protocol and referral to gynaecology if required.

The Scottish Referral Guidelines for Suspected Cancer can be found at:
www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/scottish_referral_guidelines.aspx

For more information on symptoms of cervical cancer visit:

www.nhsinform.co.uk/health-library/articles/c/cancer-of-the-cervix/symptoms
or contact NHS inform on **0800 22 44 88**

Where can women get more information on the cervical screening programme?

More information on cervical cancer screening programme can be found at:

www.nhsinform.co.uk/screening/cervical

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Where can women get support and more information on cervical cancer?

More information on cervical cancer (including symptoms, risk factors, diagnosis, staging and treatment) can be found at:

NHS inform

www.nhsinform.co.uk/health-library/articles/c/cancer-of-the-cervix/introduction

Jo's Cervical Cancer Trust

www.jostrust.org.uk (or telephone **0808 802 8000**)

Cancer Research UK

www.cancerresearchuk.org

References

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Glossary

Routine history

When screening results show no changes that require further investigation/follow up.

Routine recall

When screening results show no changes that require further investigation/follow up. Routine recall may be a three-year follow up for women 25 to 49 years, and a five-year follow up for women 50 years and over.

Non-routine history

This is where screening results have shown changes that require further investigation/follow up.

Non-routine recall

This is the type of recall which is applied when screening results show changes that require further investigation/follow up.

Temporary exclusion

Women are temporarily excluded from the screening programme if it is not appropriate for them to be screened (e.g. pregnancy, terminally ill, anatomically impossible, there is co-morbidity, she is being seen at colposcopy, she has a smear in progress). The exclusion period varies depending on the nature of the exclusion.

Call cycle

A call cycle is opened when an invitation is sent to a woman. If required, reminders are subsequently sent. The cycle is closed when a woman either attends her screening appointment or after all reminders have been sent. (Two reminders are sent to women on routine recall and three to women on non-routine recall.) If a woman fails to attend she is categorised as a 'defaulter'.

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Appendix

Call/Recall office contact details to be used by NHS 24 call handlers:

| Local Health Board | Telephone |
|-----------------------------|--------------------------------|
| NHS Ayrshire & Arran | 01294 323465 |
| NHS Borders | 01896 825543 01896 828278 |
| NHS Dumfries & Galloway | 01387 244375 |
| NHS Fife | 01592 643355 (ext. 28527) |
| NHS Forth Valley | 01324 566644 |
| NHS Greater Glasgow & Clyde | 0141 277 7489 0141 277 7634 |
| NHS Grampian and NHS Orkney | 01224 358436 |
| NHS Highland | 01463 705273 |
| NHS Lanarkshire | 01698 377710 |
| NHS Lothian | 0131 242 3115 |
| NHS Shetland | 01595 696 727 |
| NHS Tayside | 01382 633948 |
| NHS Western Isles | 01851 706810 01851 703545 |