

Cervical screening – HPV testing and change of routine screening intervals

Frequently asked questions for professionals

February 2022

These FAQs have been developed to equip health professionals to deal with the questions and concerns people may have about the changes introduced to the Scottish cervical screening programme in March 2020.

What changes were made to the cervical screening programme in March 2020?

Two main changes were made to the cervical screening programme on 30 March 2020, following a **recommendation from the UK National Screening Committee** (UK NSC):

- Human papillomavirus (HPV) testing replaced cervical cytology as the primary (first) cervical screening test. Cytology based tests are still used but only when high-risk HPV is found.
- The routine screening interval for those aged 25–49 years changed from three to five years. The routine interval for those aged 50–64 years remained unchanged at five years.

What are the concerns around these changes?

Although these changes were introduced some time ago, there continues to be questions and misconceptions about HPV and the change in frequency of screening for those aged 25–49 years.

We know that many people feel confused, or even ashamed or scared, when they're told they have HPV, especially when they learn it's passed on through sexual contact. Many have never heard of it and worry about how to share the news with existing or new partners.

Some are concerned about the reduced frequency of screening for those aged 25–44 years. They're worried that they may get HPV and develop cervical cancer within the

five-year period. There's also a misconception that the change to frequency is down to cost saving or a way of helping the NHS to recover from the pandemic.

Why did HPV testing replace cervical cytology as the primary (first) test?

Testing for HPV, the main cause of cervical cancer, is a more effective and sensitive test than cervical cytology (looking at cells under a microscope). It's better at identifying those at risk of cervical cancer and will help ensure any changes are found and treated earlier. Studies suggest it provides 60–70% greater protection against invasive cervical cancer when compared to cervical cytology as a primary screening test.

What is the link between HPV and cervical screening?

High-risk types of HPV can sometimes cause cell changes that can lead to cervical cancer, if left untreated. Over 99% of cervical cancers are caused by HPV, which is why we now test for it during the cervical screening test.

How common is HPV?

HPV is a very common virus, passed on through sexual contact. This includes any type of sexual contact, not just penetrative sex. Four out of five people in Scotland will have it at some point in their lives. It's usually cleared by the body in time, but about 1 in 10 infections are harder to get rid of.

Why were routine screening intervals changed for those aged 25–49 years?

Evidence shows those who don't have HPV have a very low risk of developing cervical cancer within five years. It takes around 10 to 15 years for cervical cancer to develop after an HPV infection, which means that regular screening will pick up cell changes before they develop into cervical cancer. For this reason, the UK NSC

recommended that it's safe for routine screening to be offered every five years now, regardless of their age. This recommendation was based on balancing the benefits and harms of screening, as well as the fact that screening every five years with the HPV test has been shown to prevent more cases of cervical cancer than screening every three years using cytology.

What happens if HPV is found in a person's sample?

If HPV is found in a sample, the same sample will be checked for cell changes. If HPV was found but no cell changes were seen, the person will be invited back for another screening test in 12 months' time. If HPV was found and cell changes were seen, subsequent follow-ups will differ according to the test results. See **here** for a diagram of the cervical screening pathway.

How can I support people who are diagnosed with HPV?

Firstly, it's important for people to know how common it is and that there's nothing to feel ashamed about. The **Jo's Trust** website has a wealth of information about HPV, including videos and animations, and is the best place to signpost people to for further information and support.

Jo's Trust has also developed a toolkit containing some really useful resources for professionals, including facts about HPV, advice on how to talk to people about it, and videos of peoples' experiences. Find out more here: www.jostrust.org.uk/toolkit

Will five yearly routine intervals be applied to people who haven't yet been tested for HPV?

People on routine screening who had their last cervical screening test prior to March 2020 won't have had their sample tested for HPV. They'll therefore be invited for their next screening test three years after their last one. If they take up their invitation and no HPV is found in their sample, they'll then move to five-year intervals. If they don't

take up their invitation (default), they'll automatically move to five-year intervals as they were offered an HPV test three years after their last invitation.

Why is Scotland different from the other UK nations?

Scotland was the first UK nation to act on the UK NSC's recommendation to extend routine screening intervals, at the same time as HPV testing was introduced in March 2020. This is the direction of travel for all UK nations, the rest of Europe and beyond.

In the UK, Wales introduced HPV testing in September 2018, followed by a move to five yearly intervals in January 2022. Although England fully implemented HPV testing at the end of 2020, they haven't yet moved to five yearly intervals. Northern Ireland is yet to implement HPV testing.

Have the changes to the cervical screening programme in Scotland been introduced to save money?

No, these changes are nothing to do with cost saving measures. They had been planned for many years and are based on best available evidence.

The introduction of HPV testing into the cervical screening programme was timed to coincide with women vaccinated against HPV in secondary school in 2008 reaching screening age. Cervical cytology is less effective as a primary screening test within a vaccinated population – HPV testing is a more appropriate test because the incidence of cervical intra-epithelial neoplasia (CIN) is much lower.

HPV testing also allows for future developments, including self-sampling, which will be part of Scotland's strategy to tackle inequalities in screening uptake.

Should people who have been immunised against HPV still attend their cervical screening appointment?

The vaccine doesn't protect against all types of HPV and won't protect against any HPV infections picked up before the vaccine. So, although the vaccine offers good

protection, it's still important to encourage people to attend their cervical screening test when invited.

It's the combination of the HPV vaccine and HPV testing that could eventually eliminate cervical cancer in Scotland. Find out more about the HPV vaccine **here**.

Where can I find out more information?

Information for health professionals:

- www.healthscotland.scot/cervicalscreening
- www.jostrust.org.uk/toolkit

Information for the public:

- General information about cervical screening, cervical cancer and HPV can be found at:
 - o www.nhsinform.scot/cervicalscreening or 0800 22 44 88
 - o www.jostrust.org.uk or 0800 802 8000
- Screening information for the transgender community: www.nhsinform.scot/transscreening
- Support for those who have experienced sexual violence: www.jostrust.org.uk/screening-after-sexual-violence