

THE FUTURE IMPACT OF GARDASIL FOR COLPOSCOPY CLINICS AND FUTURE CERVICAL SCREENING UPDATE

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AUSTRALIA SET TO ELIMINATE CERVICAL CANCER BY 2035

Cancer Council 3 Oct 2018

Australia could become first country to eradicate cervical cancer

Free vaccine program in schools leads to big drop in rates, although they remain high in the developing world


A new study predicts that by 2028, there will be fewer than four new cervical cancer cases per 100,000 Australian women Smart News 3 Oct 2018

Announcements in June 2018

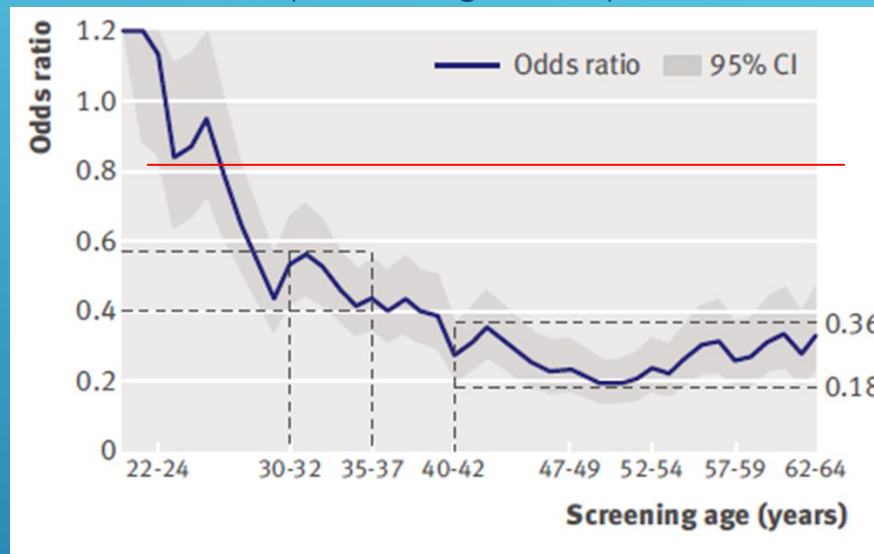
1. Delay of Implementation of HPV primary screening
 2. Commencement age 20 to 25 2019
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WHY WON'T WE BE SCREENING WOMEN UNDER 25?

The main reason is that screening this age group is ineffective at preventing cervical cancer



Sasieni: screening women aged 20-24 years has little or no impact on rates of cervical cancer up to the age of 30 yrs.



Sasieni *BMJ*
2009;339:b29
68

England: Raised the screening age to 25 yrs in 2003. All UK = 25 yrs now.

Europe: Finland, Netherlands commence at age 30; other countries=25.

Australia: raised the age to 25 yrs on 1 Dec 2017

USA: starts at age 21

WHO IARC: recommends starting at age 25 or older

CERVICAL LESIONS IN WOMEN AGED 20-24 YRS

1. High rates of Hr-HPV infection – ARTISTIC Trial
(UK)

hrHPV@ 20-24 years = 40% c.f. Over 50
years = 7%

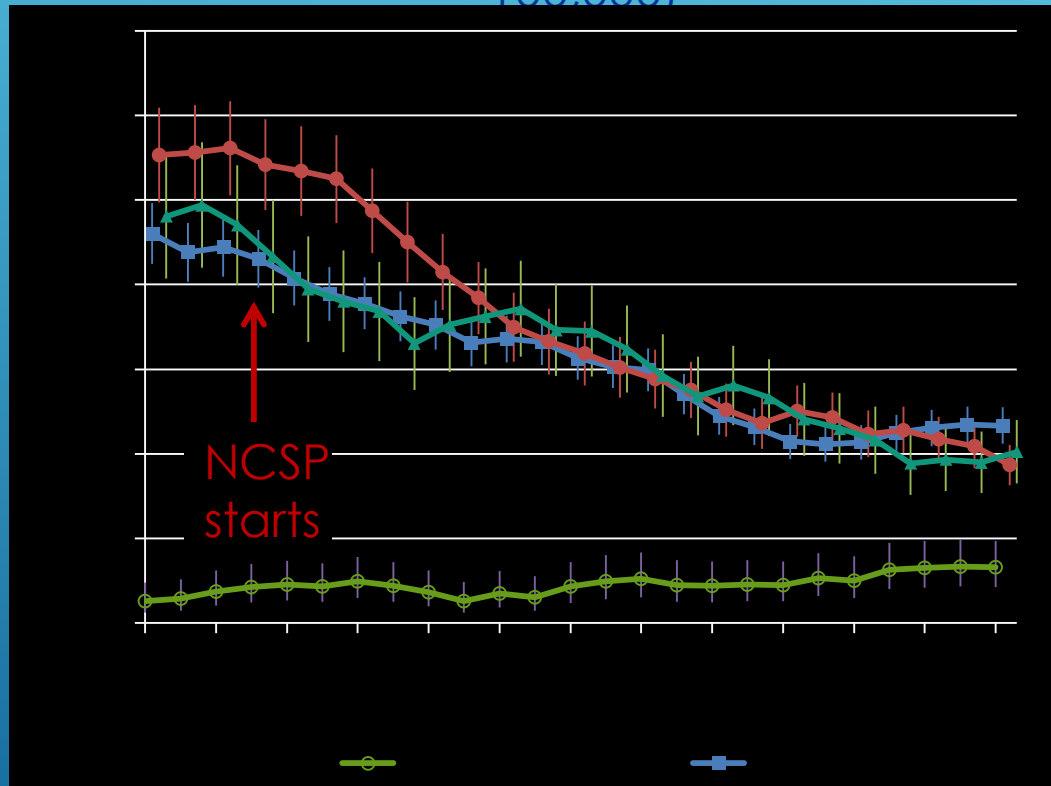
2. High rates of high-grade CIN

3. Low rates of invasive cancer

4. Increasingly becoming vaccinated

INVASIVE CERVICAL CANCER INCIDENCE IN NEW ZEALAND BY AGE

Five-year average cervical cancer incidence in New Zealand, by age (age-standardised, per 100,000)



Cancer Council of NSW
A/Prof Karen Canfell, Dr Megan Smith

THE NCSP IS PLANNING TO RAISE THE RECOMMENDED COMMENCEMENT AGE FOR CERVICAL SCREENING TO 25 YEARS IN 2019

This will remain cytology-based screening

Women commencing screening will continue to have two screens 12 months apart before moving to regular three-yearly screening

Practice Point No 1:

It is important that women do commence screening when they reach 25

WHAT WILL BE RECOMMENDED FOR WOMEN AGED 20-24 YEARS WHEN THE AGE IS RAISED?

- ▶ Women who have *not commenced screening*:
Start at age 25
- ▶ 2. Women who have *already been screened and had an abnormality*: Continue on the current management pathway
- ▶ 3. Women who have *commenced screening and have normal results*: Continue with the current screening pathway

Practice Point No 2: When we change...

Women who haven't started screening: start at 25

Women who have started: continue with the current programme

WHAT ABOUT WOMEN WITH SYMPTOMS?

- ▶ Women with abnormal bleeding
- ▶ Abnormal vaginal bleeding is relatively common in this age group
- ▶ Abnormal vaginal bleeding can be associated with genital tract malignancy and premalignant conditions

Practice point 3:

Women under 25 years old should be properly evaluated for abnormal vaginal bleeding.

This means a thorough history and clinical examination where appropriate, often including cervical cytology.

Is screening under 25 ever appropriate?

In very occasional circumstances, screening may be appropriate for women younger than 25 years of age

Women who have experienced childhood sexual abuse or early sexual activity, and women who are immune-deficient may be in this category

IS THIS A COST SAVING EXERCISE?





WOMEN UNDER 25 WHO ARE WORRIED...

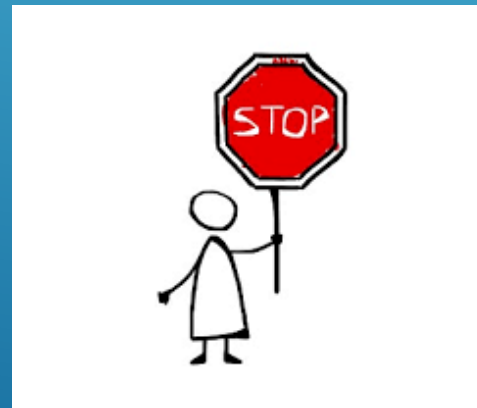
Get vaccinated!!!

Vaccination is far better protection against cervical cancer than cervical cytology screening

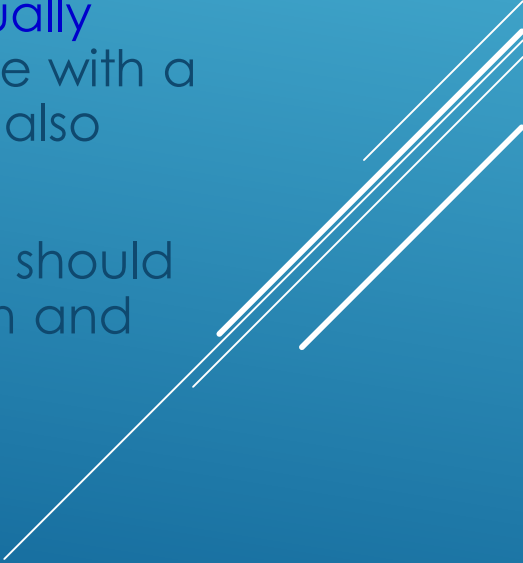
Cervical cytology samples that are taken under 25 years will still be reported



If there is so little benefit to women, why can't I stop screening now?



WHAT SHOULD YOU RECOMMEND TO WOMEN IN THE MEANTIME?

- ▶ Until the age of screening is raised to 25 years of age, women aged between 20 and 24 years should continue to have cervical screening according to the current pathway.
 - ▶ This includes commencing cytology screening at 20 years old if ever sexually active. If this result is normal, continue with a repeat sample one year later and if also normal, three yearly thereafter.
 - ▶ Women with abnormal smear results should continue on the current investigation and management pathway.
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- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the blue background.



References

Cancer Council of NSW A/Prof Canfell, Dr Megan smith

The projected timeframe until cervical cancer elimination

in Australia: a modelling study Michaela T Hall, Kate T Simms, Jie-Bin Lew, Megan A Smith, Julia ML Brotherton, Marion Saville, Ian H Frazer, Karen Canfell

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