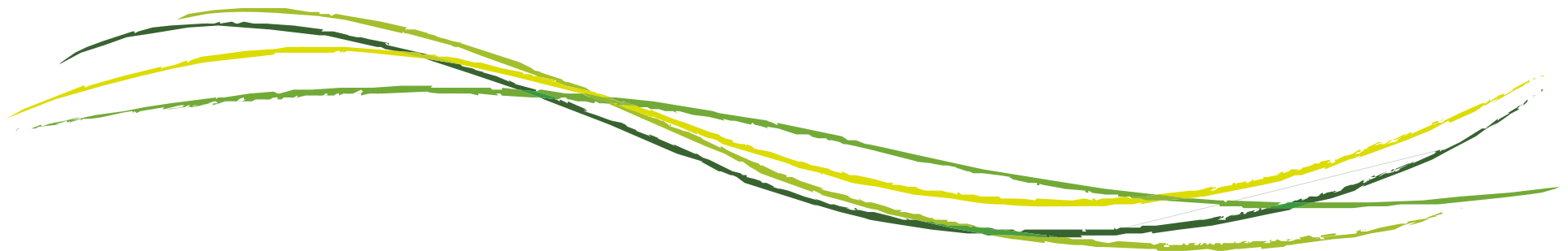


NHS Cervical Screening Programme

Introducing HPV triage and test of cure



Human Papilloma Virus (HPV)

- There are over 100 subtypes of HPV. Most do not cause significant disease.
- Low-risk HPV subtypes may cause (non-oncogenic) low-grade abnormalities such as genital warts. HPV triage is not concerned with these low-risk subtypes.
- Only high-risk HPV (eg subtypes 16, 18, 31 and 33) causes CIN and cervical cancer; 16 and 18 are found in 70% of cancer cases. High-risk subtypes are the focus of HPV triage.
- Transient HPV infection is common, especially in women under 35 years.
- Infection persists in 20-30% of women, putting them at increased risk of developing cervical cancer.
- Women or their partners may have had HPV for many years without knowing it.
- There is no reliable treatment to clear the virus.

Human Papilloma Virus (HPV)

- 99.7% of cervical cancers contain HPV DNA
- HPV testing aims to detect **persistent** infection with oncogenic (high-risk) subtypes
- High-risk subtypes associated with high-grade pre-invasive and invasive disease are 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68
- Low-risk subtypes are associated with genital warts and other low-grade cytological abnormalities: 6, 11, 40, 42, 43, 44, 53, 54, 61, 72, 73 and 81. Subtypes 6 and 11 – linked with genital warts – are the most common.

What is HPV triage?

- Only 15 to 20% of women with borderline nuclear changes or mild dyskaryosis have a significant abnormality that needs treatment.
- High-risk HPV testing in this group is effective in identifying which women may need treatment.
- All cervical samples showing borderline nuclear changes or mild dyskaryosis are tested for high-risk HPV.
- Women who test positive for high-risk HPV are referred immediately to colposcopy.
- Women who are high-risk HPV negative can be safely returned to routine recall.

What is HPV test of cure?

- Women who have a normal, borderline or mild cervical screening result six months after treatment for CIN and who also test negative for high-risk HPV have a very low risk of residual disease.
- Samples taken six months post treatment that are cytology negative are HPV tested.
- Women whose samples are high-risk HPV negative will proceed to three year routine recall – avoiding the need for up to 10 years of annual cervical screening.
- Women who have an abnormal cervical screening result or are high-risk HPV positive six months after treatment will be referred back to colposcopy.

NHS pilots of HPV triage

- HPV triage proved acceptable to women because it reduces the need for early repeat tests and speeds up referral to colposcopy where indicated.
- 46% of women with (first) borderline nuclear changes and 83% of women with (first) mild dyskaryosis were HPV positive.
- Women who are high-risk HPV negative are very unlikely to develop cervical cancer.
- Colposcopy referrals rose significantly before falling back somewhat.

NHS Sentinel Sites Implementation Project (2008)

- HPV triage and test of cure introduced in six laboratories and their populations
- Careful management of the impact of HPV triage on colposcopy services
- Full evaluation, with a view to using this experience in future implementation.

The Cervical Screening Programme: HPV triage and test of cure

- HPV triage and test of cure are being rolled out across the NHS Cervical Screening Programme
- Implementation will follow national protocols.
- Each woman will receive an HPV factsheet with her invitation for screening.
- The usual procedure for obtaining informed consent for cervical screening will also cover high-risk HPV testing (as HPV testing will be performed automatically if indicated by the test result).
- The original LBC sample is used if high-risk HPV testing is indicated; no further sample needs to be provided.

(continued)

- HPV test results are included in the cytology report, along with appropriate management recommendations.
- Women will receive their cytology and high-risk HPV results in a letter (currently from the PCT).
- The procedure associated with each type of recommended action (routine recall, repeat test, or refer to colposcopy) will continue to be as set out in the current practice guidelines.
- All women in the screening age range 25 to 64 are eligible for HPV triage and test of cure.
- HPV triage and test of cure will apply whether women attend their GP practice, GUM or Contraception and Sexual Health Services/Family Planning Clinic.

Other considerations

- Local call and recall computer software has been adapted to incorporate HPV results.
- Invitation and result letters are being revised to include information on HPV and test results, where HPV testing is performed.
- To reduce the impact on colposcopy services
 - in the first year: implementation of HPV triage is limited in the first year to women having their first occurrence of borderline nuclear changes or mild dyskaryosis; test of cure is limited to newly treated women.
 - in the second year: implementation of HPV triage is extended to all borderline and mild samples and test of cure to all women on annual follow up following treatment for CIN.

HPV transmission

- HPV transmission is via intimate contact
- Studies have shown that infection in virgins is rare, though any type of non-penetrative sexual contact is associated with increased risk
- Condoms offer only a degree of protection, because of the HPV field effect over the whole of the genitalia
- Up to 80% of the population have had HPV at some point in their lives
- In most women HPV will not cause long term harm and will be cleared by their immune system

Psychological impact of HPV infection

- Surprise and anxiety
- Guilt and shame are closely linked to concerns about transmission and disclosure to future sexual partners
- Providing clear and accurate information to women can considerably reduce the anxiety they experience and the possible stigma associated with HPV
- Women should be assured that having sex just once exposes them to many subtypes of HPV and this exposure should be viewed as normal

Terminology

- Women are frequently confused by the term 'wart virus'. It is incorrect and should be avoided
- Using the term 'HPV positive' can arouse concern and may be confused with 'HIV positive'
- Result letters will indicate that 'high-risk HPV' has been detected

How do I protect myself against HPV?

- HPV infection cannot be treated, only CIN
- Attend cervical screening regularly
- Vaccination is now available to protect against 16, 18 subtypes
- HPV vaccination will help to prevent HPV infection/CIN in the future.

Information on HPV

Information available on HPV includes

- material sent to sample takers
- material provided for women
- material more generally available.

Information for Primary Care

For more information obtain your copy of the information pack *HPV Triage and Test of Cure Information for Primary Care* from

Department of Health publication orderline
quoting HPV FOLDER

Telephone: 0300 123 1002

Textphone: 0300 123 1003

www.orderline.dh.gov.uk