Cervical Screening

Cervical Screening Pathway Collaboration

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Furore over cancer test plans

Ministry rejects fears more women may die if cervical screening changes go ahead.

By Martin Johnston

Doctors are at loggerheads over changes to New Zealand's cervical screening programme, with one expert fearing more women may die.

Leading cancer specialist Associate Professor Brian Cox, of the University of Otago, said he feared around 30 more women may develop cervical cancer every year and 12 more may die from the disease if the changes go ahead.

Currently women aged 20 to 70 have a cervical smear test every three years. But the Government has decided that from 2018 the age range will be narrowed to 25-69, the time between tests will be increased to five years, and the first lab test will look for human papilloma virus (HPV). HPV-positive samples would be re-tested by the current cell analysis protocol, which in New Zealand is "liquid-based cytology".

Most cervical cancers are caused by HPV, a sexually-transmitted infection that many people get at some point in their lives. The Government funds HPV vaccination for females and males to age 26.

But Cox said he believed the risks of the proposed regime were too great and could lead to cancer deaths.

"There's more opportunity for pre-invasive disease to develop into invasive disease between screening rounds," he said.

"It can be estimated that the new policy is likely to increase the incidence of cervical cancer by about 20 per cent."

He said mortality could rise by about the same proportion.

But the Ministry of Health and its National Screening Unit have rejected Cox's fears.

"The change ... is expected to reduce cervical cancer incidence by around 12.15 per cent and ... mortality by 12.16 per cent," the unit's clinical director Dr Jane O'Hallahan said.

O'Hallahan said cell-testing of women's positive HPV samples would help to avoid over-referral and over-treatment.

Around 160 New Zealand women are diagnosed with cervical cancer each year and 60 die from the disease. Incidence and mortality rates have roughly halved since the programme began in 1990.

But Cox remains adamantly and is leading a challenge by cancer experts and women's health groups to the changes.

For his efforts he was kicked off the ministry's National Screening Advisory Committee last July for speaking publicly against the changes. He advocates watching Australia's "experiment" with primary HPV testing for five years, or possibly using both tests together for primary screening.

He cites a Finland study which concluded that the sensitivity of HPV testing and traditional Pap smears is similar for detecting abnormalities that will develop into cancer, but HPV leads to more "overdiagnosis" — the detection of abnormalities that don't develop into cancer.

Cox's group also argues that primary HPV testing could result in more women being referred unnecessarily for second-level testing by colposcopy and related testing/treatment by removal of a biopsy tissue sample.

Cox said the ministry seemed to have misunderstood the concept of sensitivity and ignored the Finnish study.

But O'Hallahan said the study was "not the only trial of HPV-based screening, and therefore its results should not form the sole guide to policy.

"Analysis of data from four other major European trials concluded that HPV screening offers much greater protection against cervical cancer..."
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