The Control of Cervical Cancer in New Zealand: Achievements and Prospects

August 5th 2016, Potter's Park Event centre, Auckland

Purpose of the Symposium

The purpose of the one day forum, organised by the Cartwright Collective, was to:

- Bring together health practitioners, health consumers and policy makers;
- Review the impact of screening in the control of cervical cancer in NZ;
- Explore emerging issues for New Zealand relating to HPV immunisation in the control of cervical cancer;
- Explore the implications of moving to HPV testing as the primary screening modality to control cervical cancer in New Zealand; and
- Share knowledge and foster debate.

The organisers

The Forum was organised by the following community based groups:

- Auckland Women's Health Council;
- The Cartwright Collective; and
- Women's Health Action.

The audience

The audience for this symposium included Ministry of Health officials, representatives of District Health Boards, health professionals, health consumers, policy makers, public health practitioners, university researchers.

Staff from regional screening centres were present but it was noted, with regret, that despite every effort to encourage involvement, the National Screening Unit declined to attend the meeting.

This report

This report summarises the main presentations, discussions, and conclusions with recommendations for further action.

Summary

This summary contains the following topics:

Executive Summary

Background

This national Forum was the third in a series addressing cutting issues in women's health and patient rights which arose out of the Cartwright Enquiry.

The successes and failures of the current National Cervical Cancer Screening program were highlighted.

The focus then turned to the benefits and risks of shifting from a 3 yearly liquid based cytology program to 5 yearly HPV screening.

The marginal benefits, at best, were balanced against the possible harms that could occur to eligible NZ women, in particular, overdiagnosis, and a burden to colposcopy services which are already overstretched.

Conclusion

The members of this Symposium urge greater caution in rolling out a new, untested HPV screening program for cervical cancer and call upon the Minister of Health to consider the following actions:

- Delay the start of the proposed HPV screening program so that NZ can learn from the lessons in Australia and the UK as they shift to HPV screening;
- Failing that, institute a phased approach using co-testing for 2 - 3 rounds of screening (5-6 years) during the transition between the current cytology based approach and the new HPV screening to audit the safety of the new, untested approach and the level of overdiagnosis;
- Consider 3 yearly intervals for screening under the new regime, especially in the first 2-3 screening rounds;
- Undertake a retrospective review of the screening history of all women identified with cervical cancer; and
- Establish an ongoing audit of the screening history of every newly identified invasive cervical cancer case (both screened and unscreened women) as a quality control measure of the overall screening program.

New Zealand is in a unique position to test, using the same liquid based sample, the effectiveness and safety of the two screening programs. The onus is on the Government to take up this opportunity to ensure a safe outcome for NZ women.

Overview

Key note presentation: herstory

The Keynote presentation by Sandra Coney provided an overview of the background (the "herstory") to the establishment of the National Cervical Cancer Screening Program (NCCSP) which arose out of the ashes of the Cartwright Inquiry into the "Unfortunate Experiment".

The following issues and principles for the proposed NCCSP (and relevant for any new screening program) were highlighted:

- The Government's key role in fostering partnerships and broad coalitions;
- The establishment of an Expert Group to advise the ministry;
- The requirement for full consultation;
- Cultural and privacy issues including the special duty owed to Maori women;
- An administratively simple opt off National register;
- Emphasis on high coverage rates.

Key note presentation: Current concerns

Against this background, and in view of the Government's announcement of a shift to HPV screening from 2018, several concerns about the status of the current NCCSP were raised:

- The need for increasing participation and coverage rates;
- The lack of a strategic, nationally consistent, recruitment plan;
- The failure to reach the whole population of eligible women (including immigrant women);
- The costs of screening remain a barrier for some women;
- Colposcopy targets are not being met;
- The lack of systematic auditing of screening histories of women identified with CIN 3.

Keynote presentation: Questions raised

In light of the above, the speaker left the following questions as a basis for considering future prospects of the current program:

- Should we meddle with the existing program when it has yet to reach acceptable coverage rates for all women?
- If there is no evidence of gain for Maori women, who are vital to the success of the program, then why move on without involvement of broad coalitions, wider discussion, consumer involvement and partnerships?

The impact of the NCCSP

Impact of the NCCSP is positive, but uneven

Three speakers in Panel 1 outlined different perspectives of the current status and impact of the NCCSP :

- The epidemiology of cervical cancer (currently 54 deaths 1.4 per 100,000) and trends showing improvements since the start of the NCCSP, but also highlighting major ethnic differences in gains made;
- The importance of people-centred programs and community engagement;
- The "wholepathway" approach being used by Metro Auckland, acknowledging that 17,000 additional women need to be reached in order to meet even the 80% target, highlighting inequalities in Maori women.

HPV Immunisation

Panel 2 addressed the role of HPV vaccination/immunisation in the control of cervical cancer and covered the following areas:

The National Immunization program (NIP) which highlighted the successes and challenges of the program thus far (currently 65% coverage of the eligible age group), in particular:

- The use of "champions" and integration of HPV into the life course approach to "normalise" HPV immunization;
- The planned linkage of HPV immunuization data to cervical cancer screening history from the NCCSP Register;
- The extension of the program to boys; it was noted that inequalities in sexual orientation have not been addressed.

The safety and effectiveness of the HPV vaccine was addressed with a large number of selected surveys which showed that any adverse effects were not attributed to the vaccine and other data which supported a positive safety profile.

Concerns raised about HPV Vaccination

A speaker on the panel, Phillida Bunkle, raised a number of concerns about the safety of HPV vaccines:

- The legitimacy of consumer involvement in the debate about safety;
- The influence of corporate interests in regulatory agencies suggesting conflicts of interest;
- The lack of appreciation of the accumulated anecdotal evidence suggesting serious harms (in auto immune area) of the HPV vaccine;
- The failure of the use of real placebos in many of the trials cited; and
- The need for parents to be given balanced information.

Implications of moving to a new cervical screening program

The "New Pathway"

The symposium received a synopsis of the proposed shift ("New Pathways") from liquid based cytology to HPV screening, describing

- the potential benefits and the possible risks;
- the criteria and principles against which to judge the success of the NCCSP;

In addition, the indecent haste – and lack of public consultation - by which the decision was made to shift to a new screening progrm, was outlined.

The implications of moving to HPV testing

The implications of moving to HPV testing as the primary screening modality to control cervical cancer in NZ was addressed by the second keynote speaker, and international expert, Professor R Marshall Austin from the University of Pittsburgh.

He began his presentation by stating that it was a big step to move away from a proven test which had achieved a 66% reduction in mortality rates over 30 years) for HPV screening- when there was no comparable evidence for the latter's success. *"The effect of HPV testing as an alternative to regular cytology based screening to reduce the incidence of invasive cervical cancer has not been established" Ronco et al, Lancet 2014*. Furthermore:

- Although many countries are planning HPV implemention, no country has yet instituted a national HPV screening program;
- HPV screening does not have higher sensitivity than liquid based cytology (LBC); most of the studies compared HPV testing and conventinal smears, not LBC;
- 3 yearly testing, not 5 yearly as has been proposed, would be necessary with HPV because of the high false negative rate;
- Co-testing has been used in the USA since 2003 because of the limitations of cytology and because it provides the most protection to women;
- Cervical cancer audit is a highly valuable tool for quality improvement.

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A call for caution in moving to HPV testing

A number of issues were raised by AProf Brian Cox. He noted, in particular:

- The difficulties of comparing two different screening tests because:
    - They both must compare the same disease (CIN3); and
    - Tests may produce different amounts of overdiagnosis.
- HPV testing does not detect more CIN 3 over 6 years; and may fail to detect women at greater risk;
- Lack of clarity around effectivemess of 5 yearly Vs 3 yearly screening;
- The use of an Australian simulation model which is based on inappropriate assumptions – [assumes the annual experience of a woman aged 40 in 2017 is the same as the experience of the cohort in 2037];
- The concern about colposcopy services managing in a primary HPV screening environment, when already the services are not meeting current demand; and
- The aggressive follow-up (over treatment) when many women will resolve the infection over 2 years;

Co-testing: a safe and conservative solution

The panel discussion clearly indicated that co-testing (for 6 years from 2017) would be a prudent and straightforward addition to a policy that the Minister of Health has already announced. It would not contradict the Minister's position of moving towards HPV testing and would not cost more than current 3 yearly program.

NZ is in a unique position to assess the relative effects of both tests concurrently in the New Zealand setting by co-testing as this can be done on the single smear taken; no additional sample is required from women as the two tests can be done on the same sample.

Australia is not in a good position to carry out co-testing as is put on a slide and preserved before examination under the microscope. In New Zealand, we universally use liquid-based cytology so that both analyses can be done from the same sample. This gives us a great opportunity to make a safer transition to HPV testing than Australia where most of their cervical smears use the old Pap smear test which is not suitable for co-testing.

Co-testing would represent a safer and more conservative option and, the discussions suggested that this more conservation approach would avoid the experimental approach of the current policy changes and hopefully avoid another "Unfortunate Experiment".

Call for Accountability

The members of this Symposium call upon the National Screening Unit to reconnect with the principles of the Cartwright Inquiry with respect the national cervical screening program as follows:

- Address the failures of the current screening program, in particular:
  - Failure to meet colposcopy targets;
  - Failure to meet the target of 80% coverage;
  - Underscreening of Maori women and undercoverage of Asian women in particular: issues of equity and access; and
  - Lack of community involvement;
- Engage in greater consultation and partnerships with community groups;
- Ensure that the program is people-centred;
- Recognise the need for Informed Consent concerning HPV screening; and
- Reassess the costs of screening for both approaches using cost components relevant to NZ (not based on Australian costs).

Call for Action

In conclusion

The members of this Symposium urge greater caution in rolling out a new, untested screening program for cervical cancer and call upon the Minister of Health to consider the following actions:

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