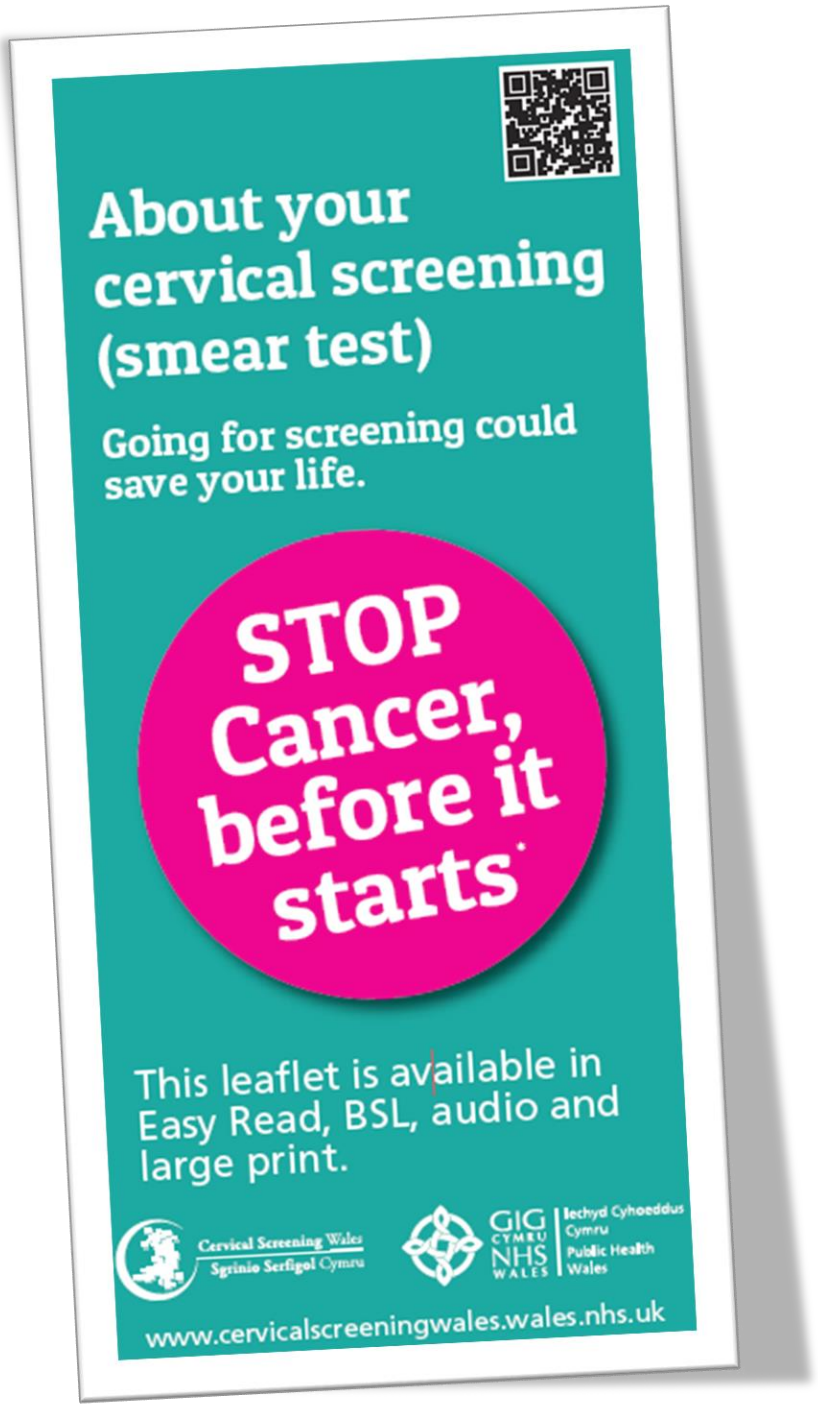
Cervical Screening Wales
Sample Taker Reference Guide



Details of Publication

Cervical Screening Wales (CSW) Disclaimer

This publication contains information, advice and guidance to assist sample takers. It is intended for use within Wales.

The information provided in this guide contains policies and practices outlined by CSW. It is intended for health professionals use in conjunction with the all Wales programme following completion of the initial sample taker training course.

About Public Health Wales

Public Health Wales (PHW) is a National Health Service (NHS) organisation that exists to protect and improve the health and wellbeing and reduce inequalities for people in Wales.

The organisation aims to enhance quality, equity and effectiveness of healthcare services by working to achieve a healthier future for Wales.

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This document is regularly updated.

If you print this document, please ensure you always refer to the most up-to-date version.


STOPIWCH Ganser, cyn iddo ddechrau
STOP Cancer, before it starts
Mae canser ceg y groth yn cael ei achosi gan y feirws papiloma dynol (HPV).
Cervical cancer is caused by the human papillomavirus (HPV).
Gallai mynd I gael eich sgrinio serfigol achub eich bywyd.
Going for your cervical screening could save your life.
Gwahoddir menywod rhwng 25 a 64 oed bob tair neu bum mlynedd.
Women aged 25 to 64 are invited every three or five years.
Canser ceg y groth yw'r canser mwyaf cyffredin ymysg menywod o dan 35 oed.
Cervical cancer is the most common cancer in women under the age of 35.
Cymraeg
Cervical Screening Wales
Sgrinio Serfigol Cymru
GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales
www.cervicalscreeningwales.wales.nhs.uk
English

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Section One: Introduction

Introduction to the Guide

This guide has been developed by Cervical Screening Wales (CSW) to support sample taker training in Wales. The aim of the guide is to outline correct sampling techiques and procedures and to detail other information of which sample takers should be aware. It is intended for use within Wales, serving as best practice for those taking cervical samples. This document may also be useful or of interest for non-clinical staff within Wales.

The Cervical Screening Programme (CSP)

All national population screening programmes take guidance from the United Kingdom National Screening Committee (UK NSC)[i] which makes autonomous evidence based recommendations to UK nations.

The screening programme sets national guidance and assures this through quality monitoring processes and by promoting continuous improvement. This ensures that the service is safe, effective and available to all eligible participants in Wales.

The aim of the programme is to reduce the incidence of invasive cervical cancer in Wales by detecting, monitoring and where necessary, treating of cell changes that could develop into cervical cancer. The programme does this by detecting high risk Human Papilloma virus (HPV) types in the cervix, and referring for colposcopy those women and people with a cervix who have cell changes and/or persistent HPV.

Programme Delivery

The Screening Division of Public Health Wales (PHW) is responsible for managing, delivering and quality-assuring the CSP in Wales. Cervical screening tests are mainly carried out in primary care by a registered health professional. A small number of tests are taken in sexual health services, colposcopy clinics or gynaecology clinics.

CSW is an All-Wales programme, with three regional centres responsible for coordinating the screening programme in their area: North Wales, South East Wales and Mid and West Wales.

Quality Assurance Statement

Quality assurance relies on all staff who are working in, or for, the screening programme complying with the requirements of the quality system. Every person has an important part to play in achieving quality. One such requirement is that any deficiencies in the system are reported and resolved and a good communication feedback system is in place.

Each person must understand their contribution to quality and must be sufficiently trained, motivated and enabled to make that contribution effectively.[ii] [iii]For more information on Quality Assurance, the CSW Quality Manual can be accessed here: http://howis.wales.nhs.uk/screeningprofessionals/quality-manual

Eligibility For Screening

All people between the ages of 25 and 64 years who have a cervix are eligible for cervical screening[ivvvvi]. CSW is currently only able to invite women and people with a cervix who are registered with a General Practitioner (GP) as female. Their first invitation for cervical screening is sent at the age of 24 years and six months, so that they can have their first test by the age of 25 years. Any cervical sample taken in the private sector or overseas will not be recorded[vii]. Women and people with a cervix will receive an invitation letter each time they are called and recalled for screening, but they **do not** need to provide this letter to book their screening test appointment. If a person attends for screening without an invitation letter they can still be screened. If there is doubt whether they are eligible or due for screening please contact the regional Cervical Screening Administration Department (CSAD) contact information available on p.40. People who do not attend will be sent a reminder letter.

Screening age	Frequency of Routine Screening
24.5 years	Initial invite sent
25 – 64 years	Five yearly
64 years +	Ceased from the CSW programme*

It is a choice whether they accept the invitation for cervical screening. Everyone should be encouraged to read the leaflet enclosed with their invitation letter in order to make a fully informed decision and to keep the leaflet after their screening appointment for reference. Participants can also be directed to www.cervicalscreeningwales.wales.nhs.uk [viii] for more information.

*Please see Core Reference section of the Quality Manual[ix] for exceptions.

Reasons for Cervical Screening

Every year there are around 160 cervical cancer diagnoses in Wales[x]. Cervical screening can prevent cervical cancer from developing or pick it up at an early stage.[xi] [xii]*Jo's Trust* [xiii]*Cancer Research UK* [xiv]*World Health Organisation (WHO)*

Headline Statistics

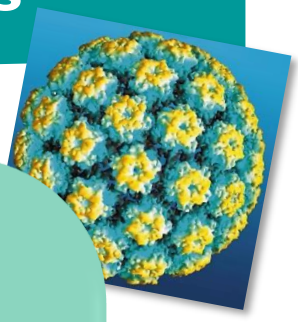
- It is estimated that cervical screening across the UK saves around 5,000 lives a year
- Over 300,000 people in the UK per year are told they have cervical cell changes which could require treatment
- There are approximately 3,200 cases of cervical cancer in the UK every year
- Globally there are around 570,000 cases of cervical cancer every year, of which 270,000 are fatal; these cases are mostly seen in low to middle income countries

For further information on the programme and programme statistics you can access the latest CSW Annual Report 2018-19 here:

http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/Cervical%20Screening%20Wales%20Annual%20Statistical%20Report%202018-19.V1.0.pdf

As a result of the Coronavirus pandemic, Public Health Wales has not yet been able to publish performance statistics for Cervical Screening Wales for 2019/20. These will be released into the public domain as soon as is possible.

Section Two: The Human Papilloma Virus



Human Papilloma Virus (HPV)

- HPV is a small, very common deoxyribonucleic acid (DNA) virus that infects epithelial cells
- There are estimated to be well over 200 sub-types of HPV virus, divided in to low-risk and high-risk strains
- Low-risk HPV is associated with verrucae, warts and genital warts
- High-risk (oncogenic or ' cancer-causing') HPV is associated with Cervical Intraepithelial Neoplasia (CIN) and Cervical Glandular Intraepithelial Neoplasia (CGIN) – some types are associated with vulval, vaginal, penile, anal and head/neck cancers
- High-risk strains of HPV are found in 99.8% of cervical cancers
- The World Health Organisation has identified 14 oncogenic types of HPV: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68
- Persistent infection with high-risk HPV is a necessary, but insufficient cause of cervical cancer
- It is estimated that 4 out of 5 of the general population will come into contact with the virus at some point in their lives
- It is passed on through intimate skin-to-skin contact – a person does not need to have penetrative sex to contract the virus
- In most cases the immune system will clear the virus – 90% of people will clear it within two years
- There are no symptoms and there is no way of knowing how long the virus has been there or where it has come from
- The virus can lie dormant in the basal cell layer

[xv] Kitchener *et al* (2019) [xvi] Burd, M. (2003) [xvii] RCN, *Human Papillomavirus (HPV), Cervical Screening and Cervical Cancer.*

It is worth remembering that cervical cancer is rare in the UK and many regular sample takers will never see a single case. It is a very uncommon outcome from a very common virus.

HPV and HPV Testing

CSW changed to testing for high-risk types of Human Papillomavirus (hrHPV) as the primary cervical screening test in September 2018 as recommended by the UK NSC[xviii]. Prior to this cytology was the primary test, with HPV testing used as triage for low grade abnormalities. Wales was the first UK nation to adopt hrHPV screening for all screening participants. All samples submitted to the Welsh Screening Laboratory are tested for the presence or absence of hrHPV. The hrHPV test is more sensitive than cytology for detecting high-grade disease, but it is less specific. Cytology is then used to decide which participants need immediate referral to colposcopy. This allows for more appropriate referral and better allocation of resources to colposcopy[xix].

Screening participants with an HPV negative result (no hrHPV detected) will be returned to routine recall*. The result will say 'no cytology – X'. Cytology is not performed on tests which show no hrHPV present as HPV is required for cell changes to develop[xx]. If the result is HPV positive (hrHPV detected) then a reflex cytology test is done. Where cytology is normal, the screening test will be repeated in 12 months; if any cell changes are identified, the screening participant will be referred to colposcopy. Participants who have persistent HPV after 24 months with normal cytology will be referred to colposcopy. [xxi]

(*Note: If this test is a test of cure (ToC) or first test after untreated Cervical Intraepithelial Neoplasia (CIN) 1, then it is a three year recall including > 50 years of age)

HPV screening is more effective in identifying people who are at risk of developing cervical cancer.[xxii] Evidence suggests that following a negative HPV result (HPVN), a person is at very low risk of developing high grade cervical abnormalities and cervical cancer within the next 5 years. The negative predictive value of the HPV test is also extremely high (93.8-99.7%), [xxiii]providing further reassurance for women and people with a cervix. It takes around 15-20 years to develop cervical cancer following a HPV infection.[xxiv] The high negative predictive value and lower false negative rate means it is safe to extend the screening interval to 5 years in people who test HPVN, regardless of age.

The HPV Vaccination Programme

HPV vaccination has been offered in schools to all girls aged 12-13 years old (school year 8) since 2008 as part of the routine childhood vaccination schedule in the UK.

Following recommendations from the Joint Committee of Vaccination and Immunisation (JCVI), from September 2019 all boys aged 12-13 are offered the vaccination at school alongside the existing programme.

A person who has missed their HPV vaccination and is within the eligible group can still be vaccinated free of charge up to their 25th birthday. In addition some girls born on or after 01/09/1991 are also eligible for vaccination.[xxv].

The vaccine currently offered within the routine schedule is Gardasil®. This is a quadrivalent vaccine which offers protection against four types of HPV (6, 11, 16, and 18); HPV types 16 and 18 are 'high risk' and are responsible for 70% of all cervical cancers in Europe. HPV types 6 and 11 are low-risk types and cause roughly 90% of all cases of genital warts.[xxvi]

Although it is still too early to see the impact of HPV vaccination on cervical cancer incidence, emerging global evidence using population-based surveillance suggests that vaccination is strongly associated with a reduction in both low- and high-grade cell changes in young women.[xxvii] Significant declines in the incidence of genital warts has been documented in several countries. [xxviii] [xxix] [xxx] [xxxi]

The vaccination is also offered to higher-risk groups including those with a diagnosis of HIV, men who have sex with men up to the age of 45, sex workers and those identifying as transgender.

Risk Factors for HPV Infection

The majority of sexually active people will come into contact with hrHPV at some point in their lives. In most people their body's own immune system will deal with the virus without them ever knowing it was there. Only a minority of people who have a persistent hrHPV infection will develop any cervical abnormalities, but these could become cervical cancer if left untreated.

Studies looking into the risk factors for contracting HPV have found that the key determinants are:

- The age at which sexual activity was first initiated
- The number of sexual partners
- The likelihood that at least one of these partners was carrying HPV
- Age of first pregnancy[xxxii]
- The combined oral contraceptive pill (COC), protection against unwanted pregnancy more is advantageous. COC should never be recommended to be stopped for cervical cancer risk alone.

Unprotected intimate sexual contact is one of the main risk factors to having HPV – all of the above increase a person's chances of being exposed to the virus[xxxiii]. It is important to bear in mind that these are risks only.

Sexual History

HPV is transmitted through intimate skin-to-skin contact or through sharing sex toys. A person who has had just one sexual partner of any gender, even if it was many years ago, could become infected with HPV if that partner has previously been in contact with the virus.

Barrier Methods

Condoms only offer minimal protection against contracting HPV. There could be HPV on the genital area that is not covered by a condom. The use of condoms should be encouraged to minimise the risk of sexually transmitted infection (STI).

Smoking

People who smoke increase their risk of cervical cancer, because smoking suppresses the immune system making it harder for the body to clear a HPV infection. Persistent HPV infection can increase the chance of abnormalities developing. Research has shown the risk of developing cervical abnormalities and cervical cancer is twice as high in people who smoke compared with those who do not. Screening participants who smoke are therefore likely to have persistent HPV infection. Smokers should be encouraged to stop smoking and advised to contact their local smoking cessation services.[xxxiv]

Further Information

HPV Primary Screening video presentations for sample takers and GPs can be accessed via the CSW website:

Part One: https://vimeo.com/284682095/edf45c7b5d

Part Two: https://vimeo.com/284682366/f867fe2895

Please note: - These *Vimeos* were developed during the full roll out of HPV screening in Wales

As a sample taker it is your responsibility to have appropriate knowledge of HPV & HPV testing to enable you to gain informed consent for the test from the screening participant.

Section Three: Anatomy & Physiology of the Cervix

The opening of the cervix is known as the cervical os. The surface (skin) of the cervix is made up of two types of cells:

- Squamous epithelium
- Columnar epithelium

Where these two types meet is known as the squamo-columnar junction (SCJ). This junction can be on the outside of the cervix or may not be seen as it is inside the endocervical canal.

Squamous epithelium is smooth, pale pink and multi-layered. It usually covers most or all of the outside of the cervix and extends to merge with the epithelium of the vagina.

Columnar epithelium is singled layered, sometimes with a grape-like appearance and is seen as red in colour.

This epithelium extends up inside the endocervical canal to merge with the lining of the womb (See figures 1 & 3 for labelled images).

It is also known as:

Glandular – the cells form glands and are secretory

Endocervical – describes a specific site i.e. inside the cervical canal

The Transformation Zone (TZ)

Under the influence of hormones the squamo-columnar junction everts onto the ectocervix – what we see as an ectropion. The acidic environment of the vagina irritates the exposed columnar cells causing a process called squamous metaplasia. This leads to replacement of the columnar cells with new squamous epithelium. The area that was columnar epithelium and is now squamous epithelium is the Transformation Zone and it lies outside the current SCJ.

The sample taker must aim to sample as much of the TZ as possible as this is the area that pre-cancerous cells develop. When sampling the sample taker must try to ensure that the fronds of the Cervex® brush extend at least 1cm outside the SCJ (where this can be seen), such that the entire area nearest the SCJ is sampled (see figures 1-4 for the approximate location of the TZ).

The SCJ may be seen on the ectocervix, at the cervical os, or it may not be visible as it is inside the endocervical canal, as often happens in post-menopausal people.

Cervical Ectropion

Cervical ectropion (Please see figure 2 & 4) is the name given to normal columnar epithelium seen on the cervix. An ectropion may occur as a result of hormonal changes such as puberty, pregnancy and the oral contraceptive pill, causing the body of the cervix to change shape.

- An ectropion is seen on the ectocervix, surrounding the cervical os. It may cover most of the ectocervix. It is everted columnar epithelium and appears red due to the columnar cells being single layered. At the edge of the columnar epithelium is an area of squamous epithelium. Where the columnar and squamous cells meet is the Squamo-Columnar Junction (SCJ), located at the periphery of the ectropion.
- It is usually an asymptomatic incidental finding on speculum examination and does not require treatment if asymptomatic.
- Sometimes it may cause increased vaginal discharge and/or post-coital bleeding. Contact bleeding therefore may occur on taking a cervical sample as the cells are single layered and the blood vessels are near the surface. Pre-warn the screening participant that it is normal to have some spotting post-procedure.
- If symptomatic, referral to Colposcopy/Gynaecology may be indicated.
- When taking a cervical sample where an ectropion is present the sample taker must ensure that the whole circumference of the transformation zone and the SCJ with a minimum of 1cm outside the SCJ is sampled.

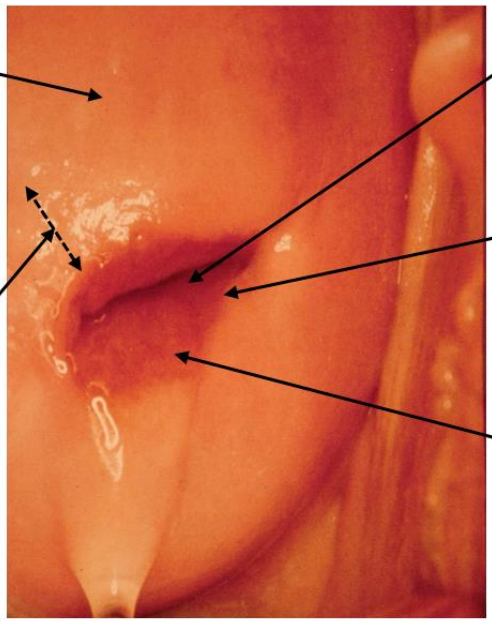


Figure 1:

Cervix

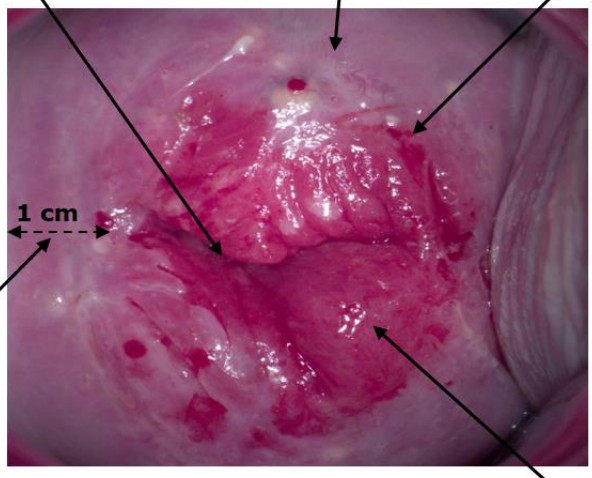


Figure 2:

Cervix with Ectropion

NB: Sample at least 1cm outside of the TZ to ensure all of the TZ is sampled.

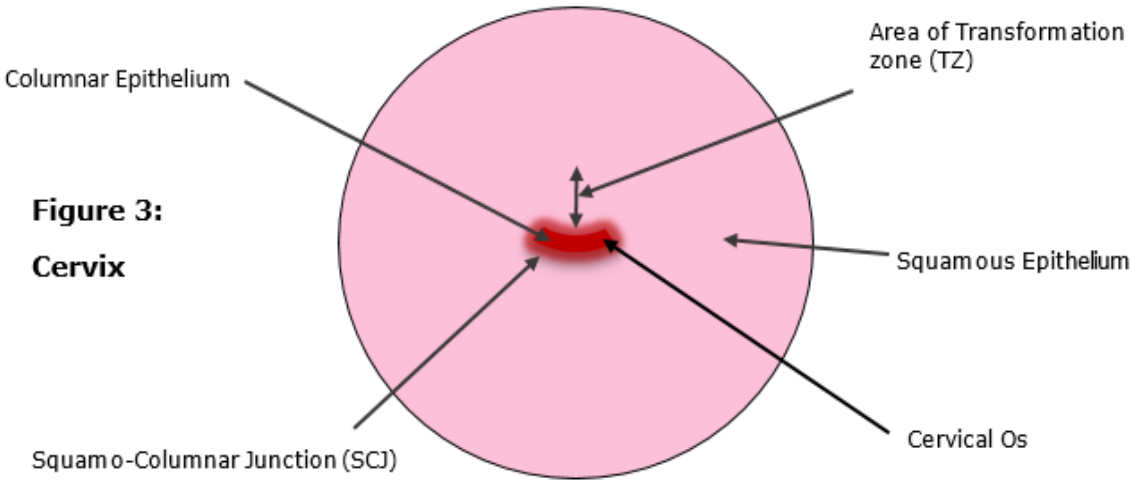


Figure 3:

Cervix

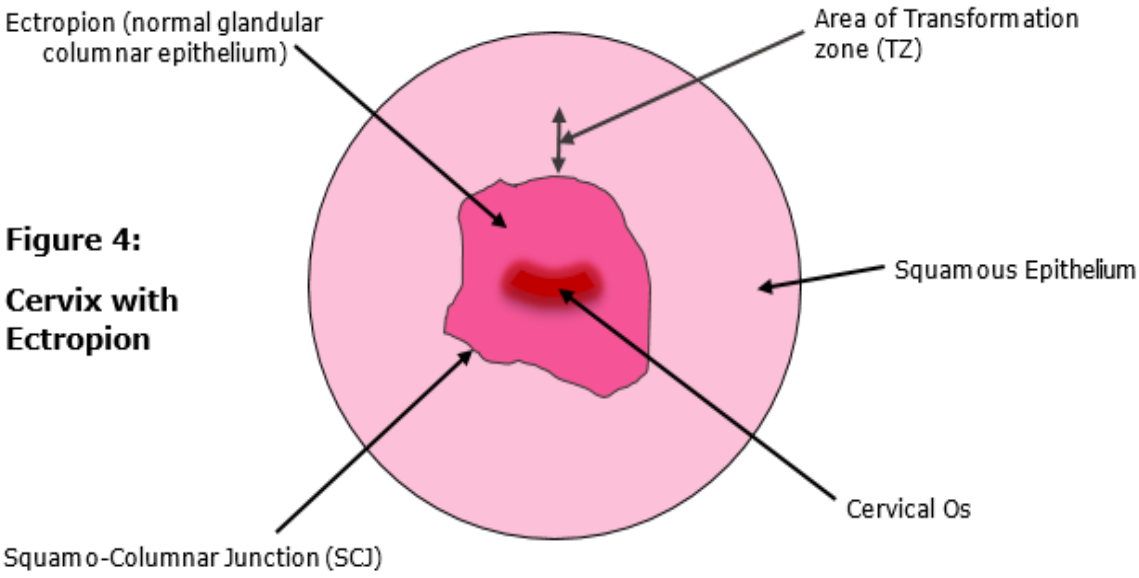


Figure 4:

Cervix with Ectropion

Please note: - the exact size or area of the Transformation Zone can vary from person to person

For further reading and a more detailed description of the anatomy, please see World Health Organisation beginners manual[xxxv] [xxxvi].

Section Four: Cervical Cancer

Types of Cervical Cancer

There are two main types of cervical cancer

- Squamous cell carcinoma (70-80%[xxxvii])
- Adenocarcinoma (around 20%)

There are some less common types

- Adenosquamous (5-6%)
- Small cell cancer
- Rarely, cancers such as lymphoma can be found [xxxviii]

The main symptoms of cervical cancer are:

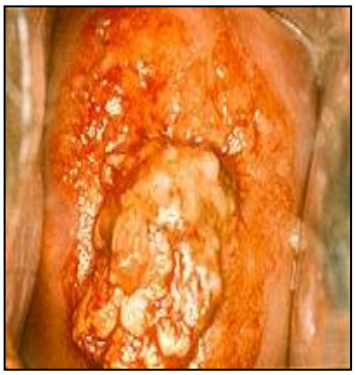
- recurrent post-coital bleeding
- persistent intermenstrual bleeding
- post-menopausal bleeding
- prolonged unusual vaginal discharge

Early cervical cancer may be symptomless

Late-stage cancer can cause back and leg pain, oedema, haematuria, bowel changes, malaise, and weight loss

Cervical screening is **not a test for cancer**. It aims to find possible abnormalities that might develop in to cancer if not treated; attending regular screening can reduce the risk of developing cervical cancer by 70%[xxxix]

The image (right) shows the appearance of the cervix with a noticeable invasive cervical cancer, which would likely be causing symptoms.

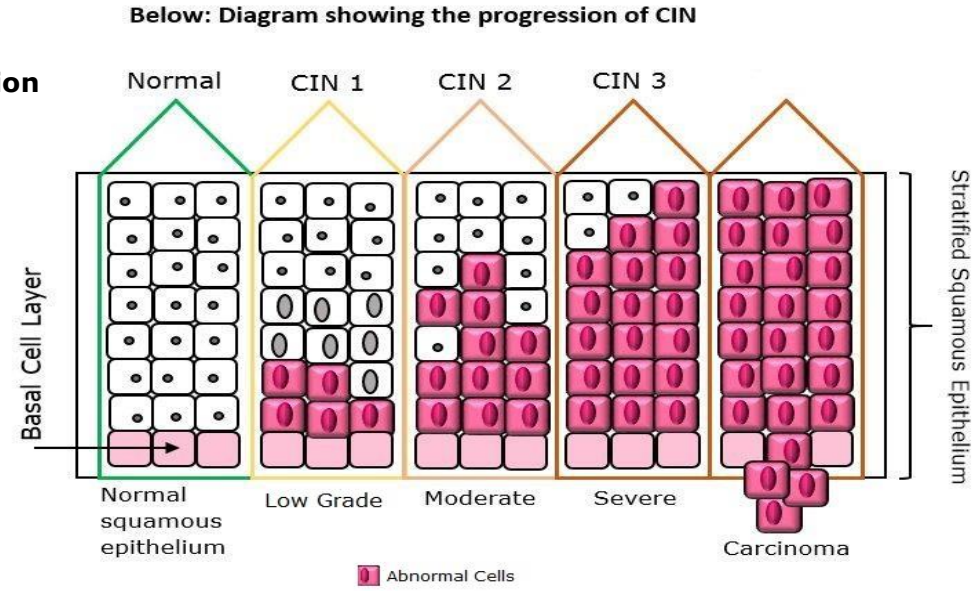


Cervical Cell Changes

Cervical cancer arises in an area of cell change, although most cell changes will not become a cervical cancer. These changes are known as Cervical Intraepithelial Neoplasia (CIN) and Cervical Glandular Intraepithelial Neoplasia (CGIN):

- CIN occurs in squamous epithelium
- CGIN occurs in columnar epithelium[xl]

Figure 5: Progression of CIN



Cervical Intraepithelial Neoplasia (CIN) [xli]

CIN is the pre-invasive phase of a cervical squamous cell carcinoma. It is graded on the proportion of epithelium containing abnormal cell changes. CIN is graded on a biopsy and is managed as follows: [xlii] [xliii] [xliv]

CIN1 – The screening participant will be discharged to primary care, and repeat their screening test in 12 months. Cell changes usually regress without treatment.

CIN2 – Participants < 30 years can be offered treatment or kept under surveillance at their request in Colposcopy clinic, following referral to the Multi-Disciplinary Team Meeting (MDT) and their knowledge and consent. Participants > 30 years are offered treatment.

CIN3 – Should be treated once diagnosed.

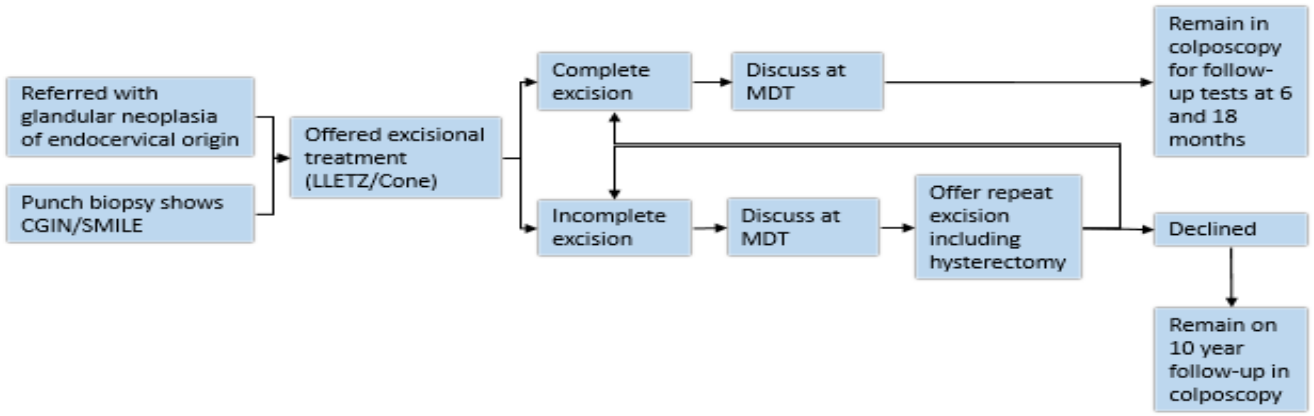
Approximate likelihood of Regression	
CIN 1	60%
CIN 2	40%
CIN 3	32%

Cervical Glandular Intraepithelial Neoplasia (CGIN)

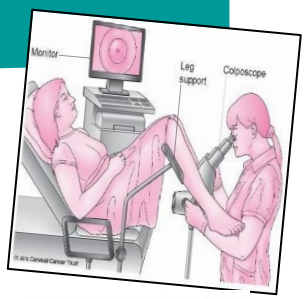
CGIN is the pre-invasive phase of a cervical adenocarcinoma. Another histological abnormality similar to CGIN is called Stratified Mucin-producing Intraepithelial Lesion (SMILE) this is less commonly seen. CGIN does not tend to be graded as it is regarded as high grade disease and must be treated.

A summarised pathway for management of CGIN (Figure 6) is shown below:

Figure 6: Pathway Management



Section Five: Colposcopy and Treatments



© Jo's Cervical Cancer Trust

Colposcopy is a visual inspection of the cervix using magnification and liquids to show cell changes. Colposcopy is safe to be performed during pregnancy.[xlv] [xlvi] [xlvii]

The liquids used are 3-5% acetic acid and sometimes an iodine solution.

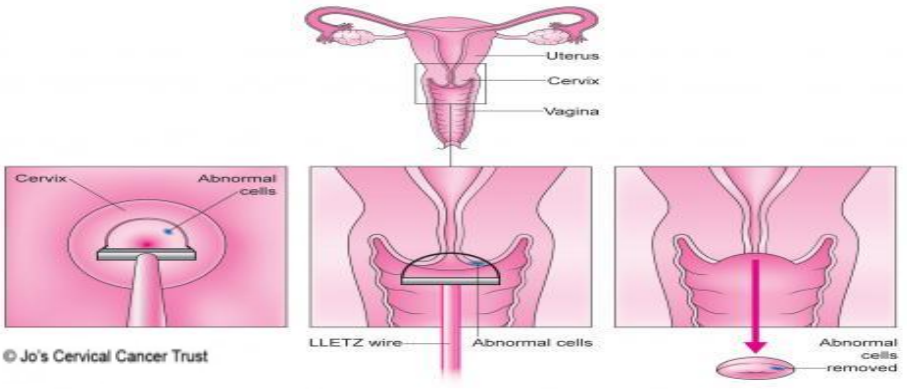
Where cell changes are seen, a biopsy may be taken. This can be a small biopsy (called a 'punch' biopsy) or a biopsy taken as part of a treatment (see below). All women referred for colposcopy as a result of a cervical screening test will be sent an information leaflet.

Treatments at Colposcopy

Treatments undertaken in colposcopy can be excisional or ablative. The main treatments in Wales, usually as outpatient procedures, are:

- Excisional - Large Loop Excision of the Transformation Zone (LLETZ). This treatment involves using a wire loop with electricity running through it to remove the affected area of the cervix (figure 7) as shown below[xlviii]:

Figure 7: LLETZ Treatment



- Ablative - Thermocoagulation (also known as Cold coagulation). This procedure involves using a heated probe to destroy the cells on the surface of the cervix.

- Laser therapy or laser ablation can be used. This treatment uses a focused beam of light to burn away cell changes

Referrals and outcomes of women and people with a cervix seen in Colposcopy 2017-2018

Referral	Outcome
High grade referrals- 1650	77.8% of which were CIN or CGIN. 7.3% were CIN 1, 4% were cancer.
Low grade referrals- 3996	17.1% were high grade or CGIN. 21.8% were CIN 1 and 0.1% were cancer.

Cervical Screening Wales Annual Statistical Report 2018-2019[xlix]

For more information on Colposcopy[l] and procedures, CSW leaflets can be accessed here: *Your Colposcopy Clinic Appointment* leaflet (English):

http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/colposcopy%20booklet%20eng%20no%20crop.pdf

For further information on treatments available in colposcopy visit Jo's Trust using the following link: https://www.jostrust.org.uk/information/abnormal-cells/treating-abnormal-cells

Support services and more information on cervical cancer can be found at Jo's Trust: https://www.jostrust.org.uk/

Your Colposcopy Clinic Appointment leaflet (Welsh):
http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/colposcopy%20booklet%20cym%20no%20crop.pdf

Section Six: Test of Cure

Test of Cure (TOC) is a pathway followed by eligible women and people with a cervix, usually with a cervical screening test in Primary Care six months after:

- Treatment for any grade of CIN (excluding hysterectomy)
- A referral cervical screening sample showing high grade dyskaryosis (whether treated at colposcopy or not)
- A diagnostic biopsy showing CIN 2+ (whether treated at colposcopy or not)
- Borderline changes in endocervical cells where no abnormality is found at colposcopy and MDT has not recommended further investigation
- In some cases the cervical screening test will be taken within the colposcopy service

These women and people with a cervix are kept under surveillance for a short period of time, as they are at higher risk of residual/ recurrent cell changes.

Some indivduals require tests at 6 and 18 months following:

- Complete excision of CGIN/SMILE
- Treatment following a referral showing 'glandular neoplasia in endocervical cells' whether CGIN/SMILE is found at colposcopy or not

These women and people with a cervix should remain within the colposcopy service to complete their follow-up.

Section Seven: Screening Results and Pathway

hrHPV Primary Screening Test Results

If the HPV result is Negative (hrHPV not detected – HPVN)

- The participant will be advised to have their next test in five years' time
- If this was a 'Test of Cure'* or follow up for treated/untreated CIN 1 they will be invited for a screening test in three years' time regardless of age
- If this was the participant's first test following complete excision of Cervical Glandular Intraepithelial Neoplasia (CGIN)/Stratified mucinous intraepithelial (SMILE) they will be invited for another test in 12 months. Follow-up is usually undertaken in Colposcopy
- If they are HIV+ and the sample taker has documented retroviral illness (RVI) on the form and CSW has been advised of this, the participant will be invited again after 12 months. Annual recall is recommended for HIV+ participants, even if tests show HPV not detected – this is the only case where annual screening is automatically recommended[li]
- If they will be 65 or over when the next test is due, recall will be ceased

If the HPV result is Positive (hrHPV detected – HPVP)

- The sample is sent for cytological examination
- If the cytology shows any degree of abnormality the screening participant is referred for colposcopy
- If the cytology is normal the screening participant will be invited for a repeat test in 12 months
- If this was a 'Test of Cure'* the screening participant will be referred for colposcopy even if the cytology is negative or inadequate
- If this is their second HPVP cytology negative result following untreated CIN 1 they will be invited for a test in three years
- If the screening participant has three consecutive HPVP/cytology negative results over a 24 month period they will be referred for colposcopy
- If the screening participant has two consecutive HPVP/cytology inadequate results they will be referred for colposcopy

If the HPV result is unreliable (HPVU)

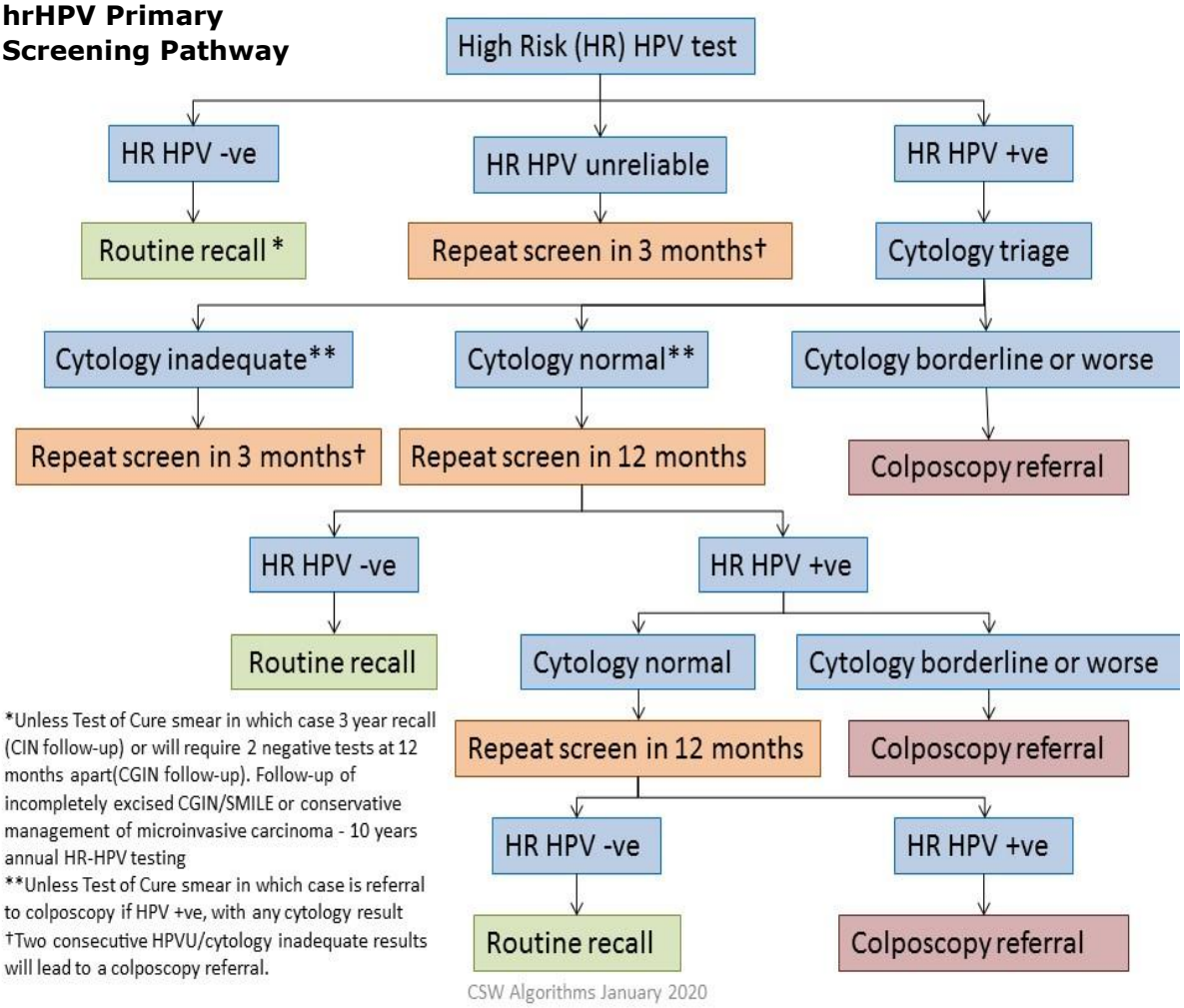
- The screening participant is advised to have a repeat test after 3 months
- If the screening participant has two consecutive HPVU results they will be referred for colposcopy

Referral Times for Colposcopy Assessment[lii]

Cytology Result	Referral Time (weeks)
Borderline changes in Squamous cells	8
Low grade dyskaryosis	8
HPVU/Inadequate/Negative	8
Borderline change in Endocervical cells	4
High grade dyskaryosis (Moderate)	4
High grade dyskaryosis (Severe)	4
High grade dyskaryosis (? Invasive)	2
Glandular neoplasia	2

For an illustration of the HPV result pathway, see figure 8 overleaf.

Figure 8:
hrHPV Primary Screening Pathway



*Unless Test of Cure smear in which case 3 year recall (CIN follow-up) or will require 2 negative tests at 12 months apart(CGIN follow-up). Follow-up of incompletely excised CGIN/SMILE or conservative management of microinvasive carcinoma - 10 years annual HR-HPV testing

**Unless Test of Cure smear in which case is referral to colposcopy if HPV +ve, with any cytology result

†Two consecutive HPVU/cytology inadequate results will lead to a colposcopy referral.

Section Eight: A Sample Taker's Responsibilities

Everyone providing healthcare services in Wales has a professional duty to adhere to their codes of practice, thus ensuring safe and efficient service delivery to all screening participants. The sample taker should have sufficient knowledge of:

- ✓ Anatomy of the cervix
- ✓ Relevant terminology
- ✓ General Data Protection Regulations (GDPR)
- ✓ The importance of obtaining correct screening participant identifiers
- ✓ Informed consent to screening
- ✓ Up-to-date knowledge of HPV and policies and procedures set by CSW/PHW
- ✓ Clinical competency through regular CSW training

Sample takers must also:

- ✓ Be accountable for use of their sample taker code
- ✓ Never share their unique sample taker code, unless required to do so to comply with clinical governance requirements
- ✓ Let the participant know that, if a sample has been rejected, due to sample taker error, a repeat sample is needed no sooner than 12 weeks after the original (CSW will also contact the screening participant to inform them that they will need a repeat sample test)
- ✓ Monitor their own performance to ensure safe practice
- ✓ Invite transgender participants for screening when eligible
- ✓ Sample takers who move workplace must inform CSW. This will enable CSW to update records

Know who your nominated Screening Link Person (SLP) is:

- ✓ The role of the SLP is to disseminate information provided by CSW to sample takers and practice managers
- ✓ This communication enables sample takers and practice managers to maintain up to date cervical screening knowledge and be aware of operational changes within the screening programme sample takers to maintain up to date cervical screening knowledge

Members of the public may ask you questions about screening. It is important to be well-informed and up-to-date with current information. You can refer them back to the 'About Your Cervical Screening (Smear Test)' leaflet or to the 'frequently asked questions' on the CSW website for more information, which is available here: What is cervical screening? - Public Health Wales (nhs.wales)

Section Nine: The Sample

Before Taking the Sample

- Welcome the participant, introduce yourself[liii] and ask them to state their demographic details
- Check the details are correct and any inaccuracies amended electronically
- Ask the person if they wish a chaperone to be present and document this[liv] [lv] [lvi]

Ensure the screening participant:

- Is able to consent for cervical screening
- Fully understands the reason for the test and what it entails
- Is fully informed of the test's benefits, limitations and possible results
- Is aware of how and when they will receive their result
- Has the opportunity to ask any questions

Check the person's relevant clinical history by referring to their records and asking them about:

Clinical History:

- When they last had a cervical screen taken and identify if they are due
- Details of any previous abnormal samples including: date, result, treatment and follow up management.
- The date of the first day of their last menstrual period, or if post-menopausal, approximately when their last period was
- Any form of Contraception
- Hormone Therapy i.e. Tamoxifen

Symptoms:

- If they have any abnormal bleeding including[lvii]:
  - post-coital bleeding (PCB)
  - inter-menstrual bleeding (IMB)
  - post-menopausal bleeding (PMB)

- If they have any unusual vaginal discharge, pelvic pain or dyspareunia

If any of the above circumstances apply, a cervical sample should only be taken if it is due or overdue. However, it is important that decisions about the subsequent management of the participant do not wait for, and are not made on the basis of, the cervical sample result.

It is good practice to leave at least 12 weeks following instrumentation of the cervix (e.g. IUD/IUCD fitting/removal, hysteroscopy, swabs, etc.) before taking a cervical sample.

If someone who is due a cervical screening test keeps cancelling their appointment due to continuous vaginal bleeding, they need to have visual inspection of the cervix at the earliest opportunity. They should be referred to a health professional for gynaecological assessment.

Screening women and people with a cervix who have never had sexual intercourse

The evidence shows that if a person has not had sex, their risk of developing cervical cancer is very low, although the risk is 'low risk' not 'no risk'. HPV, which causes at least 99.8% of cervical cancers[lviii], can be passed on by any type of intermit skin to skin contact. For further detail please see p.9. [lix]

The Speculum – Taking the Sample

- Choose the appropriate speculum, taking into account the screening participant's age, build, parity and degree of relaxation
- If necessary lubricate the speculum with a minimal amount of tap water or a water-soluble lubricant may be used sparingly
- Do not apply lubricant to the tip of the speculum, only to the sides, to ensure that the cervix is not contaminated. Too much lubricant may result in an inadequate cytology result
- Position the person, either in a lateral or dorsal position
- Adjust the light and fully insert the speculum and secure
- Contact bleeding during sample taking is normal
- Sample takers are suggested to consider using a different size speculum
- The sample taker needs to exclude other reasons for pain/discomfort.

- CSW recommends a sample taker attempts to take the cervical sample on a participant who is peri/ post-menopausal[lx]. If the screening participant finds it uncomfortable/ painful a vaginal lubricant or short course of topical oestrogen may be considered to treat cervical atrophy. This medication is not available over the counter and will need to be prescribed. The prescriber will need to consider contra-indications prior to prescribing.
    - Sample takers should advise the screening participant to stop the use of intravaginal oestrogen** 72 hours prior to their cervical screening test
    - If the above steps have been taken, and a cervical sample still cannot be obtained, CSW recommend that the screening participant is referred to Colposcopy

Pregnancy

Cervical screening tests are **not** recommended in pregnancy. If the screening participant is pregnant, they should be advised that they should delay their test until 12 weeks after the end of the pregnancy if due a test. In such cases, the Cervical Screening Administration Department (CSAD) should be notified of the reason for the delay and of the screening participants expected delivery date, so that a subsequent invitation can be issued 12 weeks after the expected delivery date. If the screening participant has had a miscarriage, ectopic pregnancy or termination of pregnancy, delay the screening test until 12 weeks afterwards. If you have any concerns about delaying the test please contact your local Lead Nurse Specialist/Deputy Lead Nurse Specialist.

Some screening participants may be unable to tolerate the passing of a speculum into the vagina. This may be because of physical problems (e.g. infection, atrophy or female genital mutilation (FGM)*) or psychological problems (vaginismus, previous sexual abuse/assault).

Sample takers should be aware of these possible problems and prepared to refer for investigation, treatment or counselling if necessary. Do not continue with the procedure if the participant withdraws consent.

* More information on FGM is available on p45

** Further information available on local Oestrogen [lxi]

The Request Form (HMR101)

It is essential that a participant's details are obtained directly from them – do not fill out a form prior to an appointment. Forms must be completed fully and legibly as they are a legal document.

The form should include the patient's:

- **Current full name** and **any previous names**
- **Address with postcode**
- **Date of birth**
- **NHS number** (if available)

Unique screening participant identifiers

- Clinical history including last menstrual period (LMP)
- Date of previous cervical screen with details of any previous abnormal results and/or treatment
- Sample taker's name and signature
- Name and address of general practitioner (GP)

Please note: by signing a request form you are accepting responsibility for that sample and agreeing that you are compliant with CSW regulations.

- Name and address of sender details, if not GP
- **Sampler Taker Code**

Without the details listed **in bold**, samples will be rejected and will not be processed.

Where relevant the following should also be included on the request form:

- The date of the first day of their last menstrual period, or if post-menopausal, approximately when their last period was
- Form of Contraception, if any
- Hormone Therapy i.e. Tamoxifen

Sampling consent for training/ teaching

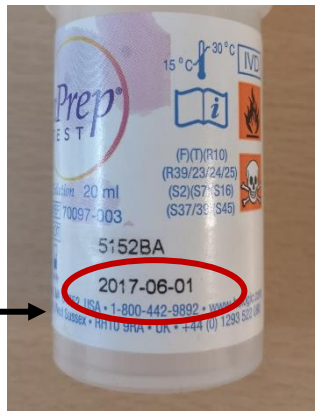
This is not part of the consultation process, however, if a participant expresses they do not wish for their cervical sample to be used for training or teaching purposes, please document this on the HMR form.

When a sample taker signs the request form, they are agreeing that they are adhering to and understand CSW policy and procedures.

State clearly on the form if the screening participant wishes **'no home contact'** or if **'no fixed abode'**. In this case, the result letter together with a covering letter will be sent to the sample taker, rather than to the screening participant. It is the responsibility of the sample taker to ensure that the screening participant receives their result. It must be made clear to the screening participant that if the result requires referral, the screening participant will be referred to the colposcopy clinic by the CSAD. The colposcopy service will send the appointment letter to the screening participant's registered home address.

The Vial

Before taking a cervical sample, check the expiry date on the ThinPrep® vial. The date is displayed in international format (year/month/date) not date/month/year as typically formatted in the UK.[lxii]



You must take care not to cover the expiry date on the vial with patient identifiers or addressograph labels

Any samples sent in using vials that have expired will be rejected without testing and the participant will need to have a repeat test no sooner than 12 weeks after the original sample was taken.

The Vial and Label

Sample takers must be aware of the health and safety issues relating to the fluid in the vial. For further information refer to the manufacturer's data safety sheet. [lxiii]

- Check the vial expiry date (which is recorded on the vial in the International format) and ensure the fluid level is within the opaque band
- Completely remove the plastic covering on the lid
- After the sample is taken, place the screening participant's printed label horizontally over the manufacturer's label on the vial, without covering the expiry date
- Do not position the label too close to the top of the vial
- Details **must** include the participant's:
  - Full name
  - Date of birth
  - NHS number (if known)

Unique screening participant identifiers

Where an error has occurred (which includes unlabelled vials, out of date vials, illegible labels, no sample taker code, or misidentification) the sample will not be accepted for screening. The details of the error will be logged and notified to the CSW nursing team as an incident. The screening test should be repeated no sooner than 12 weeks after the original test.

If it is unclear who the sample belongs to, CSW will not issue a result letter and it will be the responsibility of the sample taker to inform the person and recall appropriately.

Assessment of the Cervix

Vials and request forms will be checked and compared at the laboratory. In order to be accepted for screening a vial must, as a minimum, contain the participant's surname, first name and date of birth. These details must all exactly match the information on the request form, which must be completed fully and legibly.

- Visually assess the cervix, external genitalia including the vulva and vagina
- If it is not possible to see the entire cervix, a sample cannot be taken
- It may be necessary to reposition the screening participant, such as on their side, or ask them to return at a different point in their menstrual cycle or refer to a more experienced sample taker. Alternatively, they may be referred to the colposcopy service for her cervical sample to be taken
- If excessive mucus is present this may be removed without coming in contact with the cervix and before taking the sample
- Do not take the sample during menstruation
- If cervical cancer is suspected the patient must immediately be referred to colposcopy, as an urgent suspected cancer, regardless of the test result. Do not wait for the result before referral. A normal test result can occasionally be obtained even in the presence of malignancy.

Cervical cancer is rare in the UK and many sample takers will never see a single case. It is a very uncommon outcome from a very common virus.

- In a gross example, the cervix is enlarged and the surface is irregular and friable, crumbling to the touch. Large blood vessels may be seen bleeding freely when rubbed by the speculum
- The person may experience abnormal vaginal bleeding
- There may also be an offensive blood stained discharge
- If in any doubt refer for colposcopy as an urgent suspected cancer – a referral should be made immediately, do not wait for a screening result to come back

Please see p17 for further information on cervical cancer.

Sampling the Cervix

A Cervex® brush must always be used to take a cervical screening test.

Do not take the sample if:

- You are unable to see the entire cervix
- The sample is likely to be heavily blood stained
- The sample will be heavily contaminated with symptomatic vaginal discharge

Identify the location of the squamo-columnar junction (SCJ) - the line of demarcation between columnar and squamous epithelium.

- Insert the central fronds of the Cervex® brush into the cervical os
- Rotate the brush at least five complete 360° turns in a clockwise direction to take a sample from the entire circumference of the SCJ, if seen, and the area of transformation zone nearest the SCJ, which includes the adjacent 1cm of squamous (pink) epithelium

Leave the speculum in place while transferring the sample to the vial and discard the sampler. **Do not** leave the brush standing in the vial for any length of time – transfer the sample immediately as per procedure below, then remove the speculum once the brush has been discarded.

Transferring the Sample to the Vial

Immediately rinse the brush in the preservative fluid in the vial using firm pressure at all times. Replace the lid and tighten so that the black line on the lid

and vial match - do not over-tighten. Identify the sampler(s) used on the request form. Only forward a vial to the laboratory if you are satisfied that the cervix has been entirely seen and adequately sampled.
In case of spillage, **do not** top up the vial. Document on the request form that 'fluid was lost while transferring the sample' – the sample should still be submitted to the lab.

Remember:
Mash – sweep the sampler against the bottom of the vial, and repeat 10 times
Bash – push the sampler into the bottom of the vial forcing the fronds of the sampler apart
Swirl - take the stem of the sampler and rotate between the thumb and forefinger 10 times (Inspect sampler for any remaining material)
Trash – discard the entire sampler

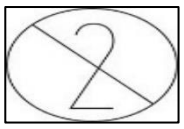
Inadequate Sample Results

Inadequate cellular samples[lxiv] could be caused by:

- Using too much lubricant
- There being too much blood or mucus in the sample
- Not using enough pressure to spread the fronds of the brush
- Not rotating the brush at least five times
- Not fully rinsing the brush into the vial
- Taking the sample from the walls of the vagina or other area rather than the cervix

Infection Control

Taking a cervical sample should be a clean procedure. Gloves should be worn when handling potentially contaminated appliances to avoid cross-contamination.[lxv] Single-use speculums must be used to take a cervical sample – items which are single-use have the following symbol:



Infection

Further information is available in the National Prevention and Control Manual available at: http://www.nipcm.scot.nhs.uk/

After Taking the Sample

- Unlock and withdraw the speculum gently with blades apart until the cervix is no longer within the blades. Allow the speculum to close and continue to withdraw it until it is removed
- Offer the screening participant a panty liner, if available
- Record in the participant's notes and on the request form:
    - All relevant clinical details
    - Add any relevant information to the clinical data box on the request form
- Advise the screening participant of how and when they will receive their test result – as a sample taker you are a point of contact to discuss results
- Advise the screening participant to tell their GP if they have irregular or unusual bleeding, pelvic pain or abnormal/offensive vaginal discharge, even if the screening test is negative
- Label the vial
- **Check with the screening participant that the details on the form and vial match**
- Place the vial in the sample bag attached to the request form
- Place the request form and bag containing the vial into a second transport bag (The transportation bag is pink)
- Send the double-bagged specimen to the cervical screening laboratory via the next available transport service

Cervical Sample Tracking Procedures

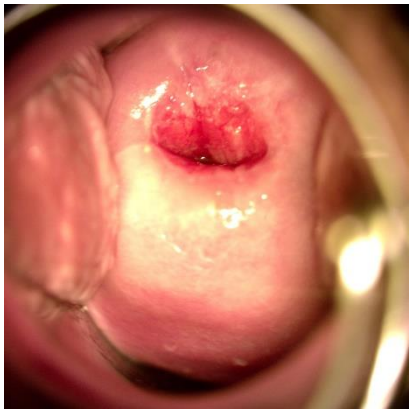
- Record the cervical sample in a tracking system and check in a timely manner that the result has been received. The following information should be recorded:
  - Screening participant's full name and date of birth
  - NHS Number (if available)
  - Date taken
  - Date result received
  - Sample taker name/code
- If result is not received within four to six weeks, contact the laboratory/local CSAD (contact details on p50).

Remember: the sample taker must -

- See the entire cervix
- Sample the cervix adequately
- Transfer the sample collected immediately into the vial
- Forward the vial to the laboratory
- Maintain a tracking system to ensure that all results are received
- Ensure that all sample request forms (also called a HMR) are fully completed including recording all samplers used

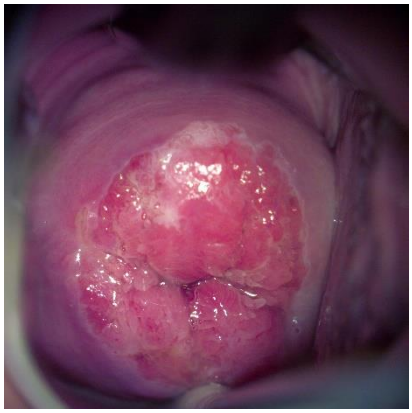
Appearance of Cervices and Sampling Techniques

1. **Transformation Zone - routine sampling:**



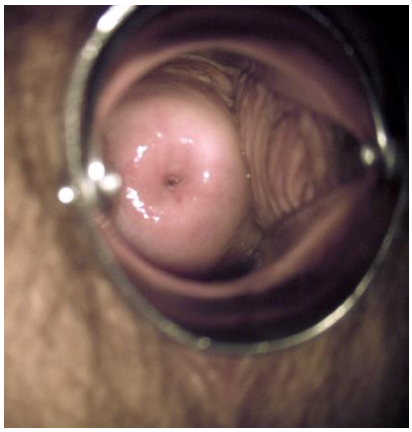
The sample should be taken with one Cervex® brush as normal.

2. **Transformation Zone - sampling with large ectropion:**



Two samplers will be needed; the first for the Transformation Zone (TZ) and the second for the cervical os. The two samplers are rinsed in to one vial.

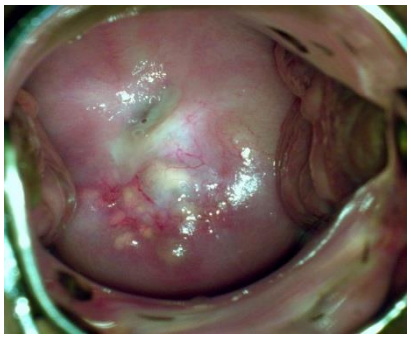
3. **Transformation Zone with pinhole os:**



May be seen in the post-menopausal woman or post-treatment. The sample should be taken with a Cervex® Brush as normal.

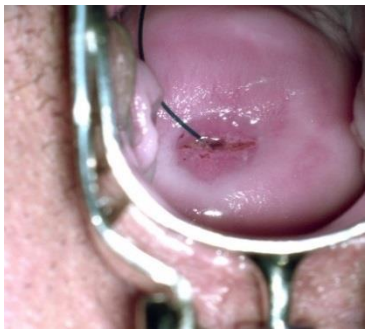
If the result of the test is inadequate then the sample taker must refer to Colposcopy.

4. Numerous Nabothian follicles:



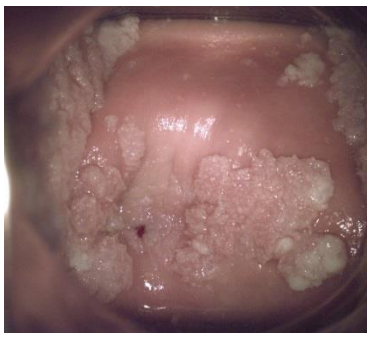
Nabothian follicles are small yellow mucous retaining cysts found at the transformation zone. No treatment is required.

5. Intra-uterine contraceptive device:



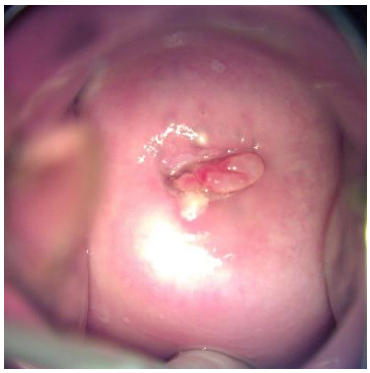
The threads of an intra-uterine contraceptive device IUCD are seen. Care must be taken when taking a sample not to tangle the threads or remove the IUCD.

6. Warts:



Warts are caused by Human Papilloma Virus (HPV) low risk types 6 and 11, which do not lead to cervical cancer. If this appearance is observed a referral to Colposcopy or Gynaecology is recommended.

7. Cervical Polyp:



A small polyp is seen extruding from the cervical os. Refer to Gynaecology if concerned.

Asymptomatic polyps that do not interfere with cervical sampling are unlikely to need removing.

Large polyps or polyps that affect the adequate sampling of the cervix should be removed.

Section Ten: Sample Taker Update Training

CSW recommend that sample takers should take steps to update their knowledge and skills at least once every **three years**. CSW organises update courses across Wales; please see below for details of available dates and e-learning details. http://howis.wales.nhs.uk/screeningprofessionals/sample-taker-training

For further information regarding the training[1], you can contact your regional Cervical Screening Administration Department (CSAD) Secretaries.

If you update online, please note you **must** send your certificate to your regional CSAD Office.

South East Wales:	**Mid and West Wales:**	**North Wales:**
18 Cathedral Road Cardiff CF11 9LJ Email: screeninglinksoutheast@wales.nhs.uk Telephone: 029 2078 7910	Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park Swansea, SA6 8DP Email: CSW_MID_WEST@wales.nhs.uk Telephone: 01792 940 940	Preswylfa Mold CH7 1PZ Email: Screeninglink.northwales@wales.nhs.uk Telephone: 01352 877 899

Section Eleven: Special Situations

Abnormal Vaginal Bleeding

Common symptoms of abnormal vaginal bleeding may be due to a cervical ectropion, hormonal changes due to age, related to oral contraceptive use, or sexually transmitted infections.[lxvi] Abnormal vaginal bleeding can include: bleeding after sex (post coital bleeding); bleeding between periods (intermenstrual bleeding); and post-menopausal bleeding.

The most important investigation in the early diagnosis of cervical cancer is immediate speculum examination to assess the cervix. People with PCB or persistent IMB must be offered a speculum examination either in primary care or at a sexual health clinic.

Cervical screening is not appropriate for a woman or person with a cervix under 25 years old who has not been invited for screening. People who are symptomatic should be referred to their GP for a speculum examination and consideration of referral to either colposcopy or gynaecology clinic[lxvii]. Screening can cause anxiety amongst people and for most under 25's the body's own immune system will clear any abnormalities without the need for screening and treatment. For people under 25, identifying and treating changes can cause more harm than good.[lxviii]

Cervical screening should not be performed on women and people with a cervix over the age of 64* if they have not been invited for screening, unless they have never had a test.[lxix] All those presenting with PMB must be referred as an 'urgent suspected cancer'.

Screening participants who have repeatedly cancelled cervical screening tests due to irregular bleeding should have an appointment at the GP surgery or gynaecology department for examination. Staff responsible for booking or cancelling appointments should be made aware of this.

*For exceptions please see the Core Reference Guide.[lxx]

Total Hysterectomy, Manchester Repair and Trachelectomy

All the above procedures involve the removal of the cervix. Screening participants who have a total hysterectomy/Manchester repair or trachelectomy will be ceased from the screening programme and their management will be determined by their gynaecologist/oncologist. Vault smears should be taken within secondary care; samples taken in primary care will be rejected[lxxi].

A sub-total hysterectomy means that the cervix was not removed at that time. If the person has a cervix they are eligible for screening and will remain on recall.

HIV and Cervical Screening

Women and people with a cervix who have HIV are invited for cervical screening from the age of 25 to 64 as per the general screening population[lxxii]. Participants with HIV may not be able clear HPV infection, therefore they are currently eligible for annual screening. This is in line with both the British HIV Association (BHIVA) [lxxiii]and NHS CSP guidance[lxxiv].

Do not put HIV status on the request form. With the knowledge and consent from the screening participant, sample takers are advised to document RVI (retroviral illness) in the clinical details. The person's cervical screening record will then be updated. If CSW is not informed of the participant's HIV status, the programme will be unable to invite them annually.

Participants with Two Cervices

- Both cervices must be seen and sampled
- Separate samplers and vials must be used for each cervix
- Each vial must be uniquely identified
- One request form should be used, noting the patient has two cervices
- The screening participant must be informed if not previously aware
- Consideration may need to be given to further clinical advice or onward referral

The report will record the result of both cervical samples. Management is determined on the higher grade abnormality.

Screening Following Solid Organ Transplant

Screening participants who have had a Solid Organ Transplant and are on immunosuppressant therapy are screened under the guidance for the general eligible population.

Chemotherapy and Radiotherapy

If a screening participant is due a test, it is advised that screening is carried out 12 weeks after chemotherapy is completed.

Screening participants who have received radiotherapy to the uterus, vagina, cervix or radiotherapy which includes the cervix as part of the treatment area will be ceased from the screening programme. Clarification of the field of radiation may need to be sought.

People Whose Cervix is Difficult to Sample

Obtaining an adequate sample may be difficult for some screening participants, for example those who have had surgery to the cervix/ vagina, where the endocervical canal may be damaged as a result of surgical treatment, or the cervix is not accessible.[lxxv] In this case, the sample taker must offer to refer the screening participant to the colposcopy service. It may be appropriate to discuss withdrawal from the screening programme. If they wish to pursue this option they can choose to opt out of the programme by requesting a CSW disclaimer form.

Opting Out of the Cervical Screening Programme

People can voluntarily choose to withdraw from the cervical screening programme at any time if they wish to do so by signing a disclaimer form.[lxxvi]

If a screening participant is able to give informed consent but does not wish to have a screening test then they may wish to disregard the invite; however if they do not wish to receive further invites they must contact CSW directly for an opt-out form.

Participant with Physical and Learning Disabilities

For advice on making screening decisions on behalf of someone else, you can visit the Gov.uk information page here: https://www.gov.uk/make-decisions-for-someone

Physical Disabilities

It should **not** be assumed that a disabled person is sexually inactive or has not been sexually active in the past. They should not be excluded from the screening programme on the grounds of any physical disablity or learning disablility. Healthcare professionals have a duty laid out by the Equality Act 2010 to make reasonable adjustments for anyone with a disability who requires additional support[lxxvii]. For example you should factor in extra time for appointments or accessible equipment and resources.

Some physical disabilities may prevent a screening participant from attending for a screening test at their surgery or local clinic. In this case, consideration needs to be given as to whether they may benefit from referral to a colposcopy clinic. The sample taker will need to make the appropriate referral arrangements and inform the clinic of the disability and any special requirements.

For some people it may be impossible to achieve a physical position where the cervix may be seen and sampled. The screening participant's screening history, risks and benefits should be discussed fully and they are only ceased from the screening programme at the person's request with their informed written consent i.e. completion of an opt-out form. If a GP makes the decision that a cervical screening test is not possible on the grounds of physical disability, and the participant can consent to being ceased, they may contact CSW themselves for an opt-out form.

Learning Disabilities

Support should be given for screening participants with learning disabilities who can consent to being screened, such as easy-read documents (available p46). If the participant is unable to consent to screening, and the situation is unlikely to ever change, and screening is not in their best interests, the GP or consultant can make a written request to the CSW Lead Nurse Specialist that the screening participant is ceased from the screening programme[lxxviii].

Female Genital Mutilation (FGM)

FGM refers to any deliberate or harmful procedure to the vulva or vagina. All procedures involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. This includes the removal of the clitoris or labia, the labia being sewn or fused closed, and any other non-medical procedures such as burning, cutting, piercing, scraping or cauterisation. This list is not exhaustive, for further advice please see the All Wales Clinical Pathway for FGM as below. [lxxix]

FGM is illegal in the UK and constitutes child abuse if performed on a girl under 18. Regulated health care professionals must report any cases of FGM, including on adult women, if they are told by the woman that she has suffered FGM or if they see physical signs of FGM. This applies to all registered professionals in the NHS and private healthcare settings, and was made mandatory in 2015.

Around 200 million women and girls are living with FGM in the documented 30 countries where the practice is concentrated. Furthermore, there are an estimated 3 million girls at risk of undergoing FGM every year[lxxx] [lxxxi] [lxxxii].

The sample-taker may find it difficult to pass a speculum in a person who has undergone FGM. Other complications include[lxxxiii]:

- Difficulty passing urine
- Difficulty with menstruation
- Complications during pregnancy and childbirth
- Psychological trauma/mental health

If you are concerned that FGM has taken place you must complete the All Wales Clinical Pathway for FGM, available via the link below:

http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/All%20Wales%20Clinical%20Pathway%20-%20FGM.pdf

For more information or support, you can contact your Regional Safeguarding Lead or the organisations below.

Section Twelve: Accessibility of the Programme

NSPCC FGM Helpline - Telephone: 0800 028 3550 / Email: fgmhelp@nspcc.org.uk

BAWSO - 24 Hour Helpline: 0800 731 814

Statement on Welsh Language

There are Welsh Language Standards that are set out by Welsh Government. Within PHW the Welsh Language should be treated no less favourably than English and facilities should be in place so that service users who wish to speak Welsh can do so. PHW welcomes correspondence in Welsh and will respond in Welsh without delay.

Other Languages

Leaflets produced by Public Health England, which explain cervical screening in other languages, are available here:

https://www.gov.uk/government/publications/cervical-screening-description-in-brief

Whilst seeing a health professional, a participant can request to communicate in a language other than English, through using Language Line. Telephone: 0800 169 2879 / Email: enquiries@languageline.co.uk

Leaflets in Other Formats

Other formats available from CSW:

Easy-read

http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/HPV%20easy%20read%20english1.pdf

https://static1.squarespace.com/static/551cfff9e4b0f74d74cb307e/t/609264c88fd16e03e02b313e/1620206800316/An+Easy+Guide+to+Cervical+Screening+-+2021.pdf

Large print

http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/cervical%20screening%20booklet_MLP.pdf

British Sign Language

Information leaflets, posters,downloads and accessible information - Public Health Wales (nhs.wales)

Additional leaflets

Information leaflets, posters,downloads and accessible information - Public Health Wales (nhs.wales)

Initiatives to Improve Coverage

There are a number of ways to encourage screening participants to attend for regular cervical screening, which will help to improve coverage rates:

PHW regularly runs social media campaigns to help raise public awareness

The cervical cancer charity Jo's Trust can provide resources and information at www.jostrust.org.uk

The Cancer Research UK 'Engaging primary care in cervical screening good practice guide' contains a lot of useful information: https://publications.cancerresearchuk.org/

Request uptake data to see how many participants have attended for screening. You can request this data by contacting your local SET: http://www.cervicalscreeningwales.wales.nhs.uk/statistical-reports

Your local Screening Engagement Team (SET) can provide resources and help raise awareness of cervical screening within your practice by offering:

- Screening Awareness Training for staff
- Resources for an information stand, which a member of the SET may be able to help staff (in low uptake areas)
- Leaflets, posters, monitor slides and infographics - Resources can be requested by completing an Information Request form
- Data – Uptake/coverage by Health Board, Local Authority or GP Cluster

Contactable in English or Welsh:
Screening.engagement@wales.nhs.uk
Ymgysylltu.sgrinio@wales.nhs.uk

Ensure the public can reach accessible information by providing 'easy read' and large print leaflets

Display screening messages on waiting room monitor screens, prescriptions, practice websites and Facebook pages.

Primary Care teams can have a positive impact on increasing awareness of screening with eligible populations. Contact the SET to access a Primary Care Information Pack for more ideas on how to raise awareness in your practice.

Section Thirteen: Guidance on Gender

People who do not specify their gender and are registered as female will be invited for cervical screening and will continue to be eligible for screening if they have a cervix. Sample takers should ask non-binary people who have a cervix which pronoun they prefer to use when being addressed. [lxxxiv]

Female to Male

Those transitioning from female to male should be advised to continue with cervical screening if they have a cervix. Transgender participants who have a cervix can be invited for screening as long as CSW are informed.

Please notify us of any transgender participants that you are aware of in your clinical area so that CSW will be able to enrol them into the programme.

If a cervical screening (smear) test is taken from a participant registered as male, the individual will automatically receive future invitations.

Participant can enrol themselves into the programme by contacting their regional CSAD team.

It is important to note, when an individual has transitioned from male to female or female to male and their recognised gender has been updated on NHS systems, a new NHS number is automatically issued.

Male to Female

Those transitioning from male to female will automatically be invited if within the eligible age range of the cervical screening programme. However, they are not eligible to remain within the screening programme as they do not have a cervix – it is the GP/sample taker's responsibility to inform CSW of this.[lxxxv]

The Equality Act 2010 provides legal protection to people considering, undergoing or having undergone gender re-assignment; this legal protection is also extended to those associated with the person such as family and friends.

For further information please see the Equality Act[lxxxvi] or NHS Wales leaflet on screening for transgender service users below:
http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/Trans%20screening%20v3%20-%20no%20lines.pdf

Resources

Supplementary Materials

British Medical Journal, Effectiveness of cervical screening with age: population based case-control study of prospectively recorded data
https://www.bmj.com/content/339/bmj.b2968

Cervical Cancer: WHO call for elimination, not eradication
https://www.bmj.com/content/366/bmj.l5668

CSW Annual Statistical Report 2018-2019
http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/Cervical%20Screening%20Wales%20Annual%20Statistical%20Report%202018-19.V1.0.pdf

Four Steps to Wiping Out Cervical Cancer, WEF
https://www.weforum.org/agenda/2019/02/4-steps-towards-wiping-out-cervical-cancer/

HPV Testing Information for Women
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820430/HPV_primary_screening_leaflet.pdf

HPV Testing in Cervical Screening, Public Health England
https://phescreening.blog.gov.uk/2017/01/25/nhs-cervical-screening-programme-approves-new-hpv-tests-and-issues-guidance-for-laboratories/

Internation Agency for Research on Cancer, Screening Group
https://screening.iarc.fr/

UK National Screening Committee (online) Available at:
https://www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc (Accessed 2/9/19)

Images

Provided by www.freeimages.com

Jo's Cervical Cancer Trust https://www.jostrust.org.uk/information/abnormal-cells/treating-abnormal-cells

Taken from existing CSW literature available here: Information leaflets, posters, downloads and accessible information - Public Health Wales (nhs.wales)

Taken from the PHW website available here:
http://howis.wales.nhs.uk/sitesplus/888/home

Diagrams have been produced by CSW for the guide

Contacts

For further information or support on the content of ths guide, please contact:

South East Wales:	Mid and West Wales:	North Wales:
029 2078 7910	01792 940 940	01352 877 899

About us

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

We are part of the NHS and report to the Minister for Health and Social Services in the Welsh Government.

Our vision is for a healthier, happier and fairer Wales. We work locally, nationally and, with partners, across communities in the following areas:

Health protection – providing information and advice and taking action to protect people from communicable disease and environmental hazards

Primary, community and integrated care – strengthening its public health impact through policy, commissioning, planning and service delivery

Microbiology – providing a network of microbiology services which support the diagnosis and management of infectious diseases

Safeguarding - providing expertise and strategic advice to help safeguard children and vulnerable adults

Screening – providing screening programmes which assist the early detection, prevention and treatment of disease

Health intelligence – providing public health data analysis, evidence finding and knowledge management

NHS quality improvement and patient safety – providing the NHS with information, advice and support to improve patient outcomes

Policy, research and international development – influencing policy, supporting research and contributing to international health development

Health improvement – working across agencies and providing population services to improve health and reduce health inequalities

Further information

Web: www.publichealthwales.org
Email: general.enquiries@wales.nhs.uk
Twitter: @PublichealthW
Facebook: www.facebook.com/PublicHealthWales

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