Primary HPV Testing in Cervical Screening: The Pros & Cons
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Dr. Jason Stone declares he/she has no conflict(s) of interest to disclose.

Overview

• Australian Context - briefly
• Pros & Cons of HPV DNA screening from different perspectives

Pros and Cons – all about perspective

Not going to cover

• Biology of HPV disease
• Laboratory methods of testing for HPV
• Various primary screening algorithms e.g. co-test
• Other uses of HPV test
• HPV vaccine
Australian context

Currently:
• “after first sex”
• 2 yearly
• Conventional slides

1 December 2017:
• Start 25 yrs
• 5 yearly
• Primary oncogenic HPV test
• If +, then reflex cytology
• 16/18 or ≥pHSIL → colposcopy
• “other type”, <pHSIL → repeat in 1 year


Cervical Screening - perspectives

• Pathologist / Cytotechnologist
• Patient
• Practitioner
• Health insurers / Tax payers
• Public Health Authorities
• Laboratory managers
• Media
• Lawyers

Primary Screening – Public Health

• Modelling:
  • 24%-29% ↓ incidence and mortality – vaccinated population
  • 31%-36% ↓ incidence and mortality – unvaccinated population

• $50 million cost saving per annum - vaccinated population
• $41 million cost saving per annum - unvaccinated population


Primary Screening – The Pathologist / Cytotechnologist

• Current: 2.4 million conventional smears/year
• Predicted: 340k liquid based samples/year

• Closure/amalgamation of smaller labs
• Estimated loss of 200 cytotech/scientist FTEs

Ref: RCPA Workforce Project

Primary Screening - The Patient

24 smears during life → 9 smears during life

Dillner J et al. BMJ. 2008
Many others
Primary Screening – Public Health

• Australian data: >80% of patients with invasive cancer were either never screened or overdue screening
• Primary HPV testing allows option of self-test, hopefully reaching this population cohort.
• Increased participation (20.3% vs 6%) in never-screened cohort

References:

Primary Screening – Public Health

• Quality of self-test?
• Studies vary
• Relative sensitivity compared to clinician-collected ranges from 0.62 to 1.00

References:
Primary Screening – The Practitioner

- First smear now only at 25 years
- “Lost opportunity”
- Establish trusting doctor patient relationship
- Contraception advice
- STI testing
- Risky behaviour intervention
- “What about pre-cancer in under 25’s?”


Primary Screening – Laboratory manager

- Graphs showing data comparison

Smith et al. BMC Health Services Research 2016

Primary Screening – The Patient

Patient expectation:
DNA testing = 100% accuracy!

Primary Screening – DNA testing – The Patient

But the reality is...

Rebolj et al. PLOS one 2014
Primary Screening – The Lawyer

Screening for oncogenic HPV DNA:
- A positive step forward, especially post-vaccination
- Will save more lives
- Save more money
- Less medical visits for patients
- Best value for tax-payer dollars
- But:
  - Need to manage laboratory staffing
  - Need to manage public expectations
  - Need to maintain current high standard of quality control

Pros and Cons? – all about perspective

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