



Sgrinio Serfigol Cymru
Cervical Screening Wales

Addendum to January 2022 edition of
Cervical screening: programme and
colposcopy management

<https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management>

Exceptions Applicable in NHS
Wales

Purpose of Document

This document provides an Addendum describing exceptions in Wales to the Public Health England publication 'Cervical screening: programme and colposcopy management' available at <https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management>

This document should therefore be used in conjunction with the above publication, and the Cervical Screening Wales (CSW) Quality Manual.

It should be noted that the publication refers to PHE documents throughout. Where reference is made to other PHE documents, users will need to ensure that these also comply with CSW policy.

Chapter 1. Introduction and programme policy

Section	Exception
2.1	Cervical Screening Wales sends the first invitation for cervical screening when an individual reaches 24.5 years of age. Individuals are then recalled every 5 years until an individual attends for screening on or after the age of 60 and meets the criteria for automatic ceasing.
2.2	Date for next screening test following failed test of cure with normal colposcopy (cytology low grade or less) is three years from the date of colposcopic assessment.
2.9	Summary of Standards: Between the ages of 24.5 and 64, individuals are offered routine cervical screening every 5 years.

Chapter 2. Management and referral guidelines for colposcopy

Section	Exception																
1.1	<p>Programme standards for waiting times for referrals:</p> <table> <tr> <td>Glandular neoplasia</td><td>2 weeks</td></tr> <tr> <td>Invasive squamous carcinoma</td><td>2 weeks</td></tr> <tr> <td>High grade dyskaryosis</td><td>4 weeks</td></tr> <tr> <td>Borderline change in endocervical cells</td><td>4 weeks</td></tr> <tr> <td>Low grade dyskaryosis</td><td>8 weeks</td></tr> <tr> <td>Borderline change in squamous cells</td><td>8 weeks</td></tr> <tr> <td>Negative</td><td>8 weeks</td></tr> <tr> <td>Inadequate/HPV unavailable</td><td>8 weeks</td></tr> </table>	Glandular neoplasia	2 weeks	Invasive squamous carcinoma	2 weeks	High grade dyskaryosis	4 weeks	Borderline change in endocervical cells	4 weeks	Low grade dyskaryosis	8 weeks	Borderline change in squamous cells	8 weeks	Negative	8 weeks	Inadequate/HPV unavailable	8 weeks
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1.4	<p>Future developments in cervical screening intervals following the implementation of primary HPV screening</p> <p>The UK National Screening Committee (NSC) has recommended the extension of the screening intervals from 3 to 5 years for individuals aged 24.5 to 49 who test hrHPV negative as part of their routine screening test.</p>																

	On January 1 st 2022 Cervical Screening Wales implemented the five year screening interval for individuals aged 24.5 to 49 who test hrHPV negative as part of their routine screening test
2.1	Programme standards – refer to CSW programme standards and quality indicators
6.2	‘Test of Cure’ samples following treatment for CGIN should be taken within the colposcopy service

Chapter 3. Providing a quality colposcopy clinic

Section	Exception
1.4	The Cervical Screening Provider Lead (CSPL) role does not exist within Wales. The various roles of the CSPL as described are undertaken by the Clinical Lead, Head of Programme, Head of Laboratory Services and Regional Programme Managers
1.5	The responsibility for the Cervical Screening Wales Audit of Cervical cancers (CSWACC) lies with the Clinical Lead and CSW-specific policies apply for the conduct of the audit and disclosure of review results
5.2	<p>A minimum of two colposcopists is required at a colposcopy MDT meeting.</p> <p>Cases requiring discussion:</p> <ul style="list-style-type: none"> • Discrepancies of at least 2 grades between the referral cytology and pathology results (except for high grade histology with low grade referral cytology, see below) • all referrals of 'glandular neoplasia of endocervical origin' • all referrals of '?invasive squamous carcinoma' • CGIN/SMILE on biopsy • all referrals of borderline changes in endocervical cells • Cases of recurrent incomplete excision of high grade CIN • Conservative management of CIN 2 • Other complex or interesting cases added at the request of individual MDT members or CSW representative <p>Cases of cervical cancer are discussed at gynaecological cancer MDT rather than colposcopy MDT.</p>

Chapter 4. Colposcopic diagnosis, treatment and follow-up

Section	Exception
2.7	<p>Following a diagnostic biopsy showing high grade CIN or CGIN, treatment should take place within:</p> <ul style="list-style-type: none"> • 8 weeks of biopsy being taken in 90% of cases • 12 weeks of biopsy being taken in 100% of cases
2.8	<p>Where high grade CIN extends to resection margins, this should be discussed at MDT if:</p> <ul style="list-style-type: none"> • CIN 3 in a woman aged 50 or over • Recurrent excision of CIN 3 <p>Women aged 50+ with incomplete excision of CIN 3 and in whom a repeat excision to achieve clear margins is not undertaken should have follow-up testing and colposcopy within the colposcopy service</p>
3.2	<p>All cases of cytology reported as 'borderline change in endocervical cells' require MDT discussion. If colposcopy is normal and cytology is upheld at MDT, the individual should have colposcopy and HPV testing at six months.</p>
3.3	<p>All cases of treated CGIN remain within the colposcopy service for follow-up.</p> <p>Referral cytology of 'glandular neoplasia of endocervical origin' which is confirmed at MDT will be managed as per the CGIN pathway for follow-up (i.e. 'Test of Cure' at 6 and 18 months following treatment) even where no CGIN/SMILE is found at excision.</p>
4.7	<p>Currently conservative management of CIN 2 is only recommended for women up to the age of 30 years, and for a 12 month period. All cases must be discussed at a colposcopy MDT meeting.</p>

Chapter 5. Management of cases relating to pregnancy, menopause, contraception and hysterectomy

Section	Exception
1.	Cervical screening is not recommended in pregnancy. If an individual is overdue for a repeat screening test (not routine screening) and/or there are concerns about symptoms, then referral to colposcopy may be warranted for assessment. Women who have bleeding during pregnancy should have their cervix assessed and be referred for colposcopy if there are concerns about the appearance of the cervix. Consideration may be given to a screening test within colposcopy during pregnancy, though indications for this are few and should be discussed at an MDT meeting.

Chapter 6. Screening and management of immunosuppressed individuals

Section	Exception
10.7	Cytology cannot be requested in the absence of a positive test for HPV in individuals with DES exposure (or for any other clinical reason).

Cervical screening: call and recall administration best practice

Section	Exception
1.2	<p>Cervical screening is for women and people with a cervix. The programme sends screening invitations to people with a cervix who are registered as 'female' or 'indeterminate' at the following ages and intervals.</p> <p>Age 24.5: first invitation (invitations to first screen are issued at 24.5 years).</p> <p>Ages 25 to 64: 5 yearly screening.</p> <p>Ages 65 plus: screening of those who have not had previous cervical screening, or those who have not yet met the criteria to be ceased from the programme.</p>
6.3	<p>Cervical Screening Wales sends the first invitation for cervical screening when an individual reaches 24.5 years of age. Individuals are then recalled every 5 years until an individual attends for screening on or after the age of 60 and meets the criteria for automatic ceasing.</p>
6.7	<p>Trans men</p> <p>A trans man still registered as a female (or indeterminate) who has a cervix will automatically be included in the screening programme. He will be invited for screening at appropriate intervals unless he chooses to opt out of the programme in accordance with national guidance.</p> <p>A trans man registered as a male who has a cervix cannot be invited for screening by the national programme. Screening invitations should be made either by his GP practice or the healthcare team managing his gender reassignment. Alternatively he can request screening every 5 years.</p>
7.3	<p>Routine recall intervals are determined by CSW. Current policy is outlined below.</p> <p>Age under 24.5: no invitation.</p> <p>Age 24.5: eligible for screening, and first invitation issued (to ensure screening test can be completed by their 25th birthday).</p> <p>Age 25 to 64: recall every 5 years (with invitations issued 59 months after previous test).</p>

	Age 65-plus: invitation as required for individuals who have had recent abnormal tests (individuals 65 and over that are undergoing further investigation or treatment will remain in the programme until their treatment is complete).
9.5	<p>Individuals become a 'non-responder' if they have been sent an invitation and a reminder but have not attended for a test. Non-responder notifications are issued to GP practices (currently via Open Exeter). GP practices should check the details and report any changes that may be relevant to the individual's screening record back to Cervical Screening Administration Department for updating. Non-responder notifications are available online for 8 weeks, after which they are archived.</p> <p>Individuals who have received a hrHPV negative result issued after the 1st January 2022 and become a non-responder have their NTDD recalculated in line with the appropriate recall interval which are for:</p> <ul style="list-style-type: none"> • call and routine recall non-responders, 60 months from their last NTDD <p>Individuals who have received a result before the 1st January 2022 and become a non-responder have their NTDD recalculated in line with the appropriate recall interval which are for:</p> <ul style="list-style-type: none"> • call and routine recall non-responders, 36 or 60 months (depending on age) from their last NTDD • early repeat non-responders, 12 months from their last NTDD • suspended non-responders, 12 months from the last NTDD