National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Newsletter Dutch Population Screening for Cervical Cancer 2022

In this newsletter, you can read about the latest highlights of the Dutch screening programme for cervical cancer.

National monitor 2021

The results of the national population screening programme are published in the national monitor. The reference date for the monitor is 1 April 2022 (15 months after the start of the reporting year).

In 2021, about 200,000 extra invitations were sent to catch up on the backlog which has arisen during the temporary shutdown of the screening programme due to the COVID-19 pandemic. In total 555,515 persons participated. At the end of 2021 the backlog of the delayed invitations was resolved.

Participation

The participation rate of 2021 was 55%: 43% participated with a smear test at the general practitioner and 12% participated by a self-sampling kit (SSK). Thus 22% of all participants used a SSK. The participation rate of 2020 measured last year was 50% and has now increased to 60%. The participation rate of 2017 after five years was 66%.

The five-year coverage rate is 72% for 2021. This includes also assessments out of the screening programme.

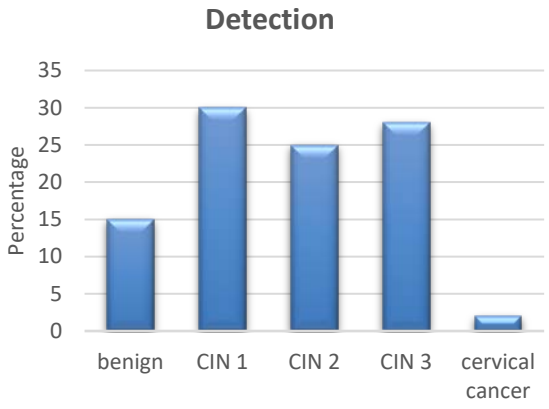
Referral

In total, 9,5% of the participants had a high risk Human Papilloma Virus (hrHPV). The direct referral rate in 2021 was 2.7% based on the total number of participants and 29% based on all hrHPV-positive participants with cytology results. Participants were referred with the test result Pap 2+ or ASCUS+.

Advice based on primary test

	2021
reference period (months)	15
direct referral	2.7%
repeat smear due to smear material that cannot be assessed (Pap 0) or hrHPV could not be determined (no follow up)	0.29%
control smear after 6 months	6.5%
return to screening programme	90.3%
cytology after positive SSK (no follow up)	0.26%

Detection



Changes of the screening programme

The cervical cancer screening programme is being improved continuously. The aim is to achieve a better balance between advantages and disadvantages and to improve accessibility.

In 2021, the Health Council of the Netherlands published an advisory report on improving cervical cancer screening with recommendations for the further optimisation of the screening programme. Invitations and referrals could be more specific, taking into account the risk profile of a client. Accessibility could be improved by removing barriers and increasing the use of the self-sampling kit. These recommendations have led to a number of improvements for the cervical cancer screening programme.

Improved accessibility

The screening programme aims for high accessibility. Despite high awareness of the screening programme and a high intent to participate, 40% of invited clients do not take part. This is often due to unnecessary barriers or misconceptions.

To lower the threshold for participation, the information materials have been improved in order to make them more accessible to people with limited health literacy. Additionally, more specific information has been made available for 30-year-olds. Prior to their first invitation to population screening, they receive a pre-announcement so they can already think about participating and discuss it with family or friends. For this age group, there is also a separate webpage with specific information for this age group.

Changes for 45-/55-/65-year-olds

Starting with the second screening round (January 2022) since the renewal of the screening programme (in 2017), previous HPV results will be taken into account in the invitation policy. Clients who were 40 or 50 years old in the previous screening round and had a negative HPV result will not be invited in the next round (aged 45 or 55). Clients in the age of 60 in the previous screening round and had a positive HPV result, but based on the cytology result were not referred, will be invited in the age of 65.

Clients who did not take part at 40 or 50 will receive an invitation at 45 or 55.

Modified management of HPV-positive participants

The introduction of primary HPV-screening in the Netherlands, has led to an increasing number of referrals. As of 2017, approx. 14,000 participants were referred to a gynaecologist each year. Clinically relevant lesions (CIN2+) were found in approx. 5,000 persons. In order to reduce the number of unnecessary referrals, the management of HPV-positive participants has changed. Previously, all HPV-positive participants with cytological abnormalities were referred. As of July 2022, referral depends on the detected HPV-type. A distinction is made between HPV-types 16 and 18 (HPV 16/18) with a clearly increased risk and the other HPV-types (HPV-other) with a moderately increased risk.

HPV16/18

For participants with HPV 16/18, the referral policy remains the same. In case of cytological abnormalities (ASCUS+), the HPV-positive participant is referred. When no cytological abnormalities are found (NILM), the participant will be invited for a follow-up after 12 months.

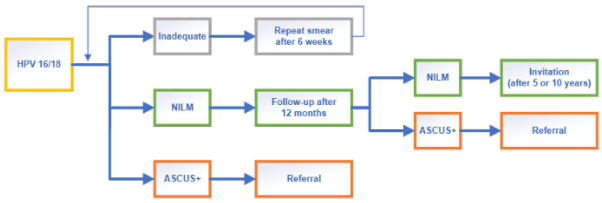


Figure 1 HPV 16/18

HPV-other

For participants with HPV-other, the referral policy has been adjusted. In case of moderate or severe cell abnormalities (HSIL+), the HPV-positive participant is referred. When no or minor cytological abnormalities are found (≤ LSIL), the participant will be invited for follow-up after 12 months.

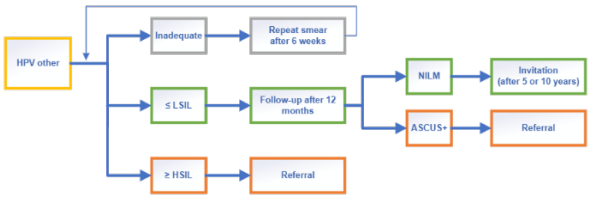


Figure 2: HPV-other

Follow-up

The follow-up period has also been extended, from 6 to 12 months. Participants with cytological abnormalities (ASCUS+) after 12 months, will still be referred.

First results

Due to the changes in the referral policy, the percentage of direct referrals has already decreased. For this year it is 6% lower than the average over the previous years at the same reference date. It is expected that in the long term the number of unnecessary referrals will decrease by approximately 50%.

HPV-vaccinated persons

In 2023, the first HPV-vaccinated cohorts will reach screening age and will gradually enter the screening programme. HPV-vaccinated persons will be told that it is still important to participate in the screening programme, despite their previous vaccination against HPV. This is the message in the invitation letter, the leaflet and on the RIVM website. The website will also address several questions this group might have.

It is possible that the screening strategy for vaccinated cohorts will need to be adjusted in the long term. This adjustment will require a recommendation from the Health Council of the Netherlands based on data that are yet to be collected on the first vaccinated persons who participate in the screening programme. These data can be collected from 2023 onwards. An adjustment of the screening strategy for vaccinated persons is therefore not expected before 2028.

In the meantime, research groups make a first analysis whether vaccinated cohorts can be screened less often by using simulation models. The results of this analysis will be used as input to a more specific analysis after 2023, when data on vaccinated persons in the screening programme is available.

Since 2022, HPV-vaccination is also available for boys and the invitation age switched to 10 years old instead of 13 years old. In 2022 and 2023, boys and girls till the age of 18 are invited for a catch-up HPV-vaccination. And in 2023, also a catch-up vaccination round for persons aged 18-26 years will be held. This group will be offered two free vaccinations with the bivalent vaccine.

Use of the self-sampling kit

The self-sampling kit contributes to making the cervical cancer screening programme more accessible. The Health Council of the Netherlands stated that self-sampling is equivalent to a cervical smear and can be offered accordingly. The Council has recommended to send the self-sampling kit to everyone who receive an invitation.

The RIVM has made an implementation plan for a broader deployment of self-sampling and to offer it equivalent to a cervical smear. From mid-2023, the self-sampling kit will be sent automatically 12 weeks after the invitation to everyone who has not responded till then. This will make sure that persons who want to participate with a smear can do so and it limits the waist. First-invited / 30 year olds, will receive a self-sampling kit directly with their invitation.

Expert meeting

An international expert meeting was organised by the Centre for Population Screening in September 2022. This meeting aimed to discuss the organisation and communication challenges around the implementation of self-sampling. Participating countries were: Denmark, Australia, Sweden, Scotland, England, Belgium, Italy and Ireland.

Prior to the meeting, a questionnaire was sent to explore the bottlenecks that other countries have experienced by implementing a self-sampling kit.

This international expert meeting was a success. A total of 22 participants from 9 countries discussed the challenges we face in operational matters and in communication with clients and chain partners. Internationally, we experience mostly the same problems with post-services, in how we communicate about differences in outcomes and how we deal with client concerns about self-sampling. The use of online polls, during the meeting, made the discussion lively and enabled everyone to share their views. The meeting resulted in a greater understanding of each other's challenges, generated ideas for possible solutions and strengthened the international network around the self-sampling kit.

Participation of transgender people

The invitations for the screening programme are sent out based on data from the Key Register of Persons. For the cervical cancer screening programme, selection is based on gender. A new procedure has been worked out for transgender people or people with an O/X gender registration. According to this procedure they will only have to register once for the population screening. They will then be invited according to the usual screening algorithm.

Delayed participation due to COVID-19

The outbreak of COVID-19 had a major impact on healthcare in 2020 and 2021. In the spring of 2020, the population screening programmes were largely

halted for several months, resulting in large backlogs. The backlog of invitation letters was cleared by January 2022. Participation in the screening programme during the COVID-19 pandemic period was lower. Clients who did not take part in the screening programme during the COVID-19 pandemic have been informed again in 2022 that they are still able to do so.

Loss to follow-up

When clients receive a recommendation for follow-up action based on the (partial) results of the screening, they do not always follow up. This puts them at risk of a cervical cancer (or a precancerous stage) not being detected. Loss to follow-up in the programme occurs at the following moments:

- No control smear after a positive HPV result from a self-sampling kit.

- The invitation for the control smear test after 12 months is not followed up.

- A referral to a gynaecologist is not followed up.

Together with the chain partners, the Centre for Population Screening is investigating the possibilities of reducing the loss to follow-up in the cervical cancer screening programme. To begin with, there is more attention to follow-up advice in the regular communication materials (invitation and result letters, result folder and websites). Strengthening the role of the GP can also contribute to reduce the loss to follow-up.

Strengthening the role of the GP

In its recent advisory report, the Health Council of the Netherlands specifically addressed the role of the GP in the screening process. As a result, the Centre for Population Screening is exploring the possibility of strengthening the GP's role in providing information about population screening and in reducing the loss to follow up. There were interviews with representatives of physician's organisations. Also, a questionnaire was sent to GPs to find out what they think about their role in de population screening programmes and what ideas they have about strengthening their role. GPs appear to be positive about strengthening their role in informing clients. When clients do not follow a follow-up advice, a large proportion of GPs have the intention to contact the client.

Furthermore

- We would like to draw your attention to the complete update of our website for professionals: rivm.nl/en/cervical-cancer-screening-programme
- A Dutch Expert meeting will be held in January 2023 to discuss future developments, risks and threats in the cervical screening programme.
- In 2023, we will prepare for a new advice of our National Health Council, who will evaluate our programme in 2024. For example, start- and end-age of the screening will be evaluated.

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