Cervical Screening Program in Hong Kong

21 November 2002

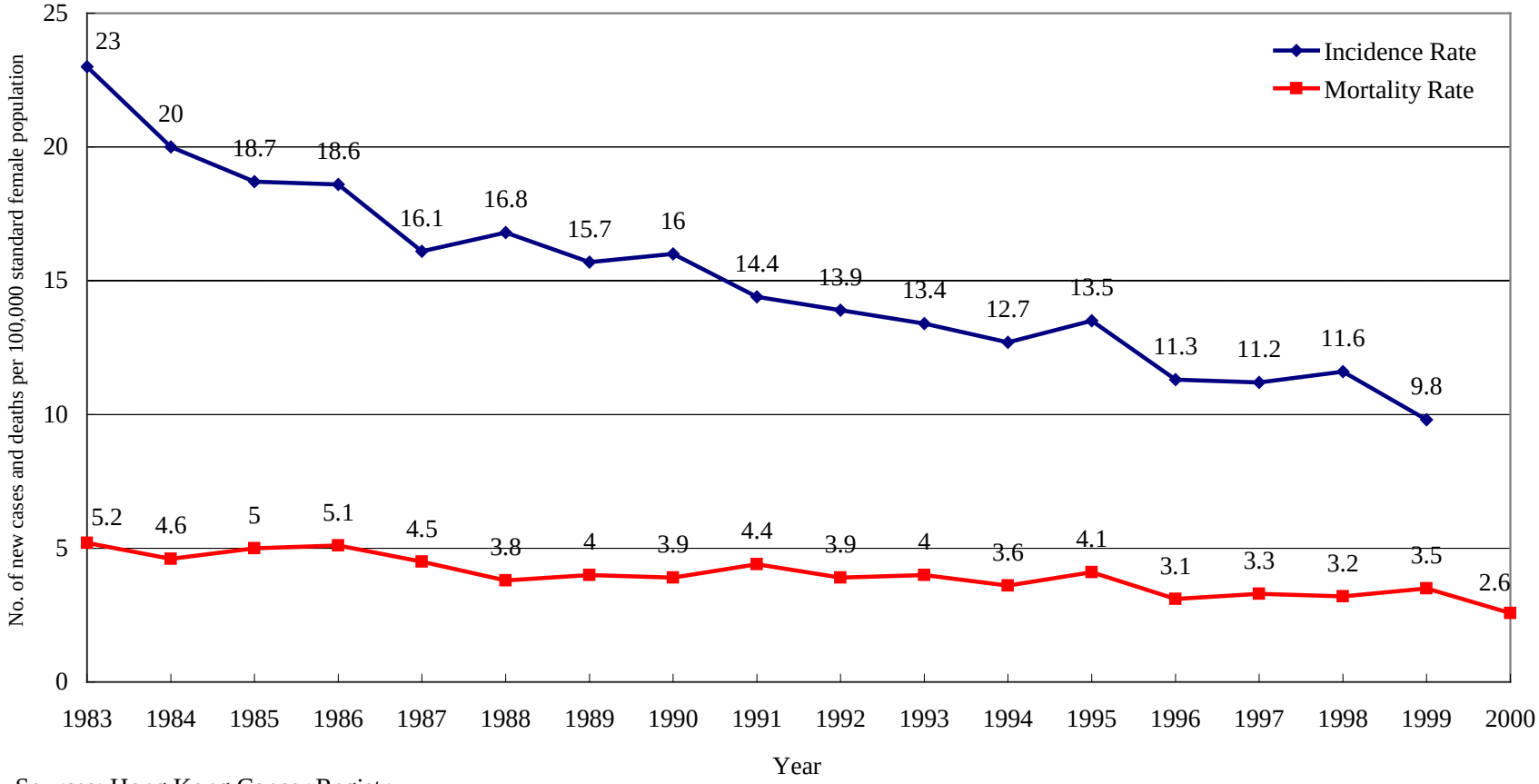
Outline

- Why HK needs a cervical screening program?
- How do we bring it about?
- What is the screening policy?
- What are the key elements?
- What are the expected benefits?

Burden of Disease (1999)

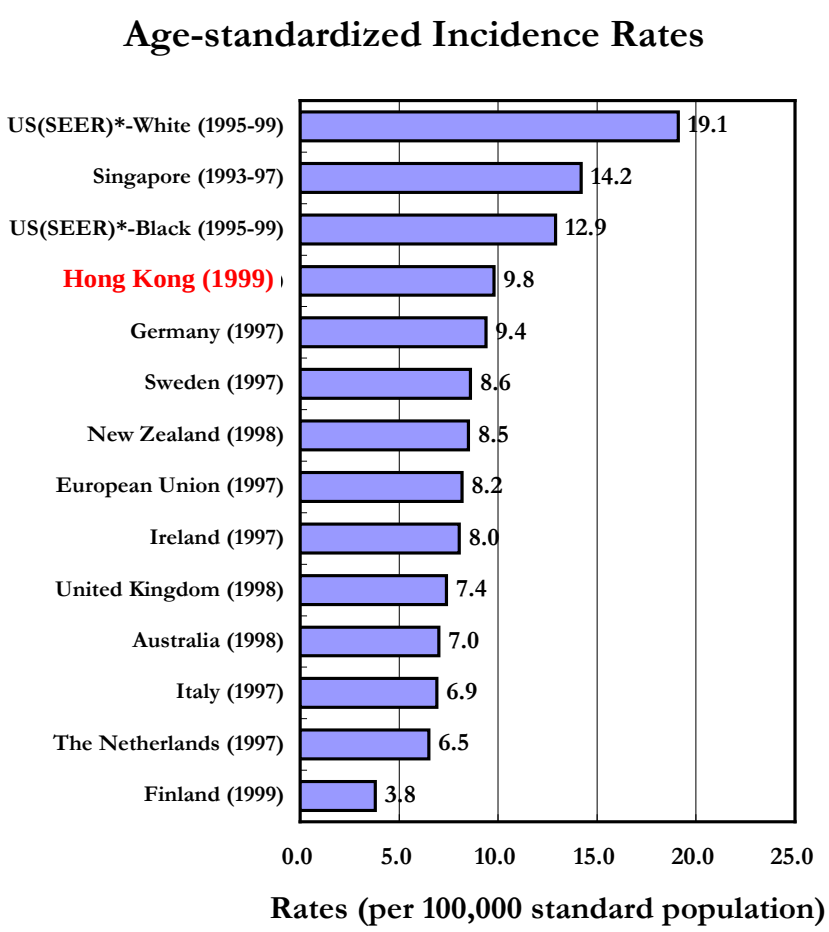
- Cervical cancer is the fourth commonest cancer in women
  - 436 new cases (4.7% of total cancers)
  - Median age at diagnosis 54 years
- Cervical cancer is the seventh leading cause of cancer deaths in women
  - 159 deaths (3.8 % of total cancer deaths)

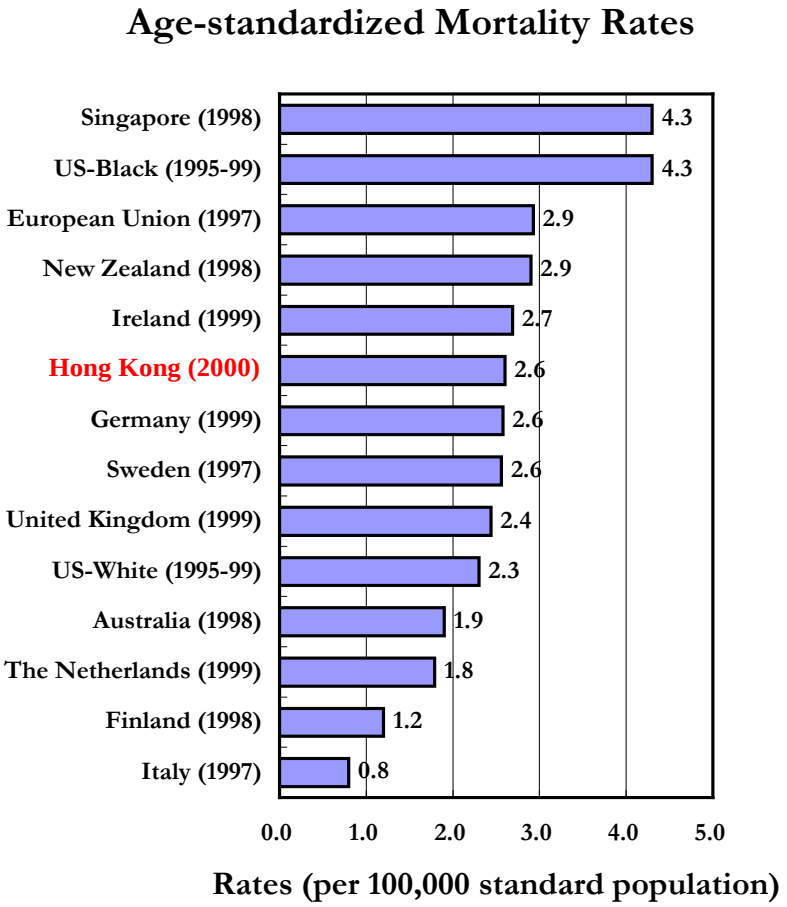
Trend of Age-standardised Incidence & Mortality Rates of Cervical Cancer in Hong Kong



Sources: Hong Kong Cancer Registry
Census and Statistics Department, HKSAR Government

International Comparison





Coverage rate

- Women aged 25-49
  - 53% had cervical smear in past 3 years (FPA, 1997)
- Women aged 50-64
  - 43% had cervical smear in lifetime (HKU, 1999)
- Women aged 65+
  - 18% had cervical smear in lifetime (HKU, 1999)
- Countries with organized screening programs: coverage rate 65-85%

Current problems (1)

- Opportunistic screening
- Variable screening practices
- Women not screened according to risk or need

Current problems (2)

- Lack of an agreed set of quality management guidelines, indicators, and monitoring mechanism
- Lack of central registry for cervical smears
- Lack of public-private collaboration

Rationale for screening program

- Cervical cancer causes significant mortality and morbidity
- Cervical cancer rates are relatively high internationally
- Current problems in cervical screening result in low coverage rate
- An organized screening program may prevent an estimated 144-183 new cases a year (McGhee, 2002)

Policy initiative

- The Policy Address pledged to launch a Cervical Screening Program for women in collaboration with other health services providers in 2003-04

Program goal

- To achieve higher and more equitable screening coverage in the target population, thereby reducing incidence and mortality of cervical cancer in Hong Kong

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Cervical Screening Task Force

- Professional colleges
  - Hong Kong College of Family Physicians
  - Hong Kong College of Obstetrics and Gynecology
  - Hong Kong College of Pathologists

Cervical Screening Task Force

- Professional societies
  - Hong Kong Society for Colposcopy and Cervical Pathology
  - Hong Kong Society of Cytology

Cervical Screening Task Force

- Universities
  - Chinese University of Hong Kong
  - Hong Kong University

Cervical Screening Task Force

- Service providers
  - Family Planning Association
  - Hospital Authority
  - Private doctors and laboratories
  - Department of Health

Cervical Screening Task Force

- Community and consumer groups
  - Hong Kong Federation of Women
  - Hong Kong Cancer Fund

Three Working Groups

- Working Group on Recruitment and Education
- Working Group on Quality Management
- Working Group on Information Systems

Consultative process

- Questionnaire surveys to private doctors and laboratories
- Field visits to private laboratories and major providers
- Women’s focus groups

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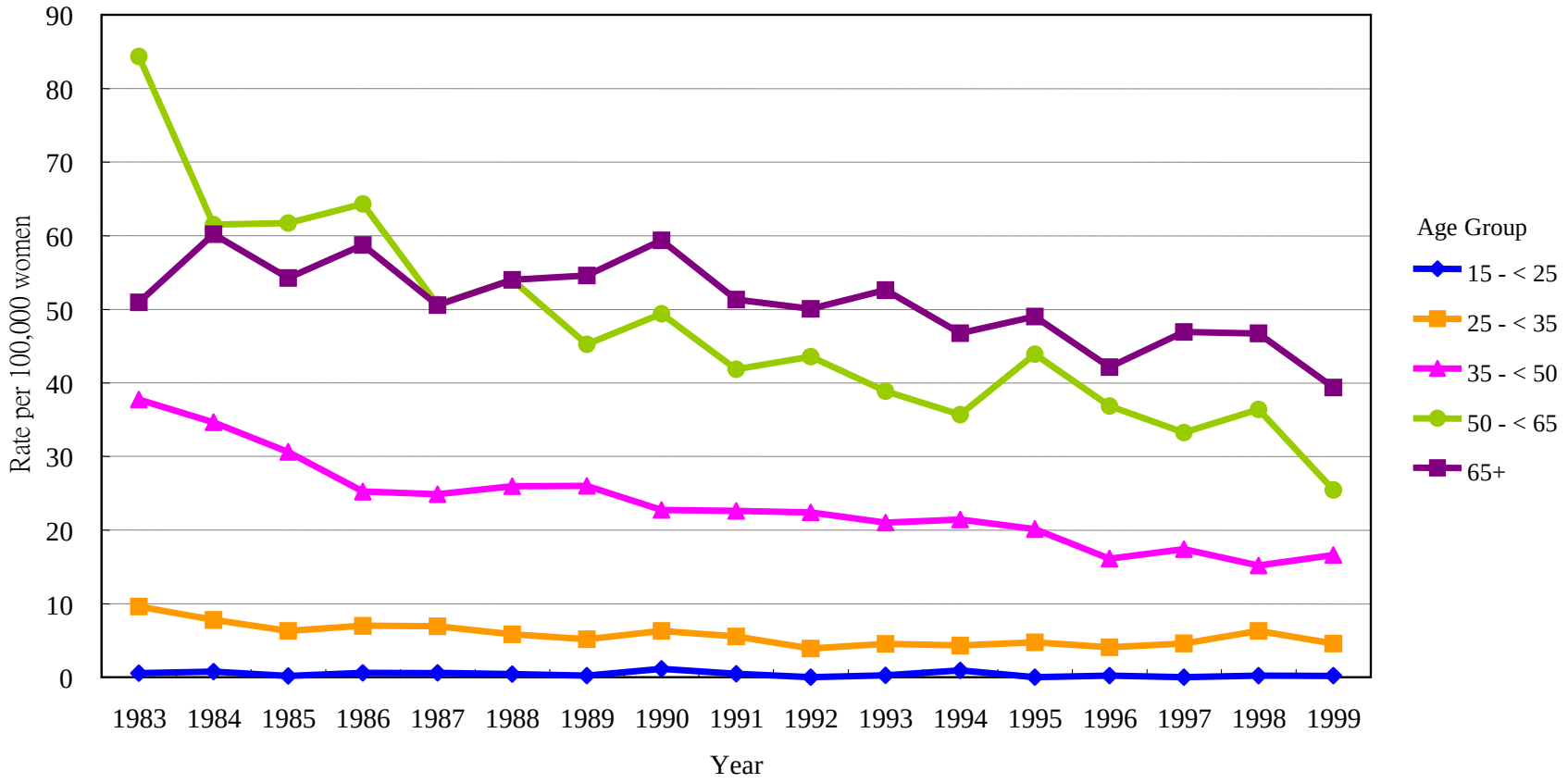
Screening Policy

- Women aged 25-64
  - Triennial Pap smears after two consecutive yearly negative smears
- Women aged 65 and above
  - Two consecutive yearly negative smears, then discontinue
- Women aged below 25
  - Individual risk profile

Age-specific Incidence Rates for Cervical Cancer, 1983-1999



Rationale for starting at 25

- Extremely low incidence of cervical cancer below age 25 (only 1 in 436 new cases, 1999)
- Regression of cervical dysplasia in younger women
- More false positives in women aged<25
- In line with international programs (18-30)

Rationale for 3-yearly screen

- Very little marginal benefit for more frequently screening
  - 1-yearly screen: 94% reduction
  - 2-yearly screen: 93% reduction
  - 3-yearly screen: 91% reduction

- In line with HKCOG recommendation

Target coverage

- Interim
  - 60% coverage for women aged 25-64, 3 years after program launch (present estimated coverage: 45%)
- Long term
  - On par with international best practices

Additional smears and colposcopies

- If target coverage of 60% is reached,
  - 40% more smears annually (370,000 → 520,000)
  - 26-45% more colposcopies, to be shared by public and private sector (estimated by HA)

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Quality Management

- Adopt guidelines and standards from local professional organizations
  - Hong Kong College of Obstetrics and Gynecology: *Guidelines on the management of an abnormal cervical smear*
  - Hong Kong College of Pathologists: *Basic Criteria for a Cervical Cytology Screening Laboratory*

Quality Management

- Adopt guidelines and standards from local professional organizations
  - Hong Kong Society of Cytology: *Cervical Cytology Practice Guidelines*
  - HKSCCP and HKCOG: *Colposcopy Service Provision and Standards*

Examples

- Both conventional and liquid-based cytology methods are acceptable
- Bethesda system recommended
- Quality performance indicators, e.g.,
  - Report turnaround time
  - Proportion of ASCUS

Training and support for quality

- Refresher courses in smear taking
  - e.g., HKCPath/SPACE, CUHK
- Training kit for doctors
  - Video, manual, CD-ROM
- Training of colposcopists
  - Requirements being developed by HKSCCP & HKCOG
- Supervised on-job training
  - Both clinical and communication skills

Recruitment of women

- Prioritized into 3 groups
  - women aged 50-64
  - women aged 35-49
  - women aged 25-34
- Specific messages will be developed for each of the 3 groups (e.g., focus group studies)

Rationale for prioritization

- Emphasis should go to
  - women who have never been screened
  - women at higher risk of cervical cancer
- Better control pace of program
- Ensure services not overwhelmed

Methods of recruitment (1)

- Personalized invitation letters
  - effective from overseas experience
  - HA Patient Master Index
- Women in the 3 prioritized groups will receive invitation letters in a 3-year cycle
  - e.g., first year 50+, second year 35-49, third year 25-34

Methods of recruitment (2)

- Reminder letters for women whose next smear is due
- Mass media campaign and publicity materials
- Community organizations
- Outreach to promote screening

Methods of Recruitment (3)

- Provider support, especially private sector
  - Training kits on smear taking
  - Pamphlets for clients
  - Enquiry for smear results
  - Reminder letters
  - Statistical reports
  - Website information

Cervical Screening Information System (CSIS)

- Central registry of cervical smear results
- Bethesda system for cytology reporting
- Cytology-biopsy correlation

Data source

- Laboratories performing cytological examination

- Major service providers
  - Family Planning Association
  - Hospital Authority
  - Large group practices
  - Department of Health

Minimum data set

- Basic items only
- Patient record
  - name, HKID, date of birth, etc.
- Smear record
  - Smear result, smear taker, date of report, etc.
- Follow up record
  - Colposcopy result, histology report, date of report, etc.

Functions of CSIS (1)

- Maintain information on screening history and results
- Track utilization and issue reminders
- Support quality management and monitoring

Functions of the CSIS (2)

- Facilitate record linkage
- Program evaluation and research
- Ensure data privacy and confidentiality

Data privacy

- CSIS must comply with Personal Data (Privacy) Ordinance
- Ordinance allows analysis of data in aggregate form
- Patient consent may be required for sending individual reminders
- Focus groups to find out how women think about privacy of smear results

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What differences the CSP makes (1)

- Explicit screening policy and target population
- Consensus quality management guidelines and standards
- Personalized invitation letters and reminders
- Targeted recruitment of women according to risk

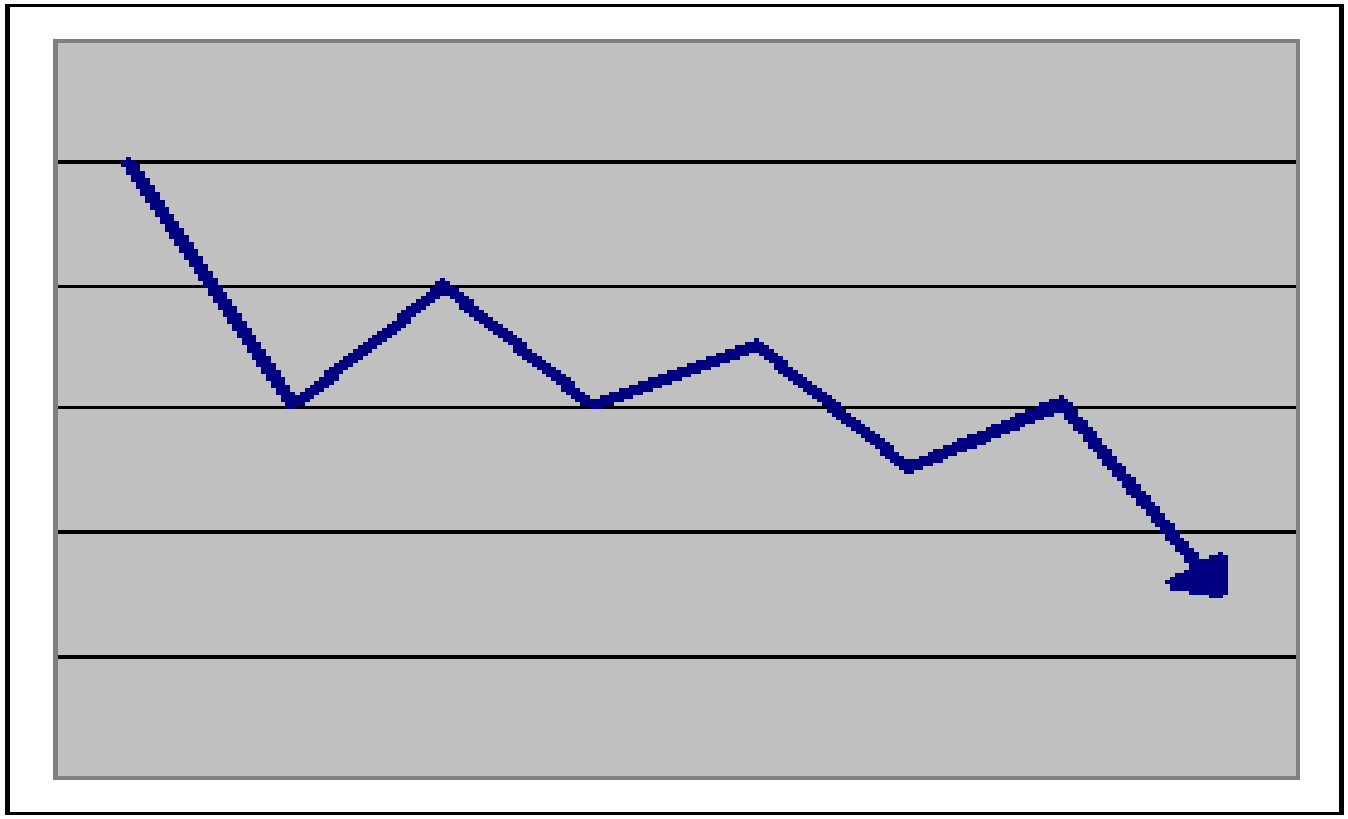
What differences the CSP makes (2)

- Coordinated and sustained education campaigns
- Greatly improved provider support and training
- Evaluation of program via performance indicators
- Cervical Screening Information System
- Collaboration and consensus building among various sectors, including public and private sector

Benefits to the community

- Improved overall coverage of the target population not achievable by opportunistic screening
- More equitable cervical screening service particularly for women at high risk / not screened before
- Better quality assurance in cervical screening service provision

Public health goal achieved



Cervical cancer in Hong Kong

Thank you