Age policy

Who is invited for cervical screening?

Within the NHS Cervical Screening Programme in England, women aged 25 to 49 are invited for free cervical screening every three years, and women aged 50 to 64 every five years. Women over 65 are invited if their previous three tests were not clear or if they have never been screened.

Why aren't women aged under 25 invited?

Cervical cancer screening starts at age of 25 in line with recommendations made by:

- The International Agency for Research on Cancer, an agency of the World Health Organisation that coordinates and conducts research into cancer
- Research carried out by Cancer Research UK
- The independent Advisory Committee on Cervical Screening

“There is minimal benefit and substantial harm in screening below age 25. Organised programmes should not include women aged less than 25 years in their target populations." (IARC Handbooks on Cancer Prevention, Cervix Cancer Screening, International Agency for Research on Cancer, World Health Organisation, 2005).

Research has found that screening women under the age of 25 may do more harm than good. It can lead to unnecessary and harmful investigations and treatments.

Women below the age of 25 often undergo natural and harmless changes in the cervix that screening would identify as cervical abnormalities. Despite this, cervical cancer is very rare in this age group. In most cases these abnormalities resolve themselves without any need for treatment.

Most importantly, if further treatment is carried out it can increase a woman’s chances of pre-term delivery if she goes on to have children in future. This can endanger both the woman and her baby.

Cervical cancer is very rare in women under 25. In 2006 the total incidence across women of all ages was 2,321 cases. There were only 56 cases of cervical cancer in women aged under 25, which represents only 2.4% of all cases. There were 820 deaths from cervical cancer in England and Wales in 2007, of which 3 were in those aged under 25 (0.4% of deaths).

Women under 25 who are concerned about their risk of developing cervical cancer or are experiencing any of the symptoms should contact their GP or Genito-Urinary Medicine (GUM) clinic.
**Who are the independent Advisory Committee on Cervical Screening?**

They are a ministerial appointed committee of independent experts in the field (academics, clinicians) that make recommendations about the screening programme. The Cancer Screening Programme then implement these recommendations.

**When are women screened in the rest of United Kingdom**

The screening age in the devolved administrations is set by the Scottish Parliament, Welsh Assembly and the Northern Ireland Assembly. Interestingly, after reviewing the most up to date research Northern Ireland recently raised the age at which cervical screening begins from 20 to 25.

**When did the policy change in England and why?**

The policy in England changed in 2003 following research carried out by Cancer Research UK and in line with the International Agency for Research on Cancer recommendations, an agency of the World Health Organisation. This research suggested that screening offered little benefit in women aged under 25, and was in fact doing more harm than good. After careful consideration of the evidence, the independent Advisory Committee on Cervical Screening recommended that routine screening in the under 25s should stop.

**What about screening in other countries?**

Many European countries start screening at the same age as us including Belgium, France, Ireland and Italy. Although some countries invite women for cervical screening earlier than in the UK (eg Germany and Greece invite women from age 20, Australia from age 18 and the US two years after women first become sexually active) , others invite women later (eg The Netherlands and Finland invite women from age 30).
Latest statistics

How many people get screened every year? Is that enough?

In 2007-08 in England 4,337,720 women were invited for cervical screening and 3,374,826 were screened. Coverage (% of eligible women with a screening test result in the previous 5 years) was 78.6%.

Over recent years we have seen a downward trend in women taking up their invitation to cervical screening, and the reasons for this are difficult to determine. We already know that younger women in particular are accessing screening less, and there are initiatives already underway to try and tackle this.

If overall coverage of 80 per cent can be achieved, the evidence suggests that a reduction in death rates of 65 to 70 per cent is possible in the long term. In 2002/03 the coverage of eligible women was 81.2 per cent. (Department of Health Statistical Bulletin, Cervical Screening Programme, England, 2002/2003)

How much have cancer screening rates gone up since Jade Goody? Is this a good development?

Statistics on cervical screening are collected annually and this year's figures will not be available until October. However, it seems there may be anecdotal evidence suggesting that screening rates have increased in some parts of the country. We welcome all efforts by the media to increase responsible coverage of these important issues and help encourage more women to accept their screening invitations.
Cervical cancer symptoms

What are the symptoms of cervical cancer?

The main symptoms of cervical cancer are unusual bleeding from the vagina when women are not having their period. This includes bleeding between periods, bleeding after sex or any bleeding at all in post-menopausal women. Other symptoms may include a vaginal discharge that smells unpleasant, or discomfort or pain during sex.

What should I do if I have any of these symptoms?

Women of any age who are showing these symptoms should speak to their GP urgently. Women under 25 who are concerned about their risk of developing cervical cancer or their sexual health, should contact their GP or Genito-Urinary Medicine (GUM) clinic.

HPV vaccination

Has uptake of HPV vaccines gone up since Jade Goody's case?

The HPV vaccination programme started in September 2008, after Jade Goody announced her illness. Research carried out prior to and following the launch of the HPV vaccination programme has shown that prior to the launch of the programme there was little awareness of HPV, cervical cancer and HPV vaccination among mothers and daughters. Following the launch of the programme, awareness has risen significantly.

What is the uptake of the HPV vaccine?

Provisional data collected from all PCTs shows that:
- by the end of December 80% of girls aged 12 – 13 years have received their first dose of HPV vaccine
- 66% of girls aged 12 – 13 years have received second dose of the vaccine
- 31% of young women aged 17 – 18 years have received their first dose of HPV vaccine (which may reflect this catch-up being implemented slightly later)
- This data is available by PCT at www.immunisation.nhs.uk.
Cervical screening – general points

- Like any screening test, cervical screening is not perfect. It cannot always detect abnormal cell changes that may lead to cancer. There are three main reasons for this: sometimes the abnormal cells do not look much different from normal cells; there may be very few abnormal cells on the slide; and the person reading the slide may miss the abnormality. This happens occasionally, no matter how experienced the reader is. Women invited for cervical screening need to understand the potential benefits and harm in being screened to be able to make an informed choice about whether or not to be tested. That is why national information leaflets are sent out with every invitation for screening.

- The national computerised call/recall system for cervical screening was introduced in 1988, the first such programme in the EU

- In cervical screening a sample of cells is taken from a woman’s cervix by a doctor or nurse using a spatula. The head of the spatula is then broken off or rinsed into a small glass vial containing preservative fluid. The sample is sent to a laboratory where a special piece of equipment deposits a thin layer of the cells on to a slide. The slide is then examined under a microscope by a cytologist

- Cervical screening is not a test for cancer but for abnormalities which, if left undetected and untreated, may develop into cancer

- In May 2004, the International Agency for Research on Cancer (IARC), part of the World Health Organisation, concluded that organised and quality controlled cervical screening can achieve an 80% reduction in the mortality of cervical cancer

- In July 2004, Professor Julian Peto and colleagues published a paper in The Lancet, *The cervical cancer epidemic that screening has prevented in the UK*. The paper concluded that cervical screening has prevented an epidemic that would have killed about one in 65 of all British women born since 1950 and culminated in about 6,000 deaths per year in this country. 80% or more of these deaths, up to 5,000 per year, are likely to be prevented by screening. This means that about 100,000 women will have been saved from premature death by the cervical screening programme by 2030

- Experts predict that cervical screening saves up to 4,500 lives a year in England, and up to 5,000 a year in the UK as a whole

For further information on all types of cancer screening including factsheets and frequently asked questions on: cervical, breast, prostate and bowel cancer please visit the NHS Cancer Screening Programmes website at:

http://www.cancerscreening.nhs.uk/index.html