Team Members

Co-chaired by Dr Megan Smith, Dr Emily Burger and Dr Alejandra Castanon

About 20 people showed interest in being involved with this groups. Half join on a regular basis

Fortnightly meetings

Outputs (1)

Impact of disruptions and recovery for established cervical screening programs across a range of program designs, using COVID-19 as an example: a modelled analysis Smith M.A, Burger E.A, Castanon A, de Kok I.M.C.M, Hanley J.B, Rebolj M, Hall M.T, Jansen E.E.L, Killen J, O'Farrell X, Kim J.J, Canfell K. *Preventive Medicine* (under review)

Expected age distribution in the absence of disruption (S0)
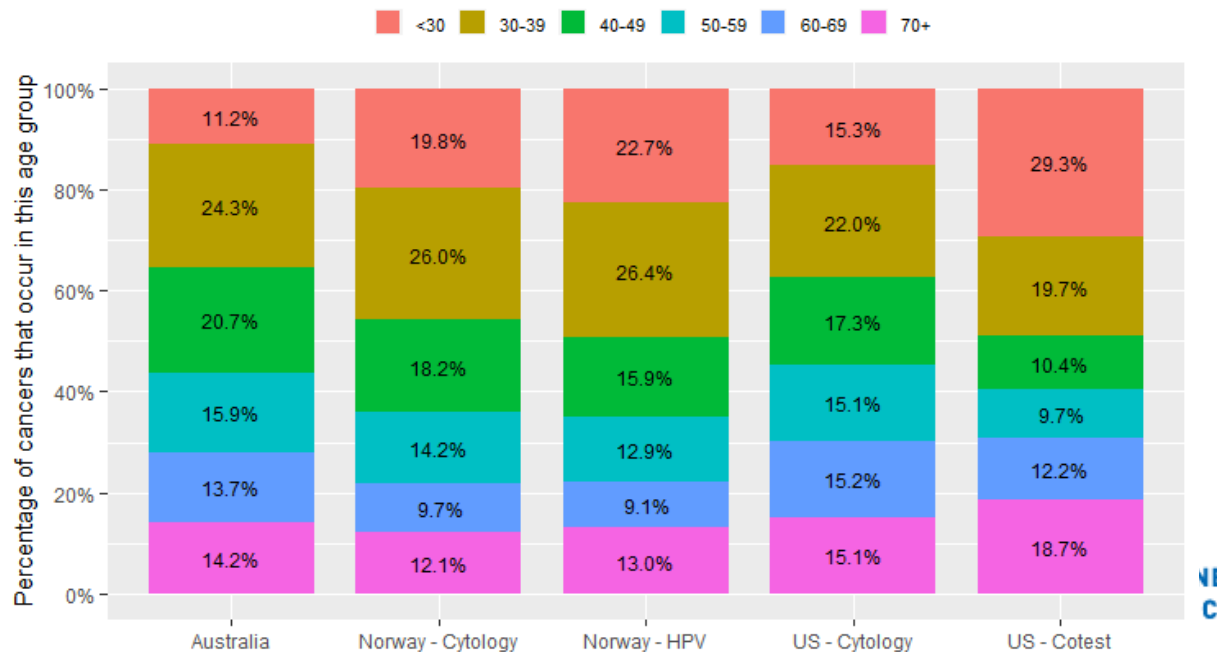
Percent additional cancer cases with disruption to primary screening only (S5 compared to S0);
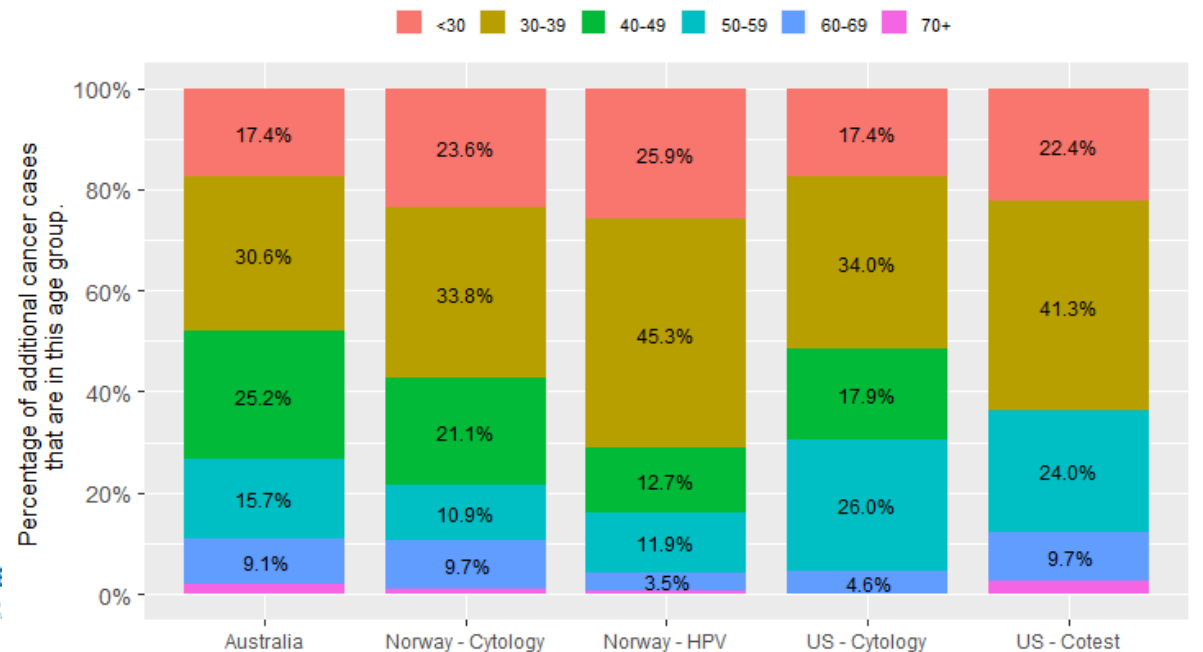
Outputs (2)

- **Optimal cervical screening COVID-19 recovery strategies in high-income countries depend on context of current programme organisation**

Castanon A, Rebolj M, Burger EA, de Kok I.M.C.M, Smith MA, Hanley S.J.B., Carozzi FM, Peacock S, and O'Mahony JF.

Lancet Public Health (published)

	Principles	Advantages	Disadvantages
Risk-based triage			
Age	Deprioritise women in age groups in which risk of cancer from missed screens is low	Age can be identified at point of care or from screening registry; administratively simple	Age-based stratification might be a crude prioritisation tool for older women (aged 50–70 years) at elevated risk
Previous screen history	Deprioritise women with a previous negative test by extending the interval between screening tests	Capacity targeted to women whose most recent test was positive and who are under surveillance	Risks associated with interval extensions will depend on the primary screening modality, test sensitivity achieved, programme intervals, and disease incidence; screening history might be difficult to ascertain in settings without screening registries
HPV vaccination status	Deprioritise women who are vaccinated against HPV	Enables risk stratification of well screened women	Difficult to ascertain in countries without screening or vaccination registries, or in countries where registries are not linked; the number of women eligible for deintensification might be low
Preservation of service			
Women with suspected high-grade or invasive disease on previous screen	Deprioritise colposcopy capacity for individuals referred with suspected low-grade abnormalities or for women who are HPV-positive to types other than 16 and 18 without high-grade cytology	Degree of risk (high) ascertained	Colposcopy services might be slower to recover than primary screening; requires the capacity to identify and actively invite those women who test positive at screening for further assessment or strong provider-level follow-up protocols
Medical history	Prioritise immune-suppressed women	Can be established at point of care	Might be more difficult to ascertain in non-primary care-based health systems
Awareness campaigns			
Age	Target awareness campaign by age group	Enables effective media buying and development of material for promotional campaigns	Engaging women in the recovery phase will be challenging and will probably require thoughtful communication strategies
Geographical location	Target awareness campaign to women in areas of high deprivation	Can be identified by postcode; enables effective media buying and development of material for promotional campaigns	Might miss particular ethnic groups with high economic status but low participation in screening
Screening innovations			
HPV self-sampling	Offer HPV self-sampling instead of in-clinic appointments to all women or to women in high-risk categories	Can overcome socioeconomic and COVID-19-related barriers to screen; can allow women in the shielding category to safely screen at home	Regulatory approval not yet in place in some countries; there might be insufficient laboratory capacity for additional preanalytical processes and shortage of reagents and consumables

Strategies are not exclusive of each other. HPV=human papillomavirus.

Table: Potential recovery strategies for resuming routine cervical screening during the COVID-19 pandemic and their differing advantages and disadvantages

Future directions

- **Satellite symposium at IPV**

- **Limited 'real world' data on which to base simulations**

- **Current theme we are exploring:**

    Quantify the variation in expected health gain from risk-based targeting of routine cervical screening (e.g., age and time since last screening test).