



SCOTTISH CERVICAL SCREENING SERVICE

LYNN GOVAN

LABORATORY MANAGER

NHS LANARKSHIRE

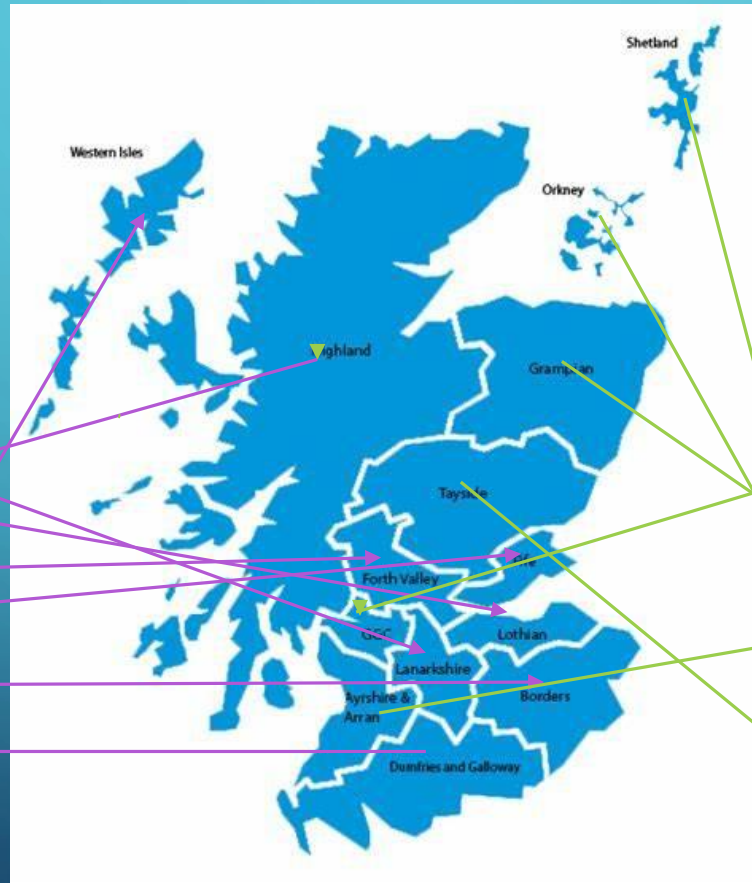
HPV FIRST – OVERVIEW

- UKNSC recommended a move to HPV first.
- August 2017 approved for introduction into Scottish Cervical Screening Programme
- February 2018 –Seven Cytology Labs in Scotland reducing to two
- April 2018 NHS Lanarkshire & GG&C successful in business case bid
- Hologic awarded contract – training on kits & platforms complete Feb 2020
- Laboratory modifications to accommodate new equipment
- Development & testing of new SCCRS IT system
- Go Live March 2020

ALLOCATION OF SCOTTISH HEALTH BOARDS

Monklands
University Hospital
Total Workload –
163,607

- Lanarkshire
- Lothian
- Highland
- Forth Valley
- Fife
- Borders
- Dumfries & Galloway
- Western Isles



Queen Elizabeth
University
Hospital –
Total Workload –
165,807

- Greater Glasgow & Clyde
- Grampian
- Ayrshire & Arran
- Orkney
- Shetland
- Tayside

SCCRS IT SYSTEM

- Scottish Cervical Call & Recall System
- Developed in 2007 but complete re-develop for HPV First
- Paper free system
- 4 modules : CRO, Sample takers, Labs, Colposcopy
- Addition of HPV result – Neg HPV – Repeat 5 years. No slide
- Creation of ‘middleware’ to transfer results from Panther to SCCRS
- Worklists to manage samples requiring a slide to be made

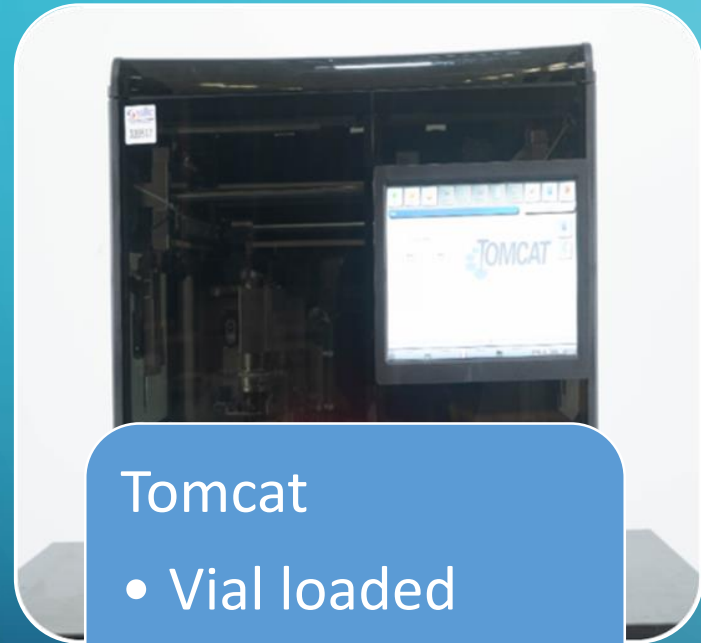
PATHWAYS

- 5 new Patient Pathways
 - Primary Screening
 - Primary Screening Virology positive/ Cytology only
 - Conservative Management
 - Test of Cure
 - Cytology Surveillance Low Grade
 - Cytology Surveillance High Grade
- Patients all transitioned to new Pathways

HOLOGIC APTIMA KIT

- RNA BASED TEST
- 14 HIGH RISK HPV TYPES – 16/18/31/33/35/39/45/51/52/56/58/59/66/68
- INTERNAL CONTROL PLUS CALIBRATORS
- ADDITIONAL POSITIVE & NEGATIVE CONTROL –SHPVRL
- RESULTS – POSITIVE, NEGATIVE OR FAIL
- AVERAGE 11.5% POSITIVE PLUS 5% PATHWAYS
- LESS THAN 0.1% FAIL
- **UK NEQAS** – Pooled material of clinical origin, 4 specimens 3 times a year – scores on qualitative performance (presence/absence of high risk types)
- **QCMD** Largely, cell-line material, 2 x year or 1 x year ‘ approx 10–13 samples.

HOLOGIC EQUIPMENT-PROCESS FLOW



Tomcat

- Vial loaded
- 1ml aliquot into Aptima tube



Panther

- Aptima Kit + Controls + Calibrators
- Sample tubes
- MTU's & tips etc



AURORA



SCCRS

- Pos/Neg/Fail
- Worklists
- Data to T5000

GO LIVE.....

- Communication from NHS Scottish Cervical Screening Programme

All samples taken on or after Monday 16th March 2020 will be tested for HPV'

Communication
from UK
Government
26th March



30TH MARCH 2020
HR-HPV PRIMARY TESTING 'GO-LIVE'

Suspension of Scottish Cervical Screening Programme



RESTART

- Time to gradually build up workflow
- Iron out any teething issues
- Ensure all staff fully trained
- Programme restarted on 29th June 2020
- COVID testing
- By beginning 2021 – HPV work levels reaching expected levels

CURRENT CHALLENGES

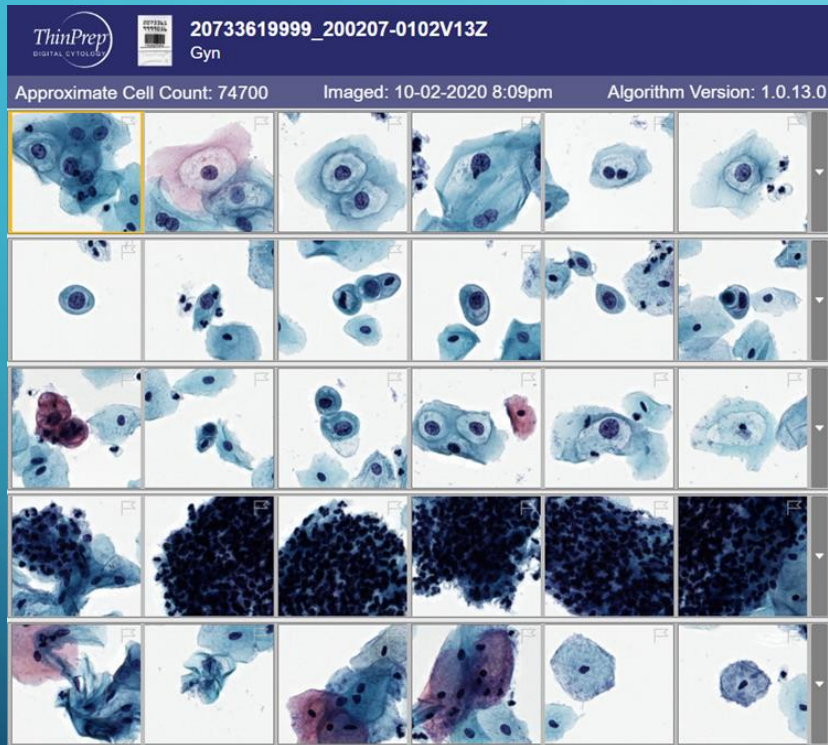
- Loss of trained staff
- 2 year training period
- Space to accommodate staff
- Managing slide backlog
- Imager decommission by 2027
- Replacement system still to be verified by service

THE FUTURE – GENIUS

- Hologic announced suspension of Review scope & Imager – 5 years
- Introduction of Genius Imager
- 30 tiles displayed
- Scans at x40 on 14 focal plane merges to a single plane
- Sharing cases across sites



GENIUS



Row 1: Low N/C ratio, enlarged nuclei, koilocytes (likely ASCUS, LSIL)

Row 2: High N/C ratio, dark nuclei (likely HSIL, Sq Met, Parabasal)

Row 3: Other – distorted cells, additional items from 1 or 2

Row 4: Glandular and/or other clusters

Row 5: Infections

...Rows 1–4 fill in with normal cells if nothing else is available

THE FUTURE – SELF SAMPLING



Currently 8 countries have this option as part of National Screening Service – has led to an increase in uptake. Work is continuing on validation of new collection devices & use with different HPV kits & platforms

ANY QUESTIONS

- Thanks to Gillian Collins QEUH & Allan Wilson UHM