

STARTING CERVICAL SCREENING AT AGE 25 IS SAFE



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The International Agency for Research on Cancer recommends that cervical screening commence at the earliest at age 25 because *'there is minimal benefit and substantial harm in screening below age 25.'* (IARC 2005)¹

FACT

Screening before the age of 25 to prevent cervical cancer doesn't work

Australia's long standing National Cervical Screening Program (NCSP) was introduced in 1991.

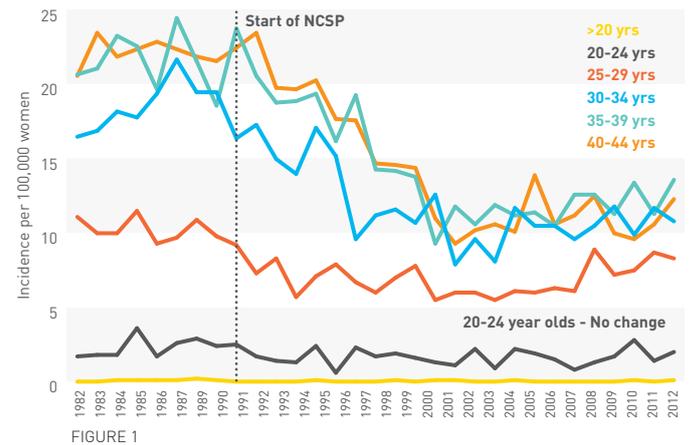
- The NCSP has been very successful in women over 25 years and we now have very low rates of cervical cancer in Australia.
- There has been no impact on the very uncommon cancers that do occur in women under 25 years.
- Most women in this age group are newly sexually active and have transient human papillomavirus (HPV) infection that can be associated with concerning cytological appearances despite the fact that the overwhelming majority of these infections are destined to be cleared.

The success of Australia's current screening program has been due to the participation of women from the age of 25 years, not the participation of women under 25 years.

- Cervical cancer is rare in women under 25 years of age and rates in this age group have remained unchanged in Australia despite screening.² (Figure 1)
- In Australia currently and historically there are around 19 cervical cancer cases per million women aged 20-24 years and this is expected to decline to 7 per million by 2020 (with ongoing declines after that) **due to HPV vaccination.**³

FALL IN CERVICAL CANCER IN AUSTRALIAN WOMEN OVER TIME BUT NO DECLINE FOR WOMEN 20-24 YEARS

(Source AIHW 2016. Cervical screening in Australia 2013-2014: supplementary data tables)



FACT

Screening before the age of 25 can cause harm

Screening women younger than 25 years leads to many women receiving treatment for cell changes caused by:

- HPV that would never become cancers but were destined to resolve on their own.
- Evidence links treatments of the cervix with a small but important increased risk of preterm delivery, suggesting significant long term obstetric harm from this over-diagnosis and treatment.⁶

1 International Agency for Research on Cancer. IARC handbooks of cancer prevention Vol 10: cervix cancer screening. Lyon: IARC;2005.

2 Smith M, Canfell K. Impact of the Australian National Cervical Screening Program in women of different ages. *Med J Aust* 2016; 205 (8): 359-364.

3 Personal correspondence, Prof Karen Canfell, Cancer Council NSW, May 2017. Estimate derived from Australian specific modelling platform as previously published (see reference 13).

4 Sasieni P, Castanon A, Cuzick J. Effectiveness of cervical screening with age: population based case-control study of prospectively recorded data. *BMJ* 2009; 339: b2968.

5 Sasieni P, Castanon A. Dramatic increase in cervical cancer registrations in young women in 2009 in England unlikely to be due to the new policy not to screen women aged 20-24. *J Med Screen*. 2012 Sep; 19(3):127-32.

6 Kyrgiou M, Athanasiou A, Paraskevas M, Mitra A, Kalliala I, Martin-Hirsch P et al. Adverse obstetric outcomes after local treatment for cervical preinvasive and early invasive disease according to cone depth: systematic review and meta-analysis *BMJ* 2016; 354: i3633

FACT**HPV vaccination will further reduce the very low rates of cervical cancer in women under 25 years**

- Because HPV16 is the most aggressive HPV type, the very uncommon cancers that do occur in younger women are more likely due to HPV16.^{7,8}
- Young women in Australia are now at substantially lower risk of HPV16 and HPV 18 infection,⁹ and the resultant pre-cancers¹⁰ and cancer of the cervix, than ever before.
- This is due to the high uptake of the HPV vaccine which has dramatically decreased the circulation of the virus in young people in Australia, so that even unvaccinated women are experiencing a degree of indirect (herd) protection.¹¹

FICTION

There are many online testimonies from women saying they had cervical cancer before the age of 25

Most of these women will have had pre-cancerous changes

- Rather than invasive cancer, given how extremely uncommon cervical cancer is in this age group.
- This distinction (between pre-cancerous changes and invasive cancer) is commonly misunderstood by women who have been treated in our current program.

Very uncommonly, women under 25 years have developed cervical cancer and unfortunately participation in the NCSP

- Either has not prevented the development of their cervical cancer (if they participated) or was not likely to have prevented the development of cancer (if they hadn't participated), given the evidence.
- Recognition of the limitations of screening in young women should not be seen as diminishing the experience and concerns of young women who have been treated for either cervical pre-cancer or cancer.

FICTION

Some people speculate that this policy is not safe for young women who started having sex at a young age

- There is limited evidence about the risk of cervical cancer in young women who have been exposed to HPV through sexual activity when they were younger than 14 years (whether consensual or not).
- However, the available evidence does not suggest that these women are at increased risk of invasive cervical cancer compared to women who commenced sexual activity at 16 to 18 years.¹²
- For women who had their first sexual activity when they were younger than 14 years and had not received HPV vaccination prior to their sexual debut, a single HPV test between 20 and 24 years, considered appropriate on an individual basis.

FICTION

Some people say that the change to the age to start screening is a "cost cutting" measure

- The changes are based on evidence.
- While the age of starting screening has gone up to 25 years, the age for exiting the renewed NCSP has also gone up, to 74 years.
- This is because evidence has shown that between 69 years and 74 years women remain at risk of developing cancer
- Extending the age at which screening stops is anticipated to produce further declines in cervical cancer rates.¹³

Any women with possible symptoms of cervical cancer should have diagnostic cytology and HPV testing (co-test) and appropriate referral regardless of age. This is not screening.¹⁴

CONCLUSION

It is safe to start cervical screening at age 25. The best protection against the extremely uncommon cervical cancers arising in women aged under 25 years is HPV vaccination, as these cancers cannot be prevented by screening. Australia's National Cervical Screening Program is predicted to result in a further 20 to 30% decline in the incidence of and mortality due to cervical cancer.¹⁵

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- 7 Hammer A, Rositch A, Qeadan F, Gravitt P, E and Blaakaer J (2016), Age-specific prevalence of HPV16/18 genotypes in cervical cancer: A systematic review and meta-analysis. *Int. J. Cancer*, 138: 2795-2803.
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