

Newsletter Dutch population screening for cervical cancer – February 2017

Start of the renewed population screening for cervical cancer per January, 2017

After years of careful preparations, the renewed population screening for cervical cancer started. The most important changes compared to the current programme are:

- A switch from cytological screening towards primary hrHPV screening with cytology triage.
- The introduction of a self-sampling device for non-responders.
- Referral of women with moderate or severe dysplasia as well as women with mild dysplasia to gynaecologists.
- General practitioners are no longer able to send invitations for participation.
- In case of a negative hrHPV test at the age of 40 and 50 years, women receive their next invitation in 10 years instead of 5 years.
- All screening tests for the population screening will be sent to five laboratories instead of 40.
- The second triage cytology at 6 months is now part of the population screening and therefore free of charge for the participating women.



Progress since Eurogin 2016

Since our last meeting at the Eurogin conference in Salzburg, we have worked hard to implement the renewed population screening.

In June 2016, the laboratory services have been awarded to the following laboratories: NMDL (Rijswijk), JBZ (Den Bosch), Radboud UMC (Nijmegen), Symbiant (Hoorn) and UMCG (Groningen). They have signed their contracts with the Screening Organisations.

In August, we started with the implementation of the HPV systems. First of all, an initial acceptance test has been performed at the location of Roche, Switzerland. Based on this test, which showed that the complete HPV assay system performed comparable to the system at the time of clinical validation, the RIVM has released the HPV systems for installation within the screening laboratories. Subsequently, a second acceptance test and high volume test have been performed at the location of the laboratories. All laboratories that performed the tests at this moment, have passes these tests.

In September 2016, the representatives of the five screening laboratories got together for the kick-off of the 'kwaliteitsplatform' (quality platform) to further elaborate on the HPV and cytology quality assurance of the renewed population screening. From December 2016, two experts have been appointed as national reference agents by the screening organisations: Rob Schuurman for HPV (UMC Utrecht) and Anne Uyterlinde for cytology (VUmc Amsterdam). They have joined and will lead the monthly meetings of this platform.

In October 2016, 2000 women living in Breda, who would have received an invitation in 2017, were invited in October 2016 already, to test the whole



process of screening in one laboratory. This pilot has been successful, and the lessons-learned were used in the preparation of the other screening laboratories.

At January 23, the first 'regular' invitations were sent out.



Monitoring and Evaluation

Based on the existing list of national indicators, we have established a new list. Besides the national indicators which are calculated once or twice a year, we have established a list of indicators (some of which are also in the main list), which will be calculated on a monthly basis, in order to carefully monitor the implementation of the renewed population screening.



Communication products

The brochure with the invitations and test results are finalised. Please use the hyperlinks below to download the brochures.

[Brochure invitation English](#),
[Brochure results English](#).



Frameworks

The different parties involved in the execution of the population screening, are working in accordance with the framework (Uitvoeringskader bevolkingsonderzoek baarmoederhalskanker) and policy framework (Beleidskader bevolkingsonderzoeken naar kanker), which can be downloaded using the links below (in Dutch) .

[Framework](#) , [Policy framework](#)

HPV conference in South Africa

Nynke van der Veen (+31 6 21806680) will attend the HPV conference. She will give a presentation on Saturday, March 4 (Meeting Room 1.41, 8.35 AM) about communication and education strategies of patients and health care providers in the Netherlands.

Soon, you will receive an invitation for a conference call to discuss the first results of the renewed population screening.