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For discussion
9 July 2003

LegCo Panel on Health Services
Cervical Screening Program in Hong Kong

Purpose

This paper briefs Members on the Cervical Screening Program for women in Hong Kong.

Background

2. Cervical cancer is a common female cancer worldwide. In Hong Kong, cervical cancer ranks as the fifth commonest cancer and the eighth leading cause of cancer deaths among women. In 2000, there were 444 new cases and 128 deaths due to cervical cancer. Approximately 65% of new cases and 43% of deaths occurred in women aged below 65 years.

3. Invasive cervical cancer is usually preceded by an asymptomatic pre-invasive stage where pre-cancerous cells are confined to the surface of the cervix. The long pre-invasive period (around 10 years) and the availability of effective treatment to remove the pre-cancerous lesions provide the foundation of cervical screening by regular cervical smears for cervical cancer prevention.

4. There is good international evidence that a well-organized screening program can substantially reduce the incidence and mortality of cervical cancer. A local study estimated that about 150 new cases of cervical cancer could be averted each year in Hong Kong with an organized cervical screening program having good coverage.

Current Situation

5. Major providers of cervical screening services in Hong Kong include the private medical sector, the Family Planning Association of Hong Kong (FPA), Maternal and Child Health Centers (MCHC) under the Department of Health (DH), and the Hospital Authority (HA). As more smears will be performed under an organised cervical screening programme, these providers would need to take up additional smears each year, with the private sector playing a major role in this regard.

6. While cervical screening services are readily accessible by

women in Hong Kong, there is room for improvement. Studies have shown that many women still lack knowledge about cervical screening and have misconceptions about it. Many women at high risk of cervical cancer, especially older women, do not go for screening; while some women receive screening more frequently than necessary. There is a lack of consensus quality management guidelines and different service providers are practising cervical screening differently, with variable quality and results. There is no centralized registry to keep track of cervical smear results, to remind women when to go for cervical smears, and facilitate sharing of cervical smear results among service providers for better patient management. Currently, the estimated coverage rate of cervical screening (among women aged 25-64) is approximately 45%. In Australia and Finland, the reported coverage rates are 65% and 75% respectively.

7. To address the above issues and to strengthen preventive health services, the Department of Health will launch a cervical screening programme (CSP) in collaboration with other health care service providers in the first quarter of 2004. The CSP specifically targets the following areas –

- (i) formulate a sound, evidence-based screening policy to maximize program efficiency;
- (ii) design effective recruitment and public education strategies;
- (iii) build an information system;
- (iv) set quality assurance standards and guidelines; and
- (v) facilitate collaboration between private and public sectors in providing cervical screening.

Planning of the Cervical Screening Programme

8. In accordance with the Government's 2001 Policy Address, the Department of Health will launch a cervical screening program for women in collaboration with other health care providers in 2003-2004. A Cervical Screening Task Force (CSTF) chaired by the Director of Health was established in December 2001 to oversee the planning, implementation, and evaluation of the program. Membership of the CSTF included representatives from professional Colleges, university experts, service providers from the public and private sectors, non-governmental organization, and women groups.

9. The CSTF adopted an evidence-based approach and spent substantial efforts obtaining relevant data crucial for the design of the CSP. A questionnaire survey on doctors in private practice was carried out to

collect data on their cervical screening practices and their views about the CSP. Other surveys were conducted on private laboratories that performed cytological examinations on cervical smears. Moreover, representatives of CSTF visited private laboratories and private healthcare providers to learn about their operations and information systems. Last but not least, a focus group study was commissioned to collect views of women of different age and background to understand their beliefs, behavior and attitude about cervical screening in Hong Kong.

Formulating a sound screening policy

10. Based on a detailed study by experts in the CSTF, the CSP recommends women aged 25 to 64 years who have experienced sex to receive 3-yearly cervical smears following two consecutive yearly negative smears. Screening may be discontinued in women aged 65 or more if 3 previous consecutive smears are normal. This screening policy has taken into consideration the local epidemiology of cervical cancer, and is congruent with the Guidelines of the Hong Kong College of Obstetricians and Gynecologists and experience from overseas programs.

11. The recommended starting age for screening is set at 25 years because the incidence of cervical cancer in women below age 25 is very low. In 2000, only two out of the 444 cases were below 25 years of age. Another important reason is that, in younger women, there is a comparatively high incidence of cervical dysplasia (abnormal-looking cells) that will regress to normal spontaneously. Regular screening of women under 25 years will result in a substantial number of false positives results and potentially harmful interventions. However, individual women aged below 25 years who have high risk profile may be screened according to professional judgment.

Effective recruitment and education strategies

12. In order to recruit as many women into the CSP as possible, personalized invitation letters will be sent to the target population. Personalized invitation letters have been shown to be highly effective in increasing cervical screening coverage based on overseas experience. Priority will be given to women aged 50-64 who are at higher risk of developing cervical cancer and yet have lower coverage rates. In addition, women who are due for their next cervical smears will receive reminder letters.

13. To address the problem of inadequate knowledge and awareness among women about cervical screening, the CSTF will launch a series of

mass media campaigns in various forms together with our collaborators when the CSP is rolled out. A special website dedicated to the CSP is being made. Free education and publicity materials will be distributed to the general public as well as health services providers.

Building an information system (or registry)

14. In many countries, one of the biggest differences between uncoordinated screening activities and an organized screening program is the existence of a central registry of cervical smears, which Hong Kong lacks at the moment. Experts in the CSTF all agree that a central registry of cervical smears is a crucial element of the CSP. It supports multiple functions and brings great benefits which are otherwise not achievable. Such functions include the enrolment of the target population, maintaining information on screening history and results, tracking utilization and follow up, sending reminders, linking record across different providers, generating indicators for coverage and quality assurance, and facilitating research and evaluation of the program. The DH has begun work on building such a registry, which is called the Cervical Screening Information System (CSIS).

Quality management

15. With the collaborative efforts of the professional Colleges, academic experts and service providers in the CSTF, quality management guidelines have been drawn up for all stages of the screening pathway, including proper smear-taking by practitioners, accurate cytological diagnosis at the laboratories, smear reporting and management of abnormal smear with appropriate follow-up and treatment. Such quality management guidelines are important in ensuring that women receive good quality services. Quality indicators will be monitored by the CSIS. The CSP also coordinates with professional training institutions to organize training activities for medical staff in providing cervical screening. The DH has also produced a handbook on cervical screening and has been conducting training activities for medical staff working at the MCHCs.

Collaboration between the private and public sectors

16. Since the private sector is the main provider of cervical screening services in Hong Kong, private-public collaboration is crucial to the success of the CSP. Members from the private sector in the CSTF have provided invaluable advice and ideas. The CSP will create a conducive environment for private-public collaboration.

17. The CSP is preparing professional training kits which will be distributed free to private service providers, including smear-taking manual, educational VCD, pamphlets, posters and fact sheets. Through the CSIS, the CSP supports private doctors by providing search for cervical smear and biopsy results, on-line enquiries, and feedback about quality indicators. The CSP will issue reminder letters for doctors to recall clients due for cervical screening. Refresher courses will be organized for private doctors in conjunction with professional training institutions. The private sector will also receive support in mass publicity and education campaigns to promote cervical screening.

Benefits

18. With the above, the CSP will achieve the following benefits:-

(a) improve the overall coverage of cervical screening among women in Hong Kong. The CSP has an interim target coverage rate of 60% among women aged 25-64 to be achieved in 3 years, which is compatible with overseas experience. Over the longer term, screening coverage would reach levels on par with international best models, such as 80% or more.

(b) achieve more equitable screening, especially among older women with lower coverage rates.

(c) improve the quality of cervical screening services through quality management standards and guidelines.

(d) closer collaboration with and better involvement of the private sector in providing cervical screening services

(e) reduce the number of women developing and dying from cervical cancer, thereby bringing better quality of life to women in Hong Kong.

19. Members are invited to note and comment on the contents of this paper.

Department of Health
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