

Northern Ireland
Cervical Screening
Programme

ANNUAL REPORT
& STATISTICAL BULLETIN
2010-2011

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Contents

Chapter	Page
Executive Summary	4-5
1 Introduction	
1.1 Overview of the programme	6-9
1.2 Screening data	
1.3 Report Structure	
2 Key developments and activities 2010/11	10-11
3 Call and Recall Programme	12-19
4 Cervical Cytology	20-22
5 Definitions	24-25
6 Data Tables	26-36

Executive Summary

The Northern Ireland Cervical Screening Programme invites eligible women to have a regular cervical screening test. The test is intended to detect abnormalities within the cervix that could, if left untreated, develop into cancer.

This report presents key information about the NI Cervical Screening Programme for 2010/11. It describes new policy and service developments and provides data about the call and recall system, laboratory activity and referrals to colposcopy services. The statistics presented here are used to inform policy and to monitor the quality and performance of the screening programme.

A significant policy change was introduced from January 2011, when the target age range and screening intervals of the programme were revised. From this date, screening is offered to all eligible women aged 25-49 every 3 years, and to women aged 50-64 every 5 years. This brings Northern Ireland policy in line with that in England. Prior to this date, screening was offered to eligible women aged 20-64 every 5 years.

Main statistical findings

- At 31 March 2011, 77.3% of eligible women (aged 25-64) in Northern Ireland had been screened at least once in the previous five years. The coverage continues to increase year on year, comparing to 76.7% in 2009/10 and 75.4% in 2008/09.
- The regional call/recall centre issued reminders to attend for screening to 71,031 women aged 25-64 years, between 1st April 2010 and 31 March 2011. Many more women will have been invited for screening directly by their GP.
- A total of 125,891 women (all ages) had a screening test reported in 2010/11. Of these, 111,667 were in the 25-64 age group. A proportion of women will have more than one sample reported in a given year.
- Over 138,000 cervical samples were examined by cytology laboratories in Northern Ireland during 2010/11 from women of all ages. 95.3% of these were submitted by GP practices or HSC community clinics.

- Only 3.4% of all samples were reported as inadequate, requiring approximately 4,600 women to have a repeat screening test. This compares to an inadequate rate of over 8% prior to the introduction of Liquid Based Cytology technique in 2006/07.
- A negative result was reported for 87.5% of all samples (all ages) examined by the laboratories.
- As a region laboratories reported 66.2% of samples within two weeks of receipt. A total of 86.2% were reported within 4 weeks.

The NI Cervical Screening Programme continues to perform well against national standards and significant ongoing improvements have been made against some key indicators such as coverage. Further improvements could be made in the time between the sample being taken and the availability of the result to the woman. A new two week target is being introduced in the NHS Cervical Screening Programme (England) in relation to this and all local laboratories are working towards reducing and maintaining turnaround times.

A significant gap in the ability to quality assure the NI Cervical Screening Programme is the absence of standardised colposcopy data. This will be addressed with the introduction of a regional colposcopy IT management system, which will be tested and rolled out to all colposcopy clinics from 2012/13.

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1 Introduction

The aim of the NI Cervical Screening Programme is to reduce the number of women who die from the disease. It achieves this by detecting early abnormalities in cervical cells that could, if left untreated, develop into cancer.

A significant policy change was introduced from January 2011, when the target age range and screening intervals of the programme were revised. From this date, screening is offered to all eligible women aged 25-49 every 3 years, and to women aged 50-64 every 5 years. This brings Northern Ireland policy in line with that in England. Prior to this date, screening was offered to eligible women aged 20-64 every 5 years.

The screening programme consists of three main operational elements:

- Call and recall
- Cervical cytology
- Colposcopy

1.1 Overview of the programme

1.1.1 Call and recall

The Business Services Organisation (BSO) provides the regional call and recall functions for the screening programme. This involves identifying those women who are eligible for cervical screening and issuing reminder letters to attend for screening when their next test is due. An information leaflet on the programme is included with the reminder letter. Women are encouraged to make an appointment with their GP practice or to attend a community family planning clinic to have their screening test.

Some GPs in Northern Ireland have opted out of this regional call and recall process and alternatively operate their own invitation system for women registered with their practice.

Women aged 65 or over, whose last three consecutive screening tests were reported as normal are removed from the call/recall programme. Women over 65 who require ongoing surveillance continue to be included to ensure they are not lost to follow-up.

Screening tests can also be undertaken opportunistically and not as the direct result of a reminder letter from the programme.

As cervical screening samples are not all channelled through one invitation process or service, quantifying the actual impact of the call recall process is difficult in Northern Ireland as it is impossible to identify how many samples are taken as a direct result of a screening invitation or reminder letter.

This process differs to England, where all call recall functions are now carried out by regional centres, rather than through individual primary care practices. A significant proportion of screening tests undertaken in Northern Ireland are therefore recorded as being taken 'outside programme'.

1.1.2 Cervical Cytology

Cervical screening samples collected at GP practices and community clinics are sent to a cytopathology laboratory to be processed and reported. There are four cytopathology laboratories in Northern Ireland participating in the Cervical Screening Programme, located at:

- Belfast City Hospital
- Craigavon Area Hospital
- Antrim Area Hospital
- Altnagelvin Area Hospital

The Belfast laboratory provides the cytology service for both the Belfast and South Eastern Health and Social Care Trust areas.

The results of all screening tests are returned to the professional who took the test (sample taker) as well as the woman's GP. The test result is electronically notified to the call/recall centre to be included on the cervical screening database and form part of the woman's screening history. This will also trigger the next screening due date set for that woman.

Most women receive a **normal** result and are recalled for another routine screening test in 3/5 years time dependent on her age (routine recall).

When the laboratory identifies cell changes that require further investigation, an **abnormal** result is issued. These may be high grade abnormalities (severe or moderate changes) or low grade abnormalities (mild or borderline changes). All high grade changes are referred to colposcopy. Low grade changes may be referred to colposcopy or managed by a repeat screening test in 6 or 12 months time.

In a small number of cases there are not enough cells in the sample for the laboratory to issue a result. These are reported as **inadequate** and a repeat test is advised.

1.1.3 Colposcopy

Women referred for further investigation attend a colposcopy clinic provided by their local Trust. A colposcopy is an examination of the cervix using a lighted, low powered microscope (a colposcope). A biopsy may be taken during the examination for diagnosis, and treatment may also be carried out at the same time.

Women who have confirmed cancer are managed within the multidisciplinary team setting.

1.2 Screening data

Standard data returns are used to collect and present data on the cervical screening programme:

- KC53 – information sourced from the call and recall system
- KC61 – information on screening samples processed by the cytology laboratories. Data is sourced from the four screening laboratories.

The data from each of these returns is collated and published at the end of each financial year.

The production of a standard data return for colposcopy (KC65) is not yet possible in Northern Ireland. A regional information system for colposcopy is being rolled out across all colposcopy units and it is anticipated that colposcopy data will start to be available from 2012/13 onwards.

The standard data returns are used to support the quality assurance of the screening programme and facilitate benchmarking of the Northern Ireland programme against national standards and similar programmes elsewhere in the UK.

1.3 Report structure

This report outlines the performance of the Northern Ireland Cervical Screening Programme for the year 2010/11. It contains data and statistics compiled from the standard data returns, reports on performance against national standards and describes significant trends in the programme over recent years.

The statistics are presented under the two key headings:

- Call and recall programme
- Cervical cytology

Detailed tables (where available) are included in the Data Tables section of the report.

As some of the terms used in the report are technical, definitions have been included to support the reader's understanding.

Cervical Screening Key Indicator Data 2010/2011, by screening laboratory

National Standard		Belfast HSC Trust Lab	Northern HSC Trust Lab	Southern HSC Trust Lab	Western HSC Trust Lab	Northern Ireland
5 year coverage	>80%	72.0% (Belfast Trust)	80.7%	77.7%	78.0%	77.3%
		78.9% (SE Trust)				
Laboratory Workload	>15,000	53,602	30,670	29,651	27,373	138,296
Time from smear being taken to result issued [1]	>80% within 4 weeks	52%	97%	96%	99%	80%
	>100% within 6 weeks	80%	99%	99%	99%	92%
Laboratory Turnaround (from receipt of smear to authorisation of report)	80%<4 weeks	67.4%	97.8%	96.9%	99.9%	86.2%
Inadequate Rate	0.9 - 2.7%[4]	3.4%	2.4%	4.1%	2.7%	3.2%
Low Grade Rate	3.6 – 7.4%[2]	8.0%	6.9%	5.8%	6.5%	7.0%
High Grade Rate	0.7 – 1.3[2]	1.4%	1.0%	1.6%	1.4%	1.3%
Sensitivity (all abnormalities)	> 90% [3]	94%	93%	94%	96%	94%
Sensitivity (High Grade abnormalities)	> 95% [3]	99%	98%	97%	99%	98%

[1] KC61 data – measures the number of weeks from date smear is taken until a laboratory report is sent to the call/recall office.

[2] 2010/11 NHSCSP reference ranges

[3] KC 61 Data extracted from Cyres Query: Report 20, Overall sensitivity for laboratory

[4] Inadequate standard is based on West Midlands QARC (UK) Northern Ireland QARC has provided this LBC rate as a guide only

2 Key developments and activities in 2010/11

2.1 Policy change

A significant policy change was introduced from January 2011, when the target age range and screening intervals of the cervical screening programme in Northern Ireland were revised. From this date, screening is offered to all eligible women aged 25-49 every 3 years, and to women aged 50-64 every 5 years.

This brings Northern Ireland policy in line with that in England. Prior to this date, screening was offered to eligible women aged 20-64 every 5 years. It will take up to five years for the revised policy to be completely implemented as women under the age of 25 who had already commenced the screening pathway at 1st January 2011 will continue to be offered recall for screening as appropriate.

To support the implementation of the revised policy, the screening programme was given a 'face-lift' with the development of a new logo and updated information leaflets for women. The leaflets have been redesigned to appeal to the target audience and incorporate information on the links between Human Papilloma Virus (HPV) and cervical cancer. They aim to facilitate informed decision making by all women.

The Quality Assurance Reference Centre coordinated and hosted a series of update training sessions for smear takers to promote the changes to the screening policy. Events were held in Lisburn, Omagh, Belfast and Craigavon during March 2011 and were well attended by primary care and family planning staff. A further event is planned for the Northern Area later in the year.

2.2 HPV testing

Testing for Human Papilloma Virus (HPV) as part of the screening pathway has been piloted in a number of sentinel sites in England over recent years. The findings suggest that using high risk HPV testing to triage mild and borderline cytology results is cost-effective and improves the quality of the patient experience through the screening pathway. HPV testing has also been considered for use as test of cure following treatment.

HPV testing is not included in current regional screening policy, however, the Western HSC Trust started to undertake HPV triage testing on screening samples from February 2011.

In July 2012, the Chief Medical Officer announced that HPV testing for Triage and Test of Cure should be introduced in Northern Ireland from December 2012. Implementation will be taken forward and coordinated across the Region by the Public Health Agency.

2.3 Colposcopy IT system

After many years of preparatory work, a regional Colposcopy Information Management System was successfully procured during 2010/11. The system will for the first time facilitate the collection and production of quality assurance data for colposcopy services in Northern Ireland. In particular, the system will allow the production of a standardised Korner return for colposcopy, KC65. The system is initially being installed and tested within the colposcopy clinics in the Northern HSC Trust, before roll out to all other colposcopy sites in Northern Ireland from 2012/13.

2.4 Quality Assurance visits

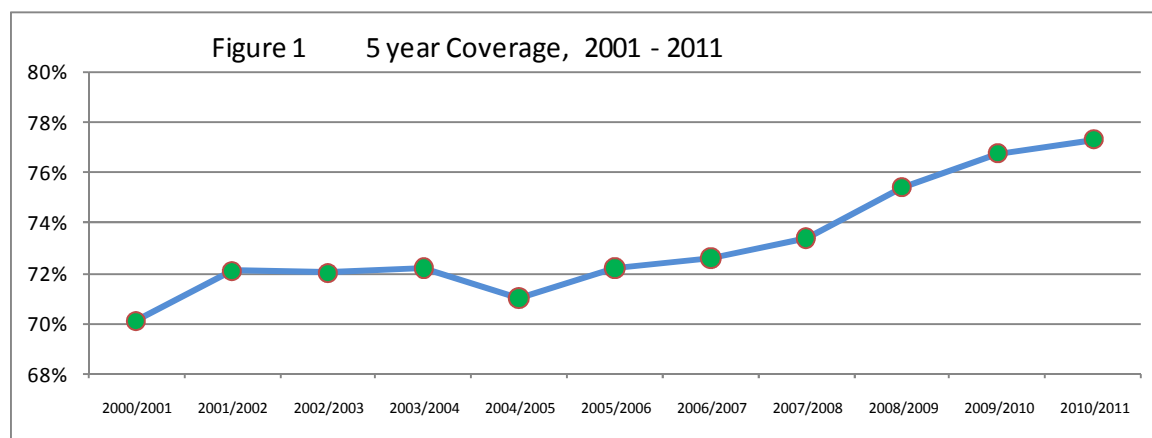
The first full quality assurance visit within the cervical screening programme in Northern Ireland was undertaken to the screening services provided by Belfast and South Eastern Trusts in March 2011. The visit covered both the laboratory and colposcopy aspects of the screening programme and a full report will be issued to the Trusts concerned. The NHS Cervical Screening Programme recommends that QA visits are carried out at least every three years and the QARC has now developed a rolling programme to ensure that all services are visited on a regular basis.

3 Call and Recall Programme

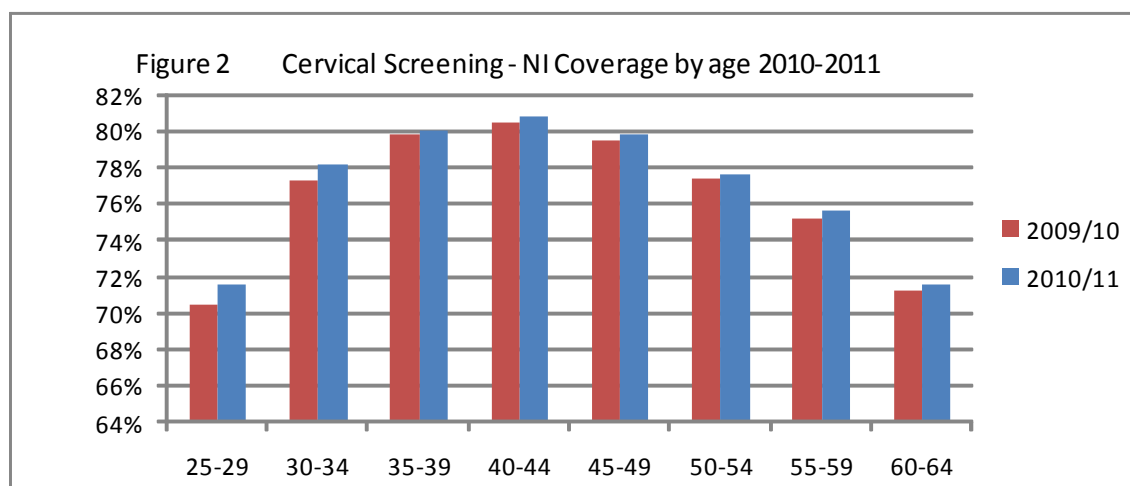
3.1 Coverage (Data Tables 1, 2, 10, and 11)

3.1.1 Coverage is used as a measure of the population's participation in the screening programme. It is defined as the proportion of eligible women, aged 25-64 who have an adequate test result recorded in the previous five years. At 31st March 2011 the coverage for Northern Ireland was 77.3%.

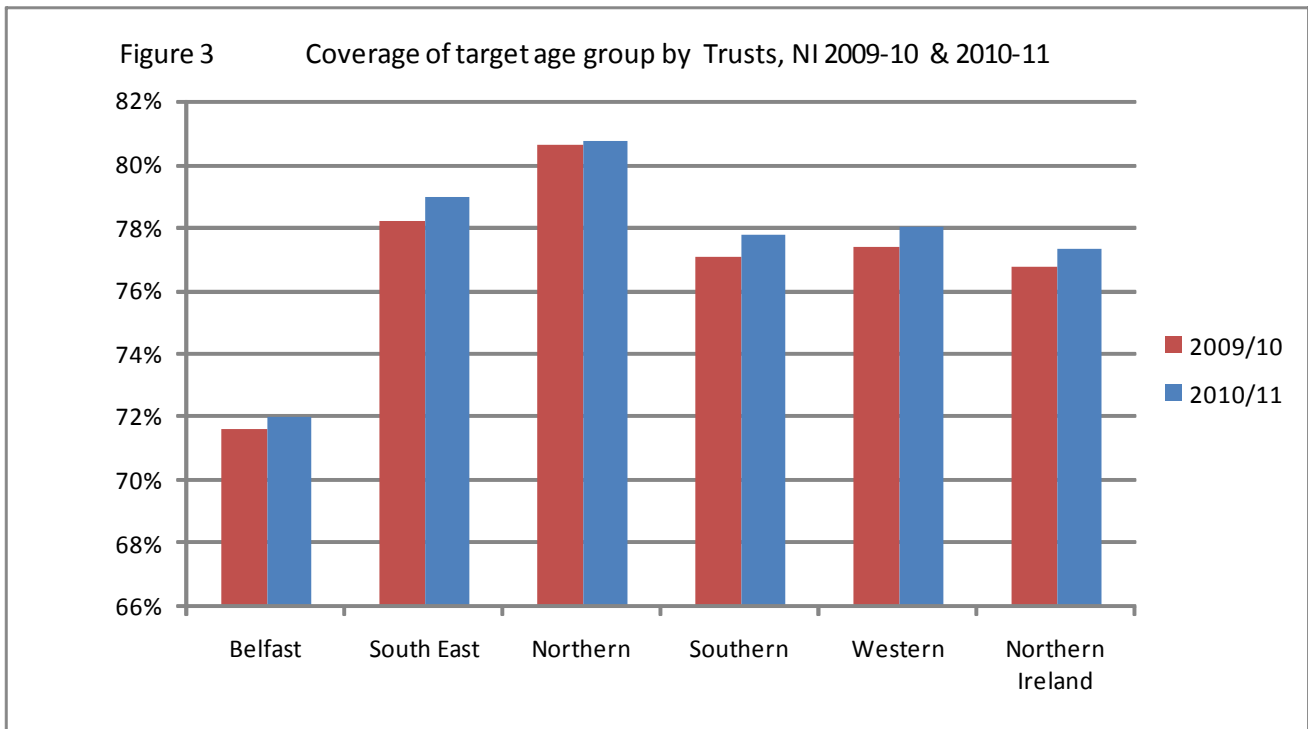
Coverage continues to improve in Northern Ireland, and this is the sixth consecutive year it has increased. (Figure 1)



3.1.2 Coverage has increased in every age group during 2010/11, and this is particularly evident in younger women. (Figure 2) The 80% coverage target was again achieved in two age groups (35-39yrs & 40-44yrs) in 2010/11. This is the second year the target has been achieved by these age groups in Northern Ireland.



3.1.3 Coverage of the target age group 25-64 varied between Trusts. The highest reported coverage was in the Northern Trust at 80.7%, although all Trusts showed an increase over the previous year. (Figure 3)



3.1.4 When the time since last screening test is considered, 13.5% of women aged 25-64 have been called but never attended for screening (figure 4). For another 6.8% it is more than five years since they had a screening test. Of all women in the target age group, 5.4% have been ceased from further screening invitations on clinical grounds.

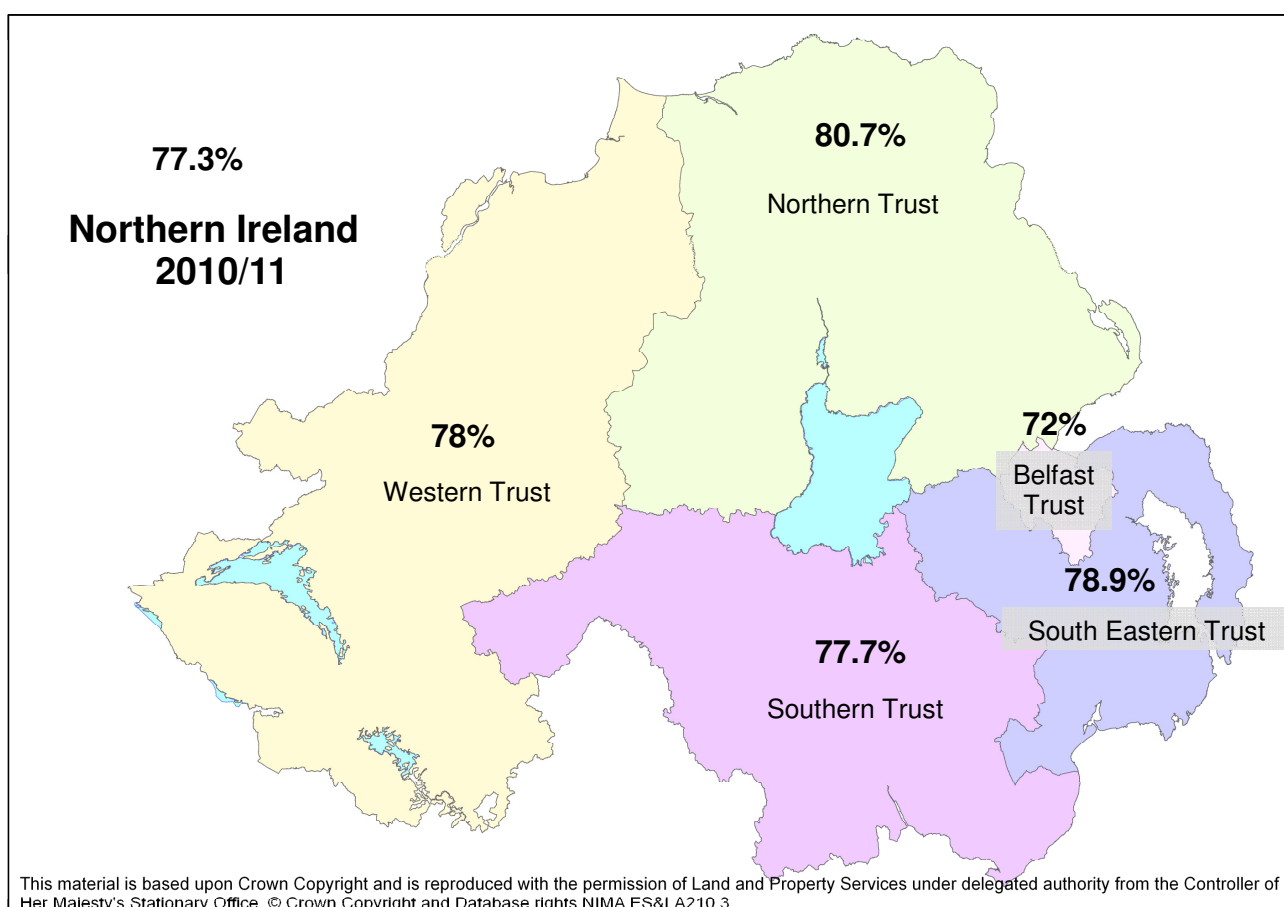
Where GP practices operate their own call recall system, the cytology record is only activated when a woman has her first screening test result. Although the statistics indicate that 1% of women in the target age group have no cytology record, these women are likely to have been invited for screening by their GP but have never attended.

Figure 4, Test status of eligible women at 31st March 2011

Number of women resident (25-64)	number of women ceased for clinical reasons	Women who have been tested, (time since last test)							Women called but not tested		no cytology record
		less than 1.5 years	1.5 to 3 years	3 to 3.5 years	3.5 to 5 years	5 to 10 years	10 to 15 years	15 years and over	no adequate sample	never attended	
493,331	26,480	154,024	143,963	25,282	41,223	32,444	1,044	99	2,201	66,417	4,909
	5.4%	31.2%	29.2%	5.1%	8.4%	6.6%	0.2%	0.0%	0.4%	13.5%	1.0%

Source: Northern Ireland KC53 Parts A2 & A3

Figure 5, Coverage by Health & Social Care Trust at 31st March 2011



Source: Northern Ireland KC53 Parts A2

3.2 Invitations for screening (Data Tables 3 and 4)

3.2.1 Over 82,500 women of all ages were invited for screening by the central call/recall system between 1 April 2010 and 31st March 2011. This is a decrease of 3.6% compared with 2009-10. More than 71,000 of these women were in the target age group of 25-64. For 24.8% of these women this was either their first invitation or they had not previously attended (call). For 24.7% it was a routine recall and for 37.7% invitations were early recalls for surveillance. (Figure 6)

Figure 6 Number of women (aged 25-64) invited in the year 2010-2011 by type of invitation

Year	Total	Call	Routine Recall	Repeat in less than 3 years for reasons of		
				Surveillance	Abnormality	Inadequate Sample
2009-10	68594	23.78%	24.94%	37.53%	7.33%	6.42%
2010-11	71,031	24.83%	24.7%	37.7%	8.26%	5.24%

Source: Northern Ireland KC53 Part B

3.2.2 A total of 111,667 women in the target age range 25-64 were tested in the year. Of these, 44,998 were tested following an invitation from the central call/recall office (Figure 7). Over 66,000 women (59.7%) had screening tests not prompted by the programme, i.e. invited directly by their GP, or the test was initiated opportunistically by the woman or the sample taker without her necessarily having been invited. This compares to England where less than 17% of tests are carried out outside the programme, and probably reflects the fact that very few GP's in England operate their own call/recall systems.

Figure 7

Number of women tested in the year by invitation Northern Ireland - 2009-10 and 2010-11 (% Figures for England is shown in brackets).

		Total Number Tested	Number invited	%	Attended outside the programme	%
Target						
age group	2009-10	115240	45107	39.1% (80.3%)	70133	60.9% (19.7%)
(25-64)	2010-11	111667	44998	40.3% (83.4%)	66669	59.7% (16.5%)

Source: Northern Ireland KC53 Part C1

3.3 Test results (Data Tables 4, 5, 6, 7 and 10)

3.3.1 Some women have more than one test during the year for clinical reasons and the 125,891 women of all ages tested in 2010-11 generated 135,474 tests. (Table 8a)

About 3.3% of tests did not have a result, as the sample was “inadequate” i.e. it did not contain material suitable for analysis.

For women tested again due to an earlier inadequate test (Table 8b), just over 13% resulted in a repeated inadequate result.

Figure 8a Test results 2010-11

Result of test	2009-10		2010-11	
	Number of tests	Percentage (%)	Number of tests	Percentage (%)
Inadequate	5305	3.7%	4,559	3.3%
Adequate	138,202	96.3%	130,915	96.6%
Total	143,507	100%	135,474	100%

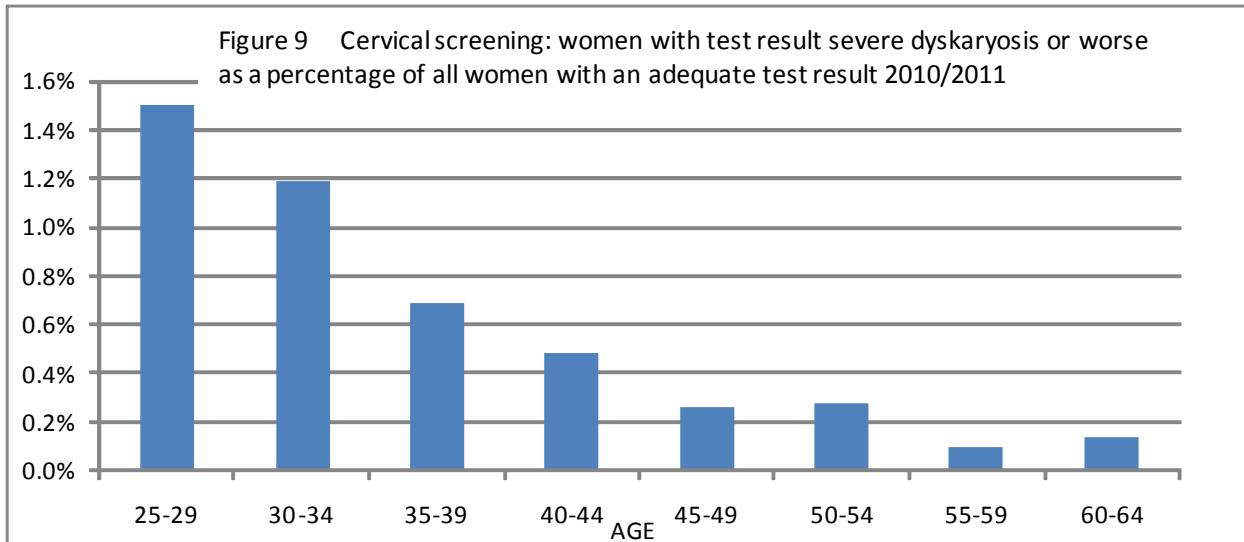
Source Northern Ireland KC53 Part D3

Figure 8b Test result of tests where a repeat invitation was sent in less than 3 years due to a previous inadequate sample 2009-10 & 2010-11

Result of test	2009-10		2010-11	
	Number of tests	Percentage (%)	Number of tests	Percentage (%)
Inadequate	580	13.6%	502	13.1%
Adequate	3,672	86.4%	3,323	86.9%
Total	4,252	100%	3,825	100%

Source Northern Ireland KC53 Part D3

3.3.2 Within the target age range the percentage of results which are severe dyskaryosis or worse shows a distinct pattern by age, being highest at 1.5% for women aged 25-29, falling to 0.09% for women aged 60-64. (Figure 9)



Source NI KC53 part D

3.3.3 Of the 109,902 women aged 25-64, who had an adequate result in 2010-11, 92.7% were negative, and 7.3% were abnormal. The breakdown of the test results are shown below. (Figure 10)

Figure 10 Results of adequate tests for women aged 25-64 Northern Ireland (Percentage data for England is shown in brackets).

Result*	2009-10	2010-11
Negative	92.7% (92.8%)	92.7% (93.4%)
Borderline dyskaryosis	3.9% (3.7%)	3.9% (3.5%)
Mild dyskaryosis	2.0% (2.1%)	2.0% (1.9%)
Moderate dyskaryosis	0.7% (0.6%)	0.6% (0.5%)
Severe dyskaryosis	0.7% (0.7%)	0.6% (0.6%)
Severe/?invasive carcinoma	0.02% (0.0%)	0.02% (0.0%)
?Glandular neoplasia	0.03% (0.1%)	0.03% (0.0%)
Total	100%	100%

* Most severe result

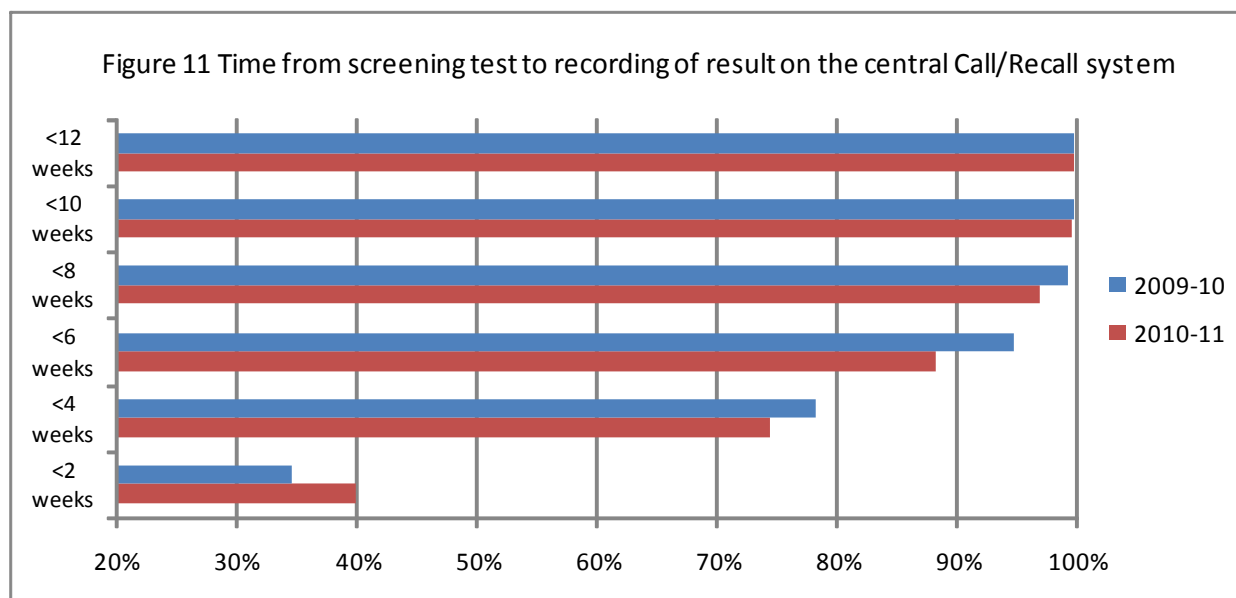
Source NI KC53 part D

3.4 Time from screening to availability of result (Data Table 8)

3.4.1 The time between a smear sample being taken, and the result being logged on the central call/recall system against the woman's cytology record is monitored.

During 2010/11 this process was completed within two weeks in 39.9% of cases.

Overall 74.4% of results were logged within 4 weeks, and 96.9% were completed within 8 weeks (Figure 11). The programme aims to complete 80% within four weeks.



Source NI KC53 Part E

More detail is available in Data Table 8 which shows this data broken down by Trusts. Regionally the 4 weeks result availability ranged from 40% to 98%.

3.5 Recall status (Data Table 9)

3.5.1 Recall status of “normal recall” is used only where the test result is negative. In 2010-11, 75.8% of women who had nothing other than a negative test result in the year had a normal recall status. Almost all the remaining women with negative results (22.3%) had a repeat recall status due to previous history; and 1.9% had a suspend recall status as they were currently under hospital care.

3.5.2 A recall status of repeat means that a further test is required earlier, typically within 6 months of the previous test. This may be used where a test result is negative, inadequate, borderline or mild dyskaryosis. In 2010-11, 29.9% of women whose most severe test result in the year was mild dyskaryosis had a repeat recall status; the corresponding proportion for borderline was 76.2%, and for inadequate 95.5%. The remaining women in these three groups had a suspend recall status.

3.5.3 A recall status of suspend means that recall has been suspended due to referral (Figure 12). This should be the only status used following a test result of moderate dyskaryosis or worse. In 2010-11, all women whose most severe test result in the year was moderate dyskaryosis or worse had a suspend recall status recorded.

Figure 12 Recall status by most severe screening result, Northern Ireland 2010-11

result of test			
	Normal %	Repeat %	Suspended %
Inadequate	-	95.5%	4.5%
Negative	75.8%	22.3%	1.9%
Borderline dyskaryosis	-	76.2%	22.0%
Mild dyskaryosis	-	29.9%	69.8%
Moderate dyskaryosis	-	-	100.0%
Severe dyskaryosis	-	-	100.0%
Severe/? Invasive Carcinoma	-	-	100.0%
? Glandular Neoplasia	-	-	100.0%

Source NI KC53 Part F

4 Cervical Cytology

4.1 Samples examined (Data Tables 12, 13, and 14)

4.1.1 Over 138,000 samples were examined by cytopathology laboratories in 2010-11 (Figure 13), about 6% less than in 2009-10. Almost 132,000 (95.3% of the total) were submitted by GPs or by HSC community clinics — it is assumed that almost all of these samples would have been taken as part of the screening programme.

Figure 13 Number of samples examined by pathology laboratories by source of sample 2009-10 & 2010-11

	TOTAL	GP	HSC CLINIC	HSC				OTHER
				GUM	HOSPITAL	PRIVATE	COLP	
2009-10	146785	129845	4559	265	6449	1048	3051	1568
2010-11	138296	127440	4383	266	6294	1055	3682	930

4.1.2 The proportion of inadequate results for samples submitted from GP and community clinics decreased slightly in 2010/11. The trend in inadequate rates since 2002/03 is shown in figure 14. The marked reduction in inadequate rates since 2007/08 is a result of the introduction of liquid based cytology (LBC). There is a wide variation between individual laboratories in their reported inadequate rates ranging from 2.6% to 5.5%.

This may be explained by differences in thresholds being used for determining inadequate samples across Northern Ireland in the absence of an agreed national approach.

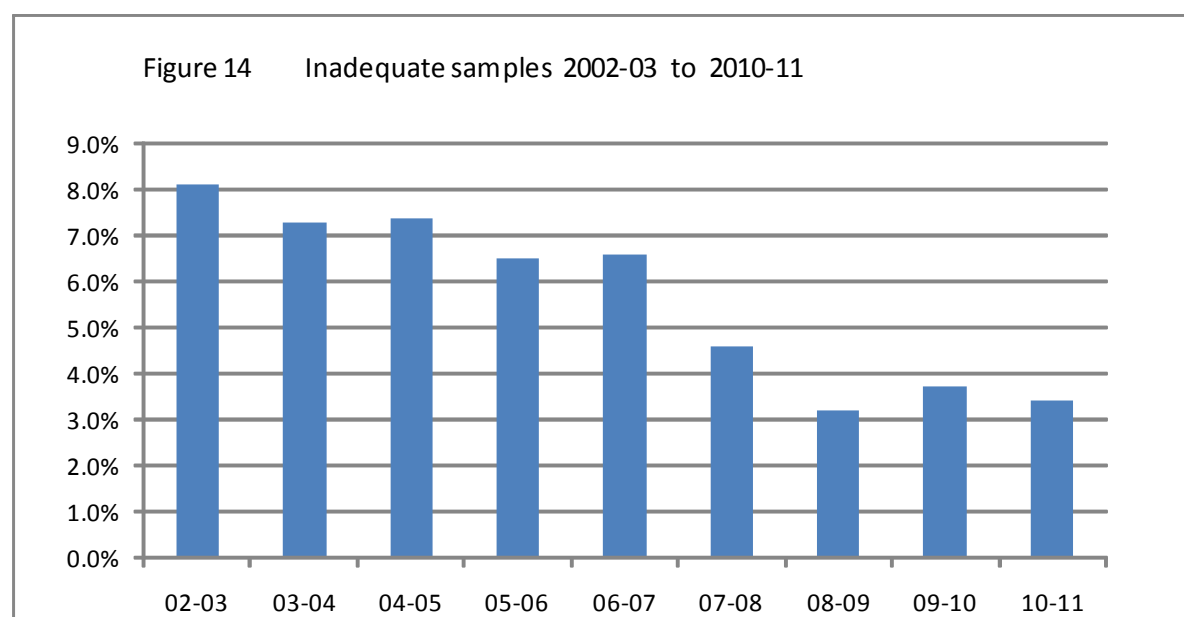


Figure 15 : Number of GP and HSC clinic samples examined by pathology laboratories, number and proportion inadequate by year for women ages 25-64, Northern Ireland 2009-10 & 2010-11

Year	Number of samples examined	Number of inadequate samples	% inadequate samples	% (England)
2009-10	114,464	4272	3.7%	2.8%
2010-11	110,428	3598	3.3%	2.7%

Source NI KC61 and NHSCSP England KC61

4.2 Results (Data Tables 12 and 13)

4.2.1 Of the adequate samples submitted by GP and HSC community clinics for women aged 25-64, 93% were reported as negative. The breakdown of abnormal results are shown in figure 16

Figure 16 Adequate samples (women ages 25-64) examined by pathology laboratories by result Northern Ireland 2010-11. Data for England, 2010-11 in grey for comparison only

Result of test	Number	Percentage	% (England)
Negative	99,732	93%	(91.3%)
Borderline changes	4,096	3.8%	(3.4%)
Mild dyskaryosis	1,849	1.7%	(1.6%)
Moderate dyskaryosis	563	0.5%	(0.4%)
Severe dyskaryosis	545	0.5%	(0.5%)
? Invasive Carcinoma	16	0.0%	(0.0%)
? Glandular Neoplasia	29	0.0%	(0.0%)

Source NI KC61 and NHSCSP England KC61

4.2.2 Borderline changes and mild dyskaryosis occurred more frequently in samples from younger women. Moderate or severe dyskaryosis accounted for a higher proportion of results from women aged under 35 years than from women in other age groups.

4.2.3 At laboratory level, the distribution of results, in particular in the proportion reported as borderline or mild, was consistent across the four reporting laboratories.

4.2.4 The distribution of individual laboratory results in England is used for quality assurance purposes, and benchmarking in Northern Ireland.

Target ranges for laboratory reporting are set from the 10th and 90th percentiles of the distributions of three key indicators. The ranges for 2010-11 are shown in figure 17

Figure 17 Laboratory reporting profiles 2010/11

Indicator	10 th - 90 th percentile range, England ^[1]	Northern Ireland ^[2]
Mild / Borderline as a % of adequate samples	3.6% - 7.4%	7%
Moderate or worse as % of adequate samples	0.7% - 1.3%	1.3%
PPV for CIN2 or worse	77% - 90%	^[3]

[1] Based on results from women aged 25-64 from GP & NHS Community clinics
 [2] Based on results from women aged 25-64 from Northern Ireland
 [3] Calculated at individual laboratory level

Source: CSP KC61 2010-11 (England & N. Ireland)

4.3 Laboratory Turnaround Times

4.3.1 During 2010/11, 66.2% of all reports were authorised within two weeks of the specimen being received in the laboratory. Overall 86.2% of specimens were reported within four weeks.

4.3.2 Less than 1% of tests were reported more than 6 weeks after receipt. There was wide variation in turnaround times between the four laboratories. (See data table 14)

5 Definitions

5.1 Coverage is defined as the percentage of women in a population eligible for screening at a given point in time, who were screened within a specified period (the headline coverage figure relates to 5 years). Women ineligible for screening, and thus not included in the numerator or denominator of the coverage calculation, are those whose recall has been ceased for clinical reasons (most commonly due to hysterectomy).

5.2 Local level coverage is calculated for Health & Social Care Trusts (HSCT) Organisations. Although HSCT's do have a defined geographical boundary, the populations used are not those of women resident within the HSCT boundaries. Instead the populations of women for whom each HSCT is responsible are used. Responsible populations include women on the list of GPs who comprise the HSCT, regardless of which geographical HSCT they live in; where women on the call/recall register are not under the care of a GP at the time coverage is calculated, they are allocated to a HSCT on a geographical basis.

5.3 The term “**abnormal**” and “**negative**” used in the text to describe the result of a cytology test are defined as follows in terms of the categories used on the cytology report form HMR 101/5:

Potential cancer: HMR 101/5 cat. 5 (severe dyskaryosis/?invasive carcinoma) or cat. 6 (?Glandular neoplasia); women who have such test results are usually referred directly for further investigation, e.g. biopsy.

Abnormal: HMR 101/5 cat. 4 (severe dyskaryosis), cat. 3 (mild dyskaryosis), cat. 7 (moderate dyskaryosis) or cat. 8 (borderline changes); women who have an abnormal test categorised as result code 3 or 8 will usually be recalled early for another test.

Women who have an abnormal test categorised as result code 7 will be referred immediately for further investigation, e.g. colposcopy. Potential cancers are also included.

Negative: HMR 101/5 cat. 2 (negative); women with a negative test result will be returned to the screening programme to be called again usually at the normal interval (3/5 years).

5.4 A positive predictive value (PPV) relating cytology with histology was calculated from outcomes of referral for tests with result moderate dyskaryosis or worse as follows:

Numerator:

Number of tests with outcome of referral cancer, adenocarcinoma in situ, CIN3 or CIN2.

Denominator:

Number of tests with outcome of referral known and not recorded as inadequate biopsy.

5.5 CIN (cervical intra-epithelial neoplasia) CIN is not cancer but an indicator of the depth of abnormal cells within the surface layer of the cervix, and is divided into 3 grades. The higher the number/grade the more severe the condition:

- **CIN 1** – one third of the thickness of the surface layer of the cervix is affected.
- **CIN 2** – two thirds of the thickness of the surface layer of the cervix is affected.
- **CIN 3** – full thickness of the surface layer of the cervix is affected (also known as carcinoma in situ).

5.6 For definitions of further medical terminology please visit the Cancer Screening Programmes website at

www.cancerscreening.hscni.net

or

www.cancerscreening.nhs.uk

6 INDEX TO DATA TABLES

Table Number	Description
1	NI Cervical screening programme: test status of women and coverage by age, 31st March 2011
2	NI Cervical screening programme: test status of women by age (numbers), 31st March 2011
2a	NI Cervical screening programme: test status of women by age, 31st March 2011
3	NI Cervical screening programme: number of women invited in the year by type of invitation and age, 2010-11
4	NI Cervical screening programme: number of women tested in the year by type of invitation and age, 2010-11
5	NI Cervical screening programme: number of women aged 25-64 tested in the year by type of invitation and result, 2010-11
6	NI Cervical screening programme: number and percentage of tests in the year by type of invitation and result, 2010-11
7	NI Cervical screening programme: results of adequate tests by age, 2010-11
8	NI Cervical screening programme: Time from screening test to recording of the result on the central call/recall system by HSC Trusts, 2010-11
9	NI Cervical screening programme: Recall status by most severe screening result and HSC Trusts, 2010-11
10	NI Cervical screening programme: Target age group (25-64), results of tests by HSC Trusts , 2010-11
11	NI Cervical screening programme: coverage by Age Group (25-64) and HSC Trusts 2009-10 to 2010-11
12	NI Cervical screening programme: Samples examined by cytology laboratories, by source of sample and result of test, 2010-11
13	NI Cervical screening programme: GP & HSC Trust Community Clinic samples examined by cytology laboratories, by result and age of women, 2010-11
14	NI Cervical screening programme: Samples examined by cytology laboratories: Time from receipt of sample to authorisation of report by HSC Trusts, 2010-11

Table 1 NI Cervical screening programme: test status of women and coverage by age, 31st March 2011

		Number of women with recall ceased						
AGE AT 31/3/2011	Number of women resident	Ceased for clinical reasons	Ceased for AGE reasons	Ceased for OTHER reasons	Number of eligible women	LESS than 5 years since last adequate test	Women called but no adequate smear	COVERAGE less than 5 years since last adequate test %
UNDER 20	235437	0	0	0	235437	903	16	0.38%
20-24	64659	1	0	0	64658	28045	222	43.37%
25-29	69132	14	0	0	69118	49507	403	71.63%
30-34	66353	62	0	0	66291	51877	345	78.26%
35-39	64953	361	0	9	64592	51768	310	80.15%
40-44	69889	1204	0	1	68685	55601	296	80.95%
45-49	68287	3137	0	8	65150	52066	289	79.92%
50-54	60954	5372	0	6	55582	43208	215	77.74%
55-59	50590	7051	0	4	43539	32958	165	75.70%
60-64	48307	9279	12936	5186	39028	27968	178	71.66%
65-69	42486	8953	16358	6559	33533	15822	188	47.18%
70-74	33976	6620	10379	485	27356	2534	167	9.26%
75-79	28356	3935	1526	160	24421	412	52	1.69%
80 & OVER	43955	50	425	77	43905	141	27	0.32%
TARGET AGE GROUP (25-64)	498465	26480	12936	5214	471985	364953	2201	77.32%
TOTAL ALL AGES	947334	46039	41624	12495	901295	412810	2873	45.80%

KC53 Parts A2 and A3

Notes:

(1) The denominator used in calculating the percentage is the resident population less those women with recall ceased for clinical reasons.

(2) This report is principally based on women aged 20-64 being screened at least once every 5 years. From January 2011 NI policy for women aged 25-49 was changed to "screening at least once every three years". Women 20-49 already in the system with a next smear date set will not commence 3 yearly screening until the next invitation.

Source: NI KC53 Parts A2 and A3

Table 2 NI Cervical screening programme: test status of women by age (numbers), 31st March 2011

Age of woman at 31/3/2011	Number of women : time since last adequate test (Years)							Women called but not tested		
	less than 1.5 years	more than 1.5 but not more than 3 years ago	more than 3, but not more than 3.5 years ago	more than 3.5 but not more than 5 years ago	more than 5 but not more than 10 years ago	more than 10 but not more than 15 years ago	more than 15 years ago	no adequate sample	Women called but never attended	Women with no cytology records
Under 20	722	172	7	2	2	0	0	16	24	234492
20-24	15919	10181	978	967	116	0	0	222	25756	10535
25-29	23798	19293	2828	3508	2271	12	0	403	15509	1457
30-34	23545	20188	3294	4848	3809	91	0	345	9374	791
35-39	22403	20676	3458	4931	4397	149	13	310	7503	481
40-44	23422	22710	3678	5791	4904	163	15	296	7286	433
45-49	21730	21137	3549	5650	4899	168	19	289	7356	351
50-54	16939	17253	3340	5676	4656	175	18	215	7005	303
55-59	12134	12306	2782	5656	3851	152	20	165	6132	262
60-64	10053	10400	2353	5163	3657	134	14	178	6252	831
65-69	2501	5196	1901	6224	9297	183	13	188	5877	2154
70-74	252	659	323	1300	10512	630	13	167	10	13485
75-79	67	120	50	175	1454	254	31	52	5	22211
80 & over	28	43	16	54	401	37	51	27	2	43245
Target age group (25-64)	154024	143963	25282	41223	32444	1044	99	2201	66417	4909
Total all ages	173513	160334	28557	49945	54226	2148	207	2873	98091	331031

KC53 Part A3

Table 2a NI Cervical screening programme: test status of women by age, 31st March 2011

AGE AT 31/3/2011	Number of women resident	Women with at least one adequate test result recorded			Women called but not tested		
		CEASED for clinical reasons	LESS than 5 years since adequate test	5 years or more since adequate test	Women called but no adequate sample	Women called but never attended	Women with no cytology records
UNDER 20	235437	0.0%	0.5%	0.0%	0.0%	2.4%	97.1%
20-24	64659	0.0%	43.6%	0.3%	0.4%	36.7%	19.0%
25-29	69132	0.0%	70.5%	3.5%	0.7%	16.5%	8.8%
30-34	66353	0.1%	77.3%	5.7%	0.6%	10.7%	5.7%
35-39	64953	0.6%	79.4%	6.3%	0.5%	8.8%	4.4%
40-44	69889	1.8%	79.1%	6.6%	0.5%	8.1%	3.9%
45-49	68287	4.8%	75.7%	6.7%	0.4%	8.4%	4.0%
50-54	60954	9.2%	70.3%	7.1%	0.4%	9.0%	4.1%
55-59	50590	14.2%	64.5%	7.0%	0.4%	9.3%	4.6%
60-64	48307	19.4%	57.5%	6.7%	0.4%	10.9%	5.2%
65-69	42486	20.9%	39.4%	18.7%	0.5%	12.4%	8.2%
70-74	33976	19.0%	7.2%	25.0%	0.5%	0.0%	48.2%
75-79	28356	10.6%	1.4%	3.7%	0.1%	0.0%	84.2%
80 & OVER	43955	0.1%	0.3%	0.8%	0.1%	0.0%	98.8%
TARGET AGE GROUP (25-64)	498465	5.3%	73.1%	6.5%	0.4%	13.3%	1.0%
TOTAL ALL AGES	947334	4.9%	43.5%	5.7%	0.3%	10.4%	34.9%

KC53 Parts A2 and A3

Table 3 NI Cervical screening programme: number of women invited in the year by type of invitation and age, 2010-11

Age at 31/3/2011	Type of invitation					
	TOTAL	Call	Routine recall	Repeat in < 3 years for reasons of:		
				Surveillance	Abnormality	Inadequate Sample
Under 20	116	0	0	19	88	9
20-24	10166	6907	50	1426	1544	239
25-29	13003	5521	1536	3932	1557	457
30-34	11292	2821	2067	4854	1073	477
35-39	10011	1901	2227	4702	677	504
40-44	9961	1923	2436	4384	660	558
45-49	9144	1876	2577	3604	592	495
50-54	7656	1731	2508	2620	334	463
55-59	6300	1495	2478	1698	149	480
60-64	3664	372	1716	1024	98	454
65-69	960	29	298	438	39	156
70-74	209	1	47	135	6	20
75 & over	88	0	18	52	6	12
Target age group (25-64)	71031	17640	17545	26818	5140	3888
Total all ages	82570	24577	17958	28888	6823	4324

KC53 Part B

Table 4 NI Cervical screening programme: number of women tested in the year by type of invitation and age, 2010-11

Age at 31/3/2011	Total	Type of invitation							
				Repeat in < 3 years for reasons of:			While recall suspended	While recall ceased	Outside programme
		Call	Routine recall	Surveillance	Abnormality	Inadequate Sample			
Under 20	588	0	0	6	37	4	17	0	732
20-24	14161	3606	116	717	919	144	820	0	7839
25-29	18582	1777	1037	2461	999	307	1700	0	10301
30-34	17172	583	1263	3151	632	340	1373	0	9830
35-39	17051	399	1293	3281	461	331	969	0	10317
40-44	16895	304	1418	3066	352	301	712	0	10742
45-49	15068	238	1380	2459	305	246	549	1	9890
50-54	11245	172	1322	1666	162	222	346	0	7355
55-59	8092	103	1457	1029	105	242	190	0	4966
60-64	6685	86	1260	582	54	173	126	420	3984
65-69	1609	59	209	150	15	50	57	249	820
70-74	195	0	4	34	2	3	21	42	89
75 & over	85	0	0	11	0	1	15	8	50
Target age group (25-64)	111667	3088	10729	19365	3109	1835	6103	769	66669
Total all women	125891	5780	10995	20482	4106	2022	7188	1234	74084

KC 53 Part C1

Table 5 NI Cervical screening programme: number of women aged 25-64 tested in the year by type of invitation and result, 2010-11

Result of test	TOTAL	Number of women aged 25 - 64 tested in the year - 2010/2011							
		as a result of:		Repeat in < 3 years for reasons of:			While recall suspended	While recall ceased	Outside programme
		Call	Routine recall	Surveillance	Abnormality	Inadequate Sample			
Inadequate	3644	91	399	425	53	244	124	54	2254
Negative	100388	2693	9895	17671	2016	1502	4809	705	61097
Borderline	4244	120	254	835	533	56	541	7	1898
Mild dyskaryosis	2082	93	87	296	355	17	406	1	827
Moderate dyskaryosis	630	29	47	72	90	8	127	2	255
Severe dyskaryosis	629	54	44	62	56	7	90	0	316
Severe dyskaryosis ? invasive	21	3	2	0	3	0	4	0	9
?Glandular neoplasia	29	5	1	4	3	1	2	0	13
Total women tested aged 25- 64	111667	3088	10729	19365	3109	1835	6103	769	66669

Source NI KC53 Part C2

Table 6 NI Cervical screening programme: number and percentage of tests in the year by type of invitation and result, 2010-11

Result of test	TOTAL	Number of tests in the year - 2010/2011							
		as a result of:		Repeat in < 3 years for reasons of:			While recall suspended	While recall ceased	Outside programme
		Call	Routine recall	Surveillance	Abnormality	Inadequate Sample			
Inadequate	4559	148	412	501	92	502	183	79	2642
Negative	118549	4822	10138	20612	3644	3137	6833	1158	68205
Borderline	6501	357	258	1118	1083	116	1017	13	2539
Mild dyskaryosis	3828	296	88	395	825	43	855	2	1324
Moderate dyskaryosis	1112	82	47	103	192	15	273	2	398
Severe dyskaryosis	868	67	49	70	92	10	183	0	397
?invasive Carcinoma	22	3	2	0	3	0	5	0	9
?Glandular neoplasia	35	5	1	4	3	2	5	0	15
Total	135474	5780	10995	22803	5934	3825	9354	1254	75529

% of tests by result

Inadequate	4559	3.25%	9.04%	10.99%	2.02%	11.01%	4.01%	1.73%	57.95%
Negative	118549	4.07%	8.55%	17.39%	3.07%	2.65%	5.76%	0.98%	57.53%
Borderline	6501	5.49%	3.97%	17.20%	16.66%	1.78%	15.64%	0.20%	39.06%
Mild dyskaryosis	3828	7.73%	2.30%	10.32%	21.55%	1.12%	22.34%	0.05%	34.59%
Moderate dyskaryosis	1112	7.37%	4.23%	9.26%	17.27%	1.35%	24.55%	0.18%	35.79%
Severe dyskaryosis	868	7.72%	5.65%	8.06%	10.60%	1.15%	21.08%	0.00%	45.74%
?invasive Carcinoma	22	13.64%	9.09%	0.00%	13.64%	0.00%	22.73%	0.00%	40.91%
?Glandular neoplasia	35	14.29%	2.86%	11.43%	8.57%	5.71%	14.29%	0.00%	42.86%
Total	135474	4.27%	8.12%	16.83%	4.38%	2.82%	6.90%	0.93%	55.75%

% of tests by invitation

Inadequate	4559	2.56%	3.75%	2.20%	1.55%	13.12%	1.96%	6.30%	3.50%
Negative	118549	83.43%	92.21%	90.39%	61.41%	82.01%	73.05%	92.34%	90.30%
Borderline	6501	6.18%	2.35%	4.90%	18.25%	3.03%	10.87%	1.04%	3.36%
Mild dyskaryosis	3828	5.12%	0.80%	1.73%	13.90%	1.12%	9.14%	0.16%	1.75%
Moderate dyskaryosis	1112	1.42%	0.43%	0.45%	3.24%	0.39%	2.92%	0.16%	0.53%
Severe dyskaryosis	868	1.16%	0.45%	0.31%	1.55%	0.26%	1.96%	0.00%	0.53%
?Invasive Carcinoma	22	0.05%	0.02%	0.00%	0.05%	0.00%	0.05%	0.00%	0.01%
?Glandular neoplasia	35	0.09%	0.01%	0.02%	0.05%	0.05%	0.05%	0.00%	0.02%
Total	135474	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Source NI KC53 Part C3

Table 7 NI Cervical screening programme: results of adequate tests by age, 2010-11

Age of woman at 31/03/2011	TOTAL ⁽¹⁾	Results ⁽²⁾						
		Negative (cat. 2)	Borderline (cat. 8)	Mild dyskaryosis (cat. 3)	Moderate dyskaryosis (cat. 7)	Severe dyskaryosis (cat. 4)	Severe/?invasive (cat. 5)	?Glandular neoplasia (cat. 6)
Under 20	575	434	69	55	13	4	0	0
20-24	11720	9120	1067	1066	316	151	0	0
25-29	17488	14878	1179	881	287	250	3	10
30-34	17097	15426	827	483	158	195	4	4
35-39	16086	14970	614	292	100	98	6	6
40-44	16511	15528	579	246	79	74	1	4
45-49	15380	14537	561	197	46	34	2	3
50-54	11908	11470	295	89	22	24	5	3
55-59	8536	8328	154	41	5	6	0	2
60-64	6896	6757	94	28	8	7	0	2
65-69	1498	1458	30	9	0	1	0	0
70-74	150	141	5	2	1	0	0	1
75 & over	59	55	1	1	0	0	0	2
Target (25-64)	109902	101894	4303	2257	705	688	21	34
Total all ages	123904	113102	5475	3390	1035	844	21	37

Percentages

Under 20	100%	75.48%	12.00%	9.57%	2.26%	0.70%	0.00%	0.00%
20-24	100%	77.82%	9.10%	9.10%	2.70%	1.29%	0.00%	0.00%
25-29	100%	85.08%	6.74%	5.04%	1.64%	1.43%	0.02%	0.06%
30-34	100%	90.23%	4.84%	2.83%	0.92%	1.14%	0.02%	0.02%
35-39	100%	93.06%	3.82%	1.82%	0.62%	0.61%	0.04%	0.04%
40-44	100%	94.05%	3.51%	1.49%	0.48%	0.45%	0.01%	0.02%
45-49	100%	94.52%	3.65%	1.28%	0.30%	0.22%	0.01%	0.02%
50-54	100%	96.32%	2.48%	0.75%	0.18%	0.20%	0.04%	0.03%
55-59	100%	97.56%	1.80%	0.48%	0.06%	0.07%	0.00%	0.02%
60-64	100%	97.98%	1.36%	0.41%	0.12%	0.10%	0.00%	0.03%
65-69	100%	97.33%	2.00%	0.60%	0.00%	0.07%	0.00%	0.00%
70-74	100%	94.00%	3.33%	1.33%	0.67%	0.00%	0.00%	0.67%
75 & over	100%	93.22%	1.69%	1.69%	0.00%	0.00%	0.00%	3.39%
Target (25-64)	100%	92.71%	3.92%	2.05%	0.64%	0.63%	0.02%	0.03%
Total all ages	100.00%	91.28%	4.42%	2.74%	0.84%	0.68%	0.02%	0.03%

Source NI KC53 Part D (1) Excludes women all of whose tests during the year were classified as "inadequate" (2) Most severe result in the year

Table 8 NI Cervical screening programme: Time from screening test to recording of the result on the central call/recall system by HSC Trusts, 2010-11

1 APR 2010 - 31-MAR 2011	Northern Ireland	Belfast & South East HSC Trusts	Northern HSC Trust	Southern HSC Trust	Western HSC Trust
Less than or equal to 2 weeks	39.9%	5.9%	39.3%	58.0%	90.2%
>2 weeks up to 4 weeks	34.5%	34.4%	52.8%	35.9%	8.7%
>4 weeks up to 6 weeks	13.8%	31.6%	5.0%	3.4%	0.5%
>6 weeks up to 8 weeks	8.6%	20.8%	1.7%	2.1%	0.2%
>8 weeks up to 10 weeks	2.6%	6.5%	0.6%	0.3%	0.1%
>10 weeks up to 12 weeks	0.2%	0.3%	0.1%	0.1%	0.0%
Over 12 weeks	0.3%	0.4%	0.4%	0.2%	0.3%
Total:- number of results logged by Screening Office	132443	49409	30795	28920	23319

Source NI KC53 Part E

Table 9 NI Cervical screening programme: Recall status by most severe screening result and HSC Trusts, 2010-11

result of test	recall status	Northern Ireland	Belfast & South East HSC Trusts	Northern HSC Trust	Southern HSC Trust	Western HSC Trusts
Inadequate	Total	3726	1427	639	1012	648
	Suspend	4.5%	4.7%	0.8%	3.9%	9.0%
	Repeat	95.5%	95.3%	99.2%	96.1%	91.0%
Negative	Total	100012	36896	23931	21573	17607
	Normal	75.8%	72.8%	87.2%	62.6%	82.7%
	Suspend	1.9%	2.1%	0.2%	0.8%	5.3%
	Repeat	22.3%	25.1%	12.6%	36.5%	11.9%
Borderline	Total	4303	1827	1135	705	635
	Normal	1.8%	0.0%	0.0%	0.0%	12.4%
	Suspend	22.0%	19.6%	12.8%	35.3%	30.2%
Mild dyskaryosis	Repeat	76.2%	80.4%	87.2%	64.7%	57.3%
	Total	2257	1006	369	464	418
	Normal	0.4%	0.0%	0.0%	0.0%	1.9%
Moderate dyskaryosis	Suspend	69.8%	58.9%	97.6%	75.9%	64.6%
	Repeat	29.9%	41.1%	2.4%	24.1%	33.5%
	Total	705	295	130	150	130
Severe dyskaryosis	Suspend	100.0%	100.0%	100.0%	100.0%	100.0%
	Repeat	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	689	262	119	164	144
Severe/? Invasive Carcinoma	Suspend	100.0%	100.0%	100.0%	100.0%	100.0%
	Repeat	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	21	6	5	6	4
? Glandular Neoplasia	Suspend	100.0%	100.0%	100.0%	100.0%	100.0%
	Repeat	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	34	12	13	7	2

Source NI KC53 Part F

Table 10 NI Cervical screening programme: Target age group (25-64), results of tests by HSC Trusts 2010/11¹

HSC TRUST	Eligible Population	Number of women screened	Negative%	Borderline changes%	Mild dyskaryosis%	Moderate dyskaryosis%	Severe dyskaryosis or worse%
Northern Ireland	472164	110157	92.7%	3.9%	2.1%	0.6%	0.7%
BELFAST HSC Trust	111657	23605	91.1%	4.7%	2.6%	0.9%	0.8%
South East HSC Trusts	75991	19173	92.4%	4.2%	2.2%	0.6%	0.6%
Northern HSC Trust	109492	26087	93.2%	4.4%	1.4%	0.5%	0.5%
Southern HSC Trust	94677	23599	93.7%	3.0%	2.0%	0.6%	0.8%
Western HSC Trust	80347	19246	93.1%	3.3%	2.2%	0.7%	0.8%
KC53 Parts A2 & D							
¹ Data for 2010-11 was extracted on 12/4/2012							

Table 11 NI Cervical Screening Programme: Coverage by age group (25-64), and HSC Trusts 2009/10 & 2010/11

HSC Trust	2009-10 ¹		2010-11 ²	
	ELIGIBLE POPULATION	COVERAGE %	ELIGIBLE POPULATION	COVERAGE %
NORTHERN IRELAND	466683	76.76%	472164	77.3%
BELFAST & Trust	113489	71.59%	111657	71.97%
South East HSC Trust	72102	78.20%	75991	78.93%
Northern HSC Trust	108520	80.59%	109492	80.7%
Southern HSC Trust	93000	77.05%	94677	77.75%
Western HSC Trust	79607	77.37%	80347	78.02%
KC53 Part A2 2009-10 & KC53 Part A2 2010-11				
¹ Data for 2009-10 extracted on 22/5/2012			² Data for 2010-11 extracted on 12/4/2012	

**Table 12 NI Cervical screening programme
Samples examined by Cytology laboratories by source of sample and result of test 2010-11**

Numbers	TOTAL	GP	NHSCC	GUM	NHS HOSP	PRIVATE	COLP	OTHER
	138296	127440	4383	266	6294	1055	3682	930
Inadequate	4658	3933	98	10	406	13	64	134
Negative	120964	109036	2936	172	4914	278	798	2830
Borderline Changes	6655	5296	189	18	522	16	125	489
Mild Dyskaryosis	3925	2928	119	24	291	13	89	461
Moderate Dyskaryosis	1154	864	23	6	85	4	25	147
Severe Dyskaryosis	881	666	30	3	50	3	23	106
?Invasive Carcinoma	22	16	0	0	2	0	0	4
?Glandular Neoplasia	37	30	1	1	3	0	0	2

Percentage by result	TOTAL	GP	NHSCC	GUM	NHS HOSP	PRIVATE	COLP	OTHER
Inadequate	3.4%	2.8%	3.4%	4.9%	6.3%	3.6%	4.1%	1.8%
Negative	87.5%	88.2%	86.2%	73.3%	80.1%	80.3%	69.7%	72.0%
Borderline Changes	4.8%	4.5%	5.0%	10.2%	7.2%	8.1%	10.9%	10.6%
Mild Dyskaryosis	2.8%	2.4%	3.3%	8.3%	4.0%	5.9%	9.2%	10.1%
Moderate Dyskaryosis	0.8%	0.7%	1.1%	1.5%	1.1%	1.3%	3.2%	2.6%
Severe Dyskaryosis	0.6%	0.6%	1.0%	1.5%	1.0%	0.8%	2.9%	2.8%
?Invasive Carcinoma	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
?Glandular Neoplasia	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%

Percentage by source	TOTAL	GP	NHSCC	GUM	NHS HOSP	PRIVATE	COLP	OTHER
Inadequate	100.0%	84.4%	2.1%	0.2%	8.7%	0.3%	1.4%	2.9%
Negative	100.0%	90.1%	2.4%	0.1%	4.1%	0.2%	0.7%	2.3%
Borderline Changes	100.0%	79.6%	2.8%	0.3%	7.8%	0.2%	1.9%	7.3%
Mild Dyskaryosis	100.0%	74.6%	3.0%	0.6%	7.4%	0.3%	2.3%	11.7%
Moderate Dyskaryosis	100.0%	74.9%	2.0%	0.5%	7.4%	0.3%	2.2%	12.7%
Severe Dyskaryosis	100.0%	75.6%	3.4%	0.3%	5.7%	0.3%	2.6%	12.0%
?Invasive Carcinoma	100.0%	72.7%	0.0%	0.2%	9.1%	0.0%	0.0%	18.2%
?Glandular Neoplasia	100.0%	81.1%	2.7%	2.7%	8.1%	0.0%	0.0%	5.4%

KC61 Part A

Table 13 NI Cervical screening programme, GP & HSC Trust Community Clinic samples examined by cytology laboratories, by result and age of women, 2010-11

Numbers	Borderline Mild Moderate Severe ?Invasive ?Glandular								
	Total	Inadequate	Negative	Changes	Dyskaryosis	Dyskaryosis	Dyskaryosis	Carcinoma	Neoplasia
Under 20	1,068	27	799	126	92	16	8	0	0
20-24	13,507	332	10,380	1,242	1,101	308	143	0	1
25-29	17,540	401	14,805	1,143	737	237	206	2	8
30-34	16,931	404	15,062	780	397	127	152	3	6
35-39	16,470	423	15,014	611	245	81	86	5	4
40-44	16,582	471	15,236	551	214	58	51	0	1
45-49	15,451	447	14,261	523	149	39	28	2	2
50-54	11,666	436	10,875	252	67	14	14	4	4
55-59	8,667	549	7,940	143	24	3	5	0	2
60-64	7,124	467	6,539	93	16	4	3	0	2
65-69	1,003	61	921	17	4	0	0	0	0
70-74	119	7	106	4	1	0	0	0	1
75 and over	39	6	33	0	0	0	0	0	0

Percentages	Borderline Mild Moderate Severe ?Invasive ?Glandular								
	Total	Inadequate	Negative	Changes	Dyskaryosis	Dyskaryosis	Dyskaryosis	Carcinoma	Neoplasia
Under 20	1,068	2.5%	74.8%	11.8%	8.6%	1.5%	0.7%	0.0%	0.0%
20-24	13,507	2.5%	76.8%	9.2%	8.2%	2.3%	1.1%	0.0%	0.0%
25-29	17,539	2.3%	84.4%	6.5%	4.2%	1.4%	1.2%	0.0%	0.0%
30-34	16,931	2.4%	89.0%	4.6%	2.3%	0.8%	0.9%	0.0%	0.0%
35-39	16,469	2.6%	91.2%	3.7%	1.5%	0.5%	0.5%	0.0%	0.0%
40-44	16,582	2.8%	91.9%	3.3%	1.3%	0.3%	0.3%	0.0%	0.0%
45-49	15,451	2.9%	92.3%	3.4%	1.0%	0.3%	0.2%	0.0%	0.0%
50-54	11,666	3.7%	93.2%	2.2%	0.6%	0.1%	0.1%	0.0%	0.0%
55-59	8,666	6.3%	91.6%	1.7%	0.3%	0.0%	0.1%	0.0%	0.0%
60-64	7,124	6.6%	91.8%	1.3%	0.2%	0.1%	0.0%	0.0%	0.0%
65-69	1,003	6.1%	91.8%	1.7%	0.4%	0.0%	0.0%	0.0%	0.0%
70-74	119	5.9%	89.1%	3.4%	0.8%	0.0%	0.0%	0.0%	0.8%
75 and over	39	15.4%	84.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

KC 61 Part B

**Table 14 NI Cervical screening programme, Samples examined by cytology laboratories:
Time from receipt of sample to authorisation of report by HSC Trust Laboratory, 2010-11**

	Percentages				
	Northern Ireland	Belfast & South East HSC Trusts	Northern HSC Trust	Southern HSC Trust	Western HSC Trust
Total	138296	53602	30670	29651	24373
Up to 2 weeks	66.2%	33.2%	77.8%	87.2%	98.8%
>2 weeks up to 4 weeks	19.9%	34.2%	20.0%	9.7%	1.0%
>4 weeks up to 6 weeks	7.8%	17.7%	1.6%	2.5%	0.1%
>6 weeks up to 8 weeks	5.6%	14.0%	0.4%	0.5%	0.0%
>8 weeks up to 10 weeks	0.4%	0.9%	0.2%	0.1%	0.0%
Over 10 weeks	0.0%	0.0%	0.1%	0.0%	0.0%

Source NI KC61 Part A2

