

## HEALTH CARE SCREENING DEVELOPMENTS FOR RESIDENTS OF SEFTON

### **1. Introduction**

Residents of Sefton are invited to participate in eleven national screening programmes. These aim to detect those at risk or with very early signs of conditions who are otherwise apparently healthy people. Treatment is offered or patients are placed on surveillance. Early detection through screening saves lives.

From June 2013 a new screening programme is being rolled out to people across Merseyside and Cheshire – Abdominal Aortic Aneurysm (AAA) screening.

From July 2013 Sefton will become a pilot site for a change in cervical cancer screening.

### **2. Abdominal Aortic Aneurysm**

All men in their 65<sup>th</sup> year will be invited for an ultrasound scan of their abdomen to detect whether they are at risk of an abdominal aortic aneurysm. Research has demonstrated that offering men ultrasound screening in their 65<sup>th</sup> year could reduce the rate of premature death from ruptured AAA by up to 50%.

The aortic diameter is measured and there are three possible results:

- A normal result (960 in 1,000 men). No treatment or further scan required. Discharged from screening programme.
- Small aneurysm found (35 in 1,000 men). Invited back for regular surveillance scans to check aorta is not getting bigger.
- Large aneurysm found (5 in 1,000 men). Referred to vascular surgeon for appointment with specialist team to have more scans and discuss possible treatment, usually an operation.

Men in Sefton will start being invited for screening in June 2013. They will be invited to one of four locations across the borough according to their postcode: Southport, Ainsdale, Netherton and Bootle.

### **3. Cervical screening – primary screening for human papillomavirus (HPV)**

The laboratory procedure for cervical screening samples from Sefton women will change from the beginning of July 2013. Sefton will be one of six sites across the country piloting a new protocol called HPV primary screening.

In the new protocol samples are tested first for high risk human papillomavirus (HPV). Only those with a positive result will then be looked at for abnormal cells. (Looking for abnormal cells is called 'cytology' and is the current screening test.)

HPV primary screening makes no difference to how the screening sample is taken. However, it should benefit women because more abnormal cells will be picked up and women without HPV can be reassured that they are at extremely low risk of developing cervical cancer.