



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Cervical Screening Wales Annual Statistical Report 2022-2023

Version 1.0

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Publication details

This report is a detailed summary of information on work undertaken by the Cervical Screening Wales Programme for the year April 2022 to the end of March 2023.

Title: Cervical Screening Wales Annual Statistical Report 2022-23

Date: March 2026

ISBN: 978-1-83766-779-6

Contact details

Informatics Division, Floor 6, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ

Email: Screening.Information@wales.nhs.uk

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg. Byddwn yn ateb gohebiaeth yn Gymraeg heb oedi / We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.

QA statement

Screening data records are constantly changing. The databases used by Public Health Wales Screening Division are updated on a daily basis when records are added, changed or removed (archived). This might relate to when a person has been identified as needing screening; has had screening results that need to be recorded or has a change of status and no longer needs screening respectively. Data is received from a large number of different sources with varying levels of accuracy and completeness. The Screening Division checks data for accuracy by comparing datasets, for example GP practice data, and corrects the coding data where possible. It should be noted that there are sometimes delays in data collection, for example a person might not immediately register with their GP. These delays will therefore affect the completeness of the data depending on individual circumstances. In addition, the reader should be aware that data is constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing. When dealing with data from small geographical areas we occasionally suppress numbers lower than five when the data is potentially sensitive.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Copyright information

© 2026 Public Health Wales NHS Trust

Material contained in this document may be reproduced under the terms of the Open Government Licence (OGL) (<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>) provided it is done so accurately and is not used in a misleading context. Acknowledgement to Public Health Wales NHS Trust to be stated. Copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust. This document is also available in Welsh.

Cover image: Internal Public Health Wales resource, Public Health Wales Asset Library (<https://phwassets.nhs.wales>). Asset ID: 219690

This document is also available in Welsh.

Contents

Key messages	7
Introduction.....	8
Background.....	8
Programme delivery.....	9
Screening pathway	10
Headline statistics	12
Data.....	13
Coverage	13
Participants invited	18
Participants tested.....	20
Screening sample result turnaround times by health board	23
Samples reported by cervical screening laboratory.....	26
APV, PPV and RV.....	31
Turnaround times for pathology laboratory	34
Colposcopy activity	35
Colposcopy waiting times	38
Total attended colposcopy appointments.....	41
New patients seen and worst outcome of histology	43
Audit of cervical cancer in Wales 2021-22.....	45
Screen detected status.....	49
Definitions.....	53
Production team	55
Programme contact details	56

Tables

Table 1: Cervical Screening Age Appropriate Coverage by Age Group	14
Table 2: Cervical screening coverage (25-64 year olds) by health board of residence Fig.....	16
Table 3: Individuals invited by age group and health board	19
Table 4: Individuals screened by age group and health board	21
Table 5: Time from date sample was taken to issue of result letter, by health board	24
Table 6: Number of cervical screening samples reported by source of test	27
Table 7: Number of cervical screening samples reported by health board of residence and source of test	27
Table 8: Percentage of cervical screening samples reported by health board of residence and source of test	28
Table 9: Inadequate cytology samples reported by cervical screening laboratory	28
Table 10: High grade cytology samples reported	29
Table 11: Number of adequate cytology samples reported by result of test and age group	29
Table 12: Number and outcome of adequate samples reported.....	30
Table 13: Outcome for women referred during April 2021-March 2022 following an inadequate, negative or low grade result	32
Table 14: Outcome for women referred during April 2021-March 2022 following a high grade result - excluding women referred with a test result of ?glandular neoplasia (non-cervical).....	32
Table 15: Outcome for women directly referred during April 2021-March 2022 following a high grade result	33
Table 16: Turnaround times for pathology laboratory, from date of receipt of sample, to date result first authorised.....	34
Table 17: Number of colposcopy referrals by source of referral and colposcopy clinic.....	36
Table 18: Number of new patients seen in colposcopy clinics by referral test result.....	37
Table 19: Waiting times by health board and type of referral	39
Table 20: Total attended colposcopy appointments by type of visit and health board Figure.....	42
Table 21: New patients seen by type of referral and worst outcome of histology	43
Table 22: New patients seen by health board and worst outcome of histology	44

Figures

Figure 1: Pathway for cervical screening	11
Figure 2: Cervical Screening Age Appropriate Coverage by Age Groups	15
Figure 3: Combined cervical screening coverage of target age group (individuals aged 25-64) by health board	17

Figure 4: Number of individuals (aged 25-64 years) invited and tested each year	22
Figure 5: Time from date sample was taken to issue of result letter, by health board	25
Figure 6: Percentage of all new referrals offered an appointment within 8 weeks by health board (excluding patient instigated delays).....	40
Figure 7: Percentage of all new referrals offered an appointment within 4 weeks by health board (excluding patient instigated delays).....	40
Figure 8: Number of Cervical Cancers by Age Band	46
Figure 9: Number of cervical cancers by type and age at diagnosis	47
Figure 10: Number of cervical cancers diagnosed between 2013 and 2022 by stage and age at diagnosis.....	48
Figure 11: Number of cervical cancers by stage and screen-detected status	50
Figure 12: Number of cervical cancers by age and screen-detected status.....	51
Figure 13: Non screen-detected cancers by stage and screening history	52



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Key messages

- Cervical screening aims to prevent cancer from developing in the cervix by identifying those at higher risk and detecting cell changes early so they can be more easily treated
- Individuals from the age of 25 are invited for screening every five years.
- A cervical screening (smear) test is a free NHS test that is carried out at your GP surgery or at some sexual-health clinics.
- The test is quick and simple and should not be painful but may be uncomfortable for some individuals.
- Evidence shows that attending for regular screening will prevent 7 out of 10 cancers. Taking part in cervical screening is an individual choice. Those invited are requested to read the information leaflet provided carefully to help them make their decision.

Introduction

Background

Cervical Screening Wales is responsible for the NHS cervical screening programme in Wales. The aim of the cervical screening programme is to reduce the incidence of, and morbidity and mortality from, invasive cervical cancer.

Current eligibility

Eligible individuals in Wales are invited for cervical screening from age 24 years and 8 months, up to 64 years of age.

Prior to 01/01/2022 the screening interval was:

- every three years for 25 to 49 year olds
- every five years for 50 to 64 year olds

Since 01/01/2022 individuals aged 25-64 are invited for screening every five years in line with recommendations from the UK National Screening Committee, for those testing negative for HPV.

Sources of additional information

Information contained in this report is collected from the following sources:

1. NHAIS (National Health Application and Infrastructure Services) and CSIMS (Cervical Screening Information Management System) call and recall systems used by the Cervical Screening Administration Departments.
2. National LIMS system (WLIMS) supporting Laboratory Medicine in Wales.
3. Canisc – Cancer Information System Cymru which is a national database and records clinical and administrative data from colposcopy services across all health boards.

An explanation of terms used in the document is in section 5 (Definitions).

Screening locations

Most cervical screening (smear) tests are carried out in primary care or in a community or sexual health clinic. A small number of tests are taken in secondary care, in colposcopy clinics or gynaecology clinics.

Summary of activity in reported year

In September 2022 CSIMS (Cervical Screening Information Management System) the call and recall systems used by the Cervical Screening Administration Departments was introduced which replaced the NHAIS (National Health Application and Infrastructure Services) system. The introduction of CSIMS gives greater visibility of pathway management across Wales as well as the opportunity to invite transgender individuals for cervical screening where CSW are made aware of this requirement.

CSW's laboratory also changed its laboratory testing equipment and consequently the method of HPV detection from RNA to DNA detection.

Looking forward to the next screening year

In the coming year CSW will embed CSIMS and strengthen the information provided to participants with HPV negative results.

Programme delivery

The Screening Division of Public Health Wales is responsible for managing, delivering and quality assuring the cervical screening programme in Wales. Most cervical screening (smear) tests are carried out by a registered health professional in primary care or in a community or sexual health clinic. A small number of tests are taken in secondary care, in colposcopy clinics or gynaecology clinics.

The cervical screening programme is an All-Wales programme, with a central governance team and three regional centres responsible for the operational management and quality assurance of the screening programme in their area: North Wales, Mid and West Wales and South East Wales.

Screening pathway

Eligible individuals in Wales are invited for cervical screening from age 24 years and 8 months, up to 64 years of age.

Prior to 01/01/2022 the screening interval was:

- every three years for 25 to 49 year olds
- every five years for 50 to 64 year olds

Since 01/01/2022 individuals aged 25-64 are invited for screening every five years in line with recommendations from the UK National Screening Committee, for those testing negative for HPV.

From April 2017, as part of the planning for full rollout of primary high risk HPV (hrHPV) screening, an 'early adopters' phase of primary screening using HPV testing began throughout Wales. Just under 20% of cervical screening samples were tested for hrHPV as the primary screening test. During June and July 2018, as roll out continued, a further 30% of all screening samples were tested for hrHPV.

Prior to this, HPV testing had been introduced incrementally from 2014 for triage and 'test of cure' testing for defined pathways.

In September 2018, all samples began to be tested for hrHPV as the primary screening test. By 1st October 2018, Wales had fully moved to hrHPV primary screening. Wales was the first country in the UK to fully implement hrHPV as the primary screening test.

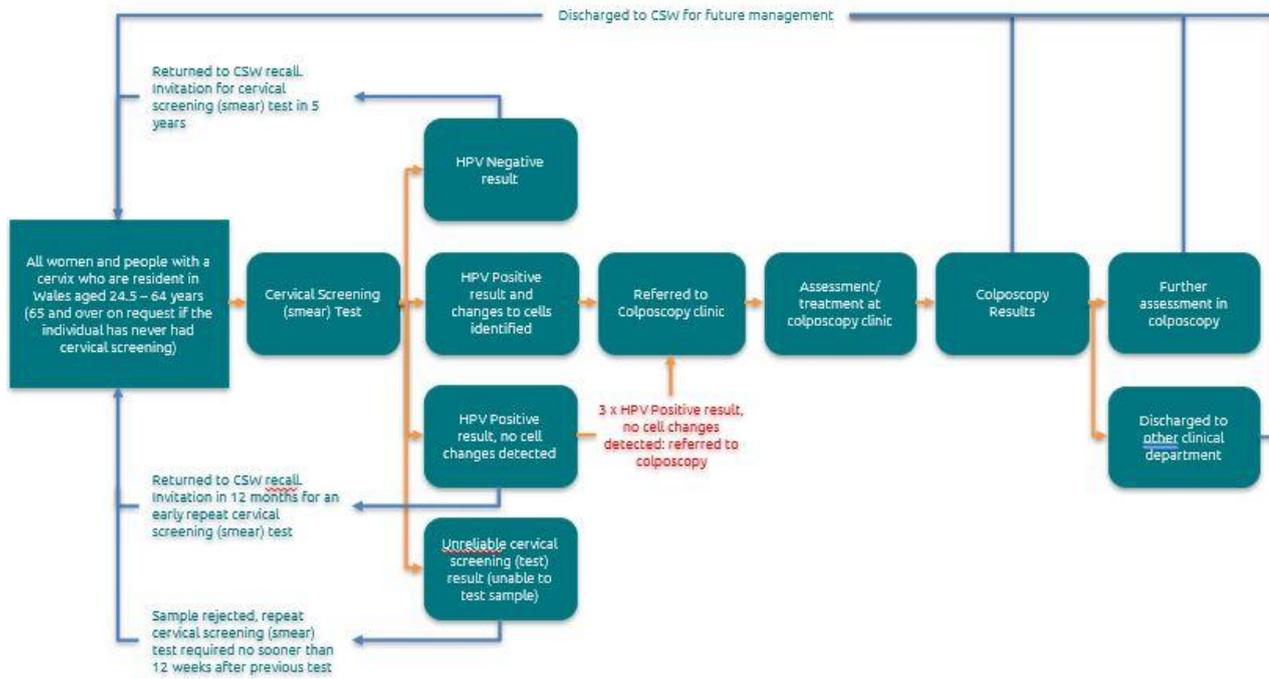
All samples are now tested at Public Health Wales' Magden Park laboratory in Llantrisant. If a sample has no hrHPV detected, a result is issued by Magden Park laboratory. The cells in the sample are not examined.

If a sample has hrHPV detected, a slide is made, and the cells are examined down a microscope by Cytology Screeners. If there are any cell changes, the slide is sent for medical reporting by one of a formal clinical network of Consultant Pathologists or Consultant Biomedical Scientists across Wales.

Eligible people are identified through GP registrations and sent a letter inviting them to make an appointment for cervical screening. Anyone with a cervix within the screening age range is entitled to attend for cervical screening. Individuals registered as 'female' by their GP and transgender men that have notified CSW that they would like to be invited for screening are invited. A leaflet explaining screening is included with this letter. A reminder letter is sent if they do not appear to have attended for screening within a certain time. Demographic details are taken from GP registrations on the CSIMS system, and it is important that women ensure that their name and address are up to date with their GP.

More information about the programme and copies of previous statistical reports are available at www.cervicalscreeningwales.wales.nhs.uk

Figure 1: Pathway for cervical screening





Headline statistics

This report covers activity from 1 April 2022 to 31 March 2023 inclusive.

- As of 31 March 2023, screening coverage was 68.2% across Wales, and exceeded 66% in all Health Board regions. This figure combines the proportion of 25-49 year olds screened in the previous 3.5 years, and the proportion of 50-64 year olds screened in the previous 5.5 years. This is known as 'age-appropriate' coverage.
- In 2022-23 228,143 individuals aged 25-64 were invited for screening.
- 170,892 individuals were screened in 2022-23, (including those with inadequate results). This number includes individuals who were screened during the year 2022-23 and does not reflect all the individuals that were invited in that year.
- Laboratories examined 173,494 samples from Welsh residents in 2022-23.
- In 0.3% of tests the final result was 'inadequate'. 'Inadequate' means that the sample quality was insufficient for producing either a HPV or cytology result, as appropriate'
- The Positive Predictive Value (PPV) correlates high grade cytology with high-grade histology. For 2021-22, the PPV for Wales is 83.9%.
- 9,185 new patients were seen at colposcopy clinics in Wales in 2022-23, 67.7% having been directly referred by Cervical Screening Wales and 32.3% for clinical reasons, e.g. symptoms or an abnormal appearing cervix.
- 1 in 23 individuals screened in the year were directly referred for colposcopy by CSW. Of these, 1 in 148 individuals (less than 1%) had cancer.



Data

Coverage

Definition and standard

Coverage figures are not directly comparable year on year.

- Prior to 1997-98, all individuals classified as 'recall ceased' by the programme (for medical, age or other reasons) were excluded from the denominator used to calculate coverage
- In 1998/99 the definition changed to exclude only those individuals with "recall ceased for clinical reasons" (no cervix)
- Since 2001-02, coverage figures include only those individuals who received an adequate test in the last 3.5 or 5 years in the numerator.

Age-appropriate coverage figures include individuals aged 25-49 years who received an adequate test in the last 3.5 years and individuals aged 50-64 years who received an adequate test in the last 5.5 years in the numerator.

Standard: At least 80% of eligible people aged 25-49 will have participated in the screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years

Result for 2022-2023

At an all-Wales level, coverage was 68.2%

Three-year trend

All-Wales level coverage was 68.2% in 2022-23, 69.6% in 2021-22, and 69.5% in 2020-21.

Comment

At an all-Wales level, coverage has decreased slightly in 2022-23 compared to the previous years.



Figures and tables

Table 1: Cervical Screening Age Appropriate Coverage by Age Group

Age Group	Eligible – 25 - 49	Tested within 3.5 years	% Coverage within 3.5 years
25-29 years	100,425	62,712	62.4%
30-34 years	109,095	73,197	67.1%
35-39 years	106,288	72,360	68.1%
40-44 years	99,183	67,384	67.9%
45-49 years	88,782	59,818	67.4%
25-49 years	503,773	335,471	66.6%

Age Group	Eligible – 50 - 64	Tested within 5.5 years	% Coverage within 5.5 years
50-54 years	103,562	78,799	76.1%
55-59 years	104,929	73,466	70.0%
60-64 years	94,015	62,524	66.5%
50-64 years	302,506	214,789	71.0%

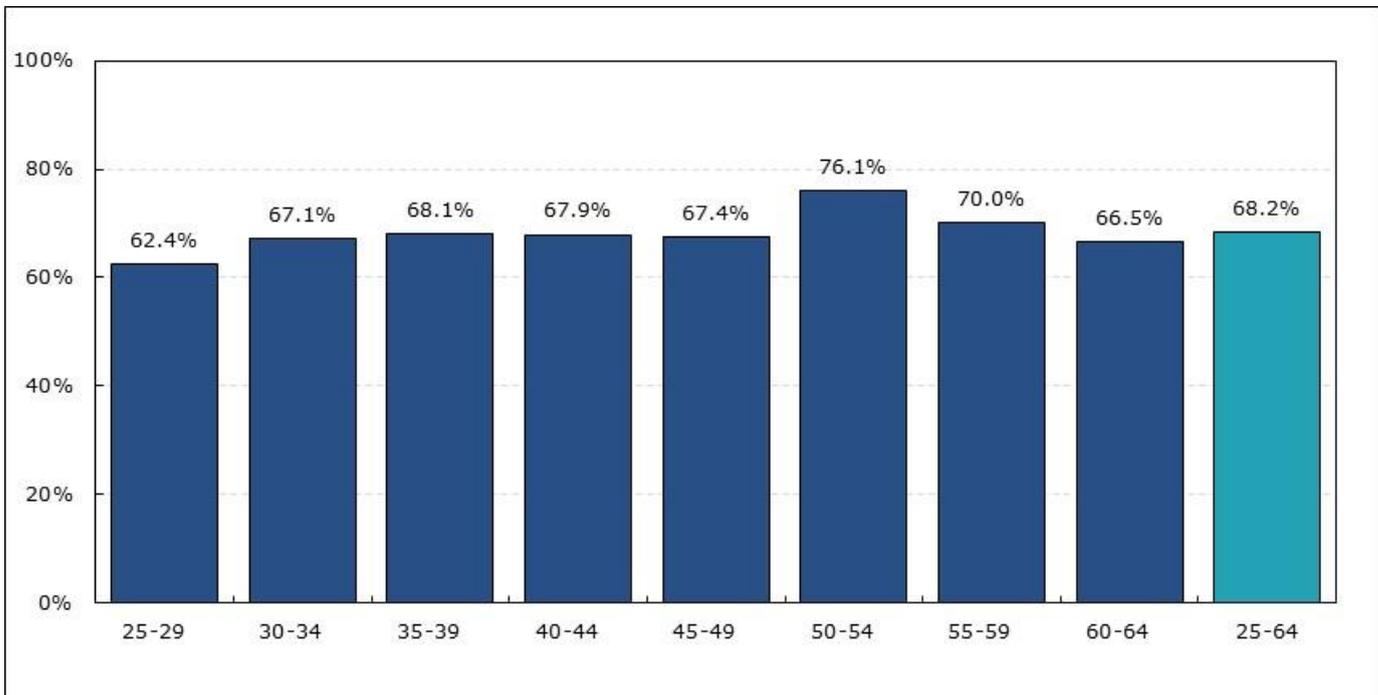


Figure 2: Cervical Screening Age Appropriate Coverage by Age Groups

Note: The eligible age range for cervical screening is 25-64 years.

In Wales the screening interval was extended from three to five years for 25-49 year olds on 01/01/2022 in line with recommendations from the UK National Screening Committee.

Since 01/01/2022 the screening interval for individuals aged 25-64 year old is every five years, for those testing negative for HPV.

Coverage data included in this report is reported in line with other UK Nations to allow the comparison of data between nations.

Individuals over 50 are routinely invited for screening every 5 years, coverage within 3.5 years is not applicable in this age group. A combined age appropriate coverage for 25-64 year olds has been calculated as 68.2%. Please see definition section for more details.

Table 2: Cervical screening coverage (25-64 year olds) by health board of residence

Health Board	Eligible – 25 - 49	Tested within 3.5 years	% Coverage within 3.5 years
Aneurin Bevan UHB	99,184	67,384	67.9%
Betsi Cadwaladr UHB	102,578	69,408	67.7%
Cardiff and Vale UHB	94,083	60,599	64.4%
Cwm Taf Morgannwg UHB	73,013	49,179	67.4%
Hywel Dda UHB	54,476	35,844	65.8%
Powys Teaching HB	17,280	12,148	70.3%
Swansea Bay HB	62,810	40,656	64.7%
Unknown	349	253	72.5%
TOTAL	503,773	335,471	66.6%

Health Board	Eligible – 50 - 64	Tested within 5.5 years	% Coverage within 5.5 years
Aneurin Bevan UHB	57,791	41,464	71.7%
Betsi Cadwaladr UHB	69,569	49,619	71.3%
Cardiff and Vale UHB	43,045	30,637	71.2%
Cwm Taf Morgannwg UHB	42,230	29,589	70.1%
Hywel Dda UHB	39,693	27,845	70.2%
Powys Teaching HB	14,353	10,586	73.8%
Swansea Bay HB	35,714	24,966	69.9%
Unknown	111	83	74.8%
TOTAL	302,506	214,789	71.0%

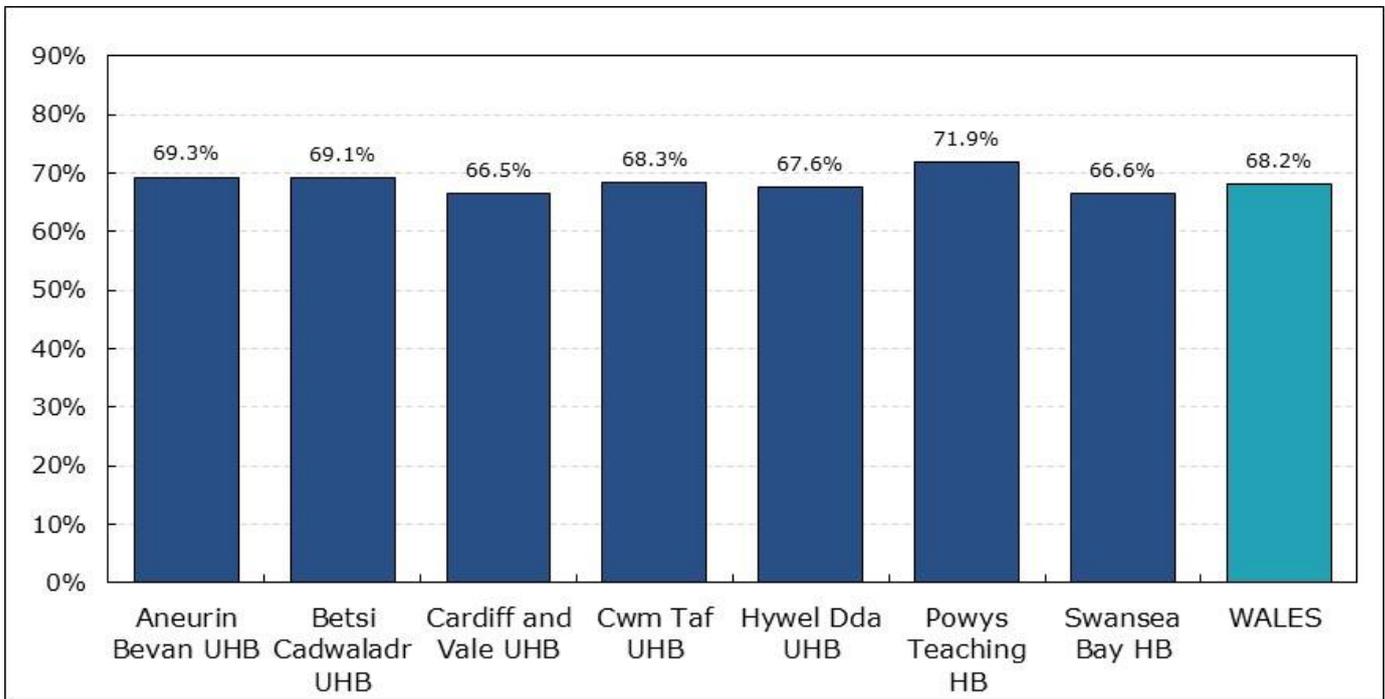


Figure 3: Combined cervical screening coverage of target age group (individuals aged 25-64) by health board

This shows the coverage stated of those individuals eligible for cervical screening on 31 March 2023, by the number and proportion with an adequate test within the last 3.5 or 5.5 years.



Participants invited

Definition and standard

Uptake is generally defined as the proportion of invited individuals who attend for screening within a defined period following an invitation. The uptake of cervical screening invitations cannot be precisely measured as some tests undertaken in the screening year (1 April to 31 March) may result from invitations that are either issued in the previous screening year or taken up in the following year. There is currently no standard for 'uptake' within Cervical Screening in England and Wales and therefore coverage has been presented.

Result for 2022-2023

At an all-Wales level, 228,143 participants, 25 to 64 years old, were invited.

In total 248,226 were invited of all ages

Three-year trend

228,143 participants, 25 to 64 years old, were invited in 2022-23.

295,538 participants, 25 to 64 years old, were invited in 2021-22.

204,406 participants, 25 to 64 years old, were invited, in 2020-21.

Comment

Eligible individuals are invited for their first screening test between 24 years 8 months and 24 years 9 months. This ensures that they will have had the opportunity to attend for screening by their 25th birthday. In addition, some individuals under the age of 25 will be invited due to incidental findings of cell changes, which have required follow-up screening tests. Cervical screening invitation numbers vary from year to year because individuals are invited on different screening cycles depending on their age, the date of their last test, and their previous screening results.



Table 3: Individuals invited by age group and health board

Health Board	Under 25	25-49	50-64	65+	All Ages
Aneurin Bevan UHB	3,484	33,181	11,450	352	48,467
Betsi Cadwaladr UHB	3,510	34,485	13,886	366	52,247
Cardiff and Vale UHB	3,800	30,899	8,245	214	43,158
Cwm Taf UHB	2,715	24,546	8,379	232	35,872
Hywel Dda UHB	1,912	18,316	7,829	209	28,266
Powys Teaching HB	596	5,512	2,775	61	8,944
Swansea Bay HB	2,422	21,220	6,936	200	30,778
Unknown HB	45	382	67	0	494
All Wales	18,484	168,541	59,567	1,634	248,226



Participants tested

Definition and standard

All samples are now tested at Public Health Wales' Magden Park laboratory in Llantrisant. If a sample has no hrHPV detected, a result is issued by Magden Park laboratory. The cells in the sample are not examined. If a sample has hrHPV detected, a slide is made and the cells are examined down a microscope by Cytology Screeners. If there are any cell changes, the slide is sent for medical reporting by one of a formal clinical network of Consultant Pathologists or Consultant Biomedical Scientists across Wales.

There is no standard for this section.

Result for 2022-2023

At an all-Wales level, 163,461 participants, 25 to 64 years old, were tested.

In total 170,892 were tested of all ages

Three-year trend

163,461 participants, 25 to 64 years old, were tested in 2022-23;

189,876 participants, 25 to 64 years old, were tested in 2021-22;

120,418 participants, 25 to 64 years old, were tested in 2020-21.

Comment

More participants were tested in 2021-22 as more participants were invited for testing. Cervical screening invitation numbers vary from year to year because individuals are invited on different screening cycles depending on their age, the date of their last test, and their previous screening results.



Table 4: Individuals screened by age group and health board

Health Board	Under 25	25-49	50-64	65+	All Ages
Aneurin Bevan UHB	1,333	24,943	7,685	151	34,112
Betsi Cadwaladr UHB	1,234	24,934	9,144	195	35,507
Cardiff and Vale UHB	1,197	21,543	5,571	165	28,476
Cwm Taf UHB	1,021	18,403	5,800	154	25,378
Hywel Dda UHB	600	13,558	5,432	140	19,730
Powys Teaching HB	209	4,491	1,991	64	6,755
Swansea Bay HB	815	15,067	4,598	134	20,614
Unknown HB	19	265	36	-	320
All Wales	6,428	123,204	40,257	1,003	170,892

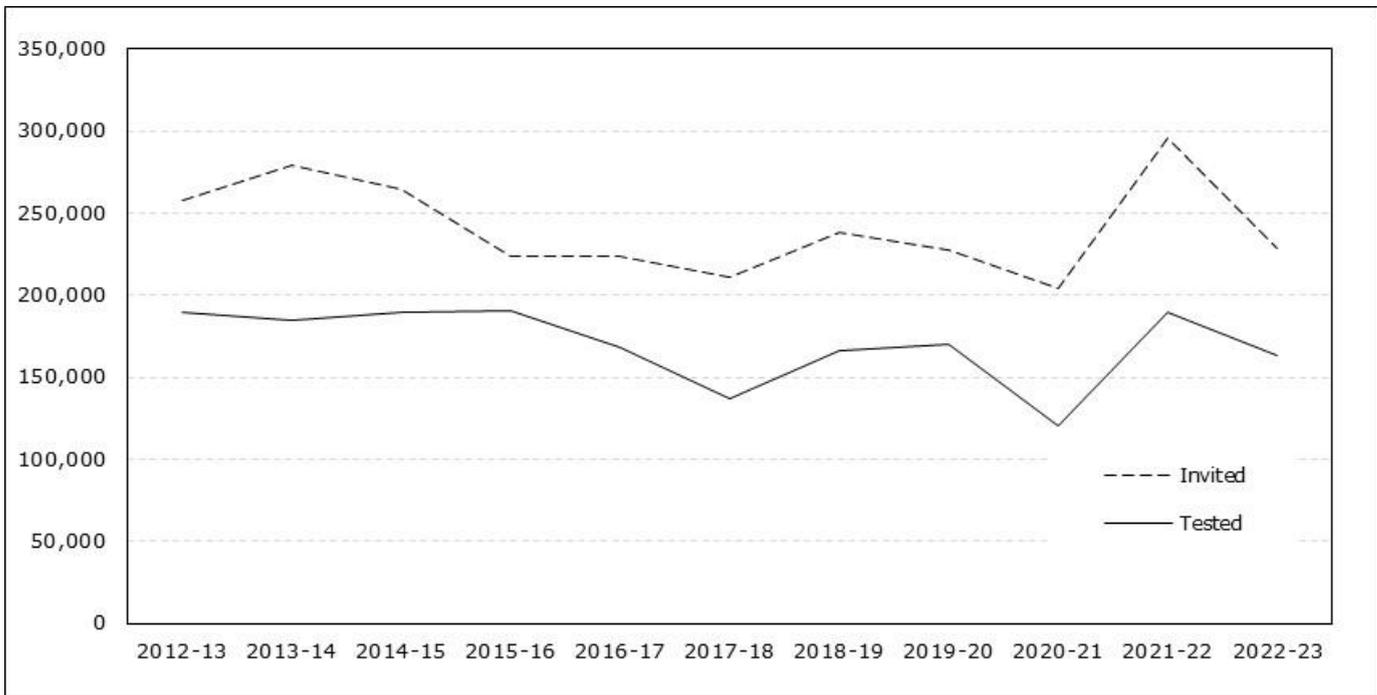


Figure 4: Number of individuals (aged 25-64 years) invited and tested each year

The reduction in the number of individuals invited during 2017-18 is due to the age and frequency changes implemented in September 2013 (described in section 1.3), where the age for first screening invitation was raised from 20 to 25 and the frequency of invitation for individuals aged 50-64 was changed from 3 years to 5 years. The rise seen in 2018-19 includes individuals aged 25 being invited for the first time, and those individuals aged 50 or over in 2013 now being invited back after 5 years. The reduction in 2020-2021 is due to the temporary pause of sending invitations to participants for cervical screening due to the Covid-19 pandemic in March 2020. The invitations restarted in June 2020. CSW recovered from the impact of the Covid-19 pandemic by December 2021



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Screening sample result turnaround times by health board

Definition and standard

The Public Health Wales standard is for 95% of individuals to be sent their results within 4 weeks (28 calendar days) of the screening sample being taken.

Result for 2022-2023

91.9% of results were issued within four weeks

Three-year trend

91.9% of results were issued within four weeks in 2022-23;

92.2% of results were issued within four weeks in 2021-22;

95.8% of results were issued within four weeks in 2020-21.

Comment

The rollout of a new IT system and new analytical platforms were the main reasons the standard of providing 95% of individuals with their screening results within four weeks of the sample date was not met.

Table 5: Time from date sample was taken to issue of result letter, by health board

Health Board	Less than or equal to 2 weeks	>2 weeks up to 4 weeks	>4 weeks up to 6 weeks	>6 weeks	Total
Aneurin Bevan UHB	17,026	14,260	1,543	997	33,826
Betsi Cadwaladr UHB	14,077	17,952	1,997	1,357	35,383
Cardiff and Vale UHB	14,994	11,323	1,223	720	28,260
Cwm Taf UHB	12,420	10,754	1,336	485	24,995
Hywel Dda UHB	9,368	8,518	1,082	552	19,520
Powys Teaching HB	2,994	3,125	412	143	6,674
Swansea Bay HB	9,855	8,928	1,167	610	20,560
Unknown HB	1,270	1,411	223	142	3,046
WALES	82,004	76,271	8,983	5,006	172,264

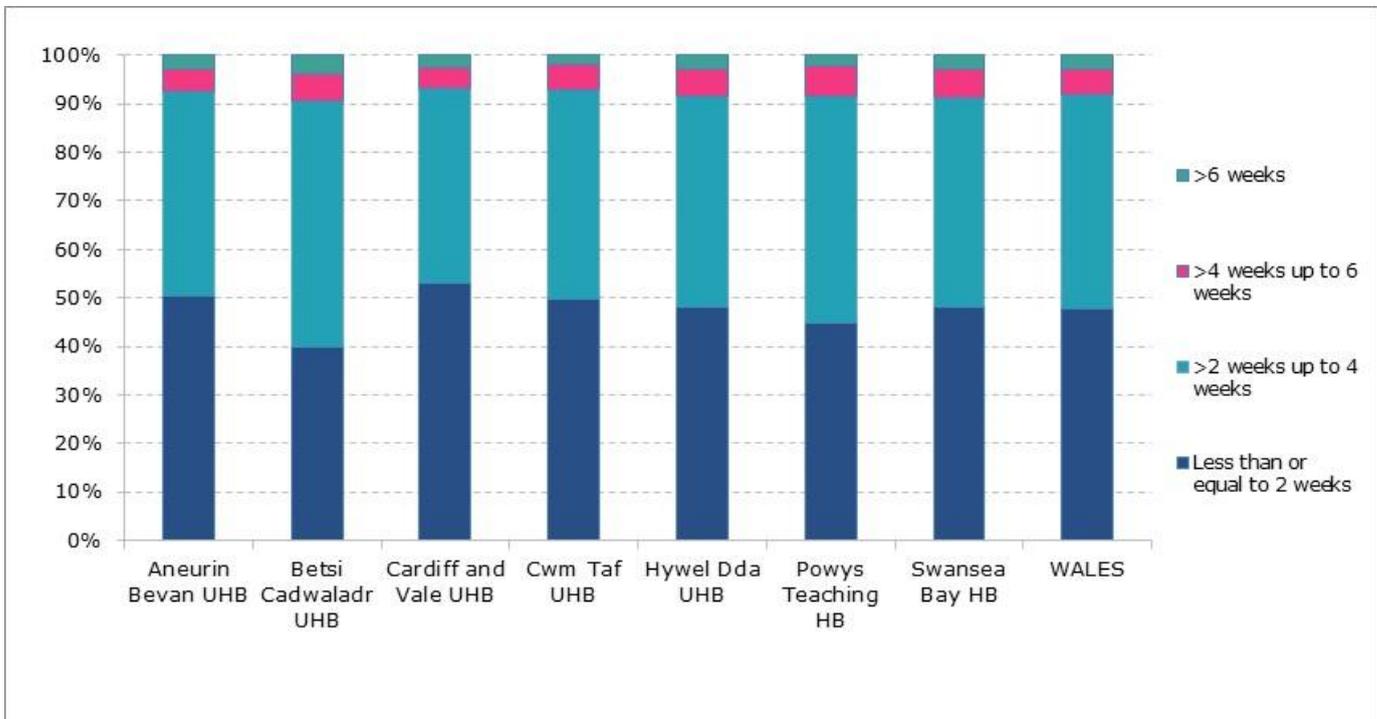


Figure 5: Time from date sample was taken to issue of result letter, by health board



Samples reported by cervical screening laboratory

Definition and standard

No definition or standard

Samples reported include all samples authorised between April 1st 2022 and March 31st 2023. Rejected samples are not included.

Result for 2022-2023

At an all-Wales level, a total of 173,494 samples were reported by the laboratory.

Three-year trend

173,494 samples were reported in 2022-23;

194,316 samples were reported in 2021-22;

117,504 samples were reported in 2020-21;

Comment

Cervical screening invitation numbers vary from year to year because individuals are invited on different screening cycles depending on their age, the date of their last test, and their previous screening results. The number of samples reported therefore varies accordingly.



Table 6: Number of cervical screening samples reported by source of test

All Wales	GP	Integrated Sexual Health Clinics	NHS Hospital	Not Specified	Total
All Wales	160,701	3,980	8,049	764	173,494

Table 7: Number of cervical screening samples reported by health board of residence and source of test

Health Board	GP	Integrated Sexual Health Clinics	NHS Hospital	Not Specified	Total
Aneurin Bevan UHB	30,660	1,813	1,690	107	34,270
Betsi Cadwaladr UHB	34,202	467	1,136	2	35,807
Cardiff and Vale UHB	27,944	169	987	136	29,236
Cwm Taf UHB	22,687	696	1,792	218	25,393
Hywel Dda UHB	17,986	693	1,242	2	19,923
Powys Teaching HB	6,465	27	185	15	6,692
Swansea Bay UHB	19,490	72	961	280	20,803
Unknown HB	1,267	43	56	4	1,370
All Wales	160,701	3,980	8,049	764	173,494

Table 8: Percentage of cervical screening samples reported by health board of residence and source of test

Health Board	GP	Integrated Sexual Health Clinics	NHS Hospital	Not Specified
Aneurin Bevan UHB	89.5%	5.3%	4.9%	0.3%
Betsi Cadwaladr UHB	95.5%	1.3%	3.2%	0.0%
Cardiff and Vale UHB	95.6%	0.6%	3.4%	0.5%
Cwm Taf UHB	89.3%	2.7%	7.1%	0.9%
Hywel Dda UHB	90.3%	3.5%	6.2%	0.0%
Powys Teaching HB	96.6%	0.4%	2.8%	0.2%
Swansea Bay UHB	93.7%	0.3%	4.6%	1.3%
Aneurin Bevan UHB	89.5%	5.3%	4.9%	0.3%
All Wales	92.6%	2.3%	4.6%	0.4%

Of the 173,494 samples reported, no cytology test was required in 152,109 because high risk HPV was not detected. Cytology testing was carried out on 21,385 samples.

Table 9: Inadequate cytology samples reported by cervical screening laboratory

All Wales	GP	Integrated Sexual Health Clinics	NHS Hospital	Not Specified	Total
Total smears	18,657	581	1,905	242	21,385
No. inadequate	430	10	66	10	516
% inadequate	2.3%	1.7%	3.5%	4.1%	2.4%

Of the 152,109 samples where no cytology test was required, 59 samples had been reported as 'hrHPV result unavailable/unreliable (HPVU)'. If these results are added to the 'inadequate cytology' results, this would give an overall combined 'inadequate' rate of 0.3%.

Table 10: High grade cytology samples reported

All Wales	GP	Integrated Sexual Health Clinics	NHS Hospital	Not Specified	Total
No. adequate	160,271	3,970	7,983	754	172,978
No. high grade	1,047	43	200	24	1,314
%high grade	0.7%	1.1%	2.5%	3.2%	0.8%

High grade includes results reported as high grade dyskaryosis (moderate or severe), high grade dyskaryosis (query invasive squamous carcinoma), query glandular neoplasia of endocervical type and query glandular neoplasia of non-cervical origin. The proportion is calculated from all cervical screening test results.

Table 11: Number of adequate cytology samples reported by result of test and age group

Result	25-49 years	50-64 years	All Ages
Negative	10,449	2,838	14,256
Borderline Change in squamous cells	2,196	507	2,908
Borderline Change in endocervical cells	19	6	26
Low Grade Dyskaryosis	1,793	390	2,365
High Grade Dyskaryosis (Moderate)	373	50	441
High Grade Dyskaryosis (Severe)	659	100	790
High Grade Dyskaryosis (?invasive squamous carcinoma)	21	14	36
?Glandular neoplasia of endocervical type	38	6	45
?Glandular neoplasia of non-cervical origin	1	1	2
No cytology	109,467	36,646	152,109
All Wales	125,016	40,558	172,978

All ages include participants outside of the eligible age range.



Table 12: Number and outcome of adequate samples reported

Result	High Risk HPV detected	High Risk HPV not detected	HPV unavailable / unreliable	TOTAL
Negative	14,254	1	1	14,256
Borderline Change in squamous cells	2,908	0	0	2,908
Borderline Change in endocervical cells	26	0	0	26
Low Grade Dyskaryosis	2,364	0	1	2,365
High Grade Dyskaryosis (Moderate)	441	0	0	441
High Grade Dyskaryosis (Severe)	790	0	0	790
High Grade Dyskaryosis (?invasive squamous carcinoma)	36	0	0	36
?Glandular neoplasia of endocervical type	45	0	0	45
?Glandular neoplasia of non-cervical origin	2	0	0	2
No cytology	0	152,050	59	152,109
All Wales	20,866	152,051	61	172,978

APV, PPV and RV

Definition and standard

The positive predictive value (PPV) is the proportion of those thought to have high grade cell changes on cytology, that then go on to have a proven high grade abnormality.

Cytology PPV correlates high grade cytology opinion with histology outcome. It calculates the proportion of cases in which an adequate biopsy, following a screening test reported as high-grade dyskaryosis (moderate) or worse, yields a histological diagnosis of CIN2 or worse. This excludes individuals referred to colposcopy following a test result of non-cervical query glandular neoplasia.

The Abnormal Predictive Value (APV) calculates the percentage of samples reported as borderline changes or low-grade dyskaryosis that led to referral and subsequent histological diagnosis of CIN2 or worse. For the period of this report, this also includes samples reported as showing 'borderline change in endocervical cells'.

The referral value (RV), is defined as the number of individuals referred to colposcopy per detection of one CIN2 or worse histology result. This excludes individuals referred to colposcopy following a test result of inadequate or query glandular neoplasia (non-cervical).

APV, PPV and RV rates are calculated a year in arrears

Result for 2021-2022

At an all-Wales level, PPV = 83.9; APV = 21.9; RV = 3.3

Three-year trend

In 2021-2022, at an all-Wales level, PPV = 83.9; APV = 21.9; RV = 3.3

In 2020-2021, at an all-Wales level, PPV = 86.9; APV = 22.0; RV = 3.1

In 2019-2020, at an all-Wales level, PPV = 85.1; APV = 22.6; RV = 2.7

Comment

Non-cervical cancers are excluded from PPV calculations. From 2012-13 the definition for calculating PPV has changed, the denominator now includes – colposcopy no abnormality detected (NAD) with no biopsy taken.

Colposcopy PPV correlates high grade colposcopy opinion with histology outcome.

Table 13: Outcome for women referred during April 2021-March 2022 following an inadequate, negative or low grade result

Outcome	ALL WALES	Percentage
Cervical Cancer	9	0.1%
CGIN	16	0.3%
High Grade CIN	1,138	18.1%
CIN1	1,434	22.8%
No Abnormality Detected	1,351	21.4%
Inadequate Biopsy	121	1.9%
No Biopsy Taken	2,232	35.4%
Non Cervical Cancer	0	0.0%
Result not known	0	0.0%
TOTAL	6,301	100.0%

Table 14: Outcome for women referred during April 2021-March 2022 following a high grade result - excluding women referred with a test result of ?glandular neoplasia (non-cervical)

Outcome	ALL WALES	Percentage
Cervical Cancer	76	5.6%
CGIN	51	3.8%
High Grade CIN	1,001	74.0%
CIN1	113	8.4%
No Abnormality Detected	72	5.3%
Inad Biopsy	8	0.6%
No Biopsy Taken	31	2.3%
Non Cervical Cancer	1	0.1%
Result not known	0	0.0%
TOTAL	1,353	100.0%



Table 15: Outcome for women directly referred during April 2021-March 2022 following a high grade result

	Positive Predictive Value (PPV)%	Abnormal Predictive Value (APV)%	Referral Value (RV)
All Wales	83.9%	21.9%	3.3

Turnaround times for pathology laboratory

Definition and standard

PHW aim to report cervical screening results within 4-6 weeks

Result for 2022-2023

At an all-Wales level, 68.8% of samples were reported within 2 weeks.

Three-year trend

68.8% of samples were reported within 2 weeks during 2022-2023

77.4% of samples were reported within 2 weeks during 2021-2022

85.6% of samples were reported within 2 weeks during 2020-2021

Comment

The decrease in percentage of samples reported within 2 weeks since 2021 are likely reflecting recovery in services following COVID-19 disruptions as well impacts of the implementation of a new IT system and new analytical platforms during 2022.

Table 16: Turnaround times for pathology laboratory, from date of receipt of sample, to date result first authorised

All Wales	Less than or equal to 2 weeks	>2 weeks up to 4 weeks	>4 weeks up to 6 weeks	>6 weeks	Total
Totals	119,432	48,365	4,295	1,402	173,494
Cumulative %	68.8%	96.7%	99.2%	100.0%	100.0%



Colposcopy activity

Definition

Colposcopy is the examination of the cervix using visual inspection with acetic acid and magnification, this is conducted in Secondary care. Participants are referred by CSW to colposcopy if cell changes are identified or if hrHPV infection is persistent. Participants may also be referred to Colposcopy from primary or secondary care with symptoms, an abnormal appearance of cervix, or where there were difficulties in obtaining a sample in primary care.

There are no standards for this section.

Result for 2022-2023

At an all-Wales level, there were a total of 11,300 referrals made to colposcopy during 2022-2023

9,185 new patients were seen 67.7% having been directly referred by Cervical Screening Wales and 32.3% for clinical reasons, e.g. symptoms or an abnormal appearing cervix.

Three-year trend

9,185 new patients were seen at colposcopy clinics in Wales in 2022-23

9,641 new patients were seen at colposcopy clinics in Wales in 2021-22

6,622 new patients were seen at colposcopy clinics in Wales in 2020-21

Comment

The sharp increase seen from 2020–21 to 2021–22 (around a 45% rise), likely reflecting recovery in services following COVID-19 disruptions, this has persisted into 2022-2023.

Table 17: Number of colposcopy referrals by source of referral and colposcopy clinic

Colposcopy Clinic	CSW Direct Referral	Other Referral	TOTAL	% CSW Direct Referral	% Other Referral
Brecon	117	4	121	96.7%	3.3%
Bronglais	117	50	167	70.1%	29.9%
Cardiff and Vale	1,314	818	2,132	61.6%	38.4%
Glan Clwyd	425	44	469	90.6%	9.4%
Neath Port Talbot	850	195	1,045	81.3%	18.7%
Nevill Hall	423	164	587	72.1%	27.9%
Newtown	138	41	179	77.1%	22.9%
Prince Charles	361	529	890	40.6%	59.4%
Royal Glamorgan	353	496	849	41.6%	58.4%
Singleton	625	314	939	66.6%	33.4%
West Wales General	491	248	739	66.4%	33.6%
Withybush	193	227	420	46.0%	54.0%
Wrexham	566	119	685	82.6%	17.4%
Ysbyty Gwynedd	442	208	650	68.0%	32.0%
Ysbyty Ystrad Fawr	1,120	308	1,428	78.4%	21.6%
All Wales	7,535	3,765	11,300	66.7%	33.3%

The other referrals that are not directly referred from CSW are a mixture of individuals referred from primary or secondary care with symptoms or an abnormal appearance of cervix, individuals moving into Wales with recent cell changes on cytology or those where there were difficulties in obtaining a sample in primary care.

Table 18: Number of new patients seen in colposcopy clinics by referral test result

Colposcopy Clinic	Low Grade	High Grade	Negative Cytology HPV Positive	No Abnormal Smear	Total
Brecon	55	15	19	2	91
Bronglais	59	14	22	43	138
Cardiff and Vale	732	168	234	806	1,940
Glan Clwyd	257	51	80	16	404
Neath Port Talbot	451	121	139	136	847
Nevill Hall	210	38	76	129	453
Newtown	71	27	18	34	150
Prince Charles	224	61	76	393	754
Royal Glamorgan	225	43	64	355	687
Singleton	316	99	86	210	711
West Wales General	227	76	98	134	535
Withybush	135	32	54	94	315
Wrexham	231	81	54	99	465
Ysbyty Gwynedd	281	84	89	84	538
Ysbyty Ystrad Fawr	611	145	169	232	1,157
All Wales	4,085	1,055	1,278	2,767	9,185
% ALL WALES	44.5%	11.5%	13.9%	30.1%	100.0%

Low grade referrals include borderline change in squamous cells and low grade dyskaryosis

High grade referrals include borderline changes in endocervical cells, high grade dyskaryosis (moderate and severe), high grade dyskaryosis (query invasive squamous carcinoma), query glandular neoplasia of endocervical type and query glandular neoplasia of non-cervical origin.

Table 18 shows referrals for colposcopy following a negative (normal) cytology result. These individuals are referred either because of persistent hrHPV in their sample, or because of previous high grade disease ('test of cure') and current hrHPV. Due to the persistence of hrHPV or their previous history, they are at higher risk of high grade disease.



Colposcopy waiting times

Definition and standard

90% of all new referrals to be offered an appointment within 8 weeks

90% of high-grade referrals to be offered an appointment within 4 weeks

Result for 2022-2023

At an all-Wales level, 87.3% of all referrals were offered an appointment within eight weeks;

92.7% of patients referred with a result of high grade dyskaryosis or worse were offered an appointment within four weeks.

Three-year trend

87.3% of all referrals were offered an appointment within eight weeks during 2022-2023

92.7% of patients referred with a result of high grade dyskaryosis or worse were offered an appointment within four weeks during 2022-2023

85.2% of all referrals were offered an appointment within eight weeks during 2021-2022

85.7% of patients referred with a result of high grade dyskaryosis or worse were offered an appointment within four weeks during 2021-2022

92.7% of all referrals were offered an appointment within eight weeks during 2020-2021

93.3% of patients referred with a result of high grade dyskaryosis or worse were offered an appointment within four weeks during 2020-2021

Comment

The tables and figures below show the time taken from the receipt of referral by health board to the first appointment offered by health board, excluding delays initiated by patients.

Table 19: Waiting times by health board and type of referral

Health Board	< 8 weeks	> 8 weeks	Total	% 8 weeks
Aneurin Bevan UHB	1,983	55	2,038	97.3
Betsi Cadwaladr UHB	931	771	1,702	54.7
Cardiff and Vale UHB	1,938	368	2,306	84.0
Cwm Taf UHB	1,715	32	1,747	98.2
Hywel Dda UHB	1,096	122	1,218	90.0
Powys Teaching HB	277	6	283	97.9
Swansea Bay UHB	1,843	66	1,909	96.5
All Wales	9,783	1,420	11,203	87.3
%	87.3%	12.7%	100.0%	

Health Board	< 4 weeks	> 4 weeks	Total	% 4 weeks
Aneurin Bevan UHB	232	10	242	95.9
Betsi Cadwaladr UHB	199	53	252	79.0
Cardiff and Vale UHB	197	3	200	98.5
Cwm Taf UHB	119	2	121	98.3
Hywel Dda UHB	130	15	145	89.7
Powys Teaching HB	44	1	45	97.8
Swansea Bay UHB	243	8	251	96.8
All Wales	1,164	92	1,256	92.7
%	92.7%	7.3%	100.0%	

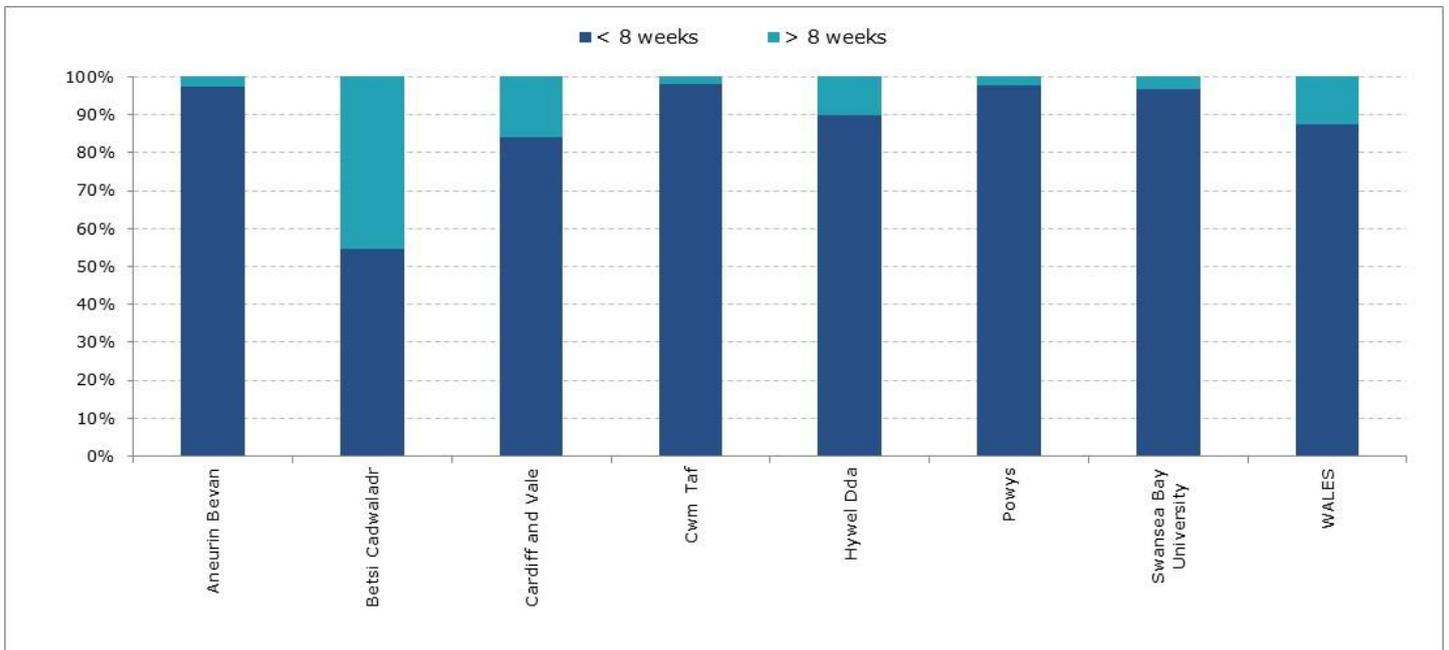


Figure 6: Percentage of all new referrals offered an appointment within 8 weeks by health board (excluding patient instigated delays)

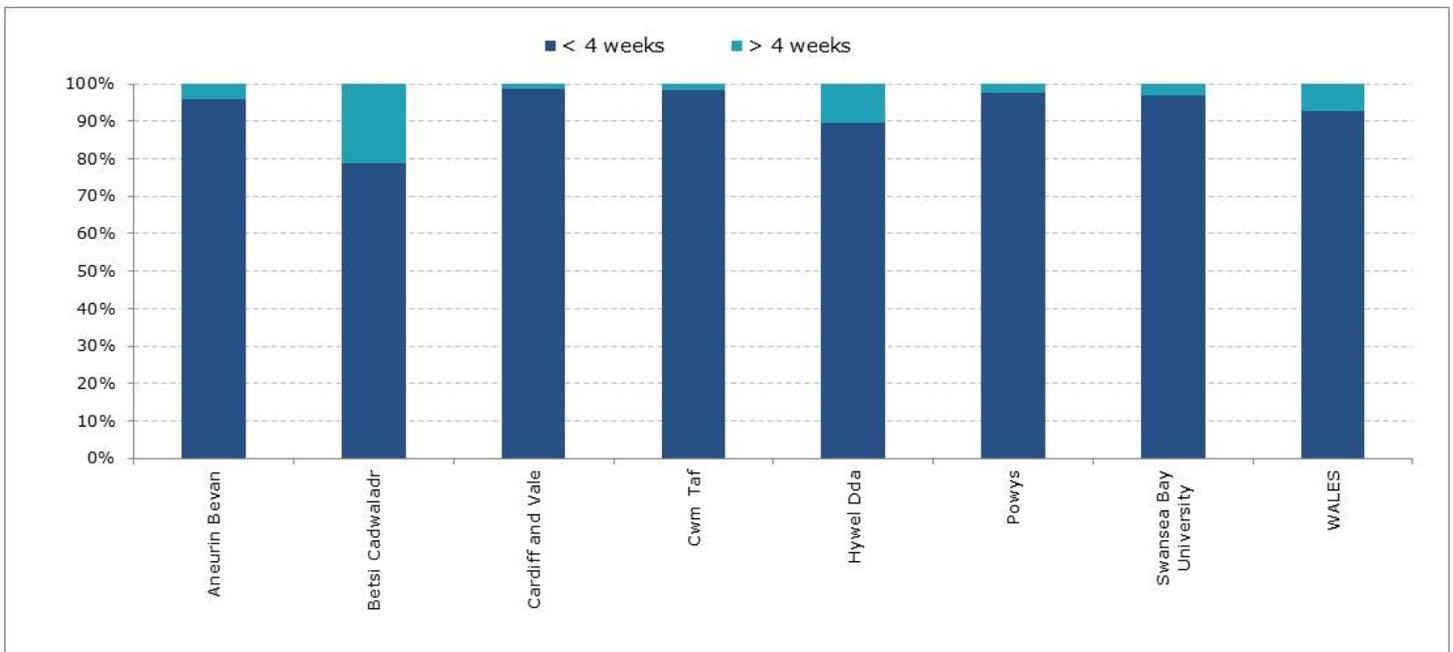


Figure 7: Percentage of all new referrals offered an appointment within 4 weeks by health board (excluding patient instigated delays)



Total attended colposcopy appointments

Definition and standard

Result for 2022-2023

At an all-Wales level, there were 17,179 recorded attended visits during 2022-23

Three-year trend

There were 17,179 recorded attended visits during 2022-23

There were 16,736 recorded attended visits during 2021-22

There were 12,623 recorded attended visits during 2020-21

Comment

The tables below show the number of participants that attended colposcopy appointments by type of visit and health board

Table 20: Total attended colposcopy appointments by type of visit and health board

Health Board	Colposcopic assessment	Select and treat	Planned treatment	Follow up	Not specified	Total
Aneurin Bevan UHB	1,897	129	243	720	2	2,991
Betsi Cadwaladr UHB	1,893	43	521	312	67	2,836
Cardiff and Vale UHB	2,383	60	262	315	2	3,022
Cwm Taf UHB	1,542	62	329	609	18	2,560
Hywel Dda UHB	1,099	30	275	817	19	2,240
Powys Teaching HB	256	21	41	97	2	417
Swansea Bay UHB	1,714	31	494	871	3	3,113
WALES	10,784	376	2,165	3,741	113	17,179
% ALL WALES	62.8%	2.2%	12.6%	21.8%	0.7%	100.0%

There were 17,179 recorded attended visits during 2022-23. The majority of these were for 'colposcopic assessment'. 376 visits were recorded as 'select and treat' (where treatment is performed at a first visit to colposcopy), although there was variation in this practice across Wales.

New patients seen and worst outcome of histology

Definition and standard

No definition or standard

Result for 2022-2023

At an all-Wales level, 1 in 23 individuals screened in the year were directly referred for colposcopy by CSW. Of these, 1 in 148 individuals (less than 1%) had cancer.

Three-year trend

1 in 23 individuals screened in the year were directly referred for colposcopy by CSW. Of these, 1 in 148 individuals (less than 1%) had cancer during 2022-2023.

1 in 26 individuals screened in the year were directly referred for colposcopy by CSW. Of these, 1 in 129 individuals (less than 1%) had cancer during 2021-2022.

1 in 21 individuals screened in the year were directly referred for colposcopy by CSW. Of these, 1 in 138 individuals (less than 1%) had cancer during 2020-2021.

Comment

Table 21 below shows the number of new patients seen by type of referral, by health board and worst outcome of histology.

Table 21: New patients seen by type of referral and worst outcome of histology

Health Board	Cancer	CGIN	High grade CIN	CIN1	No abnormality detected	Inadequate biopsy	Unknown	No biopsy taken	Total
CSW Direct Referral	42	43	1,572	1,176	1,194	123	24	2,046	6,220
Other Referral	18	4	106	236	564	30	26	1,981	2,965
WALES	60	47	1,678	1,412	1,758	153	50	4,027	9,185



Table 22: New patients seen by health board and worst outcome of histology

Health Board	Cancer	CGIN	High grade CIN	CIN1	No abnormality detected	Inadequate biopsy	Unknown	No biopsy taken	Total
Aneurin Bevan UHB	11	9	260	149	276	17	7	881	1,610
Betsi Cadwaladr UHB	15	14	385	363	310	32	13	275	1,407
Cardiff and Vale UHB	10	9	220	159	334	14	2	1,192	1,940
Cwm Taf UHB	10	2	201	220	291	8	14	695	1,441
Hywel Dda UHB	4	3	185	206	229	36	9	316	988
Powys Teaching HB	0	1	52	51	56	2	1	78	241
Swansea Bay UHB	10	9	375	264	262	44	4	590	1,558
All Wales	60	47	1,678	1,412	1,758	153	50	4,027	9,185
%	0.7%	0.5%	18.3%	15.4%	19.1%	1.7%	0.5%	43.8%	100.0%



Audit of cervical cancer in Wales 2021-22

Definition and standard

The Cervical Screening Wales Audit of Cervical Cancer (CSWACC) database is a bespoke web-enabled database, used solely by CSW. All cervical cancer diagnoses for individuals resident in Wales at the time of diagnosis are entered onto the CSWACC database. The final number of cancers for this period may increase as cancer registry data can be delayed, and as some resident individuals may be diagnosed 'out of area'.

There is no standard for this section.

Result for 2021-2022

At an all-Wales level, there were 121 cancers diagnosed during 2021-2022

Three-year trend

There were 121 cancers diagnosed during 2021-2022

There were 110 cancers diagnosed during 2020-2021

There were 125 cancers diagnosed during 2019-2020

Comment

The graphs below (Figures 8,9,10) show the number of cervical cancers by age band, type and age at diagnosis as well as the number of cervical cancers diagnosed between 2013 and 2022 by stage and age at diagnosis.

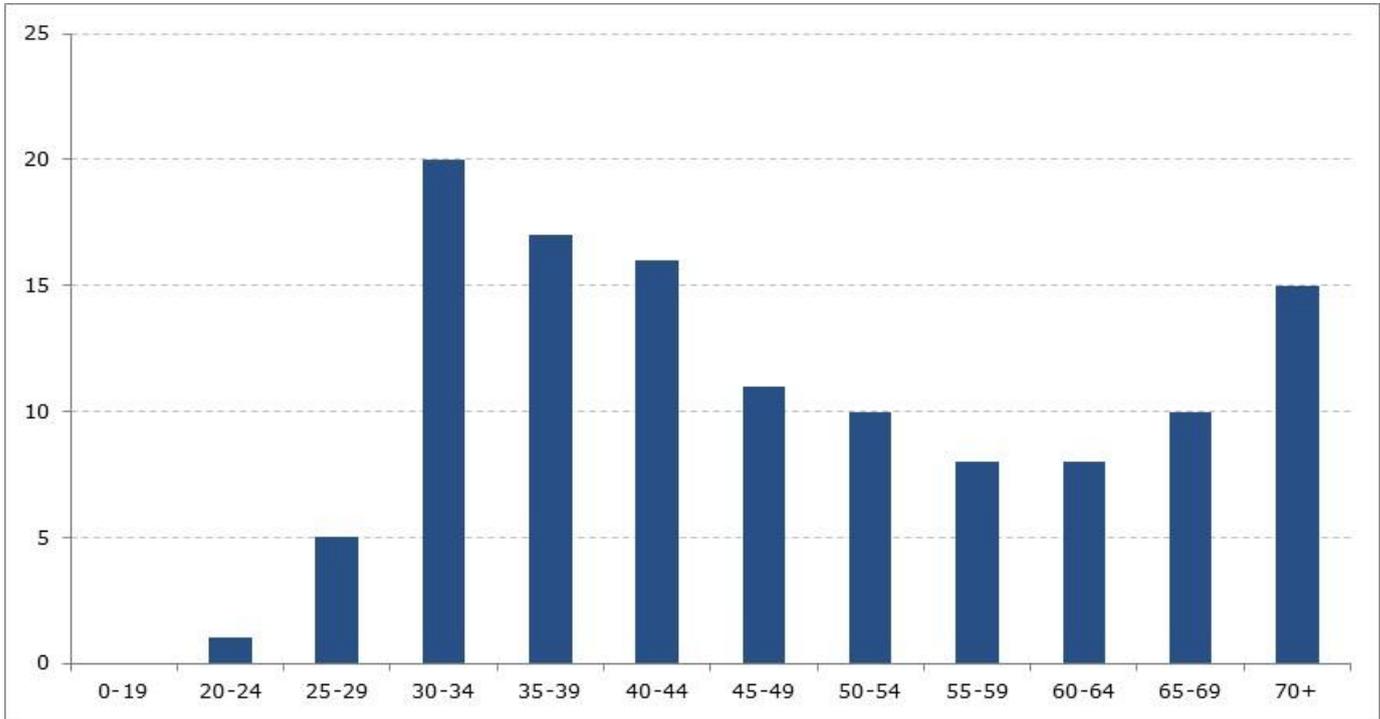


Figure 8: Number of Cervical Cancers by Age Band

The age range at diagnosis was 25 years to 94 years. The median was in the 50-54 age group, with a peak in the 30-34 age group

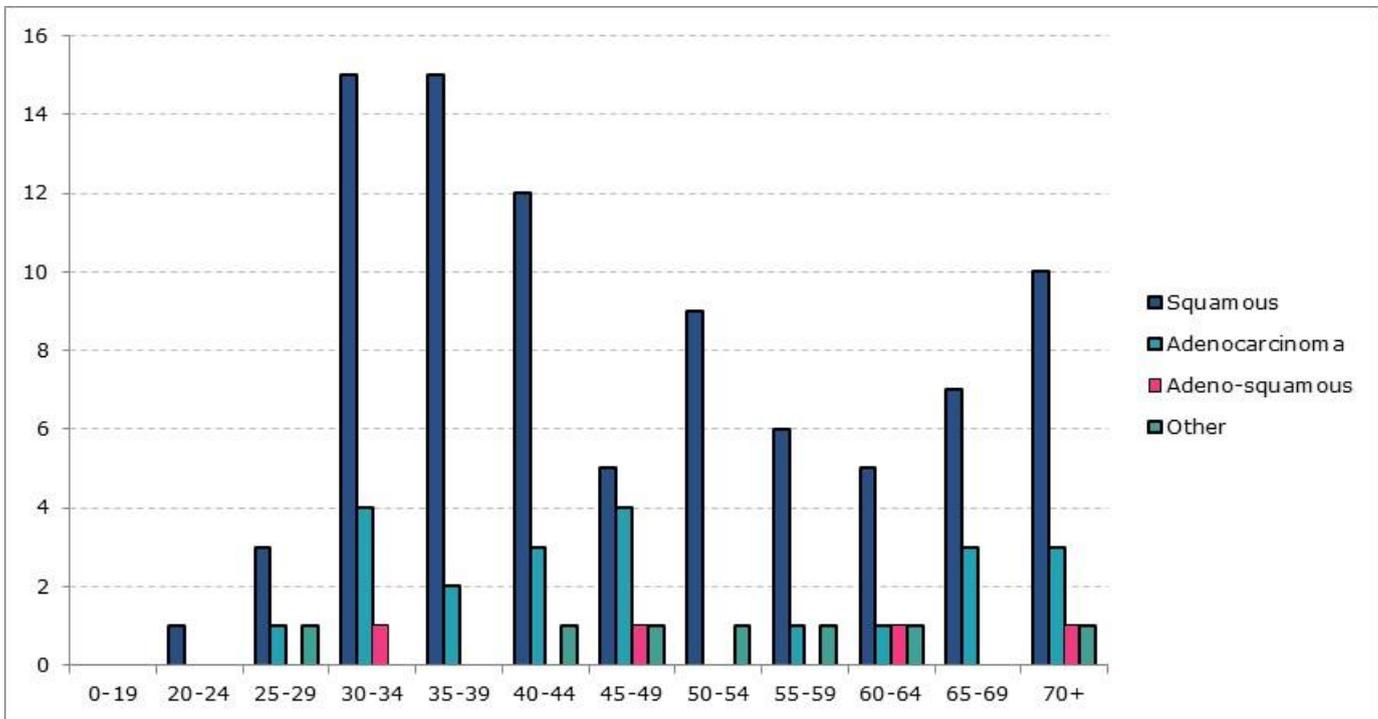


Figure 9: Number of cervical cancers by type and age at diagnosis

Of the 121 cancers diagnosed, 88(72.7%) were squamous cell carcinomas, 22 (18.2%) were adenocarcinomas, 4 (3.3%) were adeno-squamous carcinomas and 1 (0.8%) were 'other'. The 'other' group included neuroendocrine, small cell and cases where no biopsy had been taken to confirm histological diagnosis. There were 6 cases that were not categorized into cancer type.

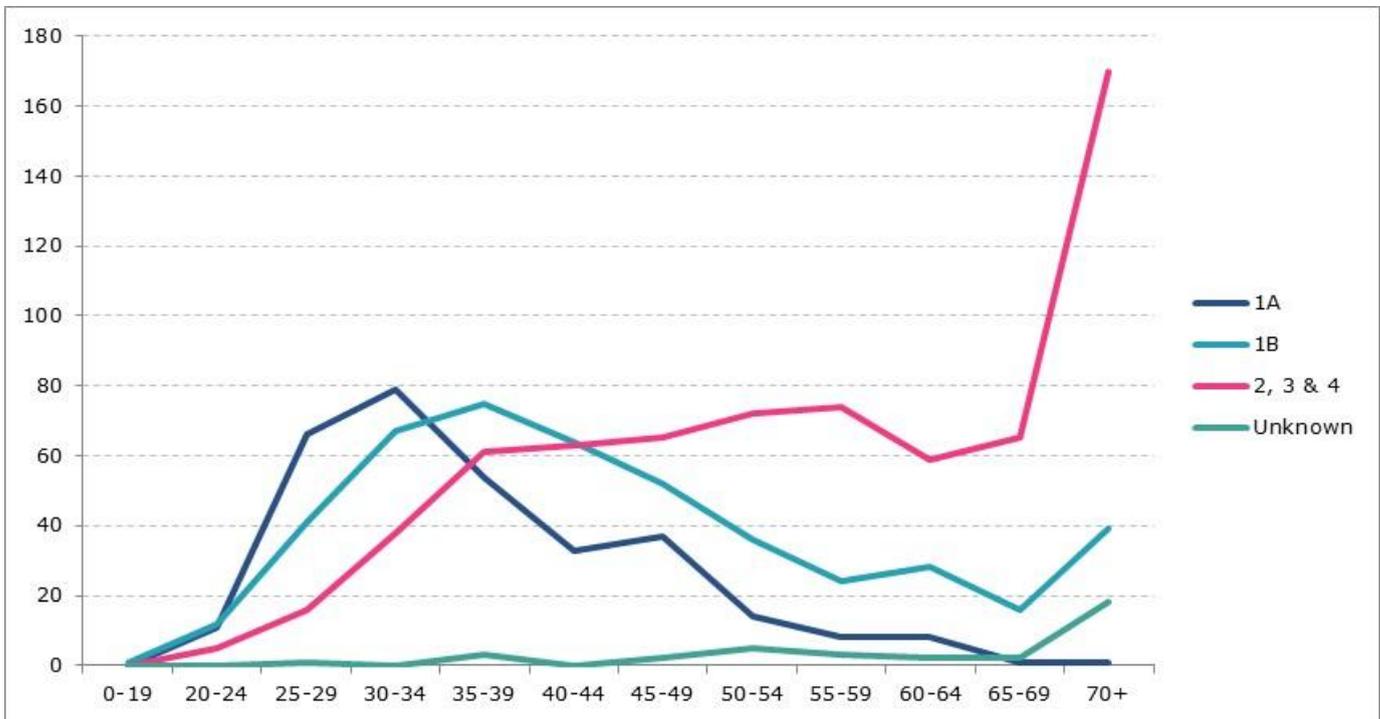


Figure 10: Number of cervical cancers diagnosed between 2013 and 2022 by stage and age at diagnosis



Screen detected status

Definition and standard

The definition of screen-detected cancer is a cancer detected following referral due to an abnormal screening test. This may include cases where individuals have not attended for screening for many years, as long as they did not present for screening due to symptoms. Although the aim of the screening programme is to reduce the incidence of invasive cervical cancer, sometimes cancer is detected by the screening test.

Non-screen detected cancers are those where the individual presents because of symptoms, leading to their cancer diagnosis, rather than as a result of a screening test. Non-screen detected cancers may occur in individuals with full screening histories, with long periods of non-attendance, or with no screening history.

There is no standard for this section

Result for 2021-2022

At an all-Wales level, 41 (33.9%) were screen detected and 77 (63.6%) were not. There were 3 cancers that were not classified into screen-detected status.

Three-year trend

41 (33.9%) were screen detected and 77 (63.6%) were not. There were 3 cancers that were not classified into screen-detected status during 2021-2022.

33 (30.0%) were screen detected and 73 (66.4%) were not. There were 4 cancers that were not classified into screen-detected status during 2020-2021.

43 (34.4%) were screen detected and 80 (64.0%) were not. There were 2 cancers that were not classified into screen-detected status during 2019-2020.

Comment

It is clear that the majority of screen detected cancers were early stage (1A and 1B), whereas non-screen detected cancers were mainly detected at a more advanced stage.

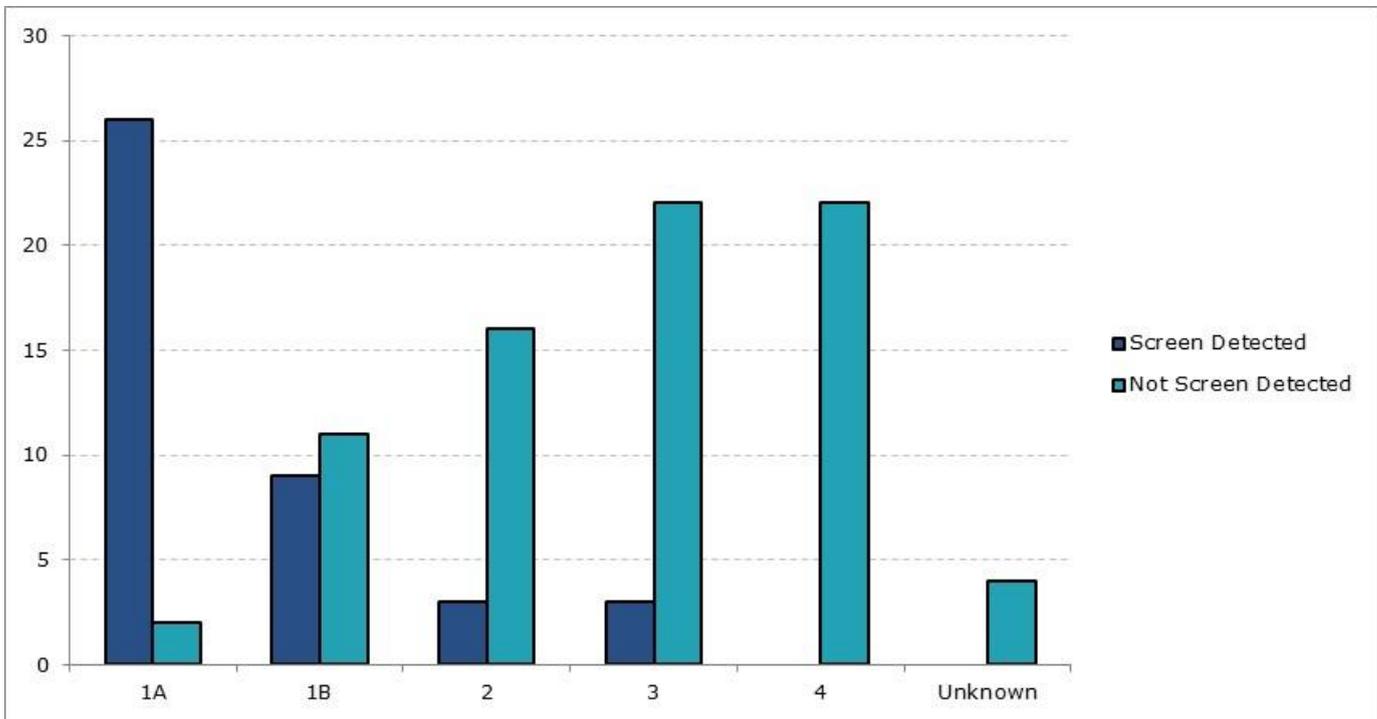


Figure 11: Number of cervical cancers by stage and screen-detected status

Across the age range, cancers in younger individuals were more likely to have been screen-detected, whereas those in older individuals were mainly non screen-detected. In individuals aged over 65 years, many had never been screened, or had not been screened for many years. This latter group includes those who had not been screened for many years before the age of 65 (when they exited the programme), but also those who were fully screened up to the age of 65 but were diagnosed over the age of 70.

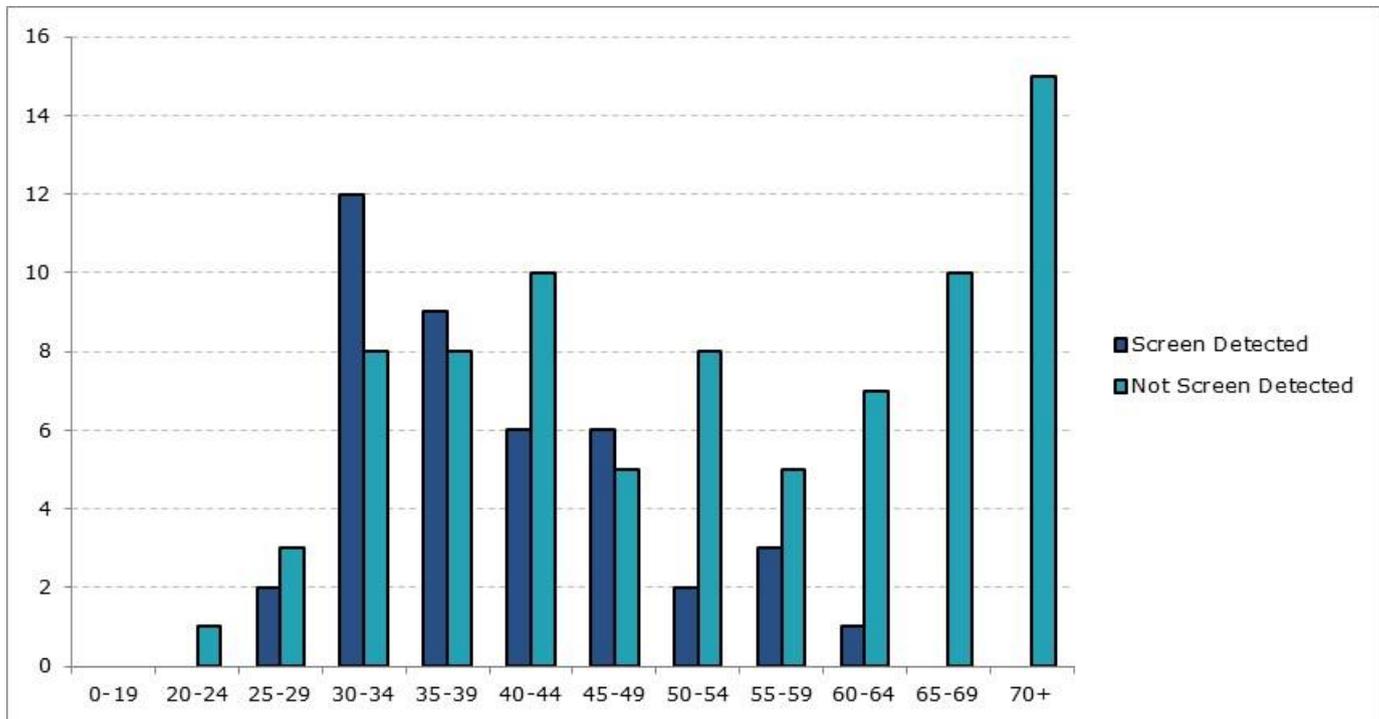


Figure 12: Number of cervical cancers by age and screen-detected status

Where a cancer is non screen-detected, the individual's screening history is categorized as per the list below (using NHSCSP definitions): -

- 1 - No record of a cervical screening
- 2 - Screened more than 5.5 years before diagnosis (this includes individuals over 65 who may have been fully screened up till that age)
- 3 - Screening reported only as negative within preceding 6 months - 5.5 years (may include an occasional inadequate screening if quickly repeated as negative)
- 4 - Non-negative screening(s), including inadequate screening(s), recommending repeat (within the preceding 6 months - 5.5 years)
- 5 - Previous treatment for cervical intraepithelial neoplasia (CIN) (within preceding 6 months - 5.5 years) following abnormal screening recommending referral
- 6 - Abnormal screening within the preceding 6 months - 5.5 years recommending referral to colposcopy with subsequent delay in diagnosis

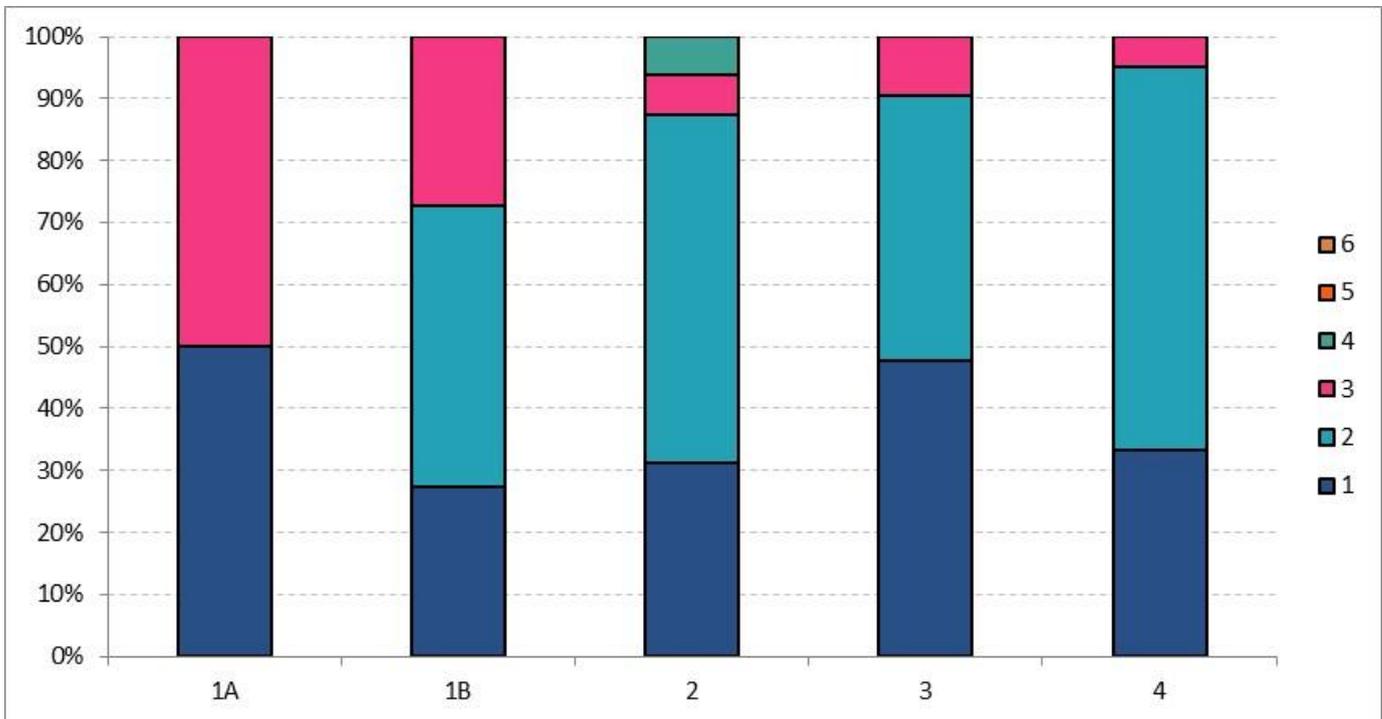


Figure 13: Non screen-detected cancers by stage and screening history

There is a pattern between the non-screening detected category for these cases and the cancer stage. The higher the stage, the more likely they are to be individuals who have either no record of a cervical screening (smear) test, or it has been over 5.5 years since their last screen.



Definitions

Eligibility

Eligible women and people with a cervix were those resident in Wales.

Uptake

Note that the percentage of individuals attending for screening vs the percentage invited cannot be precisely measured as some tests undertaken in the screening year (1 April to 31 March) may result from 'marginal' invitations, either issued in the previous screening year, or taken up in the following year.

Coverage

Coverage figures are not directly comparable year on year.

- Prior to 1997-98, all individuals classified as 'recall ceased' by the programme (for medical, age or other reasons) were excluded from the denominator used to calculate coverage
- In 1998/99 the definition changed to exclude only those individuals with "recall ceased for clinical reasons" (no cervix)
- Since 2001-02, coverage figures include only those individuals who received an adequate test in the last 3.5 or 5 years in the numerator.

Age Appropriate Coverage

Age appropriate coverage figures include individuals aged 25-49 years who received an adequate test in the last 3.5 years and individuals aged 50-64 years who received an adequate test in the last 5.5 years in the numerator.

Health Board

This is health board of residence. Where health board cannot be ascertained, individuals will appear in the report under the title unknown HB.

Invited

From 2016-17 onwards, the number of individuals invited by Cervical Screening Wales, has been calculated by analysis of the data extracted from the call and recall system (NHAI/Exeter system) – invitations that were issued by the Welsh programme for individuals during the time period.

Tested

From 2016-17 onwards, the number of individuals tested by Cervical Screening Wales, has been calculated by analysis of the data extracted from the call and recall system – tests that have been taken in Wales during the time period.

Direct referral

Where a screening sample result indicates that an individual needs a colposcopic examination, the referral is made by Cervical Screening Wales, rather than the sample taker.



Cytology

The examination of individual cells under a microscope, to look for cell changes.

Histology

The examination of body tissue (e.g. biopsies) under a microscope.

Colposcopy

Examination of the cervix using visual inspection with acetic acid and magnification.

Positive Predictive Value

The positive predictive value (PPV) is the proportion of those thought to have high grade cell changes on cytology, that then go on to have a proven high grade abnormality.

Cytology PPV correlates high grade cytology opinion with histology outcome. It calculates the proportion of cases in which an adequate biopsy, following a screening test reported as high-grade dyskaryosis (moderate) or worse, yields a histological diagnosis of CIN2 or worse. This excludes individuals referred to colposcopy following a test result of non-cervical query glandular neoplasia.

Non-cervical cancers are excluded from PPV calculations. From 2012-13 the definition for calculating PPV has changed, the denominator now includes – colposcopy no abnormality detected (NAD) with no biopsy taken.

Colposcopy PPV correlates high grade colposcopy opinion with histology outcome.

Abnormal Predictive Value

The Abnormal Predictive Value (APV) calculates the percentage of samples reported as borderline changes or low-grade dyskaryosis that led to referral and subsequent histological diagnosis of CIN2 or worse. For the period of this report, this also includes samples reported as showing 'borderline change in endocervical cells'.

Referral Value

The referral value (RV), is defined as the number of individuals referred to colposcopy per detection of one CIN2 or worse histology result. This excludes individuals referred to colposcopy following a test result of inadequate or query glandular neoplasia (non-cervical).

Incidence

The number of new cases per year of invasive cervical cancer

Morbidity

The harm caused by cervical cancer and by treating cervical cancer, both physical and psychological

Mortality

Deaths caused from invasive cervical cancer.

Production team

The production team for this report are all employed within Public Health Wales and are listed below.

Kate Lilly	Senior Informatics and Data Specialist
Guy Stevens	Interim Informatics and Data Services Manager
Lisa Henry	Head of programme for Cervical Screening Wales
Dr Sharon Hillier	Director of Screening Division
Dr Graham Brown	Public Health Consultant
Dr Emma Richards	Public Health Researcher

Translated by NHS Wales Shared Services Partnership on behalf of Public Health Wales
This report was not published as official statistics.



Programme contact details

Cervical Screening Wales,

18 Cathedral Road, Cardiff, CF11 9LJ.

Email: south-cervical-screening@wales.nhs.uk

Telephone: 029 2078 7910



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Gweithio gyda'n gilydd
i greu Cymru iachach

Working together
for a healthier Wales