Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Canserau gynaecolegol

This response was submitted to the Health and Social Care Committee consultation on Gynaecological Cancers

GC 13

Ymateb gan: Public Health Wales | Response from: Iechyd Cyhoeddus Cymru

Health and Social Care Committee – inquiry into gynaecological cancers

Public Health Wales consultation response, March 2023

Public Health Wales is pleased to provide this written submission to the Health and Social Care Committee's consultation on gynaecological cancers.

Public Health Wales is the national public health agency in Wales and exists to protect and improve health and well-being and reduce health inequalities for people in Wales. We are one of the 11 organisations that make up NHS Wales.

1. Information and awareness of gynaecological cancers and screening

1.1 Information about risk factors and symptoms

The information available and awareness about the risk factors for gynaecological cancers across the life course and the symptoms associated with gynaecological cancers

Information about the risk factors for various gynaecological (and other) cancers in the community – specific to Wales, and compared to other UK countries and jurisdictions – has been published as a piece of collaborative research. The Welsh Cancer Intelligence and Surveillance (WCISU) at Public Health Wales was a major contributor to this UK-wide study and provided essential WCISU population-based cancer registry for Wales data, without which this comparative study would not have been possible. The study, *The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland Northern Ireland and the United Kingdom*, included risks for cancers of the vulva, vagina, cervix, ovary, and uterus. Summary findings are set out in Table 1 below.

Table 1: Summary findings of a study into the risk factors for gynaecological cancers

Vulva	• Protecting against certain infections (many strains of HPV) could prevent around 75% of vulval cancer cases every year in Wales (see section on HPV vaccination, below) • Incidence is higher amongst older age groups
Vagina	• Certain HPV infections contribute to 75% of cases. Protecting against such infections could prevent around 5 cases of vaginal cancer every year in Wales (see section on HPV vaccination, below) • Incidence is higher amongst older age groups
Cervix	• Certain infections (high-risk HPV) contribute to 99.8% of cases. • The majority of sexually active people will come into contact with high-risk HPV at some point in their lives. In most people their body's own immune system will deal with the virus. A minority of people who have a persistent high-risk HPV infection will develop cervical abnormalities, which could become cervical cancer if left untreated. • Protecting against these infections (vaccination) could prevent around 150 cases of cervical cancer every year in Wales • Tobacco smoking contributes to approximately 21% of cases. Not smoking could prevent around 35 cases of cervical cancer every year in Wales

	• Other risk factors include: having weakened immune system; longer-term use of oestrogen-progestogen oral contraceptive pills (risk reversible upon stopping and benefit outweigh risk); and not taking up cervical screening. • Incidence is higher amongst older age groups
Ovary	• Overweight and obesity contributes to about 7% of cases. Keeping a healthy weight could prevent around 20 cases of ovarian cancer every year in females in Wales • Post-menopausal hormones contribute to around 4% of ovarian cancer cases • Tobacco smoking contributes to less than 1% of cases. Not smoking could prevent less than 5 cases of ovarian cancer every year in Wales • Inherited conditions account for 5-15% of ovarian cancer cases; the majority of these hereditary cases are linked with BRCA1/2 mutations • Less than 1% of cases are contributed to by workplace exposures • Ovarian cancer risk is higher in current or recent users of oestrogen-only hormone replacement therapy (HRT), compared with never-users • Oestrogen-progestogen oral contraceptive use decreases the risk • Incidence is higher amongst older age groups
Uterus	• Around 34% of cases are contributed to by overweight and obesity. Keeping a healthy weight could prevent around 150 cases of uterine cancer every year in Wales • Hormone replacement therapy (HRT) (oestrogen-progestogen and oestrogen-only) is a risk factor • Physical inactivity is a risk factor • Oestrogen-progestogen contraceptives decrease risk • Incidence is higher amongst older age groups

In relation to public awareness of risk factors and symptoms of gynaecological cancers, we need to reflect carefully on the most appropriate approaches to this work. This would include a clear understanding of the risk factors that are amenable to individual action and the extent to which these are unique to cancer or gynaecological cancers.

It is very unlikely, based on the current available evidence, that gynaecological specific action on risk factors would be helpful or effective. The evidence outlined above (Table 1) suggests that age is the most consistent factor and that is not something which is modifiable. Increasing age is a risk factor for most cancers, the most appropriate action is to support the generic initiatives which encourage people to be aware of changes in their body and to seek help, ensuring that these specifically address the importance of age.

Other modifiable risk factors such as healthy weight, physical inactivity and smoking are in most cases responsible for a relatively small proportion of these cancers and secondly have an impact on a wide range of other disease outcomes. This is why we take a determinants-based approach to public health, that is focusing on the causes of the causes rather than a disease specific model. We need to increase the proportion of the population who are a healthy weight to prevent avoidable ill health and early death from a wide range of cancers, cardiovascular and liver diseases. Initiatives to increase understanding of the importance of healthy weight need to ensure they reflect this wide-ranging impact.

Public Health Wales has worked closely with Welsh Government, Directors of Public Health, and other partners to develop and implement strategic plans based on the best available international evidence of what works to address healthy weight (food and physical inactivity) and tobacco:

- *A smoke free Wales: Our long term tobacco control strategy*, sets out a vision for a smoke free Wales by 2030 (a prevalence of smoking in adults of 5% or lower).

- *The Healthy Weight Healthy Wales Strategy*, sets out our long-term plan to reverse the trend in rising levels of overweight and obesity. This is being delivered through a series of two year delivery plans focusing on Healthy Environments, Healthy Settings, Healthy People, and Leadership and Enabling Change.

Public Health Wales has previously supported NHS Wales-led awareness campaigns for cancer symptoms, and to not ignore symptoms, in partnership with third sector organisations. The WCISU in Public Health Wales also contributed to the evaluation of the 2016 lung cancer symptom awareness campaign. It found that symptom awareness, presentation, and GP-ordered chest X-rays increased during the campaign but this did not translate into increased urgent suspected cancer referrals or clinical outcomes changes.

For cervical cancer, Public Health Wales have developed information leaflets listing the symptoms and informing that need to contact their GP practice as soon as possible if they have concerns, rather than waiting for their next screening test. These leaflets are sent out with their invitation to screening letters.

1.2 Information about cervical cancer screening

Cervical Screening Wales is one of the seven population based screening programmes in Wales. The overall aim of Cervical Screening Wales is to reduce the incidence of morbidity and mortality from cervical cancer in Wales. The eligible population for cervical screening in Wales are women and people with a cervix aged between 25 and 64 years of age. Those eligible are contacted by letter and requested to book an appointment for a cervical screen (smear) test usually at their GP practice when they are due their next cervical screening test.

1.2.1 Changes to the Cervical Screening Wales programme

In January 2022, Public Health Wales announced changes to the Cervical Screening Wales programme in line with UK National Screening Committee recommendations and approved by the Welsh Government led Wales Screening Committee.

These changes came about as a result of improvements to the screening test that were implemented in September 2018. This is when Public Health Wales implemented Human papilloma virus (HPV) primary testing into the Cervical Screening Wales programme. Wales was the first UK nation to introduce this change. This test is more accurate and effective which means that, if no high-risk HPV is found, the time between appointments has increased from 3 years to 5 years. However, where HPV is found then participants are followed up more frequency and invited to screening in a year if no cell changes and if there are cell changes then referral made to colposcopy for review.

The announcement of these changes prompted misunderstanding amongst members of the public. As a result of the adverse reaction an internal After Action Review (AAR) was conducted on the 17 February 2022 with the aim to produce an agreed action plan which is followed through. Welsh Government also requested that a communications campaign was conducted to help explain the changes. Learning from the AAR was incorporated into the campaign.

The objective of the campaign was to rebuild trust in the safety and effectiveness of the cervical screening programme in Wales and to build understanding of HPV and HPV testing. The campaign was targeted primarily at women and people with a cervix aged 24-49 in Wales. A particular focus was given to reaching women in communities where screening uptake is generally lower, specifically: women living in areas with a high C2DE population; and women from Black, Asian and Minority Ethnic communities.

The campaign was a social media campaign as this was the channel where the negative feedback arose initially. All creative assets were developed by a creative agency using clear, plain language to enable immediate understanding and trust. Thorough testing of the messages/assets with the intended audience was undertaken to mitigate against any issues

around perception or misunderstandings. There was engagement with key partners such as Jo's Trust and Cancer Research UK to both inform the development of the creative assets and to ensure wider campaign reach.

A comprehensive communication plan was developed with detailed organic social media content, development and delivery of targeted social media ads and detailed stakeholder management plan. A PESTLE analysis which captured potential risks and mitigations of the campaign was undertaken before proceeding and a clear signoff process at team, divisional and directorate level was established.

60 Members of the Senedd received a letter to inform them about the campaign, its purpose and scope. Campaign materials and messaging were shared with Heads of communications at all seven health boards and Welsh Government's communications team.

An evaluation of the communication campaign which was run from 29 June to 22 August 2022 was undertaken and used the government communication service framework. In summary the campaign succeeded in:

- Developing a series of key messages shaped by four rounds of audience testing
- Achieving a combined reach of 173,215 across organic Facebook posts
- Gaining significantly more positive than negative reactions to organic Facebook posts. (Of the 455 reactions received, 327 were likes or loves.)
- Reaching 223,202 women aged 24-49 in Wales through Facebook and Instagram ads
- Reaching 149,900 women aged 24-49 in C2DE communities through Instagram and Facebook ads (99% of the estimated audience size of 150,800)
- Reaching 8,848 women aged 24-49 from Black, Asian and Minority Ethnic communities through Instagram and Facebook ads (98% of estimated audience size of 9,000)
- Achieving 103,200 impressions and 93,531 video views through TikTok ads

PHW made changes in response to several negative comments relating to use of ungendered language in a Twitter post to ensure all references were inclusive and referred to women and people with a cervix.

Key learning from the AAR that informed the approach to the reassurance campaign included:

- A risk assessment undertaken before starting the public campaign
- Engaged service users early, testing the key messages with four community groups that were representative of the target audiences
- Engaged key third sector stakeholders early, using insight and feedback from Cancer Research UK and Jo's Trust to shape the messaging
- Solicited feedback on campaign messaging and materials from other professional stakeholders, including the Welsh Government's communications team
- Contingency planning was undertaken in case there was a negative reaction
- Wider stakeholders were engaged with and the testing was undertaken in groups that were not already engaged in screening
- Used engagement expertise within PHW as part of stakeholder development

1.2.2 Supporting informed decision making

Cervical Screening Wales, like all screening programmes in Wales, aims to provide clear information about the screening being offered to allow those eligible to make an informed choice about whether they will participate or not. The programme sends out information leaflets to eligible participants to advise that their cervical screening test is due. All information for the public goes through a robust process of checking to ensure that it is clear, easy to read, and contains all the information necessary for them to make an informed choice.

The information covers harms and benefits and is balanced to allow participants to make their own personal informed decisions about taking part. The public information development process looks at how the information is presented as well as the content. User engagement is a key part of the process, including with specific community groups that would have different communication and information needs, to ensure that it is fit for purpose.

The information is available on the website in html to enable use with screen readers and other assistive technologies, and Easy Read versions have been developed in conjunction with Learning Disabilities Wales and ethnic minority community groups to ensure that the information is accessible for people with different levels of literacy. It is also available in British Sign Language and audio as standard, with a translation service on the website and other formats available on request.

1.3 Barriers to diagnosis

The barriers to securing a diagnosis, such as symptoms being dismissed or confused with other conditions
Whether women feel they are being listened to by healthcare professionals and their symptoms taken seriously.

Ensuring that health professionals understand the attributable risk of different factors in the development of cancer is important in supporting them to make evidence informed decisions when patients present with symptoms. The work of the WCISU outlined above (section 1.1) supports this process. WCISU is collaborating with many NHS, university and third sector partners, along with the Royal College of General Practitioners, in a National Cancer Diagnosis Audit in Wales (and elsewhere in the UK) which examines the patient pathway in primary care in relation to symptoms. This includes and disaggregates information relating to gynaecological cancer cases in Wales.

The Wales Cancer Patient Experience Survey, led by the Wales Cancer Network, supported and contributed to by WCISU (which also holds the data of several surveys) provides more information on how people experience the process of cancer diagnosis and treatment. The latest data was collected in 2021, and can be filtered to view data on gynaecological cancers. The survey collects information on the number of times people saw their GP before they were told they needed to go to hospital about cancer, and how they felt about how long it took to get their first hospital appointment. The data dashboard can be found here.

Public Health Wales' WCISU continues to be heavily involved in a range of international research that provides comparisons and insights into the causes and factors contributing to delayed diagnosis. One of the most important is the International Cancer Benchmarking Partnership (ICBP). Phase 1 of the Partnership's research examined the following for ovarian cancers (amongst several other non-gynaecological cancers):

- Public awareness, beliefs and attitudes to cancer
- The role of primary care practitioners in diagnosing cancer
- Measuring time intervals from diagnosis to treatment
- Exploring factors that may impact short term survival

A summary of the ICBP Phase 1 findings, which compares Wales to the other participating countries and jurisdictions, can be found here.

The more recent phase 2 of the ICBP also included Wales and considerable input from WCISU. Ovarian cancer was included. The areas explored included:

- Access to diagnostics and investigations
- Access to optimal treatment
- Structure of health systems
- Cancer care pathways

A summary of the ICBP Phase 2 findings which compares Wales to the other participating countries and jurisdictions can be found here.

PHW's WCISU collaborates with the Wales Cancer Network and participates in the Wales Cancer Board and its various sub-groups to disseminate the above findings and assist data and evidence-based decision-making.

1.4 Data collection

The extent to which data is disaggregated by cancer type (as opposed to pooling all gynaecological cancers together) and by other characteristics such as ethnicity.

1.4.1 Incidence, prevalence, and survival data

Each year, the official statistics for Wales – based on the whole population cancer registry data compiled by WCISU – disaggregate gynaecological cancer by the main cancer types and currently by age and area deprivation. In summary, for example:

Table 2: 2019 cancer incidence Wales

	Annual count of cases	Age-standardised rate per 100,000
Uterus	530	30.4
Ovary	306	17.9
Cervix	145	9.5

Table 3: 2019 cancer mortality Wales

	Annual count of cases	Age-standardised rate per 100,000
Uterus	136	7.4
Ovary	2020	12.3
Cervix	43	3.5

Table 4: One-year net survival (%) for women diagnosed 2015-2019

Uterus	89.54
Ovary	72.10
Cervix	81.14

Further detailed official statistics of cancer in Wales – including gynaecological cancer – by Public Health Wales's WCISU can be found here.

In addition, Public Health Wales's WCISU has estimated the prevalence of people living with cancer who had had a diagnosis in the past. This included a breakdown by cancer type (including for ovarian and uterine cancers), by age/sex, by area deprivation, by rural/urban areas, by geography (Wales, health boards, GP clusters). The information dashboard can be found here.

Public Health Wales' WCISU continues to be heavily involved in a range of international research that provides comparisons and insights into comparative cancer epidemiology. Phase 1 of the International Cancer Benchmarking Partnership (ICBP) examined the incidence of ovarian cancer (amongst several other non-gynaecological cancers). A summary of the ICBP Phase 1 findings which compares Wales to the other participating countries and jurisdictions can be found here.

A summary of the more recent ICBP Phase 2 findings which compared the incidence and survival of several cancers including ovarian cancer in Wales to the other participating countries and jurisdictions can be found here.

1.4.2 Screening uptake data

Currently cervical screening coverage data is disaggregated by age and deprivation status. No other protected characteristics are recorded on the CSW database so we are unable to analyse coverage by ethnicity. PHW also report coverage by geographical area (published at Wales, Health Board, Local Authority and GP cluster level). This can be viewed here.

As part of Public Health Wales's Screening Equity Strategy, we have committed to publishing an annual equity report to enable access to meaningful data that can inform action. The latest published version is available here.

We are also working on developing a sustainable approach to monitoring uptake by minority ethnic communities and other under-served groups, supporting local and national approaches to improve data collection. We are exploring different ways of getting the data we need including linkage through the SAIL databank in Swansea University and exploring with Digital Health and Care Wales what data we can get from primary care systems.

1.4.3 Future priorities

Public Health Wales is leading a data sub-group of the new NHS Health Inequalities Group. The data sub-group is responsible for:

- conducting a gap analysis of health data sets (including screening and cancer) and reporting on the gaps;
- developing proposals for data-driven approaches the NHS can take with the greatest impact on tackling health inequalities; and
- identifying relevant metrics.

We look forward to working with others to help address these issues and will note relevant recommendations on future data collection that may come from this inquiry and other potential opportunities for example Census data.

2. Recovery of gynaecological cancer services post COVID-19

2.1 Cervical screening services

NHS recovery of screening and diagnostic services, specifically the level of extra capacity that has been provided for services to recover from the impact of the COVID-19 pandemic. Access to timely screening services including consideration of the inequalities and barriers that exist in uptake among different groups of women and girls.

Following the temporary pause in sending screening invitation for 3 months due to the covid pandemic (March to May 2020), the programme was fully recovered the delay from December 2021. When the invitations were restarted in June 2020 a risk-based approach was taken with participants on early repeat being invited as priority. Additional routine recall participants were invited monthly in a phased and measured approach agreed with General Practitioners Committee Wales until full recovery was achieved. Colposcopy services across Wales continued to see participants referred throughout the pandemic.

Looking ahead, Public Health Wales's WCISU has provided population-based cancer registry data to Cancer Research UK and collaborated on crude projection estimates of cancers in 2040, found here. Public Health Wales's WCISU and Data Science team are exploring methods of more accurate projections and predictions for a variety of cancer types, including gynaecological cancers, based on the effects of the COVID-19 pandemic and variations in risk factor prevalence in the population. This intelligence can be used to inform, among other things, cervical cancer screening capacity requirements.

2.1.1 Self-sampling

Public Health Wales provides information and support to help people eligible for cervical screening to make an informed decisions about their participation (see section 1.2.2). Nearly 7 out of 10 women invited for screening take up their offer.

Addressing barriers to taking up screening offer to improve uptake and reduce inequity is a key focus for the programme. Self-sampling is potentially an intervention that will address identified barriers such as embarrassment. Self-sampling is where a person can takes a self-collected vaginal sample, in their own home, rather than going to screening appointment where the cervical screening test is undertaken by a healthcare professional. This self-sample can then be sent to the laboratory to be tested for high-risk HPV virus.

There are, however, a number of potential concerns, which include:

- the rigour applied to research and evaluation of self-sampling studies previously conducted;
- the sensitivity and specificity of self-sampling is lower than the clinician taken samples;
- if individuals who have previously been regular attenders for the clinician taken samples test switch to self-sampling this would potentially result in less screen detected high-grade cervical intraepithelial neoplasia (cervical cancer); and
- early indications from countries that have introduced self-testing are that uptake has not increased in individuals who have not participated in clinician taken cervical screening.

A validation study called HPValidate is currently underway in England. Three self-sample devices are undergoing clinical validation in England on two HPV primary screening platforms across five laboratories. This work was due to conclude in December 2023.

In-service evaluation of self-sampling to explore how offering self-sampling could maintain or improve the screening programme and explore feasibility and acceptability in planned in England. Cervical Screening Wales is hoping to be involved with this work.

Recommendations from the UK NSC on self-sampling will be considered by the Wales Screening Committee when available and Cervical Screening Wales will be guided by the outcome of these to inform any changes to the programme for improvement.

2.1.2 Improving equity of access

As part of the post-COVID recovery work at Public Health Wales, the screening division has developed an Equity Strategy. Our vision, across the national screening programmes in Wales, is that everyone eligible for screening has equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice. The purpose of the strategy is to identify how, through collaborative working with our partners in Local Health Boards, the third sector, and the people of Wales we can achieve this ambition. The strategy identifies a series of commitments to progress actions across five key areas: Communication, Community and engagement, Collaboration, Service Delivery and Data and Monitoring.

2.2 HPV vaccination programme

HPV vaccination including consideration of the inequalities and barriers that exist in uptake among different groups of women and girls.

HPV vaccination plays a vital role in gynaecological cancer prevention. Public Health Wales support Welsh Government and NHS Wales with scientific evidence, clinical advice, and epidemiological intelligence to support vaccine policy development and vaccine delivery. Delivery of HPV vaccines in Wales is commissioned by local health boards and in the most part

delivered in schools by school nursing teams. HPV vaccination is then available for all girls and boys via GPs until the age of 25 (although it is most effective when given before commencement of regular sexual activity). For men who have sex with men, and others who are at similarly higher risk and attending sexual health services, or HIV clinics, the vaccine is available up to 45 years of age.

Previously the HPV vaccination programme was only available to girls but from 2021-21, boys have been added to the programme. HPV vaccination is effective at preventing a range of anal, penile and oropharyngeal cancers that can directly benefit all children and can also indirectly reduce exposure of girls to the virus.

Due to the HPV vaccination programme changing during the COVID19 pandemic to include all children, pre-COVID-19 data (2019/20) only includes vaccination uptake by girls, whereas the post-COVID data (2021/22) relates to uptake by all children (see Table 1). The apparent drop in HPV uptake is predominantly due to lower uptake in boys, while uptake by girls has remained at a similar level pre-and post-COVID-19.

Table 5: HPV uptake from the COVER annual report for 2019-20 and 2021-22

	Dose 1 by 1st April in Girls School Year 9 (2019-20 academic year)	Dose 1 by 1st April in Children School Year 9 (2021-22 academic year)
Wales	87.3%	78.9%
Regional (LHB) variation	81.4%-94.7%	73.8%-91.1%

There is, however, significant regional variation in vaccination uptake, and the uptake in most areas falls short of the WHO target of 90% uptake for the elimination of cervical cancer, so there is much still to be done.

Table 2 below summarises the most recent data published for England and Scotland that is most equivalent to Wales data. It shows that uptake in Wales is broadly comparable to England and Scotland for equivalent age cohorts.

Table 6: Uptake by 31 Aug 2022 (30 Sep in Wales) for the last complete school year

	Uptake of dose 1 in girls by end of yr 8	Uptake of dose 1 in girls by end of yr 9	Uptake of dose 2 in girls by end of yr 9
England (regional variation)	69.6% (61.6%-74.9%)	82.2% (74.0%-85.7%)	67.3% (60.0%-75.1%)
Scotland (regional variation)	77.5% (68.9%-85.2%)	86.4% (80.2%-89.9%)	64.8% (23.2%-77.0%)
Wales (regional variation)	70.0% (51.0%-87.4%)	84.7% (80.0%-91.1%)	70.6% (54.5%-81.5%)

The Joint Committee on Vaccination and Immunisation has advised that from the next academic year (Sep 2023) the HPV programme should be reduced to a single dose, rather than two. This provides an important opportunity to promote HPV vaccination in all children. Public Health Wales is aiming to achieve vaccine uptake of over 90% by all children, in line with WHO guidelines, and to reduce inequalities that currently exist. For example, we see lower uptake in children who are home schooled or are from more deprived areas or ethnic minority communities.

Public Health Wales Vaccine Preventable Disease Programme are actively working to evaluate equality of HPV vaccine uptake through data linkage. We are also working with schools and

school nursing teams, with children and other stakeholders to better understand the barriers to vaccination and how we can support the increases in uptake we would like to see. To support school nursing teams in monitoring coverage in their schools, we have developing vaccine uptake surveillance reports at school level, alongside the suite of vaccine coverage surveillance reports already available. We are working with colleagues in screening and The Welsh Cancer Intelligence & Surveillance Unit to set up a long-term programme of work to evaluate and monitor HPV vaccine effectiveness, and are undertaking collaborative work to identify those at most risk of not having HPV vaccination or taking part in cervical screening. These women are at highest risk of cervical cancer in the future, so identifying how we can work together to remove barriers will be critical.

2.3 Waiting times

The prioritisation of pathways for gynaecological cancers as part of NHS recovery, including how gynaecological cancer waiting lists compare to other cancers and other specialities.
Whether there are local disparities in gynaecological cancer backlogs (addressing inequalities so that access to gynaecological cancer care and treatment is not dependent on where women live).

PHW are currently exploring waiting list data, in response to the Minister for Health and Social Service's request to target people on waiting lists for health behaviour related interventions and to analyse waiting lists in relation to excess deaths. We will assess the quality of data available for assessment by geography and protected characteristics.

Public Health Wales's WCISU and Observatory Cancer Analysis Team have collaborated in providing near-real time monthly cancer incidence data based on pathology-confirmed new cases of cancer 2020-2022. Currently, this is only available on Public Health Wales's intranet. Next steps for this work include:

- Continue updating the data monthly through 2023 and beyond
- Break down by further cancer types: including some gynaecological cancers
- Make it available publically on the internet

This will give an indication of gynaecological (and other) cancers being diagnosed using definitive pathology/cytology sample assessment (rather than clinically or radiologically alone) before, during and subsequent to the height of the COVID-19 pandemic.

3. Innovation in prevention and early intervention in cancer care

Whether adequate priority is given to gynaecological cancers in the forthcoming Welsh Government/NHS Wales action plans on women and girls' health and cancer, including details of who is responsible for the leadership and innovation needed to improve cancer survival rates for women.
The extent to which gynaecological cancers, and their causes and treatments (including side-effects), are under-researched; and the action needed to speed up health research and medical breakthroughs in diagnosing and treating gynaecological cancers.
The priority given to planning for new innovations (therapy, drugs, tests) that can improve outcomes and survival rates for women.

As stated in section 1.1, Public Health Wales works closely with Welsh Government and others to address risk factors for cancer, including gynaecological cancers, such as promoting healthy weight and smoking cessation. For cervical cancer, HPV vaccination and regular screening are the priorities for prevention. Public Health Wales continues to lead this work and undertake research to support innovation (section 2.1).

More broadly, the research agenda for cancer is coordinated by Health Care Research Wales's Wales Cancer Research Centre, who are implementing and overseeing the new Wales Cancer Research Strategy, launched in 2022.

Public Health Wales's WCISU is involved in cancer genome data research and will imminently be receiving cancer tumour molecular data (genetic/receptor markers) for all residents of Wales diagnosed with cancer, and who receive a test either in a Welsh or English hospital. This would also include anyone with a gynaecological cancer that is tested for molecular markers. Furthermore, WCISU is participating in a collaborative project with the cancer registry in England on collecting information about cancer susceptibility genes such as BRCA1/2, important for some gynaecological cancers. This whole population data will also be available in due course for research and data linkage with appropriate safeguards and information governance.

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