January 2022: totals (GP practice — all persons). 2022. https://files.digital.nhs.uk/93/7FD5E8/gp-reg-pat-prac-all.csv (accessed 8 Jul 2022).

5. Ipsos MORI. *GP Patient Survey: surveys, reports and materials.* 2022. https://www.gp-patient.co.uk/SurveysAndReports?w=0 [Select 2022 — Practice data (unweighted) (csv)] (accessed 8 Jul 2022).
6. Edwards P. *Patient-satisfaction-GP-list-size-2022.* 2022. https://github.com/bristolpeteredwards/-Patient-satisfaction-GP-list-size-2022 (accessed 8 Jul 2022).
7. Forbes LJ, Forbes H, Sutton M, *et al.* Changes in patient experience associated with growth and collaboration in general practice: observational study using data from the UK GP Patient Survey. *Br J Gen Pract* 2020; DOI: https://doi.org/10.3399/bjgp20X713429.
8. Office for Health Improvement & Disparities. Fingertips. *Public health data (indicator 93553 = deprivation score (IMD 2019) by area_type 7 = GP practices).* https://fingertips.phe.org.uk/api/all_data/csv/by_indicator_id?indicator_ids=93553&child_area_type_id=7 (accessed 8 Jul 2022).
9. NHS Digital. *General practice workforce — practice-level CSVs — selected periods, September 2015 to December 2021.* 2021. https://files.digital.nhs.uk/B2/111624/GPWPracticeCSV.122021.zip (accessed 8 Jul 2022).

DOI: https://doi.org/10.3399/bjgp22X720521

Clinical prediction tools to identify patients at highest risk of myeloma in primary care

Koshiaris *et al* presented an equation for predicting 495 patients with myeloma within 2 years, who were aged ≥40 years.[1] Older age, male sex, back, chest, and rib pain, nosebleeds, low haemoglobin, platelets, white cell count, raised mean corpuscular volume, calcium, and erythrocyte sedimentation rate were selected as significant predictors. By using full blood count, an area under the curve (AUC) (95% confidence interval [CI]) was 0.84 (0.81 to 0.87), and sensitivity (95% CI) at the highest risk decile was 62% (55% to 68%). By using the all-test model, the AUC (95% CI) was 0.87 (0.84 to 0.90) and sensitivity (95% CI) at the highest risk decile was 72% (66% to 78%). Regarding the prediction model of myeloma, I understand that the independent variables may be limited for general physicians, and an interval period between medical check and diagnosis of myeloma may be important for the prediction model.

On this point, Blair *et al* conducted a 16-year follow-up study, and reported the significance of anthropometry for contributing diagnosis of myeloma in postmenopausal women.[2] In an age-adjusted model, weight and waist circumference significantly contributed to the risk of myeloma. In contrast, body mass index (BMI) did not relate to the risk of myeloma. This information was partly confirmed by reports by Hagström *et al*.[3] During a median follow-up of 20 years, waist circumference and waist–hip ratio were significant predictors for myeloma, and BMI did not significantly become a predictor of myeloma. Body composition may be a good predictor for long-term risk of myeloma.

Tomoyuki Kawada,

Professor, Nippon Medical School, Tokyo.
Email: kawadal@nms.ac.jp

REFERENCES

1. Koshiaris C, Van den Bruel A, Nicholson BD, *et al.* Clinical prediction tools to identify patients at highest risk of myeloma in primary care: a retrospective open cohort study. *Br J Gen Pract* 2021; DOI: https://doi.org/10.3399/BJGP.2020.0697.
2. Blair CK, Cerhan JR, Folsom AR, Ross JA. Anthropometric characteristics and risk of multiple myeloma. *Epidemiology* 2005; **16(5):** 691–694.
3. Hagström H, Andreasson A, Carlsson AC, *et al.* Body composition measurements and risk of hematological malignancies: a population-based cohort study during 20 years of follow-up. *PLoS One* 2018; **13(8):** e0202651.

DOI: https://doi.org/10.3399/bjgp22X720533

A step towards improving cervical screening uptake

We thank Landy and colleagues for their recent article on non-speculum clinician-taken samples for human papillomavirus (HPV) testing.[1] This article further validates an approach that may improve participation in cervical screening and coincides with the introduction of an option for a self-collected vaginal sample as part of Australia's National Cervical Screening Program. This change, which came in on 1 July this year, enables women to self-collect a vaginal sample within a general practice to screen for 14 high-risk HPV types.

However, rates of cervical screening are lower in Australia compared with the UK. For example, between 2018 and 2020, the estimated 3-year participation rate was 56%, much lower than the 68.9% of women aged 25 to 49 years and 75.0% of women aged 50 to 64 years screened in the UK.[2,3]

This change acts to increase participation in under-screened groups. In Australia, rates of under-screening are greatest for those aged 70–74 years (27% vs 61% in 45–49-year-olds), the same group who may benefit from the option of either self-collected or a non-speculum clinician-collected sample in those who prefer it.[4] Disparities in cervical screening participation occur by remoteness and socioeconomic status, with rates as low as 40% in some regions.[3] Strategies such as mailing out self-sampling kits, as tested in a previous randomised controlled trial (RCT) by the same authors, hold the potential to overcome limitations in access to GPs, particularly in rural areas where difficulties in accessing care have the greatest impact on under-screened groups.

Brent P Venning,

GP and PhD Candidate, University of Melbourne, Melbourne.
Email: brent.venning@unimelb.edu.au

Meena Rafiq,

Academic GP and Clinical Research Fellow, UCL, London, and University of Melbourne, Melbourne.

REFERENCES

1. Landy R, Hollingworth T, Waller J, *et al.* Non-speculum clinician-taken samples for human papillomavirus testing: a cross-sectional study in older women. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/BJGP.2021.0708.
2. GOV.UK. *Cervical standards data report: 1 April 2020 to 31 March 2021.* 2022. www.gov.uk/government/publications/cervical-screening-standards-data-report-2020-to-2021/cervical-standards-data-report-1-april-2020-to-31-march-2021 (accessed 8 Aug 2022).
3. Australian Institute of Health and Welfare. *Cancer screening programs: quarterly data, National Cervical Screening Program.* 2022. www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation/contents/national-cervical-screening-program (accessed 8 Aug 2022).
4. Landy R, Hollingworth T, Waller J, *et al.* Non-speculum sampling approaches for cervical screening in older women: randomised controlled trial. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/BJGP.2021.0350.

DOI: https://doi.org/10.3399/bjgp22X720545