

# The National Cervical Screening Program is Changing

*Understanding the changes to the HPV program*



# A Healthier Future for Australian Women is On the Way

## Changes to the Cervical Screening Program

From December 2017, the way Australian women will be screened for cervical cancer will change. The Medical Services Advisory Committee have recommended a liquid-based collection for HPV DNA testing with a five year screening interval. Screening will commence at 25 years of age.

## Replacement of the Pap Smear with a Molecular HPV Test

Under the new guidelines, a sample of cells is collected from the cervix into the liquid-based specimen vial, which will be analysed to identify the presence of HPV viral DNA at the molecular level.

After November 2017, the current pap smear on glass slides will be phased out and will incur a private fee, as the Medicare Benefits Schedule (MBS) will cease to cover the cost.

## What Do I Need To know?

Women aged 25 to 74 years will be invited every 5 years to have a primary HPV test. This includes both vaccinated and unvaccinated women.

If HPV is not detected, cytology will not be performed and a recommendation to repeat screening in five years will be made.

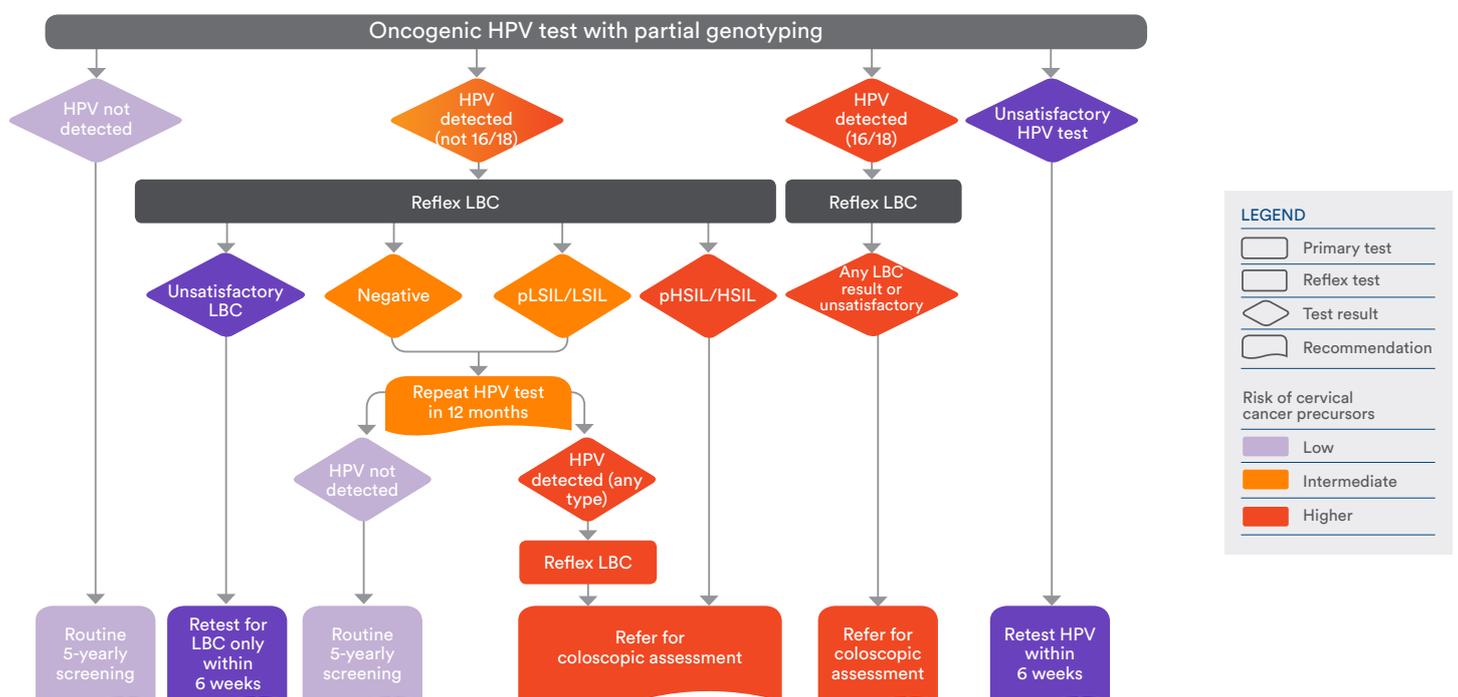
If HPV is detected, a reflex Liquid Based Cytology (LBC) (ThinPrep) will be performed on the same specimen.

There will be a combined report for HPV and cytology (LBC) results, which will include a risk category and the recommended management, in line with the new guidelines.

There are three risk categories:

- Women who are classified as **Low risk** will be re-invited to re-screen in five years.
- Women who are classified as **Intermediate risk** will be invited to have another HPV test in 12 months. This is to check that the infection has cleared.
- Women classified at **Higher risk** will be referred directly to colposcopy for further investigation.

## Cervical screening pathway for primary oncogenic HPV testing



## Symptomatic Women

It is important to remember that **symptomatic women** may have a cervical sample taken at any time, regardless of their age or screening history. Women at any age who have signs or symptoms suggestive of cervical cancer, or its precursors, should have a co-test (LBC and HPV).

The presence of symptoms should be clearly noted on the request form as cytological examination will be performed on these specimens.

## Age Increase for First HPV Screening

The renewed program advises both HPV vaccinated and unvaccinated women from the ages of 25 to 74 should participate.

This change is based on evidence that cervical cancer in young women is rare and screening patients younger than 25 years of age has not altered the number of cervical cancer cases or deaths in this group. This measure also prevents the over treatment of common cervical abnormalities in young women, which usually resolve naturally.

In addition, HPV vaccination has already and will continue to show significant reduction of these abnormalities amongst patients in this age bracket. If a woman under the age of 25 is symptomatic, a HPV test can be requested that will be covered as a MBS item.

## How to order

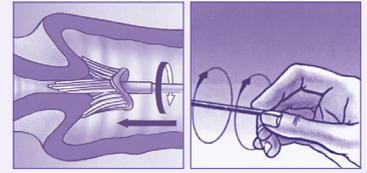
Patient presents as	Context	Age	Sample type	Test type	What to write on the pathology request form
Asymptomatic	National Cervical Screening Program routine five-yearly screening <ul style="list-style-type: none"> <li>Only 1 of this MBS item is claimable in a 57-month period</li> </ul>	≥ 24yrs & 9mths	Cervical	HPV test	Cervical Screening Test (CST)
Asymptomatic	Screening in specific populations <ul style="list-style-type: none"> <li>Immune-deficient</li> <li>Early sexual debut, prior to 14 years and not vaccinated prior to sexual debut (only 1 claimable between 20 and 24 years of age)</li> </ul>	Any age	Cervical	HPV test	<ul style="list-style-type: none"> <li>HPV test, Immune-deficient</li> <li>HPV test, Early debut HPV</li> </ul>
	Follow-up test claimable after previous positive screening test (12-month repeat)				Follow-up HPV test
	Follow-up or post-treatment for clinical management <ul style="list-style-type: none"> <li>Following treatment of HSIL (also called “test of cure”)</li> <li>Following treatment of AIS</li> <li>DES exposed in utero</li> </ul>				Co-test (HPV & LBC) <ul style="list-style-type: none"> <li>Co-test or HPV &amp; LBC, Test of Cure</li> <li>Co-test or HPV &amp; LBC Post-treatment</li> <li>Co-test or HPV &amp; LBC, DES</li> </ul>
Symptomatic	For investigation of symptoms, e.g. abnormal bleeding				Co-test or HPV & LBC, Symptomatic
Follow-up self-collect HPV test (clinical management)	Only claimable within 21 months following the detection of oncogenic HPV (any type) on a self-collected screening test	≥ 30yrs	Vaginal	HPV test	Self-collect HPV follow-up test
			Cervical	HPV test	LBC
Repeat test following an unsatisfactory test	Following an unsatisfactory test <ul style="list-style-type: none"> <li>Only claimable when preceded by another cervical or vaginal MBS item</li> </ul>	Any age	Cervical	HPV test	HPV test, previous result unsatisfactory
			Vaginal	HPV test	HPV test, previous result unsatisfactory
			Cervical	LBC	LBC, previous result unsatisfactory

# ThinPrep® HPV Collection Instructions

## Collect

To obtain an adequate sample, insert the central bristles of the brush into the endocervical canal. Apply sufficient pressure to gently bend the lateral bristles against the ectocervix and rotate completely three to five times in a clockwise direction.

If a lubricant must be used, it should be applied sparingly on the outer portion of the speculum with great care to avoid the tip.



## Rinse

Rinse the brush in the PreservCyt® Solution vial by pushing it down against the bottom 10 times, forcing the bristles apart. Discard the collection device.

Do not leave the head of the Cervex Brush in the vial. Replace the cap and tighten it so that the small black mark passes the corresponding line on the vial.



## Record

Record the patient's name and date of birth on the vial, and their details and medical history on the pathology request form. Place both the vial and request form in the enclosed specimen collection bag for transport to Australian Clinical Labs.



## Expert Pathologists



### *Dr Catherine Uzzell*

Anatomical Pathologist MBBS, FRCPA

Dr Uzzell commenced as a staff Anatomical Pathologist in early 2004. She graduated from the University of Sydney and worked in a number of hospitals in both Victoria and New South Wales, including the Western Hospital Footscray, Monash Medical Centre, Frankston Hospital, Gosford Hospital and Wyong Hospital on the Central Coast of NSW. A Fellow with the Royal College of Pathologists of Australasia, Dr Uzzell has an interest in women's health and gynaecological pathology and cytology. She has over 13 years of experience in reporting cytology, with particular emphasis on gynaecological cytology, and has presented to many general practice and specialist groups regarding changes to the Cervical Screening Program. Dr Uzzell also has a special interest in dermatopathology and is a member of the Australasian Dermatopathology Society.



### *Dr Bridget Cooke*

Anatomical Pathologist MBBS, FRCPA, FIAC

Dr Cooke studied medicine at the University of NSW and has held appointments as a Staff Specialist Pathologist at the Royal Prince Alfred and Prince of Wales Hospitals. Dr Cooke joined St John of God Pathology (now part of Australian Clinical Labs) in January 2002 and served as Pathologist-in-Charge prior to 2014. While Dr Cooke has a broad base of experience in most aspects of pathology, her particular interests include breast, ophthalmic and respiratory pathology as well as cytology, especially fine needle aspiration cytology. Dr Cooke is a member of the International Academy of Pathology, the International Academy of Cytology, the Australasian Society of Cytology, the Australasian Dermatopathology Society, the Australian Society for Colposcopy and Cervical Pathology and the Australian Society for Breast Disease. She is a member of the breast, gynaecology, cytopathology, respiratory, ophthalmic and HNE subspecialty teams.

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