Clinipath Pathology
Quality is in our DNA

Cervical Screening Renewal – less than one year to go!

June 2016

Changes planned for May 1, 2017, will transform cervical screening in Australia.

What will change?

Tests and funding: The high-risk HPV test, also known as the oncogenic HPV test, will become the Medicare-funded cervical screening test. Pap smears will not be funded after May 1, 2017.

Screening age and interval: Asymptomatic women between the ages of 25 and 74 with a negative HPV test will be screened every five years.

Reports: The HPV test result will assign women to different risk categories – low, higher or intermediate risk (see discussion below).

Sample collected: The sample will need to be collected into a liquid-based (eg. ThinPrep) vial. See overleaf.

Why the change?

Australia's school-based HPV vaccination program has been very successful and, in 2017, most women under the age of 25 will be vaccinated. As more women are vaccinated, the rates of cervical disease will fall, so the Australian Government has accepted recommendations to change the way cervical screening will be undertaken for all women, vaccinated or unvaccinated, in the future.

What do you need to do now?

Continue to screen under the current guidelines until May 1, 2017.

What will the results tell me?

Unlike the current Pap test, results from the new screening program will assign patients to different levels of risk for cervical abnormality.

Cervical screening results will be reported as:

LOW RISK

No evidence of oncogenic HPV types in the sample. This places the patient in the low risk category for cervical cancer. If the patient is asymptomatic with a negative screening history, she will be advised to have another screening HPV test in five years.

HIGHER RISK

The presence of either or both HPV types 16 and 18 places the patient in the higher risk category because of the strong association between these particular HPV types and cervical abnormalities. The same sample will be further tested with a reflex liquid-based cytology (LBC) being prepared. A combined HPV/LBC report will be issued with a recommendation that the patient be referred for colposcopy.

INTERMEDIATE RISK

If the sample tests negative for types 16/18 but positive for one of the other oncogenic HPV types (reported as a group), the patient falls into the intermediate risk category. The same sample will be further tested with a reflex LBC being prepared. A combined HPV/LBC report will be issued. If the LBC result is negative or low-grade, the patient will be asked to return for a repeat HPV test in 12 months. If the LBC result shows a high-grade, possible high-grade or glandular abnormality, the risk category will be upgraded to Higher Risk and the patient referred for colposcopy.

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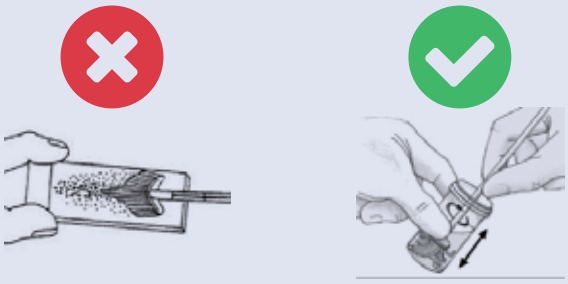
So what will I need to collect?

You will only need to collect a single sample, rinsing all the material into a ThinPrep vial. You will not need to make a slide.

The laboratory will first perform the HPV test. If the HPV test is positive, the laboratory will also prepare a liquid-based cytology (LBC) test from the same vial (known as a reflex LBC).

It is therefore still important to visualise the transformation zone and collect a cellular sample, rinsing the collection device vigorously into a ThinPrep vial.



Will there be a self-collect option?

A clinician-supervised self-collect option for HPV testing, using a swab, can be offered to women who would otherwise not screen. However, it must be made clear that this testing is not as good as a clinician-collected sample. It is, however, better than the patient not participating in screening at all.

If the HPV test is positive, the patient will need to return for a clinician-collected LBC sample.

What about symptomatic women or those already in follow-up?

Women who present with symptoms, such as post-menopausal, post-coital or unexplained bleeding, can be offered a co-test (HPV plus LBC) at any time, regardless of their age and date of previous cervical screening tests.

Women currently in follow-up for low-grade lesions will be offered HPV testing. If positive, they will be referred for colposcopy. If negative, they will be advised to have another HPV test in five years.

There will also be pathways for patients in other special circumstances, such as test of cure, following high-grade squamous and glandular lesions, immunosuppressed and DES-exposed women.

Although screening will no longer be offered routinely for women under 25 years of age, younger women at higher risk, due to early onset of sexual activity or victims of sexual abuse, can still be offered Medicare-funded HPV testing.

So what should I do before May, 2017?

Remember, these changes do not come into effect before May 1, 2017. Primary HPV screening should not be conducted prior to this date, as the infrastructure to support this program is still being implemented.

For now, women should continue to screen under the current program with two-yearly Pap tests.

This is a significant change and, closer to May 1, 2017, the Australian Government will conduct an extensive education program for all cervical screening stakeholders.

Further information

Clinipath Pathology will continue to provide you with periodic updates during 2016/17, as more details become available. However, should you have any queries relating to the Renewal, please contact Dr Gordon Harloe on 9371 4220