



# Update: Cervical Screening Test

**The renewed National Cervical Cancer Screening Program (NCSP) commences on December 1, 2017. From May 1 to November 30 interim cervical cytology cancer screening options are in place and this article summarises the transition arrangements and screening options.**

## Key Points

- The Federal Government has deferred the start date of the revised NCSP from May 1 to December 1, 2017.
- From May 1 to November 30, cervical cancer screening continues with cytology.
- During May 1 to November 30 the Federal Government will provide a Medicare rebate for either a Pap smear or ThinPrep® liquid based cytology (LBC). If both are sent, Clinipath Pathology will continue to privately charge ThinPrep®.
- Clinipath Pathology recommends ThinPrep® (see below for reasons).
- From December 1, 2017, the primary screening method will change from cervical cytology to human papilloma virus (HPV) polymerase chain reaction (PCR) testing, supplemented under certain conditions by LBC.

## ThinPrep® (LBC)

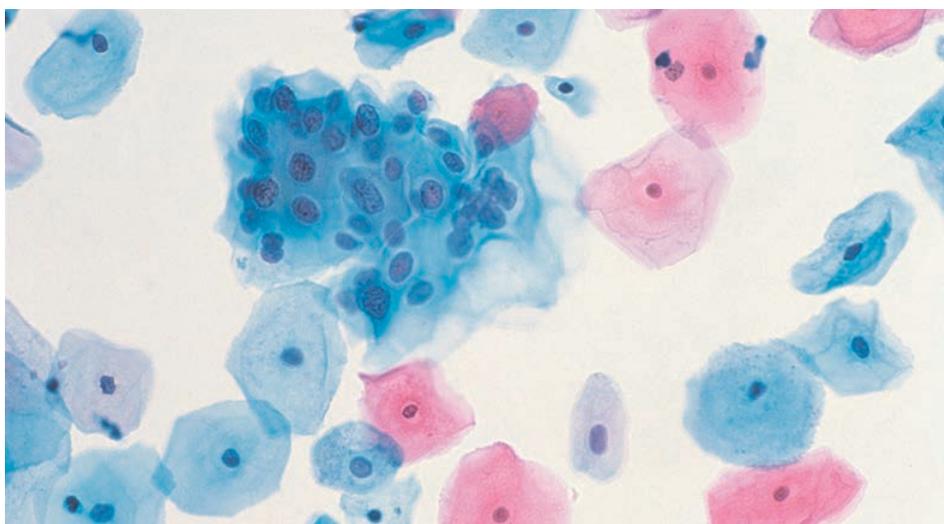
During the transition period May 1 to November 30, 2017, a Medicare rebate will be available for either a ThinPrep®, or a conventional Pap smear – not for both tests. If both samples are sent, Clinipath Pathology will privately bill the patient for ThinPrep®.

## Benefits of ThinPrep® and the ThinPrep® Imager

We recommend the collection of ThinPrep® samples, which allows you to transition to using ThinPrep® ahead of the implementation of the new Cervical Screening Test program. ThinPrep® provides improved detection of cytological abnormalities and enables an HPV PCR test to be requested on the same sample.

The cells on the ThinPrep® slides are well fixed and evenly dispersed without cell crowding or multi-layering of groups of cells. Obscuring inflammatory exudate, blood and mucous are minimised. The thin-layer presentation of cells facilitates easier, faster screening and detection of abnormal cells that may have otherwise been obscured.

The monolayer of cells on the ThinPrep® slides enables computerized examination by the ThinPrep® imaging system. The image processor scans every cell and cell cluster



on the slides, measuring the DNA content and identifies the 22 areas of greatest interest or fields of view (FOVs) for each slide. Each slide is subsequently reviewed by cytotechnologists on automated review microscopes which direct the cytotechnologist to each of the 22 FOVs. The dual review increases the sensitivity and specificity, reducing the false negative fraction.

An Australian study was performed on 55 164 split conventional Pap smears and ThinPrep® samples. The Imager read cytology showed a 55% increase in detection of HPV&CIN1, a 27% increase in CIN2 or greater, a 42% decrease in unsatisfactory samples and a 22% reduction in the 'inconclusive, high grade abnormality cannot be excluded' category.

## HPV Test

There is no Medicare rebate for screening HPV testing until December 1. Until November 30, 2017, a Medicare rebate is only available for HPV testing done as "test of cure" following histologically confirmed CIN 2 or CIN 3. "HPV test of Cure" must be stated on the request form for a patient to be eligible for the Medicare rebate.

Some practitioners and patients deferred their cervical screening test until after May 1, in anticipation of the new primary HPV PCR cervical screening test. Since this delay has been announced we have had enquiries about the option of privately funded screening HPV PCR testing in this transition period.

Ideally, doctors and patients should wait until the NCSP starts on December 1. However, for patients who want the reassurance of knowing their HPV status, from May 1 to November 30,

Clinipath Pathology will offer the option of ThinPrep® plus HPV PCR. The ThinPrep® test will attract a Medicare rebate and there will be a private fee for the screening HPV test. To ensure informed financial consent please discuss this option with your patients and state on the request form – "ThinPrep® and private HPV."

While the current NH&MRC management cervical screening guidelines remain relevant until December 1, 2017, our cytologists and pathologists will take a concurrent positive HPV result into account when recommending appropriate clinical follow-up for your patients.

## The Renewed National Cervical Screening Program – from December 1, 2017

In addition to providing routine five-yearly primary HPV screening, the renewed NCSP identifies specific groups with increased risk of cervical cancer. The program offers more frequent screening in the case of immune deficient patients, or additional cytology testing from the same vial for women with a positive HPV result (reflex LBC) or abnormal vaginal bleeding (co-test LBC). Patients with in utero DES exposure should be offered annual HPV, co-test LBC and colposcopic examination of the cervix and vagina indefinitely.

## Further Information

For any queries on the interim screening options, contact the cytology department on (08) 9371 4381. Information on how to collect a ThinPrep® sample is on our website [www.clinipathpathology.com.au](http://www.clinipathpathology.com.au)

Reproduced with permission, from Medical Forum magazine, June 2017 edition

Main Laboratory: 310 Selby St North, Osborne Park

General Enquiries: 9371 4200 Patient Results: 9371 4340

For information on our extensive network of Collection Centres, as well as other clinical information please visit our website at

[www.clinipathpathology.com.au](http://www.clinipathpathology.com.au)



**Clinipath  
Pathology**  
Quality is in our DNA