



# National Cervical Screening Program Changes, 1 May 2017

From 1 May 2017, new guidelines developed by the Cancer Council Australia include:

- The two-yearly Pap test will be replaced by a five-yearly human papillomavirus (HPV) test, followed by liquid based cytology (LBC) if the HPV test is positive.
- Commencement age for cervical screening changes from 18 to 25 years.
- Women can cease screening between the ages of 70-74 years, after a negative HPV test.

Before 1 May 2017 it is 'business as usual'

The usual two yearly Pap test is not delayed and a primary HPV test is not recommended because:

- The infrastructure and supporting quality and safety activities will not be in place.
- MBS items for the new screening program will not be available (but private billing will be for women who choose LBC i.e. ThinPrep or SurePath) in addition to conventional cytology.

### New cervical screening pathway explained

Women aged 25 to 74 years will be invited every five years to have a primary HPV test. If oncogenic HPV is detected a liquid based cytology (LBC) will be done reflexly on the same cervical specimen.

From there, management is a risk-based approach, managed according to the risk of developing cervical cancer determined by their HPV test result and any subsequent LBC result.

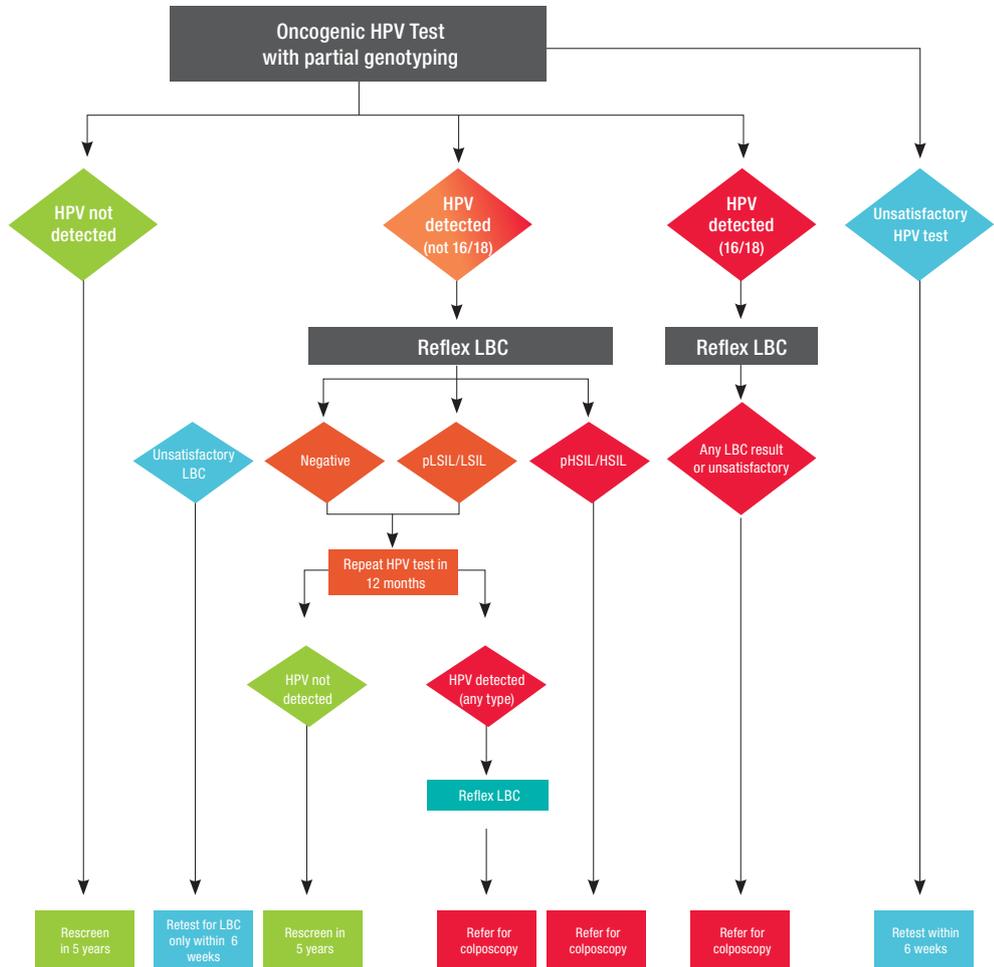
The pathology report is expressed as one of three risk categories, along with the recommended management:

- Low risk - invited to screen in five years.
- Intermediate risk - invited to have another HPV test in 12 months to check that HPV infection has cleared.
- Higher risk – colposcopy referral suggested for further investigation.

### Self-collection for cervical screening

Self-collection will only be available for women never-screened or under-screened, that is, no Pap test for over two years or no HPV test for over seven years. (Clinician collected cervical samples are preferred as HPV testing is better on these samples. Ref: Smith et al, 2016. MJA).

### Cervical Screening Pathway



A simple dry flocced swab is all that is required to self-collect a vaginal sample, which has to be done on the premises of the healthcare professional.

Self collection for HPV testing is not recommended in pregnancy.

HPV (not 16/18) detected in the vaginal sample requires the woman to return for a clinician-collected cervical sample for LBC, to determine their clinical follow-up.

HPV (16/18) detected in the vaginal sample requires referral for colposcopic assessment and cervical sample for LBC to be collected at that visit.

### Transitioning arrangements

From 1 May 2017 when women present for cervical screening they will be offered a Medicare funded HPV test. This replaces the conventional Pap smear which will no longer attract a Medicare rebate after 1 May 2017.

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