



Clinipath
Pathology

Quality is in our DNA

Changes to cervical screening

Information
for patients



On December 1, 2017,
cervical cancer screening
in Australia changed
from two-yearly Pap
testing to five-yearly
HPV testing.



Why has cervical screening changed?

We now know that 99% of cervical cancer is caused by persistent infection with certain types of HPV (human papillomavirus).

HPV is a common infection in females and males, with hundreds of different HPV types that affect different parts of the body.

Most HPV infections clear up by themselves without causing any problems. However, if they aren't cleared naturally by the body, some types of HPV can lead to the development of different cancers.

Cervical cancer is most commonly associated with persistent infection with HPV types 16 and 18. By switching to a test that looks for these and other specific HPV types, we can identify the presence of these HPV infections, often before any cellular changes have even taken place.



How does the cervical screening test work?

Screening age

All women between 25 and 74 years of age are eligible for regular HPV testing as part of the new Cervical Screening Program.

Sample collection

Sample collection for HPV testing is the same as having a Pap test – a doctor or healthcare professional collects a sample of cells from your cervix, and this sample is then sent to our pathology laboratory for testing.

Sample testing

The laboratory performs an HPV test, and if HPV is found to be present, a cytology slide will also be made. This slide is examined under a microscope to see if there are any abnormal cells.

A cytology slide is also made for women who have had a previous abnormal Pap test, or who have symptoms such as abnormal bleeding.

Test results and repeat testing

Once all the testing is complete, the laboratory sends the result to your doctor with a risk category that indicates when you should have your next test.

Risk category	Schedule for repeat testing
 Low Risk	Return for your routine HPV test in 5 years
 Intermediate Risk	Have a repeat HPV test in 12 months
 Higher Risk	Organise a specialist visit for follow-up
 Unsatisfactory*	Return for repeat HPV testing in 6 weeks

*Indicates there were problems with the sample that was sent to the laboratory, requiring the sample to be re-collected.

The National Cancer Screening Register (NCSR)

All cervical screening results are sent to the NCSR. The NCSR uses this information to invite women to have their next screening test when it is due, and to ensure that women receive the correct follow-up tests. If you need to update your details, or wish to opt out of the register, please contact them directly on 1800 627 701.

Frequently asked questions

What if I have abnormal bleeding or other concerns before my next test is due?

The new cervical screening guidelines allow for additional testing in certain circumstances. This includes women who experience any abnormal bleeding, and young women who were sexually active before they received the HPV vaccination. Our laboratory will classify your result as 'symptomatic'. Your doctor will notify you of the result and any further investigations that may be required.

If I have had the HPV vaccine, will I still need to have a cervical screening test?

Yes. The vaccine does not protect against all types of HPV infection that are known to cause cancer, so you will still need to have the cervical screening test.

Can my HPV test be wrong?

It is worthwhile being aware that all screening tests have an inherent, but low, probability of error. It is expected the new cervical screening test will increase detection of abnormalities compared to the previous Pap test. Please consult your doctor if you have any new or abnormal symptoms or concerns, even if you've had a recent 'low risk' cervical screening test result.

My doctor previously recommended a ThinPrep® test. Can I still have one?

In the new program, liquid-based cytology tests, like ThinPrep®, only receive a Medicare rebate when HPV is identified in the initial test, or for patients who have symptoms or a history of previous abnormality.

If you would like the added reassurance of a second test, even if your HPV result is 'low risk', please ask your doctor whether adding a privately funded liquid-based cytology test, such as ThinPrep®, is appropriate.

What if I don't want to wait five years between testing?

The HPV test offered under the screening program will only be funded every five years for women who are 'low risk', with no symptoms or abnormal history. If you prefer not to wait five years for your next screening test, more frequent cervical screening can be done, but it will not be eligible for a Medicare rebate unless it meets the specific criteria for increased testing. Again, please discuss this option with your doctor.

Remember, women of any age who experience symptoms, including pain, bleeding or discharge, should see their doctor or healthcare professional.



For more information, please visit
www.clinipathpathology.com.au

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