



Navigating the New Cervical Screening Test (CST)

On December 1, 2017, we commenced a new era in cervical screening in Australia with major changes in the way we test, interpret and follow up women in the screening program. The HPV test is now the primary screening test with cervical cytology moving into a supportive diagnostic role. The change has mostly been smooth sailing but here at Clinipath Pathology, a few issues have come to light and are discussed below.

Pap smear replaced by LBC

The conventional Pap smear (sample smeared onto slide) is no longer used and is not supported as a suitable test by the new screening program. There is no longer a Medicare rebate for the Pap smear and it has been replaced by Liquid Base Cytology (LBC) where the cells collected with a broom or brush from a well visualised cervix are vigorously rinsed into a liquid base e.g. ThinPrep vial. From this one vial, HPV testing can be done and a co-test performed if HPV is detected. LBC samples can also be scanned by an automated imaging system.

What about screening under 25s?

There has been confusion about the under 25 age group. The new program does not provide routine screening for asymptomatic women less than 24yrs and 9mths in age except for:

- Women who have had a previous abnormality and have not completed the appropriate testing to return to normal screening;
- Young women with early sexual debut (prior to age 14) and prior to vaccination; in this case, one HPV test is permitted between the ages of 20 and 25 (for reasons of privacy, a clinical history of "Meets criteria for early screening" is adequate);
- Younger women with symptoms such as abnormal bleeding who may have a co-HPV test at any time.

What about women requiring life-long follow-up?

There has also been confusion surrounding the recommendation for appropriate gynaecological/oncological review for

those women requiring lifelong follow-up e.g. post hysterectomy for endometrial carcinoma, a role often taken over by the patient's GP.

Provided that there are no symptoms, no abnormality is seen on speculum examination at specimen collection and the annual LBC is negative, this should constitute appropriate gynaecological review and referral to a gynaecologist is not required unless there are symptoms or concern.



What about self-collected vaginal samples?

The new cervical screening program includes the option of a self-collected vaginal HPV sample when the following strict criteria are met:

- Asymptomatic women
- 30 yrs of age or over
- declined a clinician collected sample
- more than 4 yrs since last Pap test or have never been screened.

Due to the requirement for each individual laboratory to validate the use of the collection swab, this test is not yet available in most Australian states. The test can be offered by referral to the Victorian Cytology Service who will only test those patients meeting the strict Medicare criteria above. Testing should soon be available through

About the Author

Clinipath Pathology welcomes Dr Bridget Cooke as Head of Cytology. Bridget studied medicine at the University of NSW and held appointments as a Staff Specialist Pathologist at the Royal Prince Alfred and Prince of Wales Hospitals.

Dr Cooke has a broad base of experience in most aspects of pathology, but her particular interests include breast, ophthalmic and respiratory pathology as well as cytology, especially fine needle aspiration cytology.

Sonic Healthcare network and we will inform referrers.

Screening of symptomatic women

Finally, screening in the new program caters for symptomatic women. Women with any abnormal vaginal bleeding (post coital, intermenstrual, postmenopausal) require co-testing (i.e. HPV and LBC) and gynaecological follow up. Unexplained persistent unusual vaginal discharge especially if offensive or bloodstained, should also be investigated with a co-test and referral.

From May 1, to clarify the issue, Clinipath Pathology will introduce an additional risk category – SYMPTOMATIC - for women with symptoms who on co-test are HPV negative, have HPV (not 16/18) detected and have either PLSIL or negative cytology. The recommendation will clarify risk for cervical cancer (Low/ Intermediate) as well as recommending appropriate follow-up of symptoms.

Symptomatic women who are HPV 16 and /or 18 positive will continue to be reported as High Risk and will be referred for colposcopy.

Acknowledgements: Adele Richards, Sonic Project Manager – Cervical Screening Renewal Program

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

www.clinipathpathology.com.au



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