family planning australia
Reproductive & Sexual Health

CLINICIAN QUICK-TIPS

Cervical Cancer Screening Program Renewal

For detailed information refer to:

National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding at Cervical cancer screening, Cancer Council

Summary of the Cervical Screening Program

- screening program guidelines are based on increased knowledge about the role of HPV and the natural history of cervical cancer
- cervical screening is recommended every 5 years for asymptomatic women and people with a cervix from age 25, with an exit test at 70-74 years
- screening is recommended for both those who have received HPV vaccination and those who are unvaccinated
- the cervical screening test (CST) is a test for the human papillomavirus (HPV)
- if HPV is detected, liquid-based cytology (LBC) is performed.
- comprehensive guidelines are available for screening and management in specific populations (includes immune-deficient women; women with early sexual intercourse/ victims of child sexual abuse; and post-hysterectomy)

Eligibility for CST self-collection options:

- from 1 July 2022, all women and people with a cervix who are eligible for cervical screening have the choice to collect their CST using either a self-collected vaginal sample or a clinician-collected sample from the cervix.
- self-collection may improve screening participation. This is important as we know that more than 70% of people diagnosed with invasive cervical cancer are under-screened or never screened.
- we now know that cervical screening with a HPV test using a self-collected vaginal sample is as accurate as a clinician-collected sample from the cervix
- healthcare providers are responsible for explaining the options available to patients and supporting informed decision-making. They must also ensure results are communicated to patients, as well as any follow-up recommendations:
  - clinician-collected samples are taken from the cervix during a speculum examination. Most samples will be negative for HPV and can safely have another CST in 5 years. If HPV is detected, the laboratory can perform reflex-LBC on the same sample
  - self-collected samples are collected from the vagina using a simple swab. Most samples will be negative for HPV and can safely have another CST in 5 years. However, if HPV is detected, reflex-LBC is not possible from a self-collected vaginal sample, and patients may be advised to return for a clinician-collected LBC test
- self-collection is an option during pregnancy. Self-collection is also acceptable for follow-up HPV tests after an intermediate risk CST
- self-collection is NOT appropriate for anyone requiring a **co-test** (where both HPV and LBC are tested for on the same sample). This includes:
  - patients who are symptomatic (such as with abnormal vaginal bleeding)
  - patients undergoing test of cure (TOC) after treatment of high grade squamous intraepithelial lesions
  - patients with a history of adenocarcinoma in situ (AIS), or follow-up after certain screen-detected abnormalities (e.g. glandular abnormalities)
  - patients who have been exposed to Diethylstilbesterol (DES) exposed in utero
  - some patients after total hysterectomy (e.g. with history of HSIL without TOC)

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Result classifications:

- **no HPV detected – low risk.** The patient is invited to screen again in 5 years
- **HPV 16 or HPV 18 detected – High risk.** The patient should be referred for colposcopy. If the CST was performed on a self-collected sample, LBC can be performed at the time of colposcopy. This result is expected in approximately 2% of tests
- **HPV not-16/18 detected** – LBC is required to determine the risk category. If the CST was on a self-collected sample, the patient will need to be recalled for a clinician-collected LBC test. This result is expected in 6% of people who present for routine screening overall (this varies with age and is up to 17% in those aged 25-29)
  - if the LBC is normal, pLSIL or LSIL – **intermediate risk.** Patients should be invited for an HPV test in 12 months to check that the HPV infection has cleared
  - if the LBC is pHSIL, HSIL or other concerning abnormalities – **high risk** – The patient should be referred for colposcopy.

HPV Result	LBC		Risk category	Recommendation
HPV not detected	-		Low risk	Invite to screen again in 5 years
HPV not-16/18 detected (Occurs in about 6% people presenting for routine screening overall)	LBC is required to determine the risk category. If the CST was on a self-collected sample, the patient will need to be recalled for a clinician-collected LBC test. If the sample was clinician-collected, reflex-LBC will be processed on the sample.	normal, pLSIL or LSIL	Intermediate risk	
		pHSIL, HSIL or other concerning abnormalities	High risk	
HPV 16 and/or HPV 18 detected (Occurs in about 2% people presenting for routine screening overall)	These results are high risk irrespective of the LBC result. • for self-collected samples LBC can be tested at the time of colposcopy • reflex-LBC is automatically performed on clinician-collected samples.		High risk	

Intermediate risk pathway updates (Feb 2021):

- most patients with intermediate risk screening result, who have a persistent intermediate risk test result at 12 months, can safely have another HPV test after another 12 months, rather than being referred directly for colposcopy. If they are intermediate risk again on this third test (24 months after the first test), they should be referred for colposcopy
- exceptions to these recommendations (requiring referral for colposcopy after just two intermediate risk results):
  - **patients aged 50 years or older**
  - **aboriginal or Torres Strait Islander patients**
  - **patients who were 2 or more years overdue for their initial CST**

Clinician Tips:

- ensure samples are clearly labelled as "self-collected" or "clinician-collected"
- to support screening pathway recommendations, include relevant clinical information on pathology request forms (such as past screening results, presence of symptoms, immunosuppression, whether the patient is Aboriginal and/or Torres Strait Islander)
- there is no requirement for clinicians to observe patients collecting a self-collected sample. However, if patients have difficulty collecting a lower vaginal sample, clinicians may provide assistance in collecting this vaginal swab without a speculum (still classified as 'self-collected' on the pathology request form)

- provide advice for patients on how to obtain a self-collected sample. Instructions can be found here: National Cervical Screening Program – How to take your own sample for an HPV test (health.gov.au)
- check with your local pathology laboratory to confirm how they will support the processing of self-collected samples and to order the required swabs and consumables

Patient resources:

- Family Planning NSW client factsheet available on our website – https://www.fpnsw.org.au

Further information:

- NCSP Clinical Management Pathway A4 size (health.gov.au)
- Family Planning NSW Talkline – www.fpnsw.org.au/talkline or 1300 658 886

References

- National Cervical Screening Program. Cervical Cancer Screening. www.cancer.org.au/clinical-guidelines/cervical-cancer-screening
- National Cervical Screening Program. Department of Health and Aged Care. Australian Government. www.health.gov.au/initiatives-and-programs/national-cervical-screening-program
- Self-collection: equity in reaching cervical cancer elimination | InSight+ (mja.com.au)
- National Cervical Screening Program monitoring report 2021, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

[1]The Medicate rebate will become available in November 2022 for the following patients:

- HPV testing 12 months after intermediate risk result, when the initial test was clinician collected
- HPV (only) testing after a hysterectomy
- One-off HPV test between age 20-24 for young people with early sexual activity (<14 years)