

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 http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening

Summary of changes from 1 December 2017:

- The 2-yearly Pap test is replaced by the Cervical Screening Test (CST) every 5 years
 - The CST is a human papillomavirus (HPV) test with reflex liquid based cytology, for ANY oncogenic HPV types, performed on the same sample
 - Routine screening should be carried out every 5 years for women who have no symptoms or history suggestive of cervical cancer
 - Screening may cease for women between the ages of 70 and 74 if they have had regular screening tests with negative results and have a negative exit test result
 - Women are invited to have the Cervical Screening Test at 25 years of age
 - Invitations into the new program will be sent 2 years from the last Pap test
 - if a woman has already been screened (with a negative cervical screening history) and is still under 25 years of age, she will be sent a letter advising her to rescreen at age 25
 - 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; pregnancy and post-hysterectomy)
- ### Clinician sampling:
- The same sampling implements are used - slides are replaced by a liquid based medium
 - Adequate transfer of cellular material to the liquid medium is essential
 - warm water is preferred on the speculum as lubricants may lead to cell agglutination and cellular loss
 - if a lubricant is used, use sparingly and avoid the speculum tip
 - avoid carbomer and carbopol polymer products
 - Unsatisfactory screening reports require a repeat sample collection 6-12 weeks later after the reason for the unsatisfactory sample has been rectified
- ### Self-collection options:
- Self-collection using a dry flocked swab (in a health care facility) is available as an alternative screening option for eligible never or under-screened women
 - Self-collection is less sensitive than a clinician-collected sample and the laboratory cannot perform a reflex LBC on the same sample
- ### Result classifications:
- **Low risk** - women are invited to screen again in 5 years
 - **Intermediate risk** - women are invited to screen again in 12 months to check that the HPV infection has cleared
 - **Higher risk** - women are referred for colposcopy
- ### Test of cure:
- Treatment for a high grade lesion is followed by a test of cure by the GP
 - o a co-test (HPV AND LBC on the same specimen) at 12 months post-treatment then annually until a negative co-test occurs on two consecutive occasions

Symptomatic women:

- A woman of ANY age who has abnormal vaginal bleeding symptoms suggestive of cervical cancer (including postcoital, intermenstrual or postmenopausal bleeding) should have a co-test.
- A co-test should not be deferred due to the presence of blood (a co-test has a high negative predictive value for high grade lesions)

Patient resources:

- Family Planning NSW client factsheet available on our website – <https://www.fpnsw.org.au>
- Family Planning NSW client resource **Everything you need to know about the changes to the National Cervical Screening Program** – <https://www.fpnsw.org.au/changes>

Further information:

- http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening
- **National Prescribing Service renewal resources** – www.nps.org.au/cpd/activities/national-cervical-screening-program
- **Family Planning NSW Talkline** – www.fpnsw.org.au/talkline or 1300 658 886