NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING PATHWAY QUICK REFERENCE GUIDE

VCS Pathology

MORE INFORMATION:

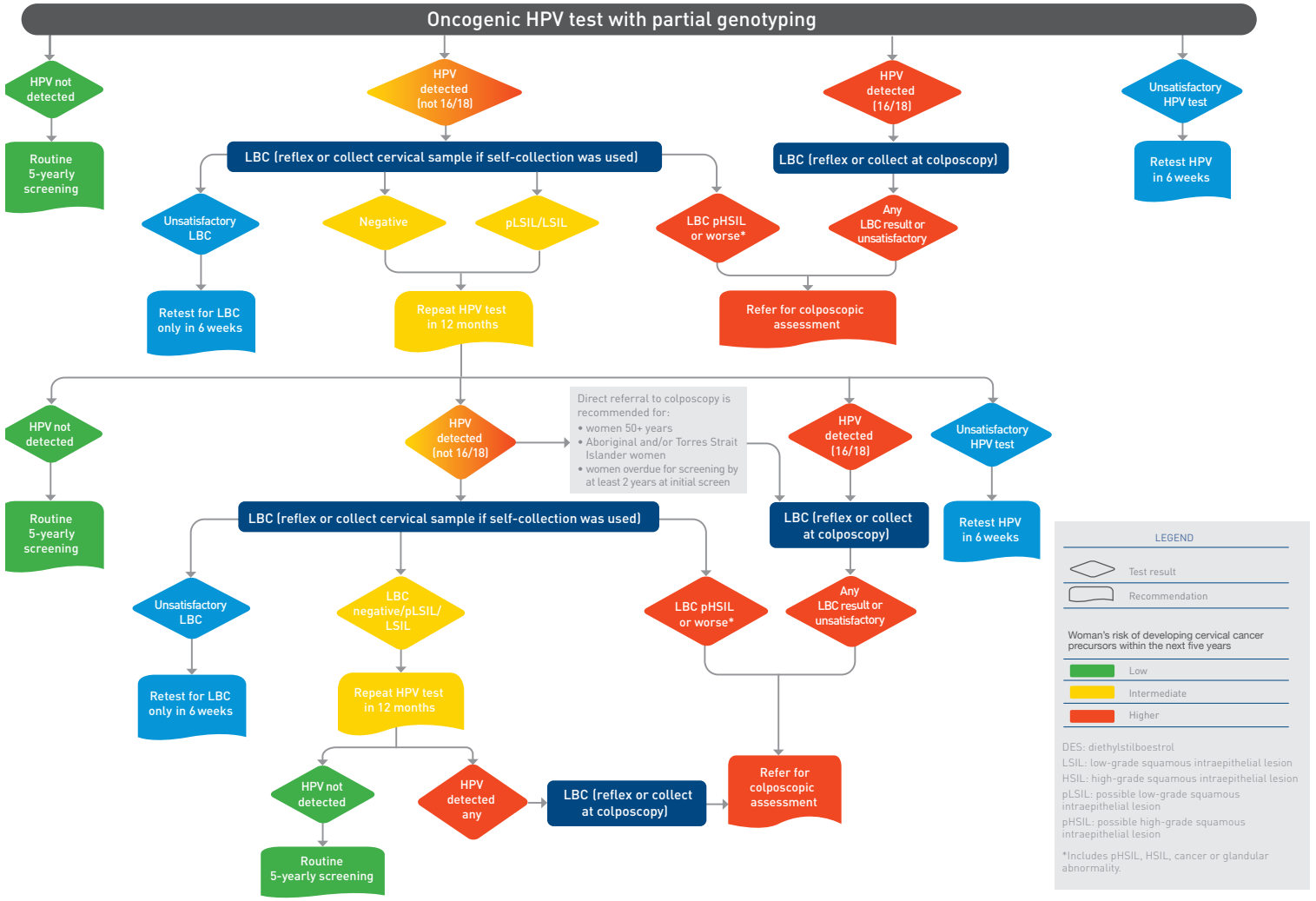
For queries about clinical guidelines and management of patients please contact the VCS Liaison Physician Team.

Tel: (03) 9250 0309 or
Email: liaisonteam@acpcc.org.au

The clinical guidelines are available at **https://www.cancer.org.au/clinical-guidelines/cervical-cancer-screening**

NCSP policies and resources are available at **https://www.health.gov.au/initiatives-and-programs/national-cervical-screening-program**

CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Cancer Council Australia. Accessible from https://www.cancer.org.au/clinical-guidelines/cervical-cancer-screening
Updated October 2022.

Australian Centre for the Prevention of Cervical Cancer

www.acpcc.org.au

VCS Pathology is a division of the Autralian Centre for the Prevention of Cervical Cancer

Copyright Notice © 2022, Australian Centre for the Prevention of Cervical Cancer (ACN 609 597 408)
These materials are subject to copyright and are protected by the Copyright Laws of Australia. All rights are reserved.
Any copying or distribution of these materials without the written permission of the copyright owner is not authorised.

Corp-Mkt-Pub-149 V5

CERVICAL SCREENING PATHWAY QUICK REFERENCE GUIDE

VCS Pathology

COMMENCEMENT OF CERVICAL SCREENING

All people with a cervix who have ever been sexually active should commence cervical screening at 25 years of age.

Participants can be discharged from the National Cervical Screening Program (NCSP) if they have had a screening test between the ages of 70 and 74 years where oncogenic HPV was not detected.

Patients who are 75 years or older who have never had a cervical screening test or have not had one in the previous five years, may request a test and can be screened.

CERVICAL SCREENING: A CHOICE

From 1 July 2022, all NCSP participants will have the choice to screen using either a self-collected vaginal sample, or a clinician-collected cervical sample.

SELF COLLECTION

Self-collection is a highly acceptable test and is as sensitive as clinician-collected cervical samples for the detection of CIN2+/AIS and HPV[1,2]. It is suitable for most screening participants, including those who are pregnant or immune deficient, except when a co-test is required.

Self-collected samples can be tested for the presence of HPV but cannot be used for cervical cytology. Therefore, participants should be advised that if HPV (not 16/18) is detected, they will need to return for a clinician-collected cervical sample (likely to be around 6-8% of participants, although this varies by age)[3]

Self-collection must be requested and facilitated by a Cervical Screening Test provider who also offers routine cervical screening services.

Self-collected swabs must be received in our laboratory within 28 days of collection.

A visual guide to self-collection for participants is available in 20 different languages at:
www.acpcc.org.au/practitioners/resources/

RESULTS

For participants attending for routine screening, it is expected that:

- >90% will have no oncogenic HPV detected
- ~6% will have HPV (not 16/18) detected
- ~2% will have HPV 16/18 detected[3]

For information on the management of results for both self-collected and clinician-collected samples, refer to Cervical Screening Pathway flowchart overleaf.

Note that referral to colposcopy is recommended for the following participants at intermediate risk who test positive for HPV (any type) at 12 months after an initial positive test.

- Participants 50+ years
- Aboriginal and/or Torres Strait Islander participants
- Participants overdue for screening by at least two years at initial screen

UNSATISFACTORY (INVALID) RESULTS

Unsatisfactory (invalid) results for HPV tests are rare for both self-collected and clinician-collected specimens. If an unsatisfactory result is returned, participants need to repeat the test:

- At their earliest convenience (if the sample was self-collected)
- In six weeks (if the sample was clinician-collected)

The most common reason for an unsatisfactory result is that insufficient cellular material is collected. Contaminants such as lubricant may also be associated with invalid results.

Both vaginal and cervical specimens may be inhibited by the presence of blood. While it may be preferable to defer sample collection until after menstruation, consideration should be given to whether the participant is likely to return at a later time to complete the test.

DIAGNOSTIC CO-TESTING

Any person at any age with signs or symptoms suggestive of cervical cancer (postcoital, intermenstrual or post-menopausal vaginal bleeding, or unexplained persistent unusual vaginal discharge) should have diagnostic cytology and HPV testing (co-testing) and appropriate referral.

Other indications requiring a co-test include:

- participants undergoing Test of Cure surveillance or have been treated for adenocarcinoma-in-situ (AIS)
- participants who have had a total hysterectomy with a history of high-grade squamous intraepithelial lesion (HSIL)
- Participants who have been exposed to diethylstiboesterol (DES) in utero

Self-collection is <u>not</u> appropriate in these circumstances as cervical cells are unable to be examined.

1. Arbyn et al, Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses BMJ 2018; 363 :k4823
2. Saville et al, Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples: the SCoPE study, Journal of Clinical Virology (2020), doi: https://doi.org/10.1016/j.jcv.2020.104375
3. Brotherton et al, Age-specific HPV prevalence among 116,052 women in Australia's renewed cervical screening program: A new tool for monitoring vaccine impact: Vaccine (2019), DOI: 10.1016/j.vaccine.2018.11.075

Corp-Mkt-Pub-149 V5