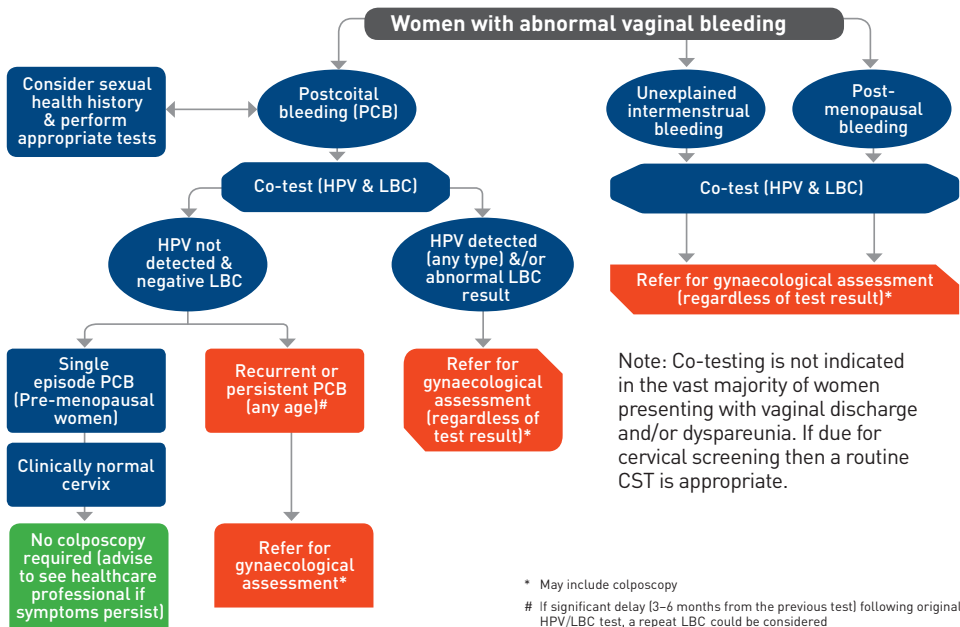


SPECIFIC POPULATIONS AND INVESTIGATION OF ABNORMAL VAGINAL BLEEDING



INVESTIGATION OF ABNORMAL VAGINAL BLEEDING

Women at any age who have signs or symptoms suggestive of cervical cancer should have a co-test, and referral for appropriate investigation to exclude genital tract malignancy should be considered. The vast majority of symptomatic women, especially younger women, will NOT have cervical cancer.



SCREENING IN WOMEN WHO HAVE EXPERIENCED EARLY SEXUAL ACTIVITY OR HAVE BEEN VICTIMS OF SEXUAL ABUSE

- Routine cervical screening is not recommended in women under the age of 25 years
- For women who experienced either first sexual activity or sexual abuse prior to 14 years of age **and** who had not received the HPV vaccine before sexual debut, a single HPV test between 20 and 24 years of age could be considered on an individual basis.

VAGINAL SCREENING AFTER TOTAL HYSTERECTOMY

Women with a normal cervical screening history, who have undergone hysterectomy for benign disease (e.g. menorrhagia, uterine fibroids or utero-vaginal prolapse), and have no cervical pathology at the time of hysterectomy, do not require further screening or follow up.

Total hysterectomy †

Prior screening history	Normal	Treated HSIL (CIN2/3) with completed Test of cure	Abnormal screening with histologically confirmed HSIL (CIN2/3)	Previous treatment for HSIL (CIN2/3) (prior to Test of Cure) on routine surveillance with normal tests	No known screening history	
Indication for hysterectomy	Benign gynaecological disease		HSIL (CIN2/3) ± associated benign gynaecological disease	Benign gynaecological disease		
Cervical pathology in histology specimen	No Cervical pathology	Positive for cervical pathology LSIL or HSIL	No cervical pathology	Positive for cervical pathology LSIL or HSIL	No cervical pathology	Positive for cervical pathology LSIL or HSIL
Recommended follow-up	No Follow up	Test of cure*	No Follow up	Test of cure*	HPV test at 12/24 months	Test of cure*

* an annual co-test on a specimen from the vaginal vault until two consecutive negative co-tests

† not including total hysterectomy performed for AIS

For more information, visit:

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

SPECIFIC POPULATIONS AND INVESTIGATION OF ABNORMAL VAGINAL BLEEDING



SCREENING IN PREGNANCY

- Cervical screening during pregnancy should be undertaken if the woman is due or overdue for screening.
- A woman whose screening result requires assessment or colposcopy should NOT defer this visit as colposcopy is performed to exclude the presence of invasive cervical cancer.
- It will also confirm the presence of pre-invasive disease and reassure the pregnant woman that it is safe to continue with her pregnancy.
- Conservative management of high-grade squamous intraepithelial lesions (HSIL) is recommended during pregnancy.
- Postpartum regression of CIN lesions is common.

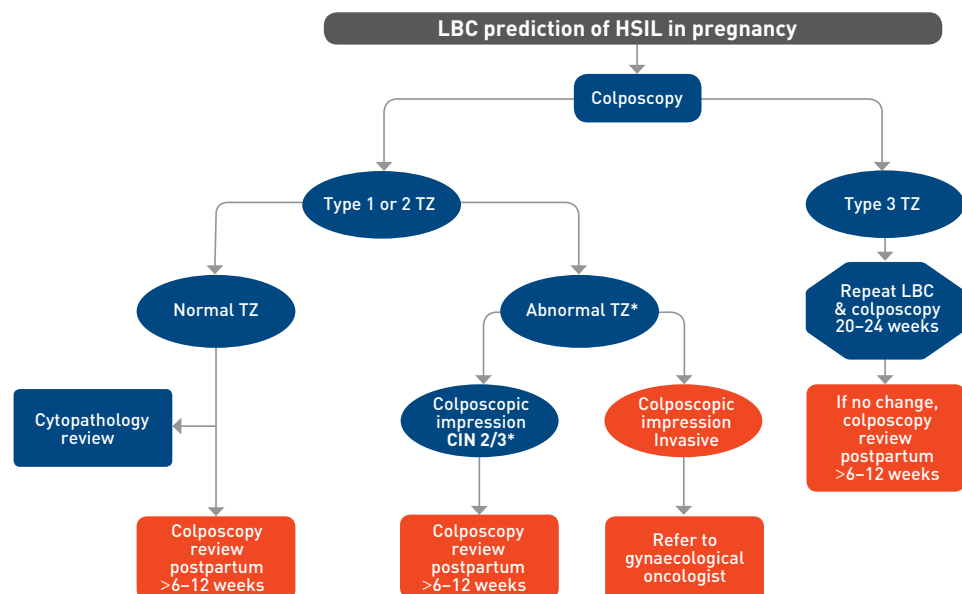
SCREENING IN WOMEN EXPOSED TO DIETHYLSTILBOESTROL (DES) IN UTERO

- Women exposed to DES in utero should be offered an annual co-test and colposcopic examination of both the cervix and vagina indefinitely.
- Those who have a screen-detected abnormality should be managed by an experienced colposcopist.
- Daughters of women exposed to DES should have 5-yearly HPV testing. If these women have concerns, testing similar to that recommended for their DES-exposed mothers could be considered on an individual basis. Self-collection for HPV testing is not recommended.

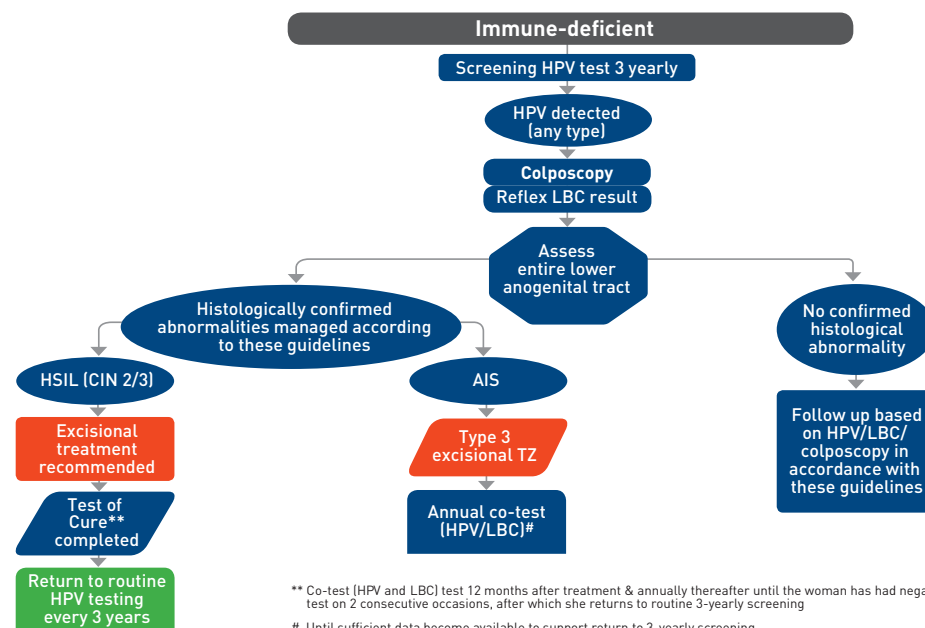
SCREENING IN IMMUNE-DEFICIENT WOMEN

Immune deficient women who should be screened every three years include:

- Women with HIV
 - Solid organ transplant recipients
- Other women who may be considered immune deficient include:
- Women with congenital (primary) immune deficiency
 - Women treated with intensive immunosuppressant therapy for autoimmune disease
 - Allogenic bone marrow recipients treated for graft versus host disease
 - Other groups who may be immune deficient due to disease, immunosuppressive drugs or both.



*Biopsy not usually necessary in pregnancy



** Co-test (HPV and LBC) test 12 months after treatment & annually thereafter until the woman has had negative co-test on 2 consecutive occasions, after which she returns to routine 3-yearly screening

Until sufficient data become available to support return to 3-yearly screening