NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING:
Supporting your patients to make the choice

Australian Government

NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Australian Centre for the Prevention of Cervical Cancer

		Clinician-collected cervical sample	Self-collected vaginal sample
Is it accurate?		Both methods have equivalent sensitivity for the detection of HPV and CIN2+/AIS[1,2]	
Identifies HPV infection?		Yes	Yes
Is liquid-based cytology (LBC) and co-testing possible?		Yes	No
Indicated for • Those who are eligible and due or overdue for cervical screening, including during pregnancy • Other points in the pathway where only an HPV test is required.		Yes	Yes
• Patients who have postcoital, intermenstrual or post-menopausal bleeding, or unexplained persistent unusual vaginal discharge[3] • Those undergoing Test of Cure surveillance or have been treated for adenocarcinoma-in-situ • Patients who have had a total hysterectomy with history of high-grade squamous intraepithelial lesion • Patients who were exposed to diethylstilboestrol in utero.		Yes	No
Management of participants in whom **HPV is not detected**	>90% of CSTs	Return in 5 years	Return in 5 years
Management of participants in whom **HPV (not 16/18)** is detected	~6% of CSTs	Reflex LBC is performed on the original sample, no need to return for a further sample to be taken	Return for clinician-collected cervical sample for LBC. The incidence of HPV (not 16/18) is highly age dependent (NCSR data[4]) 25-29 years 17% · 30-34 years 10% · 35-39 years 6% · 40-44 years 5% · 45-49 years 4% · 50-54 years 4% · 55-59 years 3% · 60-64 years 3% · 65-69 years 3% Note: at the 12-month follow up HPV test after an Intermediate Risk result the incidence of HPV (not 16/18) is ~60%[4] **Patients aged 70 to 74 with HPV (not 16/18) detected are referred to colposcopy.**
Management of participants in whom **HPV (16/18)** is detected	~2% of CSTs	Refer for colposcopy	Refer for colposcopy
Management of Unsatisfactory HPV test		Repeat in 6 weeks	Repeat at earliest convenience

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 Co-testing is not required for breakthrough or irregular bleeding due to hormonal contraception or a sexually transmitted infection, heavy menstrual bleeding, or contact bleeding at time of obtaining a routine cervical screening test sample
4 Smith et al, National experience in the first two years of primary human papillomavirus (HPV) cervical screening in an HPV vaccinated population in Australia: observational study BMJ 2022; 376 :e068582