NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING PATHWAY QUICK REFERENCE GUIDE

Australian Government

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

Australian Centre for the Prevention of Cervical Cancer

MORE INFORMATION:

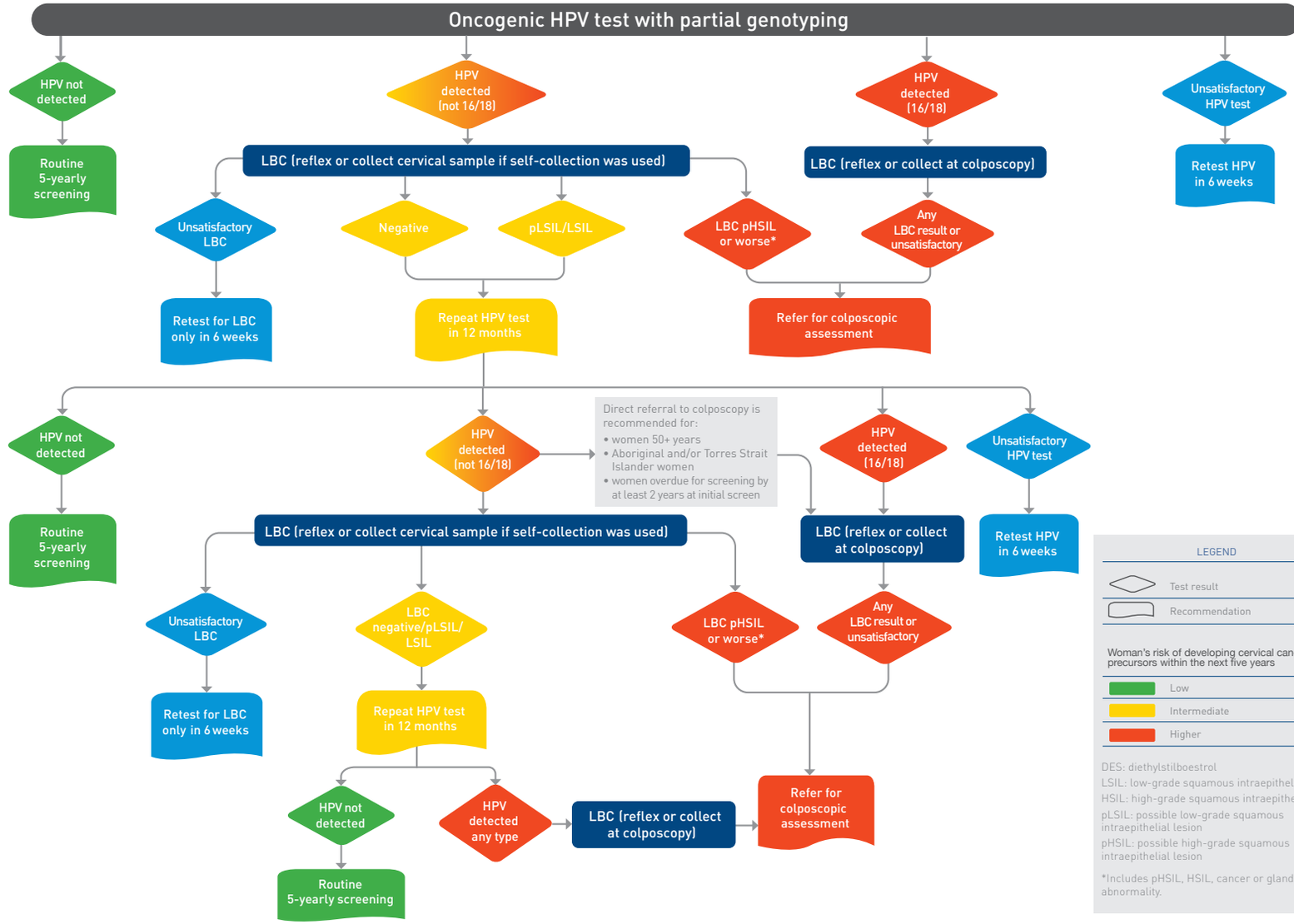
For queries about clinical guidelines and management of patients please contact the VCS Pathology's Clinical Advisory Service.

Tel: (03) 9250 0309

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/our-work/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

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CERVICAL SCREENING: EVERY 5 YEARS AGES 25 - 74

All people with a cervix should **begin screening at 25.**

Those who have had a screening test between the ages of **70-74** where no oncogenic HPV was detected **can exit the program.**

Individuals 75+ who have not had a test in the last five years can **request a test.**

CERVICAL SCREENING: SUPPORTS CHOICE

All routine Cervical Screening Test (CST) participants have the option to screen using either a **self-collected** vaginal sample or a **clinician-collected** cervical sample.

HPV SELF-COLLECTION

Self-collection is as sensitive as clinician-collected cervical samples for the detection of CIN2+/AIS and HPV[1,2]. It is suitable for all routine screening participants, including:

- Those who are pregnant
- Those with immune deficiency

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

If HPV (not 16/18) is detected on a self-collected sample for a routine CST, participants need to return for a clinician-collected cervical sample for cytology to inform further management.

RESULTS FOR CERVICAL SCREENING TESTS

>90% will have no oncogenic HPV detected

~6% will have HPV (not 16/18) detected

~2% will have HPV 16/18 detected[3]

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

RESULTS MANAGEMENT

Refer to the Cervical Screening Pathway flowchart overleaf.

IMPORTANT: Referral to **colposcopy** is recommended for the following if HPV (any type) is detected **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

Referral to **colposcopy** is also recommended for anyone 70+ years of age in whom HPV **(any type)** is detected.

UNSATISFACTORY RESULTS

If an unsatisfactory (invalid) result for HPV occurs, participants should retest:

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

Unsatisfactory results are rare but can occasionally occur from inadequate cell collection or contamination (e.g. presence of lubricant or topical creams).

CO-TESTING

Patients with symptoms suggestive of cervical cancer should undergo diagnostic cytology and HPV testing (co-testing) and appropriate referral. This includes:

- Postcoital, intermenstrual or post-menopausal vaginal bleeding
- Unexplained persistent unusual vaginal discharge

Other indications for a co-test include:

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

Self-collection cannot be used for those who require a co-test.

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