NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING PATHWAY QUICK REFERENCE GUIDE

Let's Own It! Cervical Screening

Australian Government

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

Australian Centre for the Prevention of Cervical Cancer

MORE INFORMATION:

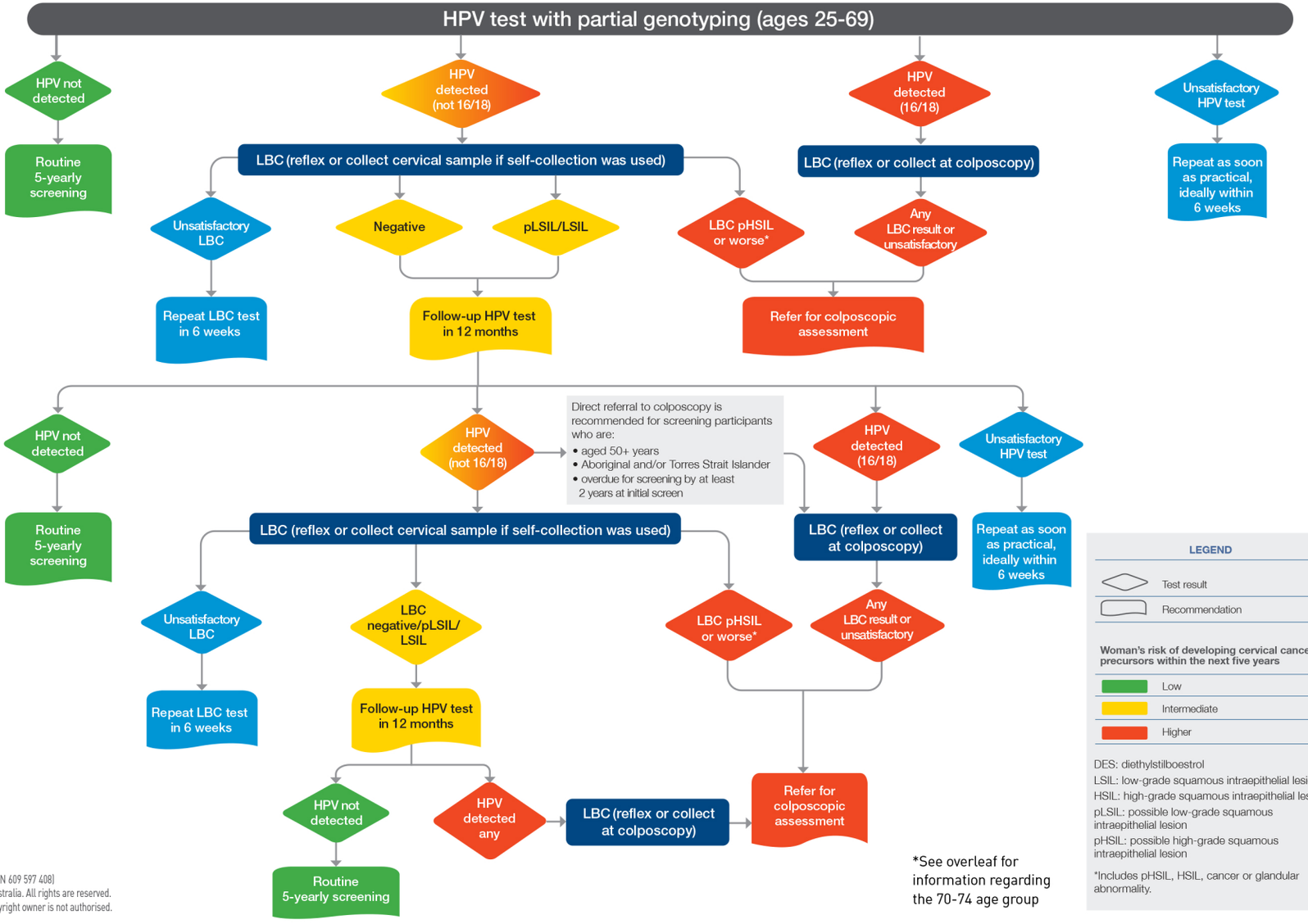
For queries about clinical guidelines and management of patients please contact the VCS Pathology's Clinical Advisory Service.

Tel: (03) 9250 0309

The clinical guidelines are available via the Cancer Council Australia website **https://cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening**

Scan to access the guidelines

ROUTINE CERVICAL SCREENING (AGES 25-69*)



LEGEND

- Test result
- Recommendation

Woman's risk of developing cervical cancer precursors within the next five years

- Low
- Intermediate
- Higher

DES: diethylstilboestrol
LSIL: low-grade squamous intraepithelial lesion
HSIL: high-grade squamous intraepithelial lesion
pLSIL: possible low-grade squamous intraepithelial lesion
pHSIL: possible high-grade squamous intraepithelial lesion

*Includes pHSIL, HSIL, cancer or glandular abnormality.

*See overleaf for information regarding the 70-74 age group

Flowchart adapted from National Cervical Screening Program Guidelines, Cancer Council Australia

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 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 22 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 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

Management of unsatisfactory (invalid) test results:

- Unsatisfactory HPV test - repeat as soon as practical, ideally within 6 weeks.
- Unsatisfactory cytology - repeat in 6 weeks' time.

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

Other indications for a co-test include:

- Participants undergoing Test of Cure* surveillance after treatment of high-grade squamous intraepithelial lesion (HSIL), including those who were treated with hysterectomy
- Participants who have been treated for adenocarcinoma-in-situ (AIS)
- Participants who have been exposed to diethylstilboestrol (DES) in utero

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

* Guideline changes in 2024/25 are expected to change Test of Cure surveillance from a co-test to an HPV test, meaning that HPV self-collection will be an option for these patients. Please check the National Cervical Screening Program Guidelines on the Cancer Council Australia website for up-to-date information.

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