

## **MSAC Recommendations on HPV and LBC – A wasted opportunity**

Australasia's peak diagnostic body, the Royal College of Pathologists of Australasia (RCPA), is very concerned with the MSAC decision not to support funding of Human Papilloma Virus (HPV) Triage testing and Liquid Based Cytology (LBC) Screening.

Spokeswoman for the RCPA, Dr Gabriele Medley, says the use of reflex HPV testing of women with cytologic predictions of specific abnormalities\* unequivocally provides better health outcomes than current practice, and the MSAC recommendation should have reflected this.

“LBC provides a platform for reflex HPV testing of women with particular types of smear results. It is likely that HPV triage testing would be cost effective if conventional cytology were replaced by LBC” says Dr Medley.

Without LBC as a platform, reflex HPV testing can only be done by collecting a sample at the same time as a conventional Pap smear, even though only a fraction of these HPV samples is ever tested. The extra cost of this co-collection method appears to be the ultimate reason for reflex HPV testing failing to meet the onerous standards of cost effectiveness set by MSAC. LBC is also useful for testing for Chlamydia and some other infections.

Australia is now one of the only developed countries not generally using HPV triage testing of possible and definite low grade abnormalities\*. Both the UK and New Zealand have recently and successfully introduced LBC and HPV triage testing.

“The use of HPV testing in association with LBC for these indications would have strengthened what is already a highly successful cervical screening program in Australia. For many women it would reduce the need for invasive and possibly unnecessary further investigations and treatment, with their attendant costs and stress” says Dr Medley.

“It is a wasted opportunity”.

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The RCPA is the leading organisation representing pathologists in Australasia. Its mission is to train and support pathologists and to improve the use of pathology testing to achieve better healthcare.

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\*Specifically ‘Low grade Squamous Intraepithelial Lesion’ (LSIL) and ‘Possible Low Grade Squamous Intraepithelial Lesion’ (PLSIL).