National Cervical Screening Program

A joint Australian, State and Territory Government initiative

Renewal of the National Cervical Screening Program

Healthcare Professional Information Sheet July 2016

The National Cervical Screening Program will change on 1 May 2017.

- From 1 May 2017, the two yearly Pap test will be replaced by a five yearly human papillomavirus (HPV) test with reflex liquid based cytology (if indicated).
- The commencement age for cervical screening will change from 18 to 25 years of age.
- Women will be eligible to cease screening after a negative HPV test between the age of 70 and 74 years.
- New clinical management guidelines have been developed by Cancer Council Australia to support the new clinical pathway.

Business as usual until 1 May 2017

- Until 1 May 2017, women should be encouraged to have their usual two yearly Pap test when it is due. Cervical screening should not be delayed.
- Cervical screening using a primary HPV test is **not** recommended prior to 1 May 2017 because the infrastructure, clinical guidelines and supporting quality and safety activities will not be in place.
- MBS items for the new screening program will be available from 1 May 2017. As such, private billing will remain for women who choose to have LBC (ie ThinPrep or SurePath) as an adjunct to conventional cytology until 1 May 2017.

The new cervical screening pathway from 1 May 2017

- Women aged 25 to 74 years will be invited every five years to have a primary HPV test. If HPV is detected a reflex liquid based cytology (LBC) will be performed on the same cervical specimen.
- The new pathway is a risk based approach to cervical screening. Women are managed according to their risk of developing cervical cancer which is determined by their HPV test result and subsequent reflex LBC result, if indicated.
- If both tests are performed, the pathology report will include the combined result as a risk category and the recommended management.
- There are three risk categories:
  - Women who are classified at **low risk** will be re-invited to screen in five years.
  - Women who are classified at **intermediate risk** will be invited to have another HPV test in 12 months. This is to check that the HPV infection has cleared.
  - Women classified at **higher risk** will be referred directly to colposcopy for further investigation.
- Pathology laboratories will provide screening test results to referring practitioners with the risk category and associated recommendation.
- The new cervical screening pathway is attached at Appendix A.

Self collection for cervical screening

- Clinician collected cervical samples are preferred for cervical screening as the performance of the HPV test is better on these samples (Smith et al, 2016. MJA).
- Self-collection will only be available for women who are under-screened or never-screened.
- Under-screened is defined as a woman overdue for cervical screening by more than two years i.e. two years since their last Pap test during transition or seven years since their last HPV test.
- A simple dry flocked swab is all that is required to self-collect a vaginal sample.
- Women should perform the self-collection on the premises of the healthcare professional.
- If HPV is detected in the vaginal sample, women will be required to return to their practitioner for a clinician collected cervical sample for LBC, to determine their clinical follow-up.

Transitioning to the new cervical screening pathway

- **From 1 May 2017**, women will be reminded to have a cervical screening test when they are next due for their two yearly Pap test. Instead of a Pap test they should be offered the HPV test.
- MBS items for the Pap test will no longer be available from 1 May 2017. Details of the new cervical screening MBS items will be available prior to 1 May 2017.
- Supporting resources for consumers and healthcare professionals are currently being developed and will be available prior to 1 May 2017.
- Communications and stakeholder engagement activities will be undertaken over the next 12 months to disseminate information regarding the new program.

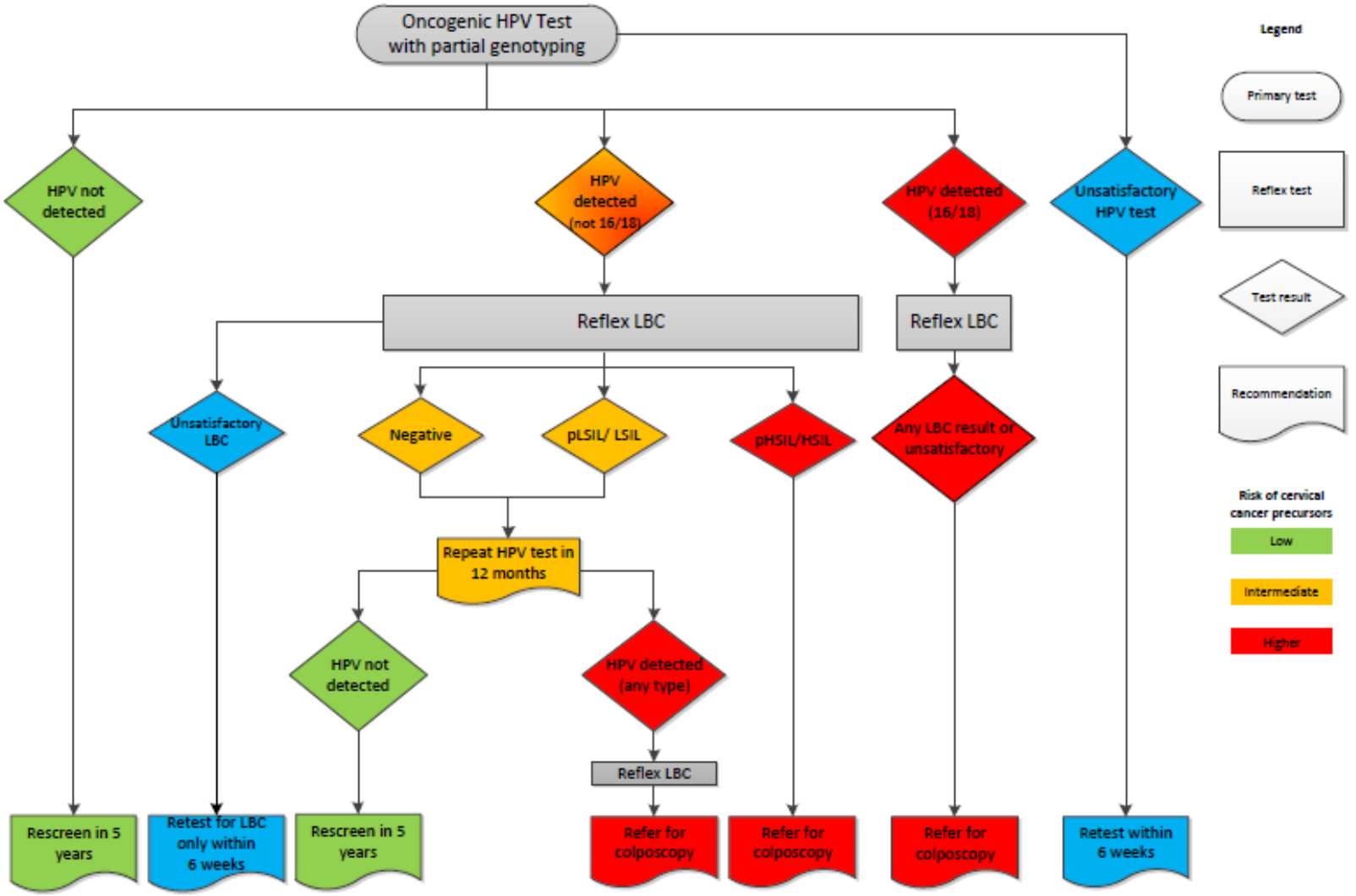
Cytology Workforce Changes

- The technological changes to the cervical screening pathway will reduce the cytology workforce over time as the HPV test requires different pathology skills to those required to process and read Pap tests. This transition impact is likely to be felt by the current Pap test program in the lead up to 1 May 2017 including longer turn around times for cervical screening results.
- Referring practitioners are encouraged to discuss likely turn around times with their preferred pathology provider to ensure follow-up appointments are managed appropriately.
- Short delays in turn around times may cause concern to both healthcare professionals and women. These delays should have no impact on clinical outcomes as current turn around times in Australia are very short and much quicker than many other countries with similar cervical screening programs. Women should be reassured that these delays are due to transition, are of a temporary nature and do not necessarily reflect any clinical concerns.

More information

- Renewal information may be found at www.cancerscreening.gov.au
- Medical Services Advisory Committee (MSAC) recommendations may be found on the MSAC website (www.msac.gov.au Application 1276)
- NPS MedicineWise special edition of RADAR released in October 2015 explaining the evidence based changes (access at: https://www.nps.org.au/radar/articles/changes-to-the-national-cervical-screening-program)
- Interested parties may also register for regular newsletter updates on the implementation of the new program at CervicalRenewal@health.gov.au

Cervical screening pathway



Cervical screening pathway for self collection