

Guideline

Subject: **Guidance for laboratories reporting Cervical Screening Tests (CSTs); Additional guidance to compliment The Cancer Council Australia Clinical Guidelines**

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This Guideline applies only to the Australian setting.

The Cancer Council Australia Clinical Guidelines Network provides comprehensive information on the NCSP as above. Included is guidance to assist with interpretation of what kind of data to report under each of the mandatory fields, to align with the NCSP performance and monitoring reporting and with the NPAAC requirements as appropriate.

The following information is complimentary to the clinical guidelines, providing additional information relating to the practical implementation of the guidelines by laboratories. It is provided to assist with reporting of the more complicated cases and to encourage consistency of reporting across Australia. These recommendations stem from issues identified by the RCPAQAP and from feedback from laboratories relating to areas of uncertainty and inconsistency.

Specifically addressed are guidance on Summary Line and Recommendations in the following scenarios: symptomatic patients; patients presenting with inappropriately premature follow up of intermediate risk; negative results in patients with previous AIS, DES exposure or immune deficiency; and women undergoing test of cure. Guidance for the Summary Line and Recommendations for patients undergoing surveillance of previous cancers (outside the NCSP) are also included.

Restricting the summary to a risk category describing a cervical abnormality may not be appropriate based on the clinical history or the test result. The 'Summary Line' has been adopted to encompass what has frequently been used by laboratories as the 'risk category'. The broader Summary Line allows for additional terminology when appropriate. In these cases, the terms 'Symptomatic', 'Abnormal finding' and 'No Risk Category Assigned' are used as appropriate.

Guidance on Summary Line* and Recommendation for patients with co-test for investigation of signs or symptoms of cervical cancer

* The default summary line is "Symptomatic" in these cases except if testing shows "High Risk" results. High risk results, for example pHSIL or features of a non-cervical abnormality, trump this more generic summary and terminology used is as appropriate for the abnormality.

Clinical Scenario	HPV Result	LBC Result	Summary Line	Recommendation	Rationale
Symptomatic	Neg	Neg	Symptomatic	Clinical correlation and Referral if clinically appropriate	All symptomatic patients require some clinical correlation and/or investigation as per Flowchart 18.1
Symptomatic	Neg	Non-cervical abnormality	Abnormal Finding	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	Neg	pHSIL or more	Higher risk for significant cervical abnormality	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	HPV 16/18	Any	Higher risk for significant cervical abnormality	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	HPV other	Not pHSIL or more	Symptomatic	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	Invalid	Neg	Symptomatic	Clinical correlation and Referral if clinically appropriate	All symptomatic patients require some clinical correlation and/or investigation as per Flowchart 18.1. Consider comment relating to repeat HPV test at referral may be warranted
Symptomatic	Invalid	Non-cervical abnormality	Abnormal Finding	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1

Symptomatic	Invalid	pHSIL or more	Higher risk for significant cervical abnormality	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	Invalid	pLSIL/LSIL	Symptomatic	Referral	All symptomatic patients require referral for any positive finding as per Flowchart 18.1
Symptomatic	Neg	Invalid	Symptomatic	Clinical correlation and Referral if clinically appropriate	All symptomatic patients require some clinical correlation and/or investigation as per Flowchart 18.1. Consider comment relating to repeat cytology at referral may be warranted

Guidance on Summary Line and Recommendation for patients with inappropriately premature follow up (i.e. <9 months) of previous Intermediate Risk

Clinical Scenario	HPV Result	LBC Result	Summary Line	Recommendation	Rationale
Premature Follow up (i.e. <9 months) of previous Intermediate Risk	HPV 16/18	Any	Higher risk for significant cervical abnormality	Referral	High risk = referral
Premature Follow up (i.e. <9 months) of previous Intermediate Risk	HPV Other	Not pHSIL or more	Intermediate risk for significant cervical abnormality	Repeat HPV test in 12 months	Not enough time has been allowed for woman to clear the virus.
Premature Follow up (i.e. <9 months) of previous Intermediate Risk	Neg	n/a	Low risk for significant cervical abnormality	Repeat Screening in 5 years	The result is in keeping with HPV clearance.

Guidance on Summary Line and Recommendation for negative results in patients with Previous AIS, DES exposure or Immune Deficiency

Clinical Scenario	HPV Result	LBC Result	Summary Line	Recommendation	Rationale
Previous AIS	Neg	Neg	Intermediate risk for significant cervical abnormality	Repeat Co-Test in 12 months	Patients with previous AIS remain at an increased risk compared to the baseline population, therefore regard as Intermediate Risk, regardless of negative Co-Test. (Flowchart 11.4)
Previous DES exposure	Neg	Neg	Intermediate risk for significant cervical abnormality	Repeat Co-Test in 12 months	Patients with previous DES exposure are regarded as at an increased risk compared to the baseline population, therefore regard as Intermediate Risk, regardless of negative Co-Test. (Recommendation 17.1)
Routine screening in immune-deficient women	Neg	n/a	Intermediate risk for significant cervical abnormality	Repeat HPV test in 3 years	Patients with immune-deficiency are at an increased risk compared to the baseline population, therefore regard as Intermediate Risk, regardless of negative HPV result (Flowchart 16.1)

Guidance on Summary Line and Recommendation for women undergoing Test of Cure

Clinical Scenario	HPV Result	LBC Result	Summary Line	Recommendation	Rationale
1st Test of Cure	neg	neg	Intermediate risk for significant cervical abnormality	Repeat Co-Test in 12 months	Despite negative result, patient has not yet completed the Test of Cure protocol, therefore is at increased risk compared to baseline population (Flowchart 10.1)
2nd Test of Cure	neg	neg	Low risk for significant cervical abnormality	Repeat HPV test in 5 years	Patient has now completed the Test of Cure protocol and is at the same risk as the baseline population (Flowchart 10.1)

Guidance on Summary Line*** and Recommendation for women undergoing Surveillance for previous cancer

*** The default summary line is "No Risk Category Assigned" in these cases except if testing shows "High Risk" results, which trump this more generic recommendation. For example, a result of pHSIL or features of a non-cervical malignancy in a symptomatic patient.

Clinical Scenario	HPV Result	LBC Result	Summary Line	Recommendation	Rationale
Surveillance following previous cancer treatment	neg	neg	No Risk category assigned	Follow up as per treating specialist advice	Outside the screening program guidelines
Surveillance following previous cancer treatment	HPV other	Not pHSIL or more	No Risk category assigned	Follow up as per treating specialist advice	Outside the screening program guidelines

Surveillance following previous cancer treatment	HPV other	pHSIL or more	Higher risk for significant cervical/vaginal abnormality	Referral	Outside the screening program guidelines. High risk = referral if not already under specialist management
Surveillance following previous cancer treatment	HPV16/18	any	Higher risk for significant cervical/vaginal abnormality	Referral	Outside the screening program guidelines. High risk = referral if not already under specialist management
Surveillance following previous cancer treatment	neg	Non-cervical abnormality	Abnormal Finding	Referral	Outside the screening program guidelines.

Ref: cancer Council Australia Clinical Guidelines

https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening