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Cervical screening test update – less than six months to go!

Changes planned for 1 May 2017 will transform cervical screening in Australia.

What will change?

Tests and funding: The high-risk HPV test, also known as the oncogenic HPV test, will become the Medicare-funded Cervical Screening Test (CST). Conventional Pap smears will not be funded after 1 May 2017.

Screening age and interval: Asymptomatic women between the ages of 25 and 74 years with a negative HPV test will be screened every five years.

Reports: The HPV test result will assign women with different risk categories: low, higher or intermediate risk.

Sample collection: The sample will need to be collected into a liquid-based vial (e.g. ThinPrep).

Why the change?

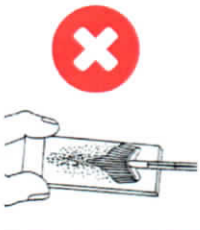
Australia's school-based HPV vaccination program has been very successful and, in 2017, most women under the age of 25 will be vaccinated. Because the rates of cervical disease will fall, the Australian Government has accepted recommendations to change the way future cervical screening is undertaken for all women, vaccinated or unvaccinated.

What should I do before 1 May 2017?

Primary HPV screening should not be conducted before 1 May 2017, when the changes come into effect. For now, women should continue to be screened under the present program with two-yearly Pap tests.

What should I do after 1 May 2017?

You will need to collect a single sample, rinsing all the material into a ThinPrep vial. You will not need to make a slide.



How is the CST performed?

The laboratory will first perform the HPV test. If the HPV test is positive, a liquid-based cytology (LBC) test will be performed on a sample from the same vial (known as a reflex LBC). It is therefore still important to visualise the transformation zone and collect a cellular sample, rinsing the collection device vigorously into a ThinPrep vial.

What will the results tell me?

Unlike the Pap test, results from the new HPV screening program will assign patients to different levels of risk for cervical abnormality. Results will be reported as:

Low Risk

No evidence of oncogenic HPV types in the sample. This places the patient in the low risk category for cervical cancer. If the patient is asymptomatic with a negative screening history, she will be advised to have another screening HPV test in 5 years.

Higher Risk

The presence of either or both HPV types 16 and 18 places the patient in the higher risk category because of the strong association between these particular HPV types and cervical abnormalities. The same sample will then undergo a reflex liquid-based cytology (LBC) test. A combined HPV/LBC report will be issued, with a recommendation that the patient be referred for colposcopy.

Intermediate Risk

If the sample tests negative for types 16 and 18 but tests positive for one of the other oncogenic HPV types (reported as a group), the patient falls into the intermediate risk category. The same sample will undergo further testing with a reflex LBC. A combined HPV/LBC report will be issued. If the LBC result is negative or low-grade, the patient will be asked to return for a repeat HPV test in 12 months. If the LBC result shows a high-grade, possible high-grade or glandular abnormality, the risk category will be upgraded to higher Risk and the patient referred for colposcopy.

What about symptomatic women or those already in follow-up?

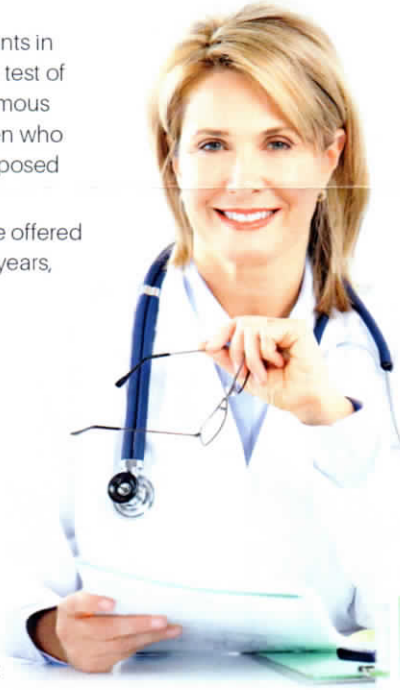
Women who present with symptoms, such as postmenopausal, postcoital or unexplained bleeding, can be offered a co-test (HPV plus LBC) at any time, regardless of their age and date of previous cervical screening tests.

Women currently in follow-up for low-grade lesions will be offered HPV testing. If positive, they will be referred for colposcopy. If negative, they will be advised to have another HPV test in five years.

There will also be pathways for patients in other special circumstances such as test of cure and following high-grade squamous and glandular lesions, and for women who are immunosuppressed and DES-exposed women.

Although screening will no longer be offered routinely for women aged under 25 years, younger women who are at higher risk due to early sexual activity and women who are victims of sexual abuse can still be offered Medicare-funded HPV testing.

These changes are significant. Therefore, closer to 1 May 2017, the Australian Government will conduct an extensive education program for all stakeholders in cervical screening.



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