

The Cervical Screening Test

Information for health professionals



Cervical screening in Australia changed on 1 December 2017. Below are the most frequently asked questions by health professionals during the first year of the new Cervical Screening Test. For more information, visit cancer.nsw.gov.au/cervical

Where do I find the national guidelines for cervical screening?

The *National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding* (the Guidelines) were developed by the Cancer Council Australia in 2016. The Guidelines are held on a 'Wiki' platform.

To view the Guidelines, do a web search for 'Cancer Council Wiki guidelines cervical screening' or follow this link:

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

How do I find out about my patient's screening test history, or when they are due for their next Cervical Screening Test?

Contact the National Cancer Screening Register on 1800 627 701 to find out about your patient's screening test history and when they are next due for screening.

If my patient is pregnant, should I offer her cervical screening?

If your patient is due or overdue for cervical screening, or has never had cervical screening and she is over 25, it is safe to offer the Cervical Screening Test at any time during pregnancy.

The Guidelines state: "A woman can be safely screened at any time during pregnancy, provided that the correct sampling equipment is used" (recommendation 14.12).

Use a broom-type sampler brush, but do NOT use a cyto-brush or combi-brush.

What is the difference between a Cervical Screening Test and a Co-test?

How do I know which one to order?

A Cervical Screening Test is for screening eligible asymptomatic women between the ages of 25–74 years. This is done every five years if the results are normal, meaning negative for oncogenic human papillomavirus (HPV).

The Cervical Screening Test has two parts. The first is a test for oncogenic HPV. The second test, reflex liquid-based cytology (LBC), is automatically performed on the same sample if the HPV test is positive for any oncogenic HPV type. The results of the LBC help to inform management recommendations. Both samples are reported at the same time by the laboratory and a single result with recommendations is issued.

The National Cervical Screening Program (NCSP) website has resources for clinicians and patients, including key resources translated into 24 community languages and six Aboriginal languages. Access the website at cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1

The NCSP resources include a *Quick reference guide – clinician collected cervical screening tests*: cancerscreening.gov.au/internet/screening/publishing.nsf/Content/quick-reference-guide-clinician-collect

A Co-test is when a sample is tested for HPV and cytology at the same time. This means that LBC is performed on the sample, irrespective of the HPV test result. Co-testing is not part of routine screening and must be specifically requested on the pathology request form. Co-testing is part of diagnostic testing for women at any age with symptoms suggestive of cervical cancer where other causes are excluded. Symptoms suggestive of cervical cancer include:

- abnormal vaginal bleeding, such as post-coital bleeding, unexplained inter-menstrual bleeding and any vaginal bleeding in post-menopausal women
- unexplained persistent unusual vaginal discharge, especially if offensive and blood-stained
- unexplained persistent deep dyspareunia.

Women at any age with symptoms suggestive of cervical cancer usually require gynaecological assessment in addition to diagnostic Co-testing.

There are other reasons for ordering a Co-test; for example, as part of 'Test of Cure' following treatment for high-grade abnormalities, glandular abnormalities or adenocarcinoma in-situ.

See the 'For healthcare providers' page on the NCSP website for more details about when to order a Co-test: cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers#8

Also see the *Pathology Test Guide for Cervical and Vaginal Testing*, which summarises testing for asymptomatic and symptomatic patients, and what to write on the pathology request form. Visit: cancerscreening.gov.au/internet/screening/publishing.nsf/Content/pathology-test-guide-cervical-vaginal-testing

What can I do as a health professional to encourage my patients to screen?

Ask your eligible patients if they know about cervical screening and if they are up-to-date with screening. Offer opportunistic screening to eligible patients if they are due or overdue, or if they have never screened.

If you don't offer cervical screening yourself, refer your patient to another doctor or nurse in your practice who offers screening. Alternatively, refer them on to another service that offers screening, such as Family Planning NSW clinics, Women's health clinics or Aboriginal Medical Services.

I have heard about the option for patients to self-collect a sample for screening. Is this offered in NSW?

Yes, self-collection of a vaginal sample is an option for under- or never-screened populations. There are strict eligibility requirements and patients must have declined to have a clinician-collected sample and be either:

- **30 years or over and never had cervical screening;** or
- **30 years or over, and be overdue for screening by two or more years** (i.e. four years since their previous Pap test).

Self-collection must be requested and facilitated by a health care provider who also offers routine cervical screening services, and must be undertaken within a health care clinic.

Self-collection is not suitable for patients who:

- are pregnant or think they might be pregnant
- have been exposed to diethyl-stilboestrol (DES) in utero
- are symptomatic, such as those experiencing unusual bleeding, pain or discharge
- have had a total hysterectomy with a past history of high-grade squamous intraepithelial lesion (HSIL).

A self-collected sample is a vaginal sample, rather than a cervical sample. It can only be tested for oncogenic HPV and not for reflex liquid-based cytology, if needed. A patient who tests positive for oncogenic HPV will either be referred directly for colposcopy (oncogenic HPV 16/18 positive) or will need to return to the health care provider for a clinician-collected cervical sample to inform management recommendations (oncogenic HPV non 16/18).

Currently, the only collection tool that has been approved for self-collection of a vaginal sample is the red top flocked swab (Copan FLOQswab 552C). One NSW-based laboratory group, and one Victorian-based laboratory, are able to process self-collected samples. Contact your laboratory to find out how self-collected samples are processed for your service.

For more information, view the NCSP resource, *Quick reference guide – self collected vaginal sample for HPV test* at cancerscreening.gov.au/internet/screening/publishing.nsf/Content/quick-reference-guide-self-collected

Why is the Cervical Screening Test not available for women under 25?

Evidence has shown that:

- cervical cancer in women under the age of 25 is rare
- although HPV infection is very common in younger women, it usually clears up by itself without causing any problems
- screening women younger than 25 years of age has not changed the number of cases of cervical cancer, or deaths from cervical cancer, in this age group
- minor abnormal cell changes are common in young women and usually clear up without needing treatment. Investigating and treating common cervical abnormalities in young women can increase the risk of pregnancy complications later in life.

In addition, the HPV vaccination has already been shown to reduce cervical abnormalities among women younger than 25 years of age. It will continue to reduce the risk of cervical abnormalities in this age group as more young girls and boys become vaccinated.

For health professionals concerned about a patient who has had an early sexual debut, the Guidelines state: "For women who experienced first sexual activity at a young age (<14 years) and who had not received the HPV vaccine before sexual debut, a single HPV test between 20 and 24 years of age could be considered on an individual basis" (recommendation 15.2).

What is the best way to communicate to my patients about their results?

Communicating about cervical screening results can be difficult. It can take time and it needs to be suited to the patient's level of health literacy. Results from Cervical Screening Tests are explained in levels of risk, which can be a challenging concept to communicate. The following are some suggestions to assist with communication:

- Book a longer appointment with your patient to allow time to explain about their results.
- Use patient information resources to help explain about their results. For example, access resources on the NCSP website at cancerscreening.gov.au/internet/screening/publishing.nsf/Content/guide-to-understanding-your-cervical-screening-test-results
- Use visual aids where appropriate, especially with women with low literacy levels.
- Organise for an interpreter if language is a barrier. Contact the Translating and Interpreting Service (tisonational.gov.au) to arrange for phone or on-site interpreting.
- When explaining about 'risk', consider using the word 'chance' as this is more readily understood. For example, for a HPV-negative result, you could say, "The chance of developing significant cervical disease within five years after a test, which shows you don't have HPV, is very low. Therefore, it is safe to wait for five years for your next test"