# Information for health professionals: Changes to the National Cervical Screening Program

## The National Cervical Screening Program (NCSP) is changing

**From 1 December 2017:**

- a new Cervical Screening Test will replace the Pap test. Clinicians will still perform a vaginal speculum examination and take a cervical sample, but this will be liquid-based
- women who have ever been sexually active should have a Cervical Screening Test every five years
- women should start cervical screening from the age of 25 and have a final test when they are aged between 70–74 years
- self-collection in a clinically-supervised setting will be available for women who are either never screened or under-screened (two or more years overdue) and who have declined a clinician-collected sample
- a new National Cancer Screening Register will be established to support the operations of the NCSP. The Register will invite women to screen around the time of their 25th birthday, send reminder letters when they are next due, and follow up women who have not attended further investigations or tests
- women who are already having Pap tests should have their first Cervical Screening Test when they are next due (this is usually two years after their most recent Pap test for those women with a normal screening history)
- women who have been vaccinated against human papillomavirus (HPV) need to have regular cervical screening as the vaccine protects against some high-risk types of HPV, but does not protect against all oncogenic types.

## What is the new Cervical Screening Test?

The Cervical Screening Test detects infection with human papillomavirus (HPV). Partial genotyping is used to determine the type of HPV into two groups: oncogenic HPV 16/18 or oncogenic HPV types other than 16/18 as a pooled result.

Reflex liquid-based cytology (LBC) is applied to all HPV positive samples and is used to triage women who test HPV positive for types other than 16/18.

**Based on the test result:**

- **women who test negative for HPV** will be invited to screen again in five years **(low risk)**
- **women who test positive for high-risk HPV (types 16 and/or 18)** are referred to colposcopy **(higher risk)**
- **women who test positive for other types of HPV**, the reflex LBC result is used to determine referral as follows:
  - a high-grade squamous intraepithelial lesion (HSIL) will be referred to colposcopy **(higher risk)**
  - negative cytology or low-grade intraepithelial lesion (LSIL) will be referred for a repeat HPV test in 12 months **(intermediate risk)**



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## Why are the changes taking place?

Between 2012 and 2014, the Medical Services Advisory Committee (MSAC) assessed an extensive range of clinical evidence and modelling of potential screening pathways. Based on the following evidence, MSAC made a recommendation for the new cervical screening pathway. Here we have also provided answers to some frequently-asked questions.

### Cause of cervical cancer

Cervical cancer is a rare outcome of persistent infection with high-risk HPV types. Infection with a high-risk HPV type is necessary, although not sufficient, for the development of cervical cancer.[1] HPV types 16, 18 and 45 are most predominantly associated with cervical cancer, with types 16 and 18 detected in 70–80% of cases in Australia.[2]

### What do I say to women who ask about cervical cancer not caused by HPV?

More than 99% of cervical cancers are caused by HPV, including squamous cell carcinoma (about 80% of cases) and adenocarcinoma (about 20%). A third type of cervical cancer is called neuroendocrine or small cell cervical cancer. These are often more aggressive, but account for less than 1% of cervical cancers. Neither the Pap test nor the new Cervical Screening Test effectively detects neuroendocrine cancers.

### Cervical Screening Test

HPV testing for cervical screening is more sensitive than cytology (Pap tests) and detects the potential for progression to high-grade lesions earlier, thus preventing more cervical cancers.[3]

Screening using HPV testing also has the potential to improve detection of adenocarcinoma and its precursors.

While self-collection of samples is possible in some circumstances, it is not recommended for routine screening, as it is not as effective as clinician-collected screening.

### How do I explain why women who have had the HPV vaccine still require cervical screening?

HPV types 16 and 18 cause more than 70% of cervical cancers in Australia.[2] The HPV vaccine protects against both these types; however, it does not protect against other oncogenic types of HPV. The Cervical Screening Test looks for oncogenic HPV types and, depending on the reflex cytology results, indicates further testing or referral.

### Who can self-collect samples for testing and where is it done?

Women who are 30 years or over and have never had cervical screening or are overdue for cervical screening by two years or more will be eligible to self-collect a vaginal sample for HPV testing, if they decline a clinician-collected sample. This is completed within a medical or healthcare clinic. No special kit is required; the pathology laboratory will provide details about collection devices that can be processed (e.g. cotton-tipped swab). If HPV 16/18 is detected, the woman will be referred directly for colposcopy. If a HPV type other than 16/18 is detected, the woman will need to return to a health professional for a follow-up clinician-collected cervical sample for reflex LBC to determine further management.

### Screening interval

Due to the high negative predictive value of HPV testing, a screening interval of five years is appropriate for women who are HPV-negative.[4]

### What do I say to women who want to screen more often than every five years?

The Cervical Screening Test is more effective at preventing cervical cancers than the Pap test was. Cervical cancer usually takes 10 to 15 years to develop from an HPV infection, so it is very unlikely that cancer will develop in the five years following a negative Cervical Screening Test. Studies have shown that the chance of developing high-grade cervical abnormalities after a negative Cervical Screening Test is lower than the chance of developing them after a negative Pap test.[5]

## Why are the changes taking place? – continued

### Age range

Cervical cancer in young women (under 25 years of age) is rare, and screening has not changed the rates of incidence or mortality from cervical cancer in this age group. Commencing screening at age 25 will reduce the treatment of common cervical abnormalities that would usually resolve spontaneously in women under the age of 25. In addition, the HPV vaccine has been shown to reduce cervical abnormalities in young women.

Sending an invitation for women to have a final HPV test between the ages of 70–74 years, rather than 64–69 years, is expected to reduce the incidence of cervical cancer by 4%, and mortality from cervical cancer by 7%.[4]

### What do I say to women who are nervous about waiting until 25 to screen?

Screening women younger than 25 years has not reduced the number of cervical cancer cases, or deaths from cervical cancers, in this age group. Cervical cancer is rare in women younger than 25 years.

While HPV infection and cell abnormalities are common in women younger than 25, both usually clear up without needing treatment. Treatment of these common abnormalities can increase the risk of pregnancy complications later in life.

### What if I'm concerned that a woman engaged in sexual activity at a very young age?

For women who experienced their first sexual activity at a young age (before age 14) and had not received the HPV vaccine before this, a single HPV test between the ages of 20–24 years could be considered on an individual basis.

### Invitation/recall system

Around 80% of women diagnosed with invasive cervical cancer were either never screened or were under-screeners prior to their diagnosis.[6] An invitation and recall system will be in place to support increased participation in the program.

### How will women know when they are due for their Cervical Screening Test?

Reaching under-screened and never-screened women is key to further reducing the incidence of, and mortality from, cervical cancer. The new National Cancer Screening Register (NCSR) will provide an invitation and recall system to prompt women to book an appointment, supporting and promoting timely participation in cervical screening.

### The new National Cancer Screening Register (NCSR)

The NCSR will be a national database of cancer screening records, including Cervical Screening Test results.

Data collected by the NCSR is protected by legislation and cannot be used for any other purpose other than to support the operations of the cervical screening program, inform ethics-approved research projects, and report on outcomes at a population level.

### How will the NCSR be different to the NSW Pap Test Register?

The NSW Pap Test Register was only able to follow up women once they were overdue for a Pap test. The NCSR will support the NCSP by:

- inviting women to commence screening when they turn 25 years
- reminding women when they are due and overdue for cervical screening
- providing a woman's cervical screening history to laboratories for comparison with current results
- providing a 'safety net' for women who have positive test results and who have not attended further testing, by prompting them to have follow-up tests.

### What happens to screening results before the NCSR is established?

The NSW Pap Test Register is continuing to function by collecting results, reminding women who are overdue for testing, and following up women with abnormal results who have not attended for further testing. Until the implementation of the changes to the NCSP, it is important that health professionals encourage women aged 18 to 69 years, who have ever been sexually active, to continue to have their Pap test as they are due.

**Fees and the Medicare Benefits Schedule (MBS)**

From 1 December 2017, there will be new fees for the Cervical Screening Test; however, these are yet to be determined.

**What MBS items apply for Pap tests and Cervical Screening Tests?**

From 1 May to 30 November 2017, there will be a temporary change to the Medicare Benefits Schedule (MBS):

- A fee of $28 for the Pap test
- A fee of $36 for an LBC Pap test

Only one of the above items is claimable per woman, per test. Liaise with your pathology provider about the cervical screening technologies they offer, and for advice about sample preparation.

## Resources available for health professionals

- *Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding* are available on the Cancer Council Australia wiki website: **wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening**
- NPS MedicineWise has developed online training modules for the new Cervical Screening Test. Visit **www.nps.org.au**
- The Cancer Council Australia is developing an online toolkit for health professionals on engaging with under- and never-screened women, due for release in mid-2017.

**References:**

1. Bosch FX, Lorincz A, Munoz N, Meijer CJLM, Shah KV. The causal relation between human papillomavirus and cervical cancer. J Clin Path 2002;55(4):244-265.
2. Brotherton, Julia ML. How Much Cervical Cancer in Australia is Vaccine Preventable? A Meta-Analysis. Vaccine. 10 January 2008, Vol. 26, 2, pp. 250-25.
3. Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Sydney: Cancer Council Australia, 2016.
4. Commonwealth Government, National Cervical Screening Program Renewal: Evidence review, November 2013.
5. Dillner J, Rebolj M et al. Long-term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study. BMJ 2008;337:a1754.
6. Victorian Cervical Cytology Registry. VCCR Statistical Report. Melbourne: VCCR, 2012.