Australian Government | NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

# Cervical screening
## quick reference guide

### National Cervical Screening Program

**Eligible Population:** asymptomatic women and people with a cervix aged 25–74 yrs.

**Screening method:** HPV test (with partial genotyping and LBC triage).

**Sample collection:** self-collect or clinician-collect **supporting informed choice!**

**Frequency:** every 5 years (for self-collection and clinician-collection).

**Manage results:** according to screening flowchart for low, intermediate and higher risk pathways.

**Exit Testing**: people aged 70-74yrs can be discharged if HPV is not detected at their screening test; if HPV (any type) is detected they are referred for colposcopy.

**Ask and record** if the person identifies as **Aboriginal and/or Torres Strait Islander.**

**There is specific guidance for some population groups** (guidelines chapter 7)

- **Pregnancy:** an ideal opportunity to offer screening if due or overdue. Self-collection is safe in pregnancy (if clinician-collection is preferred, avoid a cytobrush)
- **Immune-deficient:** people with highly immunosuppressive conditions should be screened every 3 years; those at moderately increased risk are well protected with 5-yearly screening.
- **Post-hysterectomy** management and follow-up depends on prior screening history, indication for hysterectomy and histopathology of the cervical specimen.

### Test of Cure

**After treatment for HSIL (CIN2/3)**

- Annual HPV tests (self- or clinician-collected), starting 12 months after treatment.
- People who have 2 consecutive tests with HPV not detected can return to routine screening.

### Standards of Care

**Identify and support** under and never-screened people (NCSP guidelines section 5.6).

**Create a safe, respectful and inclusive environment.**

**Provide trauma-informed care.**

**Support shared decision-making with accessible information.**

**Signs and symptoms of cervical cancer not to be missed:**

- Unexplained abnormal vaginal bleeding (especially postcoital bleeding)
- Suspicious looking cervix

**When a person of any age presents with symptoms:**

- follow the diagnostic pathway (not the screening pathway) and perform a co-test (HPV test + LBC)

**Informed choice: self- or clinician-collected sample?**

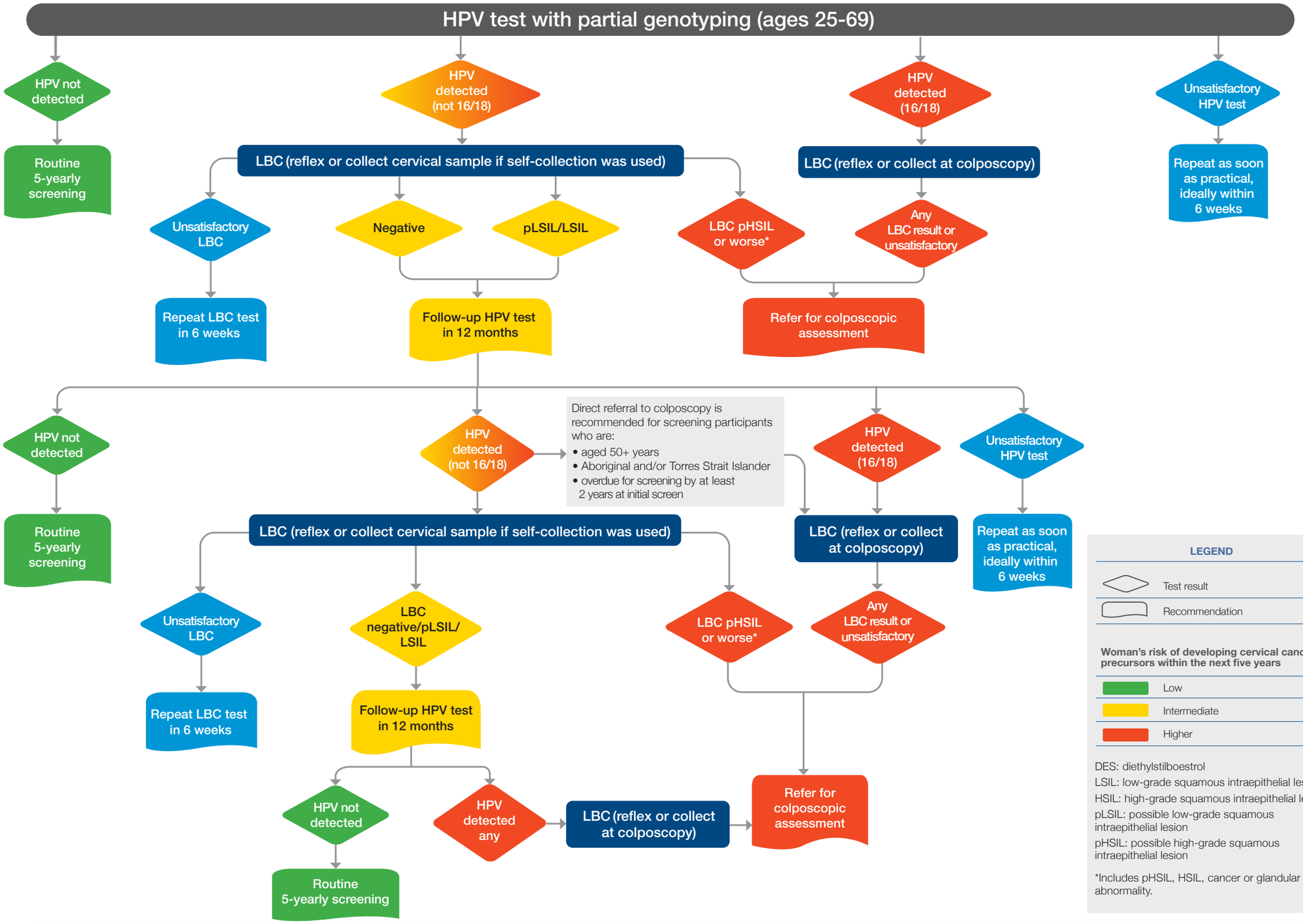
- **Same accuracy** for HPV-PCR testing.
- Most people (>90%) will have HPV not detected and can return for routine screening in 5 years:
- Approx. 2% will have HPV (16/18) detected and will need referral for colposcopy.
- Around 6% will have HPV (not 16/18) detected and LBC is usually required to inform the risk category (refer to Guidelines).
- **Self-collection** – vaginal sample, no speculum needed. If requested, clinician can assist.
  - If HPV (not 16/18) detected, the person needs to return for LBC, collected by a clinician
- **Clinician-collection** – cervix sample, needs a speculum
  - If HPV (not 16/18) detected, the lab will perform reflex LBC, so the person doesn't need to return for a LBC

**Ask patients** about if they identify as Aboriginal and/or Torres Strait Islander background

**Create a safe environment** to support the patient with their decision to disclose their status.

This information can also influence **clinical management** of test results, including colposcopy referral in the intermediate risk pathway.

# 6.1: ROUTINE CERVICAL SCREENING (AGES 25-69 YEARS)




Suggested citation: Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. CCA 2016. Accessible from http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening. Updated Dec 2020.

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Cancer Council