

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.

Routine cervical screening: HPV test with partial genotyping (ages 25-69)

