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

Quick Reference Guide - Self-Collected Vaginal Sample for HPV Test

The Cervical Screening Test and pathway — A risk-based approach

The Cervical Screening Test detects infection with human papillomavirus (HPV). The Cervical Screening Test and pathway is a risk-based approach to the management of patients participating in the National Cervical Screening Program (NCSP). Partial genotyping is used to classify the type of HPV into one of two groups: oncogenic HPV 16/18 or oncogenic HPV types not 16/18 as a pooled result.

Who is eligible for self-collection?

Self-collection of a vaginal sample for screening is available for patients aged 30 years or over, who have declined to have a cervical sample collected by a clinician, and are either:

- overdue for cervical screening by two years or longer (i.e. four years or more since their last Pap test, or seven years or more since their last Cervical Screening Test), or
- have never screened.

Self-collection must be requested and facilitated by a Cervical Screening Test provider who also offers routine cervical screening services.

Who is not eligible for self-collection?

Self-collection is not suitable if the patient:

- has been exposed to diethyl-stilbestrol (DES) in utero
- is symptomatic eg. is experiencing unusual bleeding, pain or discharge
- has had a total hysterectomy with past history of high-grade squamous intraepithelial lesion (HSIL)
- is under 30 years of age.

A self-collected vaginal sample can be used only for human papillomavirus (HPV) testing. If HPV (not 16/18) is detected: encourage the patient to have a clinician-collected sample for liquid-based cytology (LBC) testing at the follow-up appointment. If HPV (16/18) is detected: refer the patient directly for colposcopy and a cervical LBC sample will be collected at that visit.

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Supporting patients in clinical management

Before offering the option to self-collect, ensure the patient is eligible for self-collection.

During a consultation with an eligible patient:

- provide the patient with a Self-collect factsheet, if you have not already.
- provide the patient with the Self-collect Instruction sheet and talk them through each step.

Self-collection may be considered during pregnancy in never-screened or under-screened women, following counselling by a healthcare professional regarding the risk of bleeding.

These and other resources for cervical screening are available from www.health.gov.au/ncsp

Explain the following:

- how to collect a vaginal sample.
- a self-collected sample is from the vagina (not the cervix), and can only be tested for HPV. Any cell changes cannot be seen in this sample.
- results will be sent directly to the healthcare provider.

When sending the sample to the pathology lab, include relevant details on the pathology request form, and arrange for the sample to be taken to the pathology laboratory.

When discussing self-collect results with your patient explain the following:

If HPV was not detected:

- the patient will be recalled in five years for a routine Cervical Screening Test.
- the patient should be encouraged to have a clinician-collected Cervical Screening Test next time, to maximise their protection against cervical cancer.

If HPV was detected the patient must return to discuss clinical management options, and these will depend on HPV type/s detected in the sample:

- **If patient is at higher risk (HPV 16/18 detected)** refer directly for colposcopy, and a cervical sample for LBC will be taken at that visit.
- **If risk is not determined until cytology is completed (HPV not 16/18 detected)** the patient needs to return for a clinician-collected cervical sample for LBC in 6–12 weeks. Request an LBC test (only) on the pathology request form. The results of the LBC will then determine clinical management.

When the LBC result is returned from the pathology laboratory, the report will include the combined screening test results (i.e. initial HPV test result + reflex LBC).

The overall screening result will identify the patient's risk of developing cervical abnormalities and the recommended management in accordance with the 2016 Guidelines. If any glandular abnormalities are detected on a screening test, follow up in accordance with the 2016 Guidelines.

Requesting pathology tests for Self-collect

Clinical information on pathology request forms assists pathology laboratories in performing the right tests, matching the right clinical recommendations and selecting the right MBS item/s.

Ensure you order the correct test for your patient. To avoid ordering a test that your patient is not eligible for and having your patient charged the cost of this test by the pathology laboratory, check the table at the back of the booklet *Understanding the National Cervical Screening Program Management Pathway – a Guide for Healthcare Providers*.

Patient presents as	Context*	Age	Sample type	Test type	What to write on the pathology request form
Asymptomatic	Screening under- and never-screened patients • ≥30 years of age and • At least 2 years overdue or never screened and • Declines cervical sampling • Only 1 of this MBS item is claimable in a 7 year (84mth) period	≥ 30yrs	Vaginal	HPV test	HPV test, self-collected
	Screening under- and never-screened patients • Following a self-collect test result of HPV not 16/18 detected (intermediate risk)		Cervical	Standalone LBC	LBC
Follow-up self-collect HPV test (clinical management)	• Only claimable within 21 months following the detection of oncogenic HPV (any type) on a self-collected screening test	≥ 30yrs	Vaginal	HPV test	Self-collect HPV follow up test
			Cervical	Standalone LBC	LBC

For information on the renewed National Cervical Screening Program, clinician-collected cervical specimens, MBS items and the NCSR, see the Quick Reference Guide – Clinician-Collected Cervical Screening Tests

National Cancer Screening Register

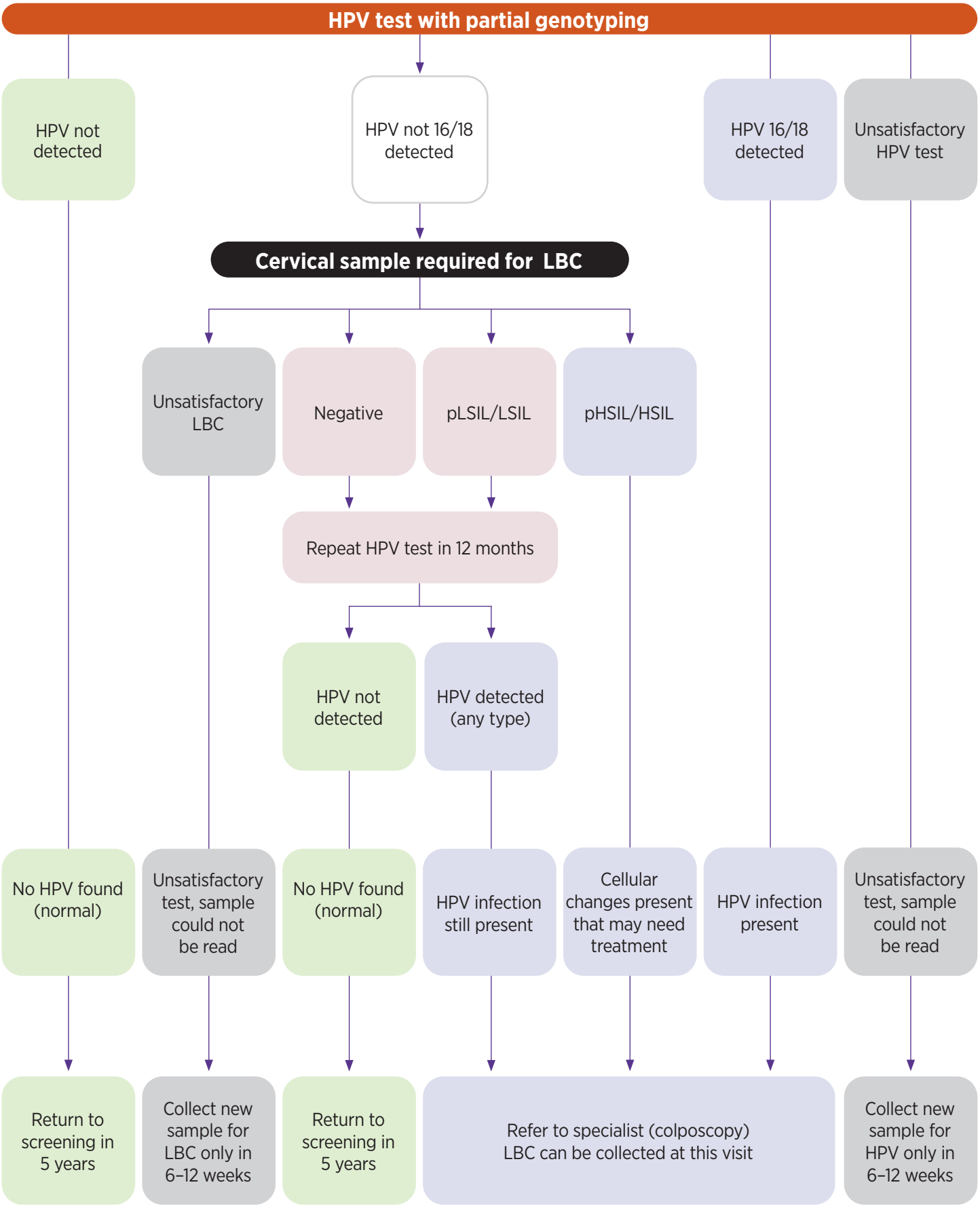
The National Cancer Screening Register (NCSR) supports the NCSP by sending eligible patients invitations to screen and reminders when due.

The NCSR supports you to manage your patients through the clinical management pathway. Find out your patients' screening history by calling **1800 627 701**.

Pathology laboratories can no longer act on Not for Register instructions on the pathology request form. If a patient chooses to 'opt out' of the National Cancer Screening Register then the patient themselves, or with their consent; their healthcare provider, or their personal representative can arrange this by calling **1800 627 701**.

Opting a patient out of the Register for cervical screening will not opt this patient out of other screening programs (i.e. bowel screening), and they can rejoin the Register at any time.

* Further information on 'appropriate use' are outlined in the 2016 Guidelines, accessible from http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening and MBS item frequency and descriptors, accessible from http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home



Legend Low | Intermediate | Higher

Risk of cervical cancer precursors in the next five years.

Definitions: HPV = Human papillomavirus; LSIL = low-grade squamous intraepithelial lesion; HSIL = high-grade squamous intraepithelial lesion; LBC = liquid-based cytology.

Diagram adapted from Cervical Screening Guidelines 2016.

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