National Cervical Screening Program – National Cervical Screening Policy

The National Cervical Screening Program (NCSP) aims to reduce morbidity and mortality from cervical cancer. This will be achieved through an organised population-based screening pathway to detect pre-cancerous cervical abnormalities in asymptomatic women and people with a cervix.

The NCSP is supported by the NCSP Clinical Guidelines[1] which provide recommendations for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.

The National Cervical Screening Policy[2] recommends:

1. Cervical screening should be undertaken every five years in asymptomatic women and people with a cervix 25-74 years of age, using a primary human papillomavirus (HPV) test with partial genotyping and liquid-based cytology (LBC) triage.
    a. People who have ever had sexual contact[3] should commence cervical screening at 25 years of age.
    b. Both HPV vaccinated and unvaccinated people are included in the NCSP.
2. Anyone eligible for a Cervical Screening Test under the NCSP will be given a choice of HPV testing either through self-collection[4] of a vaginal sample or clinician-collection of a sample from the cervix.
    a. Self-collection is not appropriate if the participant requires a co-test[5].

[1] The *NCSP Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding* (NCSP Clinical Guidelines) include recommendations on how to manage people who have HPV detected in their Cervical Screening Test; how to test people with symptoms, a previous abnormality or people in specific populations (who may be at higher risk of cervical cancer than the average population); and when people who have been treated for an abnormality can resume screening.
[2] The National Cervical Screening Policy is in accordance with Medical Services Advisory Committee recommendations, April 2014 (Application 1276) and March/April 2021 (Application 1664).
[3] Sexual contact may include sexual intercourse, penetrative sex, oral sex, intimate genital skin contact (for example as part of foreplay) and anal sex. Healthcare providers may need to provide further clarification to patients, for example explaining sexual contact in literal terms for culturally and linguistically diverse patients.
[4] Self-collection aims to increase participation in cervical screening by removing barriers to traditional screening faced by many people, including physical, cultural and psychosocial barriers.
[5] Co-testing involves the pathology laboratory performing both an HPV test and LBC test concurrently on the same sample. This means that the LBC test is performed irrespective of the HPV test result, without requiring an additional request. There are different pathology MBS item numbers depending on the purpose of the test.

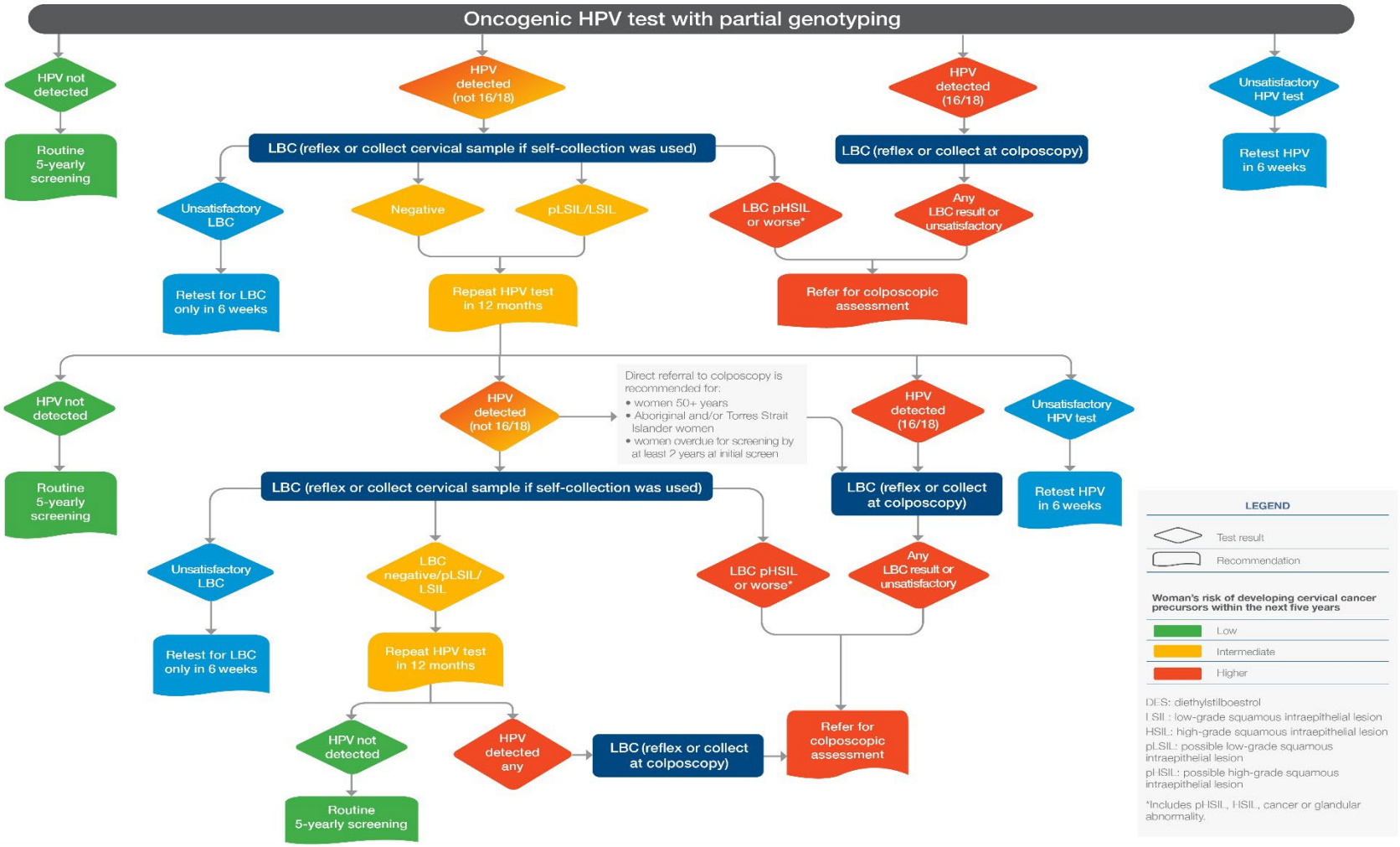
3. Self-collection should be an option any time an HPV test is needed, including for follow-up HPV testing after an intermediate risk result[6].
    a. Self-collection must be ordered and overseen by a healthcare provider who can also ensure timely clinician-collected testing if required as part of follow-up assessment.
    b. The healthcare provider is not required to observe the sample collection unless that is the person's preference.
    c. Participants who may have difficulty (or are not confident) collecting a vaginal sample themselves, may be assisted to do so by the healthcare provider, or the healthcare provider may collect the sample on their behalf using a self-collection swab without using a speculum.
    d. If HPV is detected on a self-collected vaginal sample, depending on the type of HPV detected, a clinician-collected cervical sample for LBC or referral to a specialist is required.
    e. Self-collection should be offered in-clinic wherever possible. However self-collection can occur in other settings at the discretion of the requesting healthcare provider and with the recommended self-collection swab.
    f. It is the responsibility of the requesting healthcare provider to facilitate patient access to, and return of, self-collection swabs, requesting tests from laboratories (including identifying the sample as self-collected on the pathology request form) and communicating results and any follow-up requirements to participants.
    g. People choosing self-collection must be given clear information by their healthcare provider of the pros and cons of both screening options (including possible follow-up requirements) to support informed decision-making by participants.
4. People in whom HPV is detected should be managed in accordance with the NCSP Clinical Guidelines and the cervical screening pathway (Figure 1).
5. People aged between 25 and 69 years will receive invitations and reminders to participate in the NCSP.
6. People will be invited to exit the NCSP by having an exit test between 70 and 74 years of age and may cease cervical screening if HPV is not detected.
7. People 75 years of age or older who have either never had a Cervical Screening Test or have not had one in the previous five years, may request a Cervical Screening Test and can be screened.
8. Monitoring and evaluation of the NCSP will be in accordance with the NCSP Quality Framework.
9. All collection devices and HPV tests used for Cervical Screening Tests must meet the requirements of the National Pathology Accreditation Advisory Council Standards and Performance Measures.

[6] Amendments to relevant Medicare Benefits Schedule items to support testing on a self-collected sample at the follow-up test for people whose initial screening test was done on a clinician-collected sample will be effective from 1 November 2022.

Australian Government

Department of Health and Aged Care

CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



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

Australian Government Department of Health

Cancer Council