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:

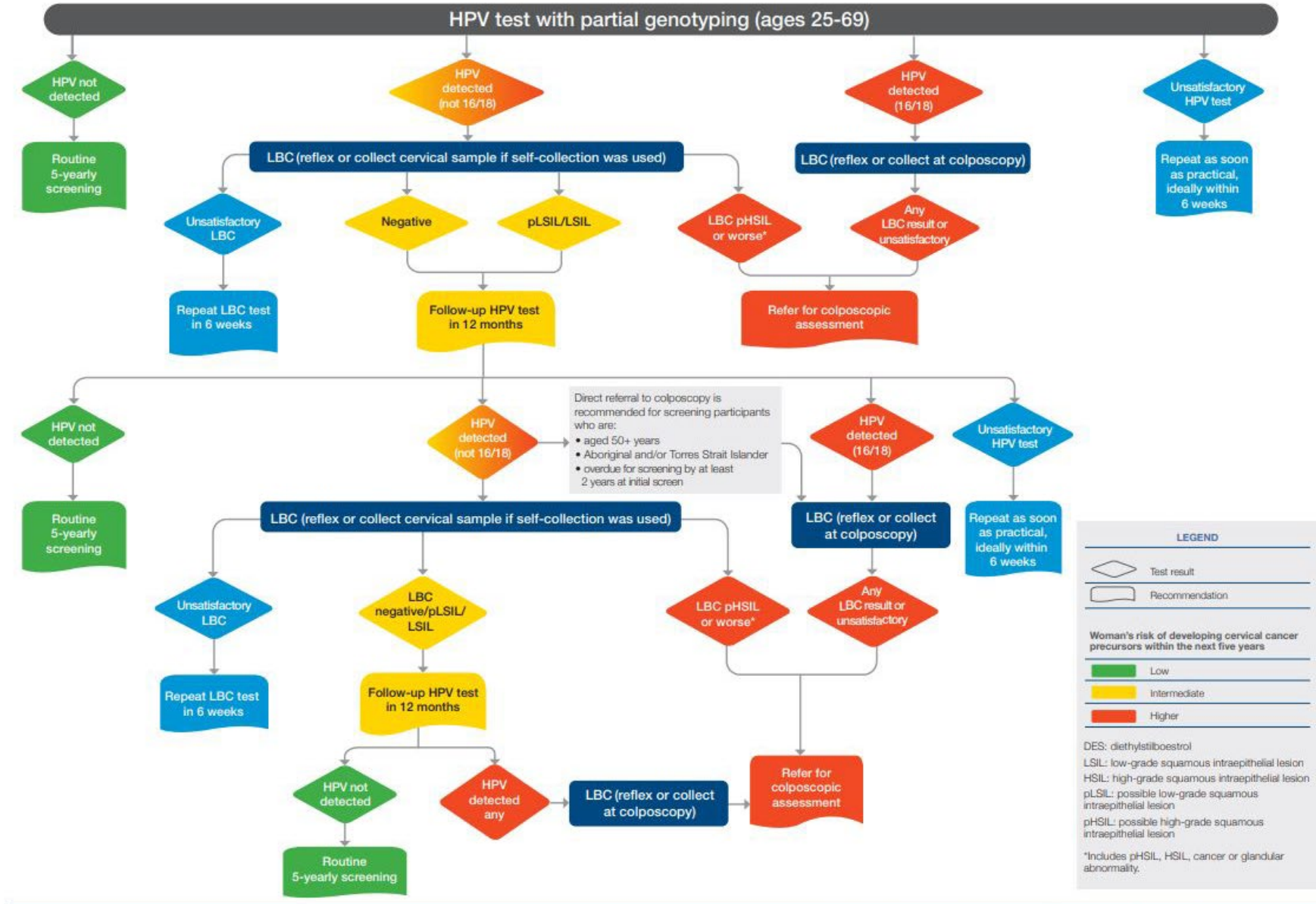
- follow the diagnostic pathway (not the screening pathway) and perform a co-test (HPV test + LBC)

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.

Screening Pathways (clinician-collected and self-collected)



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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Australian Government Department of Health and Aged Care

Cancer Council