GYNAEPATH
Specialist Gynaecological Pathologists

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Quality is in our DNA

The Importance of Getting it Right

Implementation of the National Cervical Screening Program Renewal

Updated April 2017

From December 1, 2017, Australia will change the screening test it uses to screen for cervical cancer. This change is being driven by the development of new testing technologies and the success of Australia's HPV vaccination program. The current Pap test, performed every 2 years for women aged 18–70 years, will be replaced by the oncogenic human papillomavirus (HPV) test with partial genotyping. This test will be performed every 5 years for women aged 25–70 years. Women who test positive for oncogenic HPV will have a liquid-based cytology (LBC) test performed on the same sample.

Australia will be one of the first nations in the world to make this significant change to its cervical screening program. In order to ensure that women receive the benefits of this change, particular attention must be paid to the quality of all steps in the screening process.

The Right Tests

The HPV test must be suitable for primary screening:

Not all HPV tests are suitable for use in a primary screening situation. All screening tests aim to balance sensitivity with specificity. As with all screening tests, false negative results do occur and must be carefully monitored and minimised. DHM uses the Roche™ cobas HPV test, one of only a small number of platforms currently FDA-approved for primary screening.

The laboratory must be experienced in reporting LBC samples:

Cytology will only be performed on screening samples that have tested positive for oncogenic HPV or for patients with specific clinical histories. The cytology is likely to be much more challenging, with a higher rate of abnormality than the un-triaged screening population currently seen by cytologists. It is important that the laboratory is experienced in independent reporting of LBC samples. DHM GynaePath has been reporting imaged LBC samples since 2004. DHM is Australia's most experienced laboratory with LBC testing, having reported the highest volume of LBC samples in the country for many years.

The Right Team

Having a knowledgeable team of experts in cervical screening and pathology will be important during and following implementation of these significant changes.

A new National Cancer Screening Register will be needed to bring together information on the HPV result, Pap test history, previous cervical histopathology, colposcopy and HPV vaccination status. In addition, the comprehensive new 'Guidelines for the management of women with screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding', will need to be applied.

GynaePath Director Adjunct Professor Annabelle Farnsworth has been appointed to a number of implementation committees and is working closely with Government to ensure the safety of women during this change. She is also advising colposcopists through her role as President of the Australian Society for Colposcopy and Cervical Pathology (ASCCP).

The Right Information

Cervical screening in Australia involves many stakeholders – women, GPs, nurse practitioners, specialists, pathology laboratories and government organisations.

Change from the well-established screening procedures we have now to a very different screening test will require clear communication in order to avoid confusion and ensure all women are kept safe.

The GynaePath team know that you may have many questions about the Renewal and how it will affect you and your patients and are committed to providing accurate and timely information on this subject.

For your convenience we have provided a flowchart of the new screening pathway on the back of this document.

Further Information

GynaePath will continue to provide you with periodic updates during 2017 as more details become available. However, should you have any queries with respect to the Renewal, please do not hesitate to contact a member of the GynaePath team on (02) 9855 6200.

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Proposed cervical screening pathway

From December 1, 2017