



Recommendations for changes to cervical screening in 2017

National Cervical Screening Program Renewal

Updated April 2015

The Medical Services Advisory Committee (MSAC) has recommended significant changes to the National Cervical Screening Program. The new screening recommendations are now planned to come into effect in May 2017. GynaePath is committed to keeping you informed about these changes and how they will impact you and your patients.

Why have changes been recommended?

As a result of the successful, school-based HPV vaccination program, fully vaccinated women will develop less cervical disease.

With the cervical screening population now composed of both vaccinated and un-vaccinated women, the Government has undertaken a large review of available technologies and used economic modelling to determine the most advantageous screening program for all Australian women.

What are the proposed changes?

The new screening program recommends the following changes:

- HPV testing to replace conventional Pap testing as the Medicare funded screening test
- Screening to commence at age 25 and cease at age 74
- The screening interval using HPV testing to change to 5 years

A flowchart showing the proposed screening pathway is shown overleaf.

When would the changes come into play?

The new program is now scheduled to commence in May 2017 to allow sufficient time to implement changes across all components of the screening program.

What does this mean for you?

Between now and the launch of any new program, it's 'business as usual' in terms of screening women for cervical cancer. This means that two-yearly conventional Pap tests will still be funded by Medicare.

During this time, GynaePath continues to recommend an additional ThinPrep Liquid Based Cytology (LBC) test. It is the only LBC with internationally published Australian data showing increased detection of high grade abnormalities. The ThinPrep collection fluid is also safe and reliable for use with all HPV tests endorsed for primary screening in the new program.

Further information

Please call us on 9855 6200 if you have any queries or concerns about the proposed changes to the screening program. GynaePath will continue to provide you with periodic updates as more details become available.

What does this mean for your patients?

Patient reaction to the proposed changes will vary, depending on how well informed your patients are, and how comfortable they are with the current screening program. As with anything new, there is likely to be some resistance to change, especially since the education program about the need for two-yearly Pap tests has been so effective.

The Australian Government will conduct education programs for both you and your patients as part of the implementation strategy for the Renewal.

During the interim period, patients need to know what Medicare covers and what attracts a private fee. They need to be reassured that the conventional Pap test is a proven, reliable testing method. Patients also need to understand that the new five-yearly testing frequency will only apply when HPV becomes the primary screening test. Until then, Pap tests will still need to be performed every two years.



Proposed cervical screening pathway

Using Primary HPV Testing

