



# Important Update – Cervical Screening Renewal

Implementation date changed to December 1, 2017

**Changes to the cervical screening program planned for May 1, have been delayed until December 1, 2017. It is important that women due for cervical screening continue to be tested using a cytology-based Pap test.**

In order to maintain reasonable turnaround times during this period of delay, the following changes to Pap test rebates have been announced by the Australian Government:

#### Schedule of screening options

<b>From now until April 30</b>	Medicare rebate for Pap smear only. No rebate for ThinPrep® liquid-based cytology (LBC).
<b>May 1 until Nov 30</b>	Medicare rebate for <b>EITHER</b> Pap smear <b>OR</b> ThinPrep® (LBC).
<b>From Dec 1</b>	Medicare rebate for HPV test. ThinPrep® (LBC) will attract a rebate only in special circumstances. No rebate for Pap smear.

## What screening options will GynaePath offer?

### 1 Pap Smear

From now until November 30, 2017, GynaePath will continue to offer high-quality, Medicare rebatable, Pap smear testing. Many of our referrers and patients will prefer to continue this familiar testing approach prior to the December 2017 change to HPV primary screening.

### 2 ThinPrep®

Some of our doctors have routinely recommended patients pay for an additional ThinPrep® test as well as a Pap smear. After May 1, these doctors can stop sending the Pap smear slide and instead rinse all the material directly into the ThinPrep® vial. The result will be reported as ThinPrep® only and a Medicare rebate will be payable.

**For each patient, only one Pap test (either a Pap smear or ThinPrep®) will be funded by Government. If, after April 30, 2017, both samples are sent, the ThinPrep® will continue to be billed privately at \$50 and an account sent to the patient.**

### 3 What if my patients want an HPV test now?

We understand that some doctors and patients have delayed cervical screening to align with the start of the new HPV primary screening program and, understandably, are disappointed by this unexpected delay.

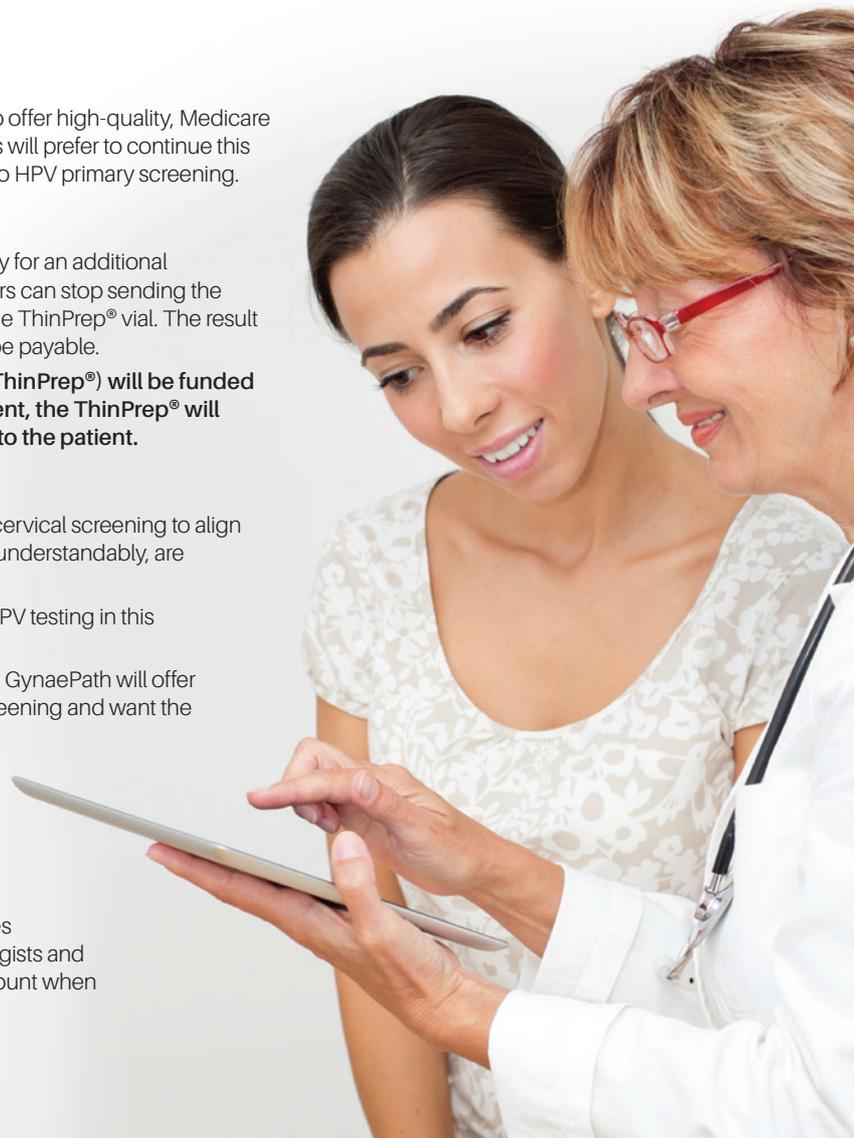
This has led to a number of enquiries about privately-funded HPV testing in this interim period.

In response to this demand, from May 1 to November 30, 2017, GynaePath will offer a co-testing (LBC + HPV) option for patients who attend for screening and want the added reassurance of knowing their HPV status.

In this case, the ThinPrep® test will attract a Medicare rebate and the HPV test will be billed at a reduced private fee of \$65 (current private fee is \$110).

Both tests can be performed from the same ThinPrep® vial so no extra collection is required.

Please note, while the current NHMRC Management Guidelines remain relevant until December, 2017, our highly trained cytologists and pathologists will take a concurrent positive HPV result into account when recommending appropriate clinical follow up for your patients.



# From December, 2017 – A new era of cervical screening

From December 1, 2017, the cervical screening program will change significantly.

## What will change?

<b>Tests and funding</b>	The high-risk HPV test, also known as the oncogenic HPV test, will become the Medicare-funded cervical screening test. Pap smears will not be funded after November 30, 2017.
<b>Screening age and interval</b>	Asymptomatic women between the ages of 25 and 74, with a negative HPV test, will be screened every five years.
<b>Reports</b>	The HPV test result will assign women to different risk categories – low, intermediate or higher risk, each with different recommendations for follow-up.
<b>Sample collected</b>	The sample will need to be collected into a liquid-based (e.g. ThinPrep®) vial.

## Will there be a self-collect option?

A clinician-supervised self-collect option for HPV testing, using a swab, can be offered to women who would otherwise not screen. However, it must be made clear that this testing is not as good as a clinician-collected sample. It is, however, better than the patient not participating in screening at all.

If the HPV test is positive, the patient will need to return for a clinician-collected LBC sample.

## What about symptomatic women or those already in follow-up?

In the new program, women who present with symptoms, such as post-menopausal, post-coital or unexplained bleeding, will receive a Medicare funded co-test (HPV plus LBC), regardless of their age and date of previous cervical screening tests.

Women currently in follow-up for low-grade lesions will be offered HPV testing. If positive, they will be referred for colposcopy. If negative, they will be advised to have another HPV test in five years.

There will also be pathways for patients in other special circumstances, such as test of cure, following high-grade squamous and glandular lesions, immunosuppressed and DES-exposed women.

Although screening will no longer be offered routinely for women under 25 years of age, younger women at higher risk, due to early onset of sexual activity or victims of sexual abuse, can still be offered Medicare-funded HPV testing.



## Further information

As we approach December, 2017, the Australian Government will conduct an extensive education program for all screening stakeholders. GynaePath will continue to provide periodic updates on the upcoming changes. However, should you have any queries relating to the interim screening options or the Renewal, please contact a member of the GynaePath team on (02) 9855 6200.