

## Improved reports

To support the risk-based approach of the screening program, Clinpath Pathology has designed an entirely new suite of reports.

These reports clearly show a colour coded risk category, the component test results and an overall recommendation.

These reports will be provided electronically or in hard copy, according to your previously communicated reporting preferences.

If you wish to change your report preferences, please contact our Client Services team on (08) 8366 2000.

CLINPATH PATHOLOGY		Kate Goodhealth	
Dr Test Doctor (M1234) Suite 1 5 Practice Road Adelaide SA 5000		1 Address Street Adelaide SA 5000	
		DOB	30/07/1976 (41 yrs)
		Sex	Female
		Requested	1 Dec 2017
		Collected	1 Dec 2017
		Reported	3 Dec 2017, 10:05 am
		Referred by	Dr Test Doctor
		Phone	
		Lab ID	123456789
<b>CLINICAL NOTES</b> ROUTINE SMEAR, NO SYMPTOMS.			
<b>CERVICAL SCREENING TEST (CST)</b>			
<b>RISK CATEGORY</b>	LOW RISK for significant cervical abnormality		
<b>SPECIMEN</b>	Cervical - ThinPrep		
<b>TEST RESULTS</b>	<u>PCR for Oncogenic HPV and Genotype</u>		
	HPV 16	Not Detected	
	HPV 18	Not Detected	
	HPV (not 16/18)	Not Detected	
<b>RECOMMENDATION</b>	Rescreen in 5 years		

LOW RISK

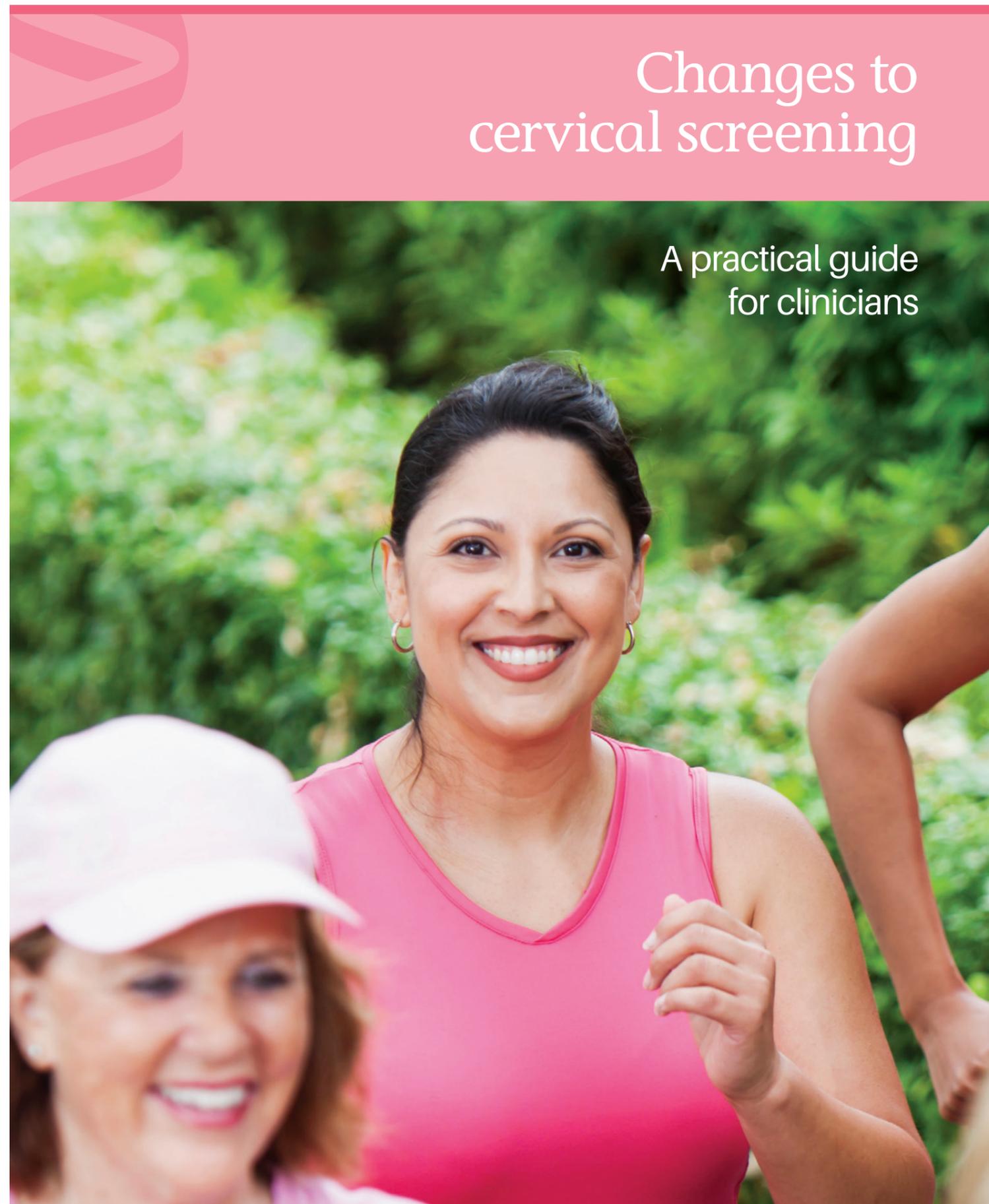
INTERMEDIATE RISK

HIGHER RISK

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RCPA

# Changes to cervical screening

A practical guide for clinicians



## Kate Goodhealth

Cervical Screening Summary

Ms Kate Goodhealth  
1 Address Street  
Adelaide SA 5000

DOB 30/07/1976  
Collected 01/12/2017, 10:40am  
Referred by Dr Test Doctor  
Doctor details Suite 1  
5 Practice Road  
Adelaide SA 5000  
GLB--GLB--GLB

### 1 Tell me about cervical screening

- Women need regular screening to check for cervical cancer or early signs that indicate a higher risk of developing cervical cancer in the future.
- Cervical cancer has been linked to infection with certain types of human papillomavirus (HPV).
- HPV viruses are very common, and are usually cleared by the body naturally.
- In 2007, Australia began vaccinating young women against the two types of HPV with the strongest links to cervical cancer - types 16 and 18.
- In December, 2017, Pap tests were replaced with a test for specific HPV types. This test has been found to be a better screening test for both vaccinated and unvaccinated women.
- All women between 25 and 74 years of age will be offered HPV screening at least every 5 years.

### 2 Your cervical screening summary

You need to return for your routine HPV test in 5 years' time  
Your result has been categorised as low risk.

### 3 What next?

You will need to be rescreened in July, 2022.  
The National Cancer Screening Register will send you an invitation to remind you when your next screening test is due.  
Remember, if you experience any symptoms, such as pain, bleeding or discharge, you should see your doctor or healthcare professional.

### 4 More information

**National Cervical Screening Program**  
More information on cervical screening can be found at [www.clinpath.com.au/cst](http://www.clinpath.com.au/cst) or [www.cancerscreening.gov.au/cervical/resources](http://www.cancerscreening.gov.au/cervical/resources)

**National Cancer Screening Register**  
All cervical screening results are sent to the National Cancer Screening Register. If you would like to update your contact details, change your consent status, or find out when your next Cervical Screening Test is due, please call 1800 627 701.



## Personalised patient summaries

Clinpath Pathology has created optional personalised patient summary sheets for clinicians to give to patients when they return to discuss their screening results.

These will only be available for routine screening tests and provide general information on cervical screening, together with a summary of the patient's risk category and follow-up requirements. A contact number for the National Cancer Screening Register (NCSR) and directions on where to find further information are also included.

The patient summary sheets can be provided in hard copy with the report, in PDF format as an attachment in your practice management software, or via Sonic Dx where they can be emailed directly to patients using a two-factor authentication system.

If you wish to receive the patient summary sheets, please contact our Client Services team on (08) 8366 2000.

For further information on the new program, please contact Clinpath Pathology on (08) 8366 2000.

# A quick look at the new cervical screening program

- On December 1, 2017, the cytology-based Pap test will be completely replaced by the Cervical Screening Test (CST).
- The CST will be the only Medicare-funded routine cervical screening test, and will be available to women aged 25 years and over.
- Specimens need to be collected by clinicians into ThinPrep® vials.
- Request forms must specify the requested test PLUS the reason for test PLUS supporting clinical notes.

## A risk-based approach

The CST uses an HPV DNA test to detect the presence of oncogenic HPV types known to be associated with a higher risk of developing significant cervical abnormalities. The HPV test is more sensitive than cytology, so it can be performed less frequently.

- Asymptomatic women who test negative for oncogenic HPV** are at low risk of developing cervical cancer and only need to be screened every 5 years.
- Asymptomatic women who test positive for oncogenic HPV** will have a liquid-based cytology (LBC) test performed on the same sample (**reflex LBC**) and will be assessed as either intermediate risk and advised to return for further testing in 12 months, or higher risk and referred for colposcopy.
- Symptomatic women and those with a history of high-grade cervical pathology** will have both an HPV and LBC test (**Co-test**) performed, regardless of their HPV result.
- Women with special circumstances identified by the program may be offered more frequent screening or a single screening test prior to age 25.

## Useful tips for ordering tests in the new program

### 1 Collect the right sample

#### Clinician-collected samples

The HPV collection procedure is similar to taking a Pap test, but **all material must be collected into a ThinPrep® vial**. DO NOT MAKE A GLASS SLIDE.

Please see our CST collection guide for detailed instructions.

#### Self-collected HPV test

In the new program, self-collected HPV tests should only be offered under strict guidelines (see table opposite), and are not intended as a routine alternative to clinician-collected samples.

Eligible women should be given a dry flocked swab, a patient instruction sheet, and advised to collect the specimen in the surgery bathroom.

Self-collection should not be offered to pregnant women.



### 2 Order the appropriate test, including reason for test

The new program requires clinicians to order different tests for different circumstances.

In order to qualify for Medicare benefits it is important to indicate:

- The specific test required. Most samples will be clinician-collected cervical samples, however, for vaginal and self-collected (vaginal) samples, please indicate the site in the test name as shown below.
- The reason you are ordering the test.
- Any other relevant clinical information.

The most common ordering scenarios are described in the tables below.

CERVICAL TESTS	Reason for test	Medicare restrictions
<b>CST Routine (HPV)</b>	<ul style="list-style-type: none"> <li>Asymptomatic screening</li> </ul>	Aged 25 years and over (1 test per 57 months)
<b>Co-test (HPV+LBC)</b>	<ul style="list-style-type: none"> <li>Symptomatic (provide details of symptoms)</li> <li>DES exposed</li> <li>Test of Cure, previous HSIL</li> <li>Follow-up, previous AIS</li> </ul>	Any age, no time restriction
<b>HPV test</b>	<ul style="list-style-type: none"> <li>Follow-up 12-month repeat test</li> <li>Immune-deficient</li> <li>Early sexual debut (&lt;14 years) prior to vaccination</li> <li>Previous unsatisfactory HPV test</li> </ul>	1 only between 20-24 years Must have previous cervical MBS screening item
<b>LBC test</b>	<ul style="list-style-type: none"> <li>Following HPV (not 16/18) detection in a self-collected sample</li> <li>Previous unsatisfactory LBC test</li> </ul>	Must have previous cervical MBS screening item

VAGINAL TESTS	Reason for test	Medicare restrictions
<b>Vaginal Co-test (HPV+LBC)</b>	<ul style="list-style-type: none"> <li>Hysterectomy and previous HSIL</li> </ul>	Test of Cure not complete prior to hysterectomy
<b>Vaginal HPV test</b>	<ul style="list-style-type: none"> <li>Previous hysterectomy without evidence of cervical pathology</li> <li>Previous hysterectomy screening history unknown</li> <li>Previous unsatisfactory vaginal HPV test</li> </ul>	Must have previous vaginal MBS screening item
<b>Vaginal LBC test</b>	<ul style="list-style-type: none"> <li>Previous unsatisfactory vaginal LBC test</li> </ul>	Must have previous vaginal MBS screening item

SELF-COLLECTED HPV TEST	Reason for test	Medicare restrictions
<b>Self-collected HPV test (Vaginal)</b>	<ul style="list-style-type: none"> <li>Under or never screened and refuses speculum exam</li> <li>Self-collect follow-up 12-month repeat test</li> </ul>	At least 30 years of age and never screened or at least 2 years overdue for screening (1 test per 84 months) Only claimable within 21 months of HPV detected result in a self-collected sample

### 3 Include clinical notes

Clinical notes supporting the reason for test must be included on your pathology request so that the appropriate test can be performed. It is particularly important to include the details of any abnormal vaginal bleeding (e.g. PCB single episode, PCB recurrent, PMB, pain during intercourse) and any other relevant screening or gynaecological history.

Tick boxes for clinical notes may be available in your practice management software system and are also included on the special CST request forms. Copies can be ordered using the resource order form provided.