Renewal of the National Cervical Screening Program

The National Cervical Screening Program (NCSP) will change from 1 December 2017. The changes are the outcome of the Renewal - a rigorous assessment of the evidence and economics of potential screening pathways, tests and intervals. This assessment commenced in November 2011, with the findings leading to recommendations being made by the Medical Services Advisory Committee in April 2014 for a renewed NCSP.

For health care professionals and women a renewed NCSP means:

- From 1 December 2017, the two-yearly Pap smear will be replaced by a five-yearly Cervical Screening Test (human papillomavirus (HPV) test) with reflex liquid-based cytology (LBC), where indicated.
- Women will still require a vaginal speculum examination to have a liquid-based cytology sample taken from their cervix, similar to taking a conventional Pap smear.
- The commencement age for cervical screening will change from 18 to 25 years of age.
- Women will be eligible to cease screening after a negative HPV test between the ages of 70 and 74 years.
- Women with symptoms, such as pain or bleeding, can have a Cervical Screening Test at any age.
- To encourage participation, under the guidance of their health care professional, self-collection of a HPV test will be available for women who are over 30 years of age and are overdue for screening by two years or more (under-screened) or have never screened.
- A reduction in lifetime screening tests for women from 26 to 9-10.
- Anticipated 30% reduction in the incidence and mortality from cervical cancer.

Business as usual until 1 December 2017

- Until 1 December 2017, women should be encouraged to have their usual two-yearly Pap smear, or attend follow-up, when due. Cervical screening should not be delayed.
- Cervical screening using a primary HPV test is not recommended prior to 1 December 2017 because the infrastructure and supporting quality and safety activities are not in place.

MBS items up to 1 December 2017

- Pap smear MBS items will be available until 1 December 2017.
- A new MBS item will be added for liquid-based cytology samples on 1 May 2017.
- New MBS items for the Cervical Screening Test will be available from 1 December 2017.

Transitioning to the new cervical screening pathway

- From 1 December 2017, women will be due for their first Cervical Screening Test (HPV test) when they are next due for their two-yearly Pap smear. Instead of a Pap smear they should be offered the new Cervical Screening Test that detects the presence of HPV.
- Communications (including supporting resources) and stakeholder engagement activities regarding the renewed program will occur over the coming months.
- New clinical management guidelines [NCSP: Guidelines for the Management of Screen Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal
Common Questions

Is a primary HPV test better than the current Pap smear?

Women need to be confident that the new Cervical Screening Test is safe and effective. Evidence from several large randomised controlled trials has demonstrated the HPV test has an increased negative predictive value and increased detection of high-grade cervical intraepithelial neoplasia (CIN) compared to conventional cytology. HPV screening can provide 60-70% greater protection against invasive cervical cancer compared with cytology alone.

Genotyping will allow differential management of women who test positive for HPV genotypes 16 and/or 18, which are associated with a higher risk of progressing to cervical cancer than other HPV types.

Is a five-yearly screening interval safe?

Evidence indicates that the likelihood of developing cervical cancer within five to six years of a negative HPV test is remote. Screening intervals can be extended with the HPV test because of its high negative predictive value. HPV infection and cervical abnormalities are common, but most do not persist and resolve without intervention. A screening interval of five years will avoid over diagnosis and treatment of regressive CIN.

Is it safe to start screening at 25 years?

Given the length of time from HPV infection to cervical cancer, this cancer is very rare before the age of 25 years. However, the prevalence of HPV infection in young women is very high. These infections are usually transient and regress if left untreated.

Since the introduction of the NCSP in 1991, neither the incidence nor mortality from cervical cancer among women under 25 years has changed. Detection of HPV-related cervical abnormalities in younger women leads to unnecessary investigation and treatment of women whose abnormalities are unlikely to progress to cancer.

Why consider self-collection for under-screened and never-screened women?

Non-participation in cervical screening is a major contributor to higher incidence rates of cervical cancer. Self-collection of a HPV test is an effective alternative that may increase participation rates in women who do not attend for cervical screening or who under-screen. However, self-collection is neither as effective nor cost-effective as a cervical sample collected by a provider.

More information

- To find out more about the Renewal of the NCSP, please visit www.cancerscreening.gov.au
- To receive the latest information on the Renewal and other cervical cancer prevention activities in WA, visit http://ww2.health.wa.gov.au/Renewal or subscribe to the WA Cervical Cancer Prevention Program newsletter by emailing cervicalscreensing@health.wa.gov.au
- To stay up to date on the progress and implementation of the Renewal at the national level, you can register for regular newsletter updates from the Commonwealth by emailing CervicalRenewal@health.gov.au
- The MSAC recommendations leading to the Renewal are available on the MSAC website, at www.msac.gov.au (Application 1276)

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Please note: These guidelines have been made available to educate health professionals and enable them to prepare for the transition to the renewed National Cervical Screening Program in December 2017. They are for reference purposes only until the renewed program is implemented.