



Renewal of the National Cervical Screening Program

The National Cervical Screening Program (NCSP) will change from 1 December 2017. For healthcare professionals and women a renewed NCSP means:

- The two-yearly Pap smear will be replaced by a five-yearly Cervical Screening Test. The test looks for the presence of HPV and, if found, a reflex liquid based cytology (LBC) test is performed on the same sample to check for abnormal cervical cells.
- Women will still require a vaginal speculum examination to have a LBC sample taken from their cervix, similar to taking a conventional Pap smear.
- The commencement age for cervical screening will change 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.
- A new National Cancer Screening Register will send invitations, reminder letters to women when they are next due, and follow-up letters when women have not attended further investigations or tests.
- 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

- From 1 May to 30 November 2017 (inclusive) there is a temporary change to the Medicare Benefits Schedule (MBS):
 - A fee of \$28 for a Pap smear
 - A fee of \$36 for a LBC test
- Only one of the above items is claimable per woman, per test. Liaise with your pathology provider about the cervical screening technologies they offer, and for advice about sample preparation.
- New MBS items for the renewed NCSP will be available from 1 December 2017.

Transitioning to the new cervical screening pathway

- From 1 December 2017, most women will be due for their first Cervical Screening Test two years after their last negative Pap smear.
- New clinical management guidelines and online training have been developed by Cancer Council Australia. The NCSP: Guidelines for the Management of Screen Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal Vaginal Bleeding (2016 Guidelines)¹ are available at wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening
- NPS MedicineWise has developed online training modules for the new Cervical Screening Test. Visit www.nps.org.au
- Communications (including supporting resources) and stakeholder engagement activities regarding the renewed program will occur over the coming months.

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.

Is there an option for self-collection?

Asymptomatic women who are 30 years or over and have never had cervical screening or are overdue for cervical screening by two years or more will be eligible to self-collect a vaginal sample for HPV testing, if they decline a provider-collected sample.

More information

To find out more about the Renewal of the NCSP, please visit www.cancerscreening.gov.au or sign up for regular newsletter updates from the Commonwealth by emailing CervicalRenewal@health.gov.au

To receive the latest information on the Renewal and other cervical cancer prevention activities in WA, visit ww2.health.wa.gov.au/Renewal or subscribe to the WA Cervical Cancer Prevention Program newsletter by emailing cervicalscreening@health.wa.gov.au

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