Renewal of the National Cervical Screening Program

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

- The two-yearly Pap smear has been replaced by a five-yearly Cervical Screening Test. The test looks for the presence of human papillomavirus (HPV) and, if found, reflex liquid-based cytology (LBC) is performed on the same sample to check for abnormal cervical cells.
- Women 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 has changed to 25 years of age.
- Women are eligible to cease screening after a negative Cervical Screening Test between the ages of 70 and 74 years.
- At any age, it is important that women having symptoms, such as unusual bleeding, discharge or pain, see their healthcare provider immediately.
- A new National Cancer Screening Register will continue to provide a safety-net to women by issuing invitations and reminders that support their participation in cervical screening at appropriate time frames.
- A reduction in lifetime screening tests for women from 26 to 9-10.
- An anticipated 30% further reduction in the incidence and mortality from cervical cancer.

Transitioning to the new cervical screening pathway

- Most women will be due for their first Cervical Screening Test two years after their last negative Pap smear.
- 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) are available at wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening
- Women who are undergoing follow-up and/or treatment should transition to the renewed program as outlined in the 2016 Guidelines. This includes women less than 25 years who were screened and had an abnormality detected in the Pap smear program.
- NPS MedicineWise has developed online training modules for the new Cervical Screening Test. Visit www.nps.org.au
- Resources for healthcare professionals and consumers can be accessed at www.cancerscreening.gov.au/cervical/resources

More information

To find out more about the Renewal of the NCSP, please visit www.cancerscreening.gov.au/cervical

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
Frequently Asked Questions

What is the link between human papillomavirus (HPV) and cervical cancer?

Persistent infection over many years with one or more oncogenic types of HPV is the main cause of cervical cancer. HPV types 16 and 18 cause around 70% of cervical cancer cases. Nearly all cervical cancers are caused by HPV infection.

HPV is an extremely common genital infection; however, cervical cancer is a rare outcome of HPV acquisition because most infections are cleared and progression from persistent infection to invasive cervical cancer is generally slow. The time from HPV acquisition to cervical cancer is generally 10-15 years.

Is the new Cervical Screening Test more effective than the Pap smear?

The new Cervical Screening Test, using primary HPV testing with partial genotyping and reflex LBC (when indicated), is more effective than, and just as safe as, the Pap smear. 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 allows 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?

Yes - 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?

Yes - delaying screening until the age of 25 has been demonstrated to be safe (and has been safely implemented in other countries). 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 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. Further, investigating and treating common cervical abnormalities in young women that would usually resolve by themselves can increase the risk of pregnancy complications later in life.

How should women under the age of 25 that have had a prior screen-detected abnormality be managed?

Women under 25 years of age who are currently under clinical management for a cervical abnormality should be managed in accordance with the recommendations on transitioning individuals in the 2016 Guidelines.

It is important to note that cervical screening among asymptomatic women under the age of 25 years is not recommended or funded by Medicare. Where this occurs, the individual will be billed for the cost of testing these samples.

Is there an option for self-collection?

Yes – women who decline a provider-collected sample, are asymptomatic, aged 30 years or over and have never had cervical screening or are overdue for cervical screening by two years or more are eligible to self-collect a vaginal sample for HPV testing. For more information, or to check whether testing of self-collected samples is currently supported, speak with your laboratory provider.

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2018  March 2018