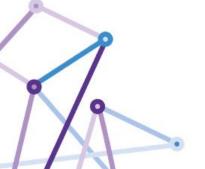


# **HealthPathways WA**

Cervical Screening Update

Presented by: Dr Kyria Laird, HealthPathways GP Clinical Editor

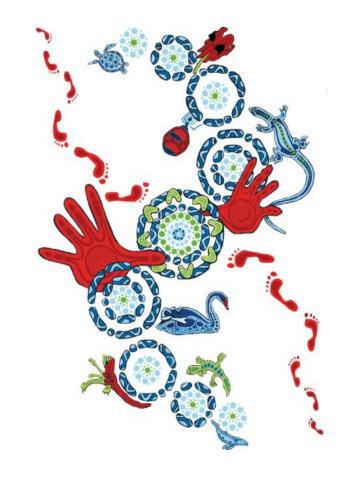








WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country. We recognises their diversity and the significant importance of their cultural heritage, values, beliefs and self-determination in contributing to the positive health and wellbeing of the whole community.





One Team, One Website, One WAPHA

- A secure (password protected) online tool for health professionals
- 649 pathways
- Designed by GPs for GPs
- Launched in WA in October 2015
- Based on state and national guidelines
- Regularly updated to ensure users have the most relevant, evidence-based information
- Provides access concise information on clinical assessment, management and referral pathways for a range of conditions.

# **HealthPathways WA**



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## HealthPathways

#### Western Australia

Our Health System

Home COVID-19 About HealthPathways Aboriginal Health Acute Care Allied Health and Nursing Child and Youth Health Clinical Procedures Investigations Legal and Ethical Medical Mental Health and Addiction Older Adults' Health Preventive Care and Public Health Specific Populations Surgical Women's Health

### Western Australia

# **HEALTHPATHWAYS**

# Health Alert New public health and social measures are now in effect for

NA.

- See WA Government COVID-19 latest updates \( \otilde{\omega} \).
   For clinical information see COVID-19 pathways.
- See also:
- · WA Department of Health:
  - COVID-19 Information for Health Professionals ☑ including clinician alerts and testing
     SHICC Bulletins ☑
- WA Government COVID-19 Testing and Isolation Guide ☑

### **CPD** Events

01 June

Cancer Screening Update for Practice Staff

01 June

Nutrition Communication for Health Professionals: Key Concepts

### Pathway Updates

Updated - 23 May
Herpes Zoster (Shingles)

NEW - 23 May

Updated - 20 May After Hours Care

Updated - 20 May Child Development Assessment

*Updated – 20 May*Acute Paediatric Assessment

VIEW MORE UPDATES..

### About HealthPathways

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Older Adults' Health

Specific Populations

Women's Health

Women Amenorrhoea Cervical Polyps Cervical Screening

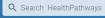
Mental Health and Addiction

Preventive Care and Public Health

Acute Lower Abdominal Pain in

Medical

Surgical



/ Women's Health / Gynaecology / Cervical Screening



## **Cervical Screening**

#### COVID-19 note

Advice from the National Cervical Screening Program is to encourage cervical screening and follow-up \( \mathbb{Z} \) during the COVID-19 pandemic.

Last updated: 22 April 2020

#### Clinical editor's note

- . From 1 February 2021, the National Cancer Screening Program (NCSP) Clinical Guidelines for the Management of Oncogenic HPV (not 16/18) from clinician-collected samples have changed . There are no changes to the management of results from self-collected samples.
- Providers can now use their PRODA (Provider Digital Access) account to access the new National Cancer Screening Register (NCSR) Healthcare Provider Portal [2].
  - . Portal access is also integrated with Best Practice (BP) and Medical Director software.
  - · Telephone access is still available.

Invasion and/or abnormal glandular cells suggested on liquid based cytology (LBC)

Abnormal vaginal bleeding that is persistent or unexplained, even if the cervical screening result is negative and the cervix is clinically normal







Background



### **Background**

About cervical screening ✓

### **Assessment**

#### Practice point

#### Assess all patients with symptoms

- . A Cervical Screening Test (CST) is suitable to screen patients without symptoms.
- Patients with symptoms require a full assessment which may include a cervical sample for co-test (includes HPV and LBC).
- 1. Take a complete gynaecological history. Ask about:
  - any symptoms, particularly abnormal bleeding or discharge. All patients with symptoms require full assessment including targeted diagnostic investigations
  - current stage of menstrual cycle ∨.
  - · contraceptive history and hormonal status (menopause).
  - · risk of sexually transmitted infections.
  - previous cervical screening. If required, obtain previous results from the National Cancer Screening Register (NCSR) V.
  - difficulties with intercourse or previous cervical sampling. Consider the need for smaller speculum, or topical estrogen therapy prior to cervical sampling if symptoms are suggestive of vaginal atrophy.
- - Aboriginal patients ∨.
  - LGBTIQ+ patients with a cervix ▼.
  - patients with a history of female genital cutting ▼.
- 3. Check the routine screening recommendations ✓ and consider additional screening recommendations for specific patient populations:
  - Patients who experienced sexual activity at a young age (< 14 years) v who did not receive the HPV vaccination before sexual activity
  - Immune-deficient patients ➤
  - Diethylstilbestrol-exposed patients >



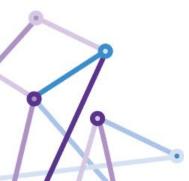
- Check the routine screening recommendations ✓ and consider additional screening recommendations for specific patient populations:
  - Patients who experienced sexual activity at a young age (< 14 years) v who did not receive the HPV vaccination before sexual activity
  - Immune-deficient patients >
  - Diethylstilbestrol-exposed patients ➤
  - Pregnant patients ➤
  - Patients who have had a hysterectomy ➤
  - Patients who have cervical or vaginal atrophy >
  - Patients with existing cervical abnormalities detected before December 2017 ✓
  - Asymptomatic patients aged < 25 years whose previous Pap smear results were normal</li>
- 4. Explain about the renewed National Cervical Screening Programme (NCSP) ✓, and provide written information ☑.
- 5. Explain the options and process for sample collection.
  - Encourage the patient to follow the standard screening pathway (clinician-collected sampling). This requires a speculum examination.
  - If a patient declines a clinician-collected sample offer self-collection 

    → to eligible 

    → patients.
- 6. Perform examination and collect appropriate samples.
  - · Consider a chaperone.
  - · Obtain consent.
  - Consider techniques to minimise discomfort in LGBTIQ+ patients with a cervix 
     ✓ and patients with a history of female genital cutting 
     ✓.
  - Inspect the vulva, vagina, and cervix ✓.
  - Collect a quality sample following sample-collection recommendations ✓.
  - If increased risk of sexually transmitted infection (STI) 

    , offer STI screening 

    and collect samples at the time of cervical screening.
- 7. Complete the pathology request form 🗸 and include details of Aboriginal status, if applicable. 🔼



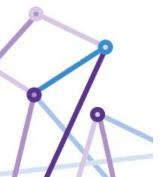
### Self-collection

- · Self-collection must be facilitated by a healthcare professional who routinely offers cervical screening.
- The only swab currently validated for use in Australia is the Copan 552C red top flocked swab [2].
- Self-collection is not suitable for patients who:
  - · have symptoms
  - were exposed to diethylstilbestrol (DES) in utero
  - · are pregnant or think they may be pregnant
  - · have had a total hysterectomy with past history of high-grade squamous intraepithelial lesion (HSIL).
- Provide the patient with instructions 🖸 on how to perform a self-collected vaginal sample.
- · Advise the patient that:
  - if HPV 16 or 18 is detected on the self-collected sample, they will be referred directly for colposcopy when a cervical sample for LBC will be collected.
  - if another oncogenic HPV type (not 16 or 18) is detected, they will be asked to return for a clinician-collected LBC cervical sample to inform management.
  - if no HPV is detected, they should return in 5 years for routine screening.

### For more information, see:

- NCSP Quick Reference Guide Self-collected Vaginal Sample for HPV Test ☑
- NCSP Flowchart Cervical Screening Pathway for Self-collection 

   □
- NCSP Guidelines Self-collected Vaginal Samples ☑
- NCSP Self-collection and the Cervical Screening Test Factsheet



Cervical Screening

### Management

- 1. Request acute gynaecology assessment if:
  - visible suspicious cervical mass, even if results are normal.
  - · invasive cancer e.g., SCC on LBC.
  - · any suspected or definitive glandular abnormalities on LBC.
- 2. Provide written information \( \sigma \) and manage according to screening test results:
- Be aware of different guidelines for management of screen detected abnormalities for patients:
  - who are immune-deficient ☑.
  - were exposed to diethylstilbestrol (DES) in utero ☑.
  - undergoing a test of cure following treatment for high-grade squamous abnormalities v.
- Clinician-collected sample test results >
- Self-collected vaginal sample test results

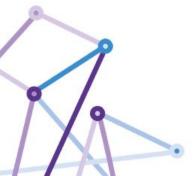
#### Self-collected vaginal sample test results

- If the patient tests negative for HPV, rescreen in 5 years (low risk). If the patient declines a clinician collected
  cervical screening at this time, they will not be eligible for self collection until they are overdue for their cervical
  screening by 2 years.
- If the patient tests positive for oncogenic HPV types 16 and/or 18, request colposcopy. A cervical sample for LBC will be taken at the time of colposcopy.
- If the patient tests positive for oncogenic HPV types (not 16 or 18), recall patient for a clinician-collected sample for LBC and manage according to LBC results [2].

#### See also:

- NCSP Flowchart Cervical Screening Pathway for Self-collection ☑
- NCSP Guidelines Self-collected Vaginal Samples ☑
- If colposcopy is required in a postmenopausal patient and there are no contraindications, consider prescribing a vaginal estrogen for 2 to 3 weeks before colposcopy, stopping 3 days before the procedure.
- 4. Arrange further investigation and management regardless of CST results if:
  - any postmenopausal bleeding. Arrange pelvic ultrasound 

    ✓ and request non-acute gynaecology assessment.
  - any history of diethylstilbestrol (DES) exposure. Request non-acute gynaecology assessment for ongoing management annual colposcopy.
- cervix appears abnormal. Request non-acute gynaecology assessment.



### Request

Always attach copies of results where available.

- · Request acute gynaecology assessment if:
  - · visible suspicious cervical mass, even if results are normal.
  - invasive cancer e.g., SCC or glandular abnormalities on LBC.
  - postmenopausal bleeding with endometrial thickness > 4mm.
- · Request colposcopy if indicated by cervical screening results or patient has history of diethylstilbestrol (DES) exposure.
- · Request gynaecology advice if signs or symptoms suggestive of cervical cancer (irrespective of age), even if results are normal.
- · Request non-acute gynaecology assessment if:
  - · indicated by cervical screening results.
  - · history of DES exposure, irrespective of CST results.
  - · postcoital bleeding or intermenstrual bleeding recurs or persists.
  - · unexplained, persistent, unusual vaginal discharge (especially if offensive and/or blood stained).
  - unexplained, persistent, deep dyspareunia in the absence of bleeding or discharge.
  - postmenopausal bleeding, irrespective of a negative co test result or clinically normal cervix.
  - · patient is immune-deficient and has a positive test result for oncogenic HPV (any type).
- · If any other concerns, seek gynaecology advice.

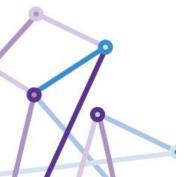
### Information



For health professionals >



For patients >

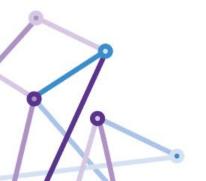


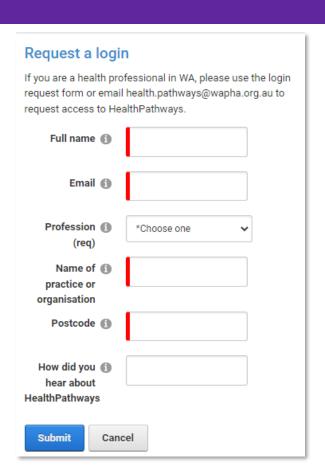
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OR

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# Thank you

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