



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.



Who are we?



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.

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Western Australia

HEALTHPATHWAYS

Health Alert

New public health and social measures are now in effect for WA.

- See WA Government COVID-19 latest updates [link](#).
- For clinical information see COVID-19 pathways.

See also:

- WA Department of Health:
 - COVID-19 Information for Health Professionals [link](#) including clinician alerts and testing
 - SHICC Bulletins [link](#)
- WA Government – COVID-19 Testing and Isolation Guide [link](#)

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
UTI in Adults

Updated – 20 May
After Hours Care

Updated – 20 May
Child Development Assessment

Updated – 20 May
Acute Paediatric Assessment

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Western Australia

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Cervical Screening

COVID-19 note

Advice from the National Cervical Screening Program is to encourage [cervical screening and follow-up](#) 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](#).
 - Portal access is also integrated with Best Practice (BP) and Medical Director software.
 - Telephone access is still available.

Red flags

- 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



Cervical Screening pathway

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 \(NCSR\)](#) ▼.
 - 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.
2. Consider additional support for patients who are [under-screened or never-screened](#) ▼ including: 🇦🇺 🇬🇧
 - [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 \(< 14 years\)](#) ▼ who did not receive the HPV vaccination before sexual activity
 - [Immune-deficient patients](#) ▼
 - [Diethylstilbestrol-exposed patients](#) ▼



Cervical Screening pathway

3. Check the [routine screening recommendations](#) and consider additional screening recommendations for specific patient populations:
 - [Patients who experienced sexual activity at a young age \(< 14 years\)](#) 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](#)
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. 🇺🇸

Cervical Screening pathway

- If a patient declines a clinician-collected sample, offer [self-collection](#) ^ to [eligible](#) v patients.

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 flocced swab](#) [🔗](#).
- 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 pathway

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](#) 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](#).
 - [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](#).

See also:

- NCSF Flowchart – [Cervical Screening Pathway for Self-collection](#)
- NCSF Guidelines – [Self-collected Vaginal Samples](#)

3. 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 and annual colposcopy.
 - cervix appears abnormal. Request [non-acute gynaecology assessment](#).



Cervical Screening pathway

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 



Requesting access to HealthPathways WA

Email the team

health.pathways@wapha.org.au

OR

Visit the HealthPathways Project site

waproject.healthpathways.org.au

Request a login

If you are a health professional in WA, please use the login request form or email health.pathways@wapha.org.au to request access to HealthPathways.

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