


Improved reports

To support the risk-based approach of the screening program, Melbourne Pathology has designed an entirely new suite of reports.

These reports clearly show a colour coded risk category, the component test results and an overall recommendation.

These reports will be provided electronically or in hard copy, according to your previously communicated reporting preferences.

If you wish to change your report preferences to electronic, please contact our Client IT team on (03) 9287 7731 or email clientit@mps.com.au.



**MELBOURNE
PATHOLOGY**
Quality is in our DNA

Kate Goodhealth
1 Address Street
Melbourne VIC 3000

DOB: 30/07/1976 (41 Yrs)
Sex: Female
Requested: 1 Dec 2017
Collected: 1 Dec 2017
Reported: 3 Dec 2017, 10:05 am
Referred by: Dr Test Doctor
Phone: 123456789
Lab ID: 123456789

Dr Test Doctor (M1234)
Suite 1
5 Practice Road
Melbourne VIC 3000

CLINICAL NOTES	ROUTINE SMEAR, NO SYMPTOMS
CERVICAL SCREENING TEST (CST)	
RISK CATEGORY	LOW RISK for significant cervical abnormality
SPECIMEN	Cervical - ThinPrep
TEST RESULTS	<p>PCR for Oncogenic HPV and Genotype</p> <p>HPV 16: Not Detected HPV 18: Not Detected HPV (not 16/18): Not Detected</p>
RECOMMENDATION	Rescreen in 5 years

LOW RISK

INTERMEDIATE RISK

HIGHER RISK

Page 1 of 1

RCPA

Page 1 of 1


RCPA

Page 1 of 1

RCPA

Changes to cervical screening

A practical guide
for clinicians



**MELBOURNE
PATHOLOGY**
Quality is in our DNA

Ms Kate Goodhealth
1 Address Street
Melbourne VIC 3000


DOB: 30/07/1976
Collected: 01/12/2017, 10:40am
Referred by: Dr Test Doctor
Suite 1
5 Practice Road
Melbourne VIC 3000
GLB/—/—GLB/—/—GLB

Kate Goodhealth


Cervical Screening Summary

- Tell me about cervical screening**

 - Women need regular screening to check for cervical cancer or early signs that indicate a higher risk of developing cervical cancer in the future.
 - Cervical cancer has been linked to infection with certain types of human papillomavirus (HPV).
 - HPV viruses are very common, and are usually cleared by the body naturally.
 - In 2007, Australia began vaccinating young women against the two types of HPV with the strongest links to cervical cancer - types 16 and 18.
 - In December 2017, Pap tests were replaced with a test for specific HPV types. This test has been found to be a better screening test for both vaccinated and unvaccinated women.
 - All women aged 25 years and over will be offered HPV screening at least every 5 years.
- Your cervical screening summary**



You need to return for your routine HPV test in 5 years' time
Your result has been categorised as low risk.
- What next?**



You will need to be rescreened in July, 2022.
The National Cancer Screening Register will send you an invitation to remind you when your next screening test is due.
Remember, if you experience any symptoms, such as pain, bleeding or discharge, you should see your doctor or healthcare professional.
- More information**

National Cervical Screening Program
More information on cervical screening can be found at www.mps.com.au/cst or www.cancerscreening.gov.au/cervical/resources

National Cancer Screening Register
All cervical screening results are sent to the National Cancer Screening Register. If you would like to update your contact details, change your consent status, or find out when your next Cervical Screening Test is due, please call 1800 627 701.

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Page 1 of 1

Please note: this sheet is provided for patient information only. Your full cervical screening result has been sent to your doctor.

Personalised patient summaries

Melbourne Pathology has created personalised patient summaries. These will only be available for routine screening tests and provide general information on cervical screening, together with a summary of the patient's risk category and follow-up requirements. A contact number for the National Cancer Screening Register (NCSR) and directions on where to find further information are also included.

The patient summaries can be provided electronically with the report, in PDF format as an attachment in your practice management software, or via Sonic Dx where they can be emailed directly to patients using a two-factor authentication system.

If you wish to receive the patient summaries, please contact our Client IT team on (03) 9287 7731 or email clientit@mps.com.au.

For further information on the new program, please contact the Melbourne Pathology Cytology Department on (03) 9287 7718.

A quick look at the new cervical screening program

- On 1 December 2017, the cytology-based Pap test will be completely replaced by the Cervical Screening Test (CST).
- The CST will be the only Medicare-funded routine cervical screening test, and will be available to women aged 25 years and over.
- Specimens need to be collected by clinicians into ThinPrep® vials.
- Request forms must specify the requested test PLUS the reason for test PLUS supporting clinical notes.

A risk-based approach

The CST uses an HPV DNA test to detect the presence of oncogenic HPV types known to be associated with a higher risk of developing significant cervical abnormalities. The HPV test is more sensitive than cytology, so it can be performed less frequently.

- Asymptomatic women who test negative for oncogenic HPV** are at low risk of developing cervical cancer and only need to be screened every 5 years.
- Asymptomatic women who test positive for oncogenic HPV** will have a liquid-based cytology (LBC) test performed on the same sample (**reflex LBC**) and will be assessed as either intermediate risk and advised to return for further testing in 12 months, or higher risk and referred for colposcopy.
- Symptomatic women and those with a history of high-grade cervical pathology** will have both an HPV and LBC test (**Co-test**) performed, regardless of their HPV result.
- Women with special circumstances identified by the program may be offered more frequent screening or a single screening test prior to age 25.

Useful tips for ordering tests in the new program

1 Collect the right sample

Clinician-collected samples

The HPV collection procedure is similar to taking a Pap test, but **all material must be collected into a ThinPrep® vial**. DO NOT MAKE A GLASS SLIDE.

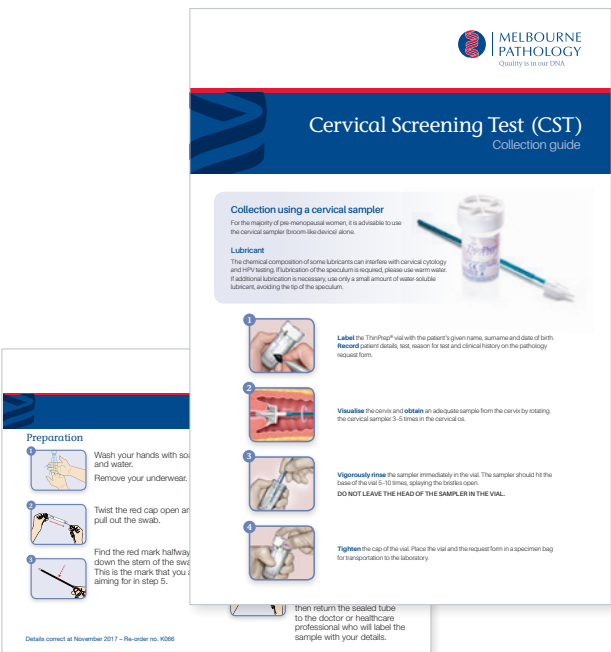
Please see our CST collection guide for detailed instructions.

Self-collected HPV test

In the new program, self-collected HPV tests should only be offered under strict guidelines (see table opposite), and are not intended as a routine alternative to clinician-collected samples.

Eligible women should be given a dry flocked swab, a patient instruction sheet, and advised to collect the specimen in the clinic bathroom.

Self-collection should not be offered to pregnant women.



2 Order the appropriate test, including reason for test

The new program requires clinicians to order different tests for different circumstances.

In order to qualify for Medicare benefits it is important to indicate:

- The specific test required. Most samples will be clinician-collected cervical samples, however, for vaginal and self-collected (vaginal) samples, please indicate the site in the test name as shown below.
- The reason you are ordering the test.
- Any other relevant clinical information.

The most common ordering scenarios are described in the tables below.

CERVICAL TESTS	Reason for test	Medicare restrictions
CST Routine (HPV)	■ Asymptomatic screening	Aged 25 years and over (1 test per 57 months)
Co-test (HPV+LBC)	■ Symptomatic (provide details of symptoms) ■ DES exposed ■ Test of Cure, previous HSIL ■ Follow-up, previous AIS	Any age, no time restriction
HPV test	■ Follow-up 12-month repeat test ■ Immune-deficient ■ Early sexual debut (<14 years) prior to vaccination ■ Previous unsatisfactory HPV test	1 only between 20–24 years Must have previous cervical MBS screening item
LBC test	■ Following HPV (not 16/18) detection in a self-collected sample ■ Previous unsatisfactory LBC test	Must have previous cervical MBS screening item

VAGINAL TESTS	Reason for test	Medicare restrictions
Vaginal Co-test (HPV+LBC)	■ Hysterectomy and previous HSIL	Test of Cure not complete prior to hysterectomy
Vaginal HPV test	■ Previous hysterectomy without evidence of cervical pathology ■ Previous hysterectomy screening history unknown ■ Previous unsatisfactory vaginal HPV test	Must have previous vaginal MBS screening item
Vaginal LBC test	■ Previous unsatisfactory vaginal LBC test	Must have previous vaginal MBS screening item

SELF-COLLECTED HPV TEST	Reason for test	Medicare restrictions
Self-collected HPV test (Vaginal)	■ Under or never screened and refuses speculum exam ■ Self-collect follow-up 12-month repeat test	At least 30 years of age and never screened or at least 2 years overdue for screening (1 test per 84 months) Only claimable within 21 months of HPV detected result in a self-collected sample

Should they require, patients can be tested more frequently outside the routine 5-yearly guidelines with privately funded HPV and/or LBC.

3 Include clinical notes

Clinical notes supporting the reason for test must be included on your pathology request so that the appropriate test can be performed. It is particularly important to include the details of any abnormal vaginal bleeding (e.g. PCB single episode, PCB recurrent, PMB, pain during intercourse) and any other relevant screening or gynaecological history.

Tick boxes for clinical notes may be available in your practice management software system and are also included on the special CST request forms. Copies can be ordered using the resource order form provided or email marketing@mps.com.au.