

Taking Better Samples

Pap smears, ThinPrep® & additional testing



It is vitally important for all women, even those who have had the HPV vaccination, to have regular Pap tests and to pay prompt attention to any unusual symptoms, such as bleeding, pain or discharge.



Planning a Pap Test

The optimal time for doing a Pap test in pre-menopausal women is mid cycle.

If there is an opportunity to plan the Pap test, then women are advised:

- to avoid scheduling a test when they expect to be menstruating
- to refrain from vaginal medication including topical oestrogen, douches or lubricants, for two days prior to the test.

In post-menopausal women, if clinically atrophic, it is optimal that the smear be taken following a week of oestrogen therapy (usually topical).

Suggested topical oestrogen preparations in atrophy include the following:

Ovestin pessaries	1 nocte
Ovestin cream	1 applicator full (0.5mg) nocte
Vagifem pessaries	1 nocte

Therapy is for seven days then ceases two days prior to the smear to avoid contamination.

It is not always possible to schedule a Pap test for the ideal time. However, it is advisable to take a smear if it is due or overdue, regardless of the clinical situation, and not delay for a more appropriate time.

Request Form

Identification details

To obtain a correct history from the Pap Test Register, we rely on correct name and date of birth. If there has been a change of name, please note this on the form so that we are able to link the clinical history appropriately.

Clinical information

The following clinical details are very useful when interpreting a Pap test:

- general appearance of cervix e.g. fungating lesion / ectropion
- previous abnormal smears or cervical biopsies
- IUCD
- hormone, DES or Tamoxifen therapy
- pregnant or post-partum
- immunosuppressed (different follow-up recommendations are appropriate)
- post-coital bleeding
- history of malignancy (any site)

Pap Test Register

As the Pap Test Register is 'opt off', we send the Pap test result to the Register unless the clinician has clearly stated 'Not For Pap Test Register' on the request form. HPV DNA test results are now also being recorded at the Pap Test Register.

Taking the Pap Test

Labelling

Label the slide at the frosted end in pencil with the patient surname, given name and date of birth. If a ThinPrep® sample is being taken, label the jar with the same details.

Implements

The speculum is best warmed with water rather than lubricant, as it can contaminate the smear.

Cervex-Brush®

In the majority of premenopausal women, it is advisable to use the Cervex-Brush® alone.

Rotate the Cervex-Brush® 3-5 times in the os.

Spatula

The spatula has been largely replaced by the Cervex-Brush®. If a spatula is used, it should be plastic, not wooden, and always used in conjunction with an endocervical brush, regardless of the appearance of the cervix.

Endocervical brush

There are two main clinical indications for adding an endocervical brush after the Cervex-Brush®:

- post-menopausal women with non-visible transformation zone
- post-treatment (post loop or cone biopsy) at any age, with non-visible transformation zone.

If an endocervical brush is used, only 1-2 rotations in the os, are required.

Cervex-Brush® Combi

A new implement, Cervex-Brush® Combi is available from the laboratory. It has been designed to further increase sampling of the endocervical canal and could be used in post-menopausal and post-treatment situations. Please contact us if you are interested in trialling this implement in your practice.

In pregnancy do not use any implement designed specifically to sample the endocervical canal, such as the endocervical brush or Cervex-Brush® Combi. Use the Cervex-Brush® or plastic spatula alone.

Spreading the sample

Whether one or two implements are used, **a single glass slide** is recommended.

Single implement (Cervex-Brush®) technique:

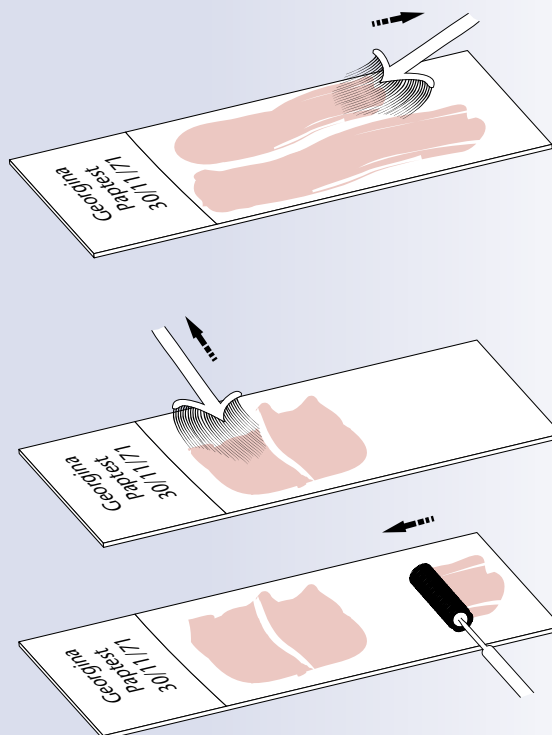
- spread the material in a painting action longitudinally down the glass slide, from each side of the brush. Fix slide immediately with spray fixative applied 10-15cms from the slide.

Dual implements (Cervex-Brush® or plastic spatula and endocervical brush) technique:

- spread the brush material across, rather than along the slide, using half of the slide. The endocervical brush is then rolled across the other half of the slide.

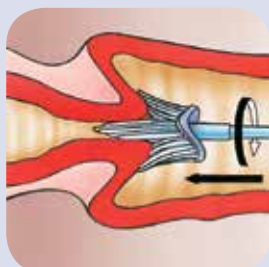
If both samples are obtained promptly, the entire slide can be spray-fixed at once from 10-15cm.

If there is a delay in obtaining the second sample (the endocervical brush sample), then it may be necessary to spray-fix the first sample separately. If this occurs, put a piece of paper across the unused portion of the slide before spraying the first sample. Leave the slide mailer lid open to allow it to dry.



Thinprep® (Liquid-Based Specimen)

Rinse the implements used in taking the smear into the vial quite vigorously. The Cervex-Brush® (broom) should hit the base of the vial 5 to 10 times, splaying the bristles open. Do not leave any part of the brush in the vial. Tighten the cap firmly to avoid leakage in transit to the laboratory.



Transport to the laboratory

Both conventional glass slides (in plastic mailing containers) and ThinPrep® vials are placed in specimen plastic bags. The request forms are put in the separate pocket of the specimen bag.

If there is a biopsy specimen in formalin with a concurrent smear, they must be placed in completely separate specimen bags. The formalin vapour from a histology specimen adversely affects fixation of the conventional cervical smear and may render it unsatisfactory.

Convenient Additional Testing

HPV, Chlamydia, Gonorrhoea and Trichomonas

A single collection into a ThinPrep® vial allows you to request cytology, HPV, chlamydia and gonorrhea testing.

At Clinpath Laboratories high-risk HPV DNA, chlamydia PCR and gonorrhea PCR testing are performed on the Roche cobas® 4800 analyser. The Therapeutic Goods Administration (TGA) has approved the use of ThinPrep® liquid based samples for these tests.

ThinPrep® vials are stored in the laboratory for 4 weeks. Additional tests may be requested at any time during this period.

To request HPV, chlamydia, gonorrhea or trichomonas testing without cytology collect the specimen into a ThinPrep® vial as described above and clearly indicate on the request form the tests required.

As a Medicare rebate is only available for HPV testing done as “test-of-cure” following histologically confirmed CIN 2 or CIN 3, it is important to note this history on the request form.

For additional information on HPV, please refer to our “High-Risk HPV Test” brochure. This publication can be ordered through our business development department.



For further information please contact Dr Suchitra Somers or Jenny Strath,
Supervisor Cytology Department, on 8366 2000