

Until changes are implemented in 2017 – it's still 'Every woman, Every two years'

The proposed changes to cervical screening in Australia are due to take effect during 2017. ➤

The Government recognises that these changes are significant and require careful planning and implementation. It is important to keep women properly screened during this transition.

In the interim period it is more important than ever to make sure both vaccinated and unvaccinated women continue to participate in cervical screening using the existing guidelines.

Cause for concern – new evidence that screening rates are falling

A recent article in the MJA¹ has raised concerns about the falling participation rates in young vaccinated women.

Despite the message that the vaccine only protects against two high-risk HPV types responsible for about 70% of cervical cancers, and the recommendation that screening should continue, many young women have failed to participate, believing that they are protected from all HPV-related cervical disease.

The Australian Doctor article 'Fears over drop in smears' (reproduced overleaf) discusses this research, together with additional issues raised in the accompanying editorial written by Director of GynaePath, Adj. Professor Annabelle Farnsworth.

The message to your patients – they must continue to screen

Although screening protocols will change in the future, the current recommendation for routine screening using conventional Pap tests every two years remains the most effective way to detect changes that can lead to cervical cancer.

All women (vaccinated or unvaccinated) who are due for a Pap test before the proposed changes take effect should be offered a Pap test.

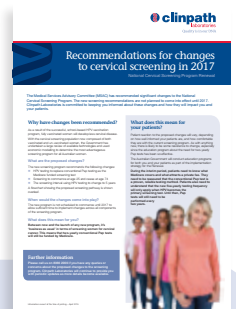
Pap Test Registers in each state will continue to send out reminder letters reminding women to present for their Pap tests.

The Pap smear remains the only Medicare-funded cervical screening test at this time.

What about the HPV test?

Until the new program is in place, the HPV test will not be funded for routine screening by Government via a Medicare rebate.

HPV testing will currently only attract a rebate if used in the test of cure protocol following treatment of proven high grade cervical disease.



Further information

Please call us on 8366 2067 if you have any queries about cervical screening. Clinpath will continue to provide you with periodic updates as more details become available. A new patient brochure 'Keep having Pap tests' is now available. Please call our Stores department on 8366 2000 or ask your local client services representative.



Fears over drop in smears

Pap test rate 'alarmingly lower' in HPV-vaccinated women

MICHAEL WOODHEAD

MJA Fears that young women vaccinated against HPV will not take part in cervical cancer screening have been confirmed by a study showing "alarmingly lower" rates of Pap smears in vaccinated women.

Data from the Victorian Cervical Cytology Registry showed that Pap smear rates were up to 34% lower in women vaccinated against HPV, compared with their

unvaccinated counterparts.

The findings suggested that young women had not heeded the message that Pap smears were still essential because HPV vaccine does not protect against all cervical cancers, researchers wrote in the *Medical Journal of Australia* this week.

In a study of cervical screening participation rates for 2010/11, they found that two-yearly Pap smear rates were 10% lower for vaccinated

women in the 20-24-year-old age group (37.6% vs 47.7%) compared with unvaccinated women.

The difference was even greater for women in the 25-29-year-old age group, with Pap smear rates 13% lower for vaccinated compared with unvaccinated women (45.2% vs 58.7%).

In the small group of women in the 30-34-year-old age group, the difference in Pap test rates was 34%

Pap smear rates were up to 34% lower in women vaccinated against HPV, compared with their unvaccinated counterparts.

(27.5% vs 61.3%).

The study provided the first direct evidence that women vaccinated against HPV in the national program that started in 2007 were being screened at lower rates than unvaccinated women, according to study author Dr Alison Budd (PhD), of the Australian Institute of Health and Welfare cancer and screening unit.

The findings confirmed concerns expressed by GPs

prior to the introduction of the vaccination program that the HPV vaccine would reduce participation in cervical cancer screening.

The HPV vaccination program had included material to inform women that Pap smears were still essential after vaccination, and awareness of this message had been high, the authors noted.

"However, our study suggests this knowledge has not

cont'd next page

from page 1

translated into action," they wrote.

With the planned switch from cytology-based to a HPV testing-based primary screening program from 2016, the researchers said it was essential that women were motivated to participate in screening, regardless of vaccination status.

This might require direct invitations for screening, as was already done with breast and bowel screening, they suggested.

In an accompanying editorial, pathologist Professor Annabelle Farnsworth said the findings showed that well-meaning changes to the

cervical screening program could have unintended consequences.

Other possible consequences of the switch to a five-yearly HPV testing program for cervical cancer screening included invalid test results from HPV tests due to poor sampling or assay failure, she said.

There were also concerns about the ongoing quality of cytology testing when the number of samples taken decreased dramatically.

"This may result in only a few laboratories being able to perform the tests optimally," Professor Farnsworth wrote. *MJA* 2014; 201:245-46, 279-88.