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|  |   |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
|--|---|------------|---------------------|------------|--------|------------------|------------|------------------|------------|-----------------|----------------------|--------------------|----------------|--------------|--|---------------|-----------|
|  | <h2>Kate Goodhealth</h2> <p>1 Address Street<br/>Adelaide SA 5000</p>   |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Dr Test Doctor (M1234)</b><br>Suite 1<br>5 Practice Road<br>Adelaide SA 5000  | <table border="0"> <tr> <td><b>DOb</b></td> <td>30/07/1976 (41 Yrs)</td> </tr> <tr> <td><b>Sex</b></td> <td>Female</td> </tr> <tr> <td><b>Requested</b></td> <td>1 Dec 2017</td> </tr> <tr> <td><b>Collected</b></td> <td>1 Dec 2017</td> </tr> <tr> <td><b>Reported</b></td> <td>3 Dec 2017, 10:05 am</td> </tr> <tr> <td><b>Referred by</b></td> <td>Dr Test Doctor</td> </tr> <tr> <td><b>Phone</b></td> <td></td> </tr> <tr> <td><b>Lab ID</b></td> <td>123456789</td> </tr> </table> | <b>DOb</b> | 30/07/1976 (41 Yrs) | <b>Sex</b> | Female | <b>Requested</b> | 1 Dec 2017 | <b>Collected</b> | 1 Dec 2017 | <b>Reported</b> | 3 Dec 2017, 10:05 am | <b>Referred by</b> | Dr Test Doctor | <b>Phone</b> |  | <b>Lab ID</b> | 123456789 |
| <b>DOb</b>   | 30/07/1976 (41 Yrs)   |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Sex</b>   | Female  |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Requested</b>   | 1 Dec 2017  |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Collected</b>   | 1 Dec 2017  |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Reported</b>  | 3 Dec 2017, 10:05 am  |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Referred by</b>   | Dr Test Doctor  |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Phone</b>   |   |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |
| <b>Lab ID</b>  | 123456789   |            |                     |            |        |                  |            |                  |            |                 |                      |                    |                |              |  |               |           |

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CLINICAL NOTES

ROUTINE SMEAR, NO SYMPTOMS,

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### CERVICAL SCREENING TEST (CST)

|                |   |
|----------------|---|
| RISK CATEGORY  | LOW RISK for significant cervical abnormality   |
| SPECIMEN       | Cervical - ThinPrep   |
| TEST RESULTS   | <u>PCR for Oncogenic HPV and Genotype</u><br>HPV 16 Not Detected<br>HPV 18 Not Detected<br>HPV (not 16/18) Not Detected |
| RECOMMENDATION | Rescreen in 5 years   |



LOW RISK


INTERMEDIATE RISK

HIGHER RISK

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 RCPA

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**GYNAEPATH**  
Specialist Gynaecological Pathologists

**Ms Kate Goodhealth**  
1 Address Street  
Adelaide SA 5000

**DOB** 30/07/1976  
**Collected** 01/12/2017, 10:40am  
**Referred by** Dr Test Doctor  
**Director details** Suite 1  
5 Practice Road  
Adelaide SA 5000  
GLB---/GLB---/QLB

# Kate Goodhealth


Cervical Screening Summary

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**1 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 between 25 and 74 years of age will be offered HPV screening at least every 5 years.


**2 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.

**3 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.**

**4 More information**

**National Cervical Screening Program**  
More information on cervical screening can be found at [www.clinpath.com.au/ncst](http://www.clinpath.com.au/ncst) or [www.cancerscreening.gov.au/cervical-resources](http://www.cancerscreening.gov.au/cervical-resources)

**National Cancer Screening Register**  
All cervical screening tests 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.



**clinpath**  
Laboratories

A subsidiary of Clinipath Healthcare Limited ABN 24 024 159 609  
Please note this sheet is provided for patient information only. Your full cervical screening result has been sent to your doctor.

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If you wish to receive the patient summary sheets, please contact our Client Services team on (08) 8366 2000.

Correct at time of printing (Nov 2017)



## A practical guide for clinicians





# A quick look at the new cervical screening program

- On December 1, 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 to 74 years.
- 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.

## 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                          |
|--------------------------|--|--|
| <b>CST Routine (HPV)</b> | Asymptomatic screening   | 25–74 years (1 test per 57 months)             |
| <b>Co-test (HPV+LBC)</b> | Symptomatic (provide details of symptoms)                      | Any age, no time restriction                   |
|                          | DES exposed  |  |
|                          | Test of Cure, previous HSIL                                    |  |
|                          | Follow-up, previous AIS  |  |
| <b>HPV test</b>          | Follow-up 12-month repeat test                                 | 1 only between 20–24 years                     |
|                          | Immune-deficient   |  |
|                          | Early sexual debut (<14 years) prior to vaccination            |  |
|                          | Previous unsatisfactory HPV test                               |  |
| <b>LBC test</b>          | Following HPV (not 16/18) detection in a self-collected sample | Must have previous cervical MBS screening item |
|                          | Previous unsatisfactory LBC test                               |  |

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

| SELF-COLLECTED HPV TEST                  | Reason for test                                   | Medicare restrictions  |
|--|---|--|
| <b>Self-collected HPV test (Vaginal)</b> | Under or never screened and refuses speculum exam | At least 30 years of age and never screened or at least 2 years overdue for screening (1 test per 84 months) |
|  | Self-collect follow-up 12-month repeat test       |  |

## 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.

## 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 surgery bathroom.

Self-collection should not be offered to pregnant women.

