The new Cervical Screening Test and pathway – A risk-based approach

The new Cervical Screening Test every five years is more effective than, and just as safe as, a Pap test every two years.

The new Cervical Screening Test detects infection with human papillomavirus (HPV).

The Cervical Screening Test and pathway is a risk-based approach to the management of patients participating in the National Cervical Screening Program (NCSP).

Partial genotyping is used to classify the type of HPV into one of two groups: oncogenic HPV 16/18 or oncogenic HPV types not 16/18 as a pooled result.

If HPV is detected, the pathology laboratory will automatically conduct a reflex liquid-based cytology (LBC) test on the same sample, to determine if any cervical cell abnormalities are present.

Patients are managed according to their risk of developing cervical abnormalities, which is determined by their HPV test result and reflex LBC result, if indicated. If both tests are performed, the pathology report will include the combined result as a risk category and the recommended clinical management. If any glandular abnormalities are detected on a screening test follow up in accordance with the 2016 Guidelines.

There are three risk categories: low risk, intermediate risk and higher risk.

Return to screen in five years (Low risk result)
A low risk result means oncogenic HPV was not detected. HPV is required for the development of most cases of cervical cancer. Patients at low risk of developing cervical cancer can safely return for a Cervical Screening Test in five years.

We cannot assure patients that they are at ‘no risk’ because they may subsequently acquire an HPV infection or have a latent infection that becomes active and may develop into cervical cancer over time usually 10–15 years.

Patients with a low risk result will be invited to screen again in five years.

Repeat the HPV test in 12 months (Intermediate risk result)
An intermediate risk result means HPV (not 16/18) was detected. A reflex LBC conducted on the same sample showed that the patient has negative, possible low-grade squamous intraepithelial lesion (LSIL), or LSIL abnormal cervical cells.

An intermediate risk result is not associated with high-grade cell changes that require treatment.

Patients with an intermediate risk result will be invited by the NCSP to return for a repeat HPV test in 12 months. This is to check if the body has cleared the HPV infection.

Definitions: CST = Cervical Screening Test; HPV = Human papillomavirus; LSIL = low-grade squamous intraepithelial lesion; HSIL = high-grade squamous intraepithelial lesion; LBC = liquid-based cytology.

Diagram adapted from Cervical Screening Guidelines 2016.