

# CERVICAL SCREENING: Supporting your patients to make the choice



		Clinician-collected cervical sample	Self-collected vaginal sample																			
Is it accurate?		Both methods have equivalent sensitivity for the detection of HPV and CIN2+/AIS <sup>1,2</sup>																				
Identifies HPV infection?		Yes	Yes																			
Is liquid-based cytology (LBC) and co-testing possible?		Yes	No																			
Indicated for <ul style="list-style-type: none"> <li>• People who are eligible and due or overdue for cervical screening, including during pregnancy</li> <li>• Other points in the pathway where only an HPV test is required, including the 12- and 24-month follow-up test after an intermediate risk result</li> <li>• Test of Cure after HSIL treatment</li> <li>• People who have had a total hysterectomy with history of HSIL</li> </ul>		Yes	Yes																			
<ul style="list-style-type: none"> <li>• People who have postcoital, unexplained intermenstrual or post-menopausal bleeding, or unexplained persistent unusual vaginal discharge<sup>3</sup></li> <li>• People undergoing surveillance after completely excised AIS</li> <li>• People who were exposed to DES in utero.</li> </ul>		Yes	No																			
Management of participants in whom HPV is not detected	>90% of CSTs	Return in 5 years	Return in 5 years																			
Management of participants in whom HPV (not 16/18) is detected	~6% of CSTs	Reflex LBC is performed on the original sample, no need to return for a further sample to be taken	Return for clinician-collected cervical sample for LBC to inform the risk rating as soon as practical, ideally within 6 weeks. The incidence of HPV (not 16/18) is highly age dependent (NCSR data <sup>4</sup> )																			
<table border="1"> <tr> <td>25-29 years</td> <td>17%</td> <td>50-54 years</td> <td>4%</td> </tr> <tr> <td>30-34 years</td> <td>10%</td> <td>55-59 years</td> <td>3%</td> </tr> <tr> <td>35-39 years</td> <td>6%</td> <td>60-64 years</td> <td>3%</td> </tr> <tr> <td>40-44 years</td> <td>5%</td> <td>65-69 years</td> <td>3%</td> </tr> <tr> <td>45-49 years</td> <td>4%</td> <td></td> <td></td> </tr> </table>			25-29 years	17%	50-54 years	4%	30-34 years	10%	55-59 years	3%	35-39 years	6%	60-64 years	3%	40-44 years	5%	65-69 years	3%	45-49 years	4%		
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Note: at the 12-month follow up HPV test after an Intermediate Risk result the incidence of HPV (not 16/18) is ~60% <sup>4</sup>			Patients aged 70 to 74 with HPV (not 16/18) detected are referred to colposcopy.																			
Management of participants in whom HPV (16/18) is detected	~2% of CSTs	Refer for colposcopy	Refer for colposcopy																			
Management of Unsatisfactory HPV test		Repeat as soon as practical, ideally within 6 weeks	Repeat as soon as practical, ideally within 6 weeks																			

1 Arbyn et al, Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses BMJ 2018; 363 :k4823

2 Saville et al, Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples: the SCoPE study, Journal of Clinical Virology [2020], doi: <https://doi.org/10.1016/j.jcv.2020.104375>

3 Co-testing is not required for breakthrough or irregular bleeding due to hormonal contraception or a sexually transmitted infection, heavy menstrual bleeding, or contact bleeding at time of obtaining a routine cervical screening test sample

4 Smith et al, National experience in the first two years of primary human papillomavirus (HPV) cervical screening in an HPV vaccinated population in Australia: observational study BMJ 2022; 376 :e068582