



Australian Government

Department of Health

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program

8 January 2021

Professor Annabelle Farnsworth
President
Australian Society for Colposcopy and Cervical Pathology

Dear Professor Farnsworth,

Review and changes to the clinical management of women at Intermediate Risk within the National Cervical Screening Program

In 2016, the National Cervical Screening Program (NCSP): Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding (the Guidelines) were endorsed by the Australian Society for Colposcopy and Cervical Pathology.

The Cancer Council Australia Clinical Guidelines working party (CCA working party) has reviewed new Australian data provided by the National Cancer Screening Register from the first two years of the renewed program for women considered to be at Intermediate Risk within the NCSP.

A review of the national clinical program data demonstrates women at Intermediate risk, whose follow-up test is HPV¹ (not-16/18) positive, LBC² prediction negative, pLSIL³ or LSIL⁴ will have a low likelihood of histologically-confirmed HSIL⁵ (CIN2/3) or worse.

The review of these data, plus the long progression time (median time >10 years) from CIN 2/3 to cancer, provides reassurance that at a population level, it is safe for these women to not be referred directly to colposcopy. Following the review of national program data and public consultation, the CCA working party now recommend:

Women with a 12-month follow up HPV (not-16/18) result with LBC prediction negative, pLSIL or LSIL (Intermediate risk result) should be recommended to undertake a further HPV follow up test in 12 months' time following their previous HPV test instead of referral to colposcopy.

¹ HPV: Human papillomavirus

² LBC: Liquid based cytology

³ pLSIL: possible low-grade squamous intraepithelial lesion

⁴ LSIL: low-grade squamous intraepithelial lesion

The following groups of women may be at higher risk of harbouring a high-grade abnormality and should be referred to colposcopy if HPV is detected at 12 months, regardless of the LBC result. These include:

- Women two or more years overdue for screening at the time of the initial screen
- Women who identify as being of Aboriginal or Torres Strait Islander
- Women aged 50 years or older

The new recommendations will come into effect from **1st February 2021**. Updates to the Cervical Screening Pathway and content to the Guidelines are planned to be published online shortly alongside the existing pathway to alert providers to the new recommendation changes.

Please contact NCSPCommittees@health.gov.au if you have any questions on the changes to the clinical management of women at Intermediate Risk within the NCSP.

Yours sincerely



Professor Paul Kelly
Australian Government
Chief Medical Officer



Tanya Buchanan
Cancer Council Australia
Chief Executive Officer



Professor Marion Saville
Cancer Council Australia
Clinical Guidelines Working Party, Chair