The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

CATEGORY: NATIONAL GUIDELINES

Cervical cancer screening in Australia and New Zealand

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: November 2006
Current: March 2020, Amended July 2020
Review due: March 2023

Background: This statement was first developed by Women's Health Committee in November 2006 and most recently amended in July 2020.

Funding: This statement was developed by RANZCOG and there are no relevant financial disclosures.

1. Introduction

In both Australia and New Zealand, Cervical Screening is overseen by a National Cervical Screening Program (NCSP). Both NCSPs have detailed guidelines incorporating the results of an extensive review of evidence together with expert advice from a wide range of medical practitioners, epidemiologists and consumer representatives.

RANZCOG has provided formal endorsement of the Australian NCSP Guidelines, however RANZCOG also recognises the New Zealand NCSP Guidelines as the appropriate guidance document for cervical screening in New Zealand.

2. Current practice in Australia

In December 2017, the National Cervical Screening Program in Australia changed from 2 yearly cervical cytology testing to 5 yearly primary HPV screening with reflex liquid-based cytology for those women in whom oncogenic HPV is detected in women aged 25–74 years.

An HPV test every 5 years is more effective, just as safe, and is expected to result in a significant reduction (24%-36%) in incidence and mortality from cervical cancer in Australian women, compared with the program it replaces, which was based on 2 yearly Pap smears[1,2,3].

3. Current practice in New Zealand

In June 2020 New Zealand released updated cervical screening guidelines. Cervical cytology remains the basis of the cervical screening approach with HPV testing limited to assisting with clinical management in specific circumstance. It is the intention of New Zealand NCSP to transition to primary HPV but the date is yet to be determined.

4. National Cervical Screening Programs

4.1 Australia

The major features of the new Australian National Cervical Screening Program are:

- Five yearly cervical screening using a primary HPV test with partial HPV genotyping and reflex liquid based cytology (LBC) triage, for HPV vaccinated and unvaccinated women 25-69 years of age, with exit testing of women up to 74 years of age.
- Self-collection of an HPV sample, for an under-screened or never-screened woman, which has been facilitated by a medical or nurse practitioner (or on behalf of a medical practitioner) who also offers mainstream cervical screening.
- Self-collection for HPV testing may be considered during pregnancy in never-screened or under-screened women, following counselling by a health care professional regarding the risk of

bleeding. Specific recommendations for screening in pregnancy are available via the following link https://wiki.cancer.org.au/australia/Clinical_question:Screening_in_pregnancy

- Invitations and reminders to be sent to women 25-69 years of age and exit communications to be sent to women 70-74 years of age, to ensure the effectiveness of the program.
- A National Cancer Screening Registry was introduced in 2017 and all colposcopy data will be sent to the registry for benchmarking and quality assurance. Ideally reporting of Indigenous status should take place for data collection purposes.

4.2 New Zealand

The major features of the New Zealand 2020 Cervical Screening Guideline are:

- The commencement age for screening has changed from 20 to 25 years for any person with a cervix or vagina who has ever been sexually active.
- People under 25 who have already been screened (including those with normal cytology) will continue to be recalled for screening and referred and managed in the same way as people aged 25 to 69 year
- For the 'first ever' cervical cytology test, or if more than five years have elapsed since the previous test, a second cytology test is recommended one year after the first, with three-yearly screening thereafter if both results are normal.
- People aged 70 years and older who were unscreened or under-screened prior to age 70 should have two consecutive normal cytology samples (taken 12 months apart) before ceasing cytology screening.
- After successful treatment for high-grade squamous disease patients are discharged from colposcopy to primary care for a test of cure which includes the use of hrHPV testing with cytology.

4.3 Guidance on management of abnormal results

The Australian and New Zealand guidelines also provide guidance on:

- The management of symptomatic women, with a particular focus on those with signs or symptoms suggestive of cervical cancer, such as postcoital, intermenstrual and postmenopausal bleeding.
- Management of screen detected oncogenic HPV or abnormal cytology and decision-making at colposcopy.

Useful guidance in the form of Flowcharts is contained in both guidelines.

4.4 Updates to National Guidelines

The Australian and New Zealand National Cervical Screening Programs regularly update the guidelines as emerging data informs best practice.

5. Useful Links

a) Australia

Both long-form and short-form versions of the Australian National Cervical Screening Guideline are available at the following link: https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening

a) New Zealand

Details of the NZ NCSP can be found on the Ministry of Health website.

https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/clinical-practice-guidelines-cervical

The MOH website also provides updates on the roll out of the planned primary HPV screening program.

6. References

1. Ronco G, Dillner J, Elfström KM, Tunesi S, Snijders PJ, Arbyn M, et al. *Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials.* Lancet 2014 Feb 8;383(9916):524-32.

2. Franceschi S, Denny L, Irwin KL, Jeronimo J, Lopalco PL, Monsonego J, et al. *Eurogin 2010 roadmap on cervical cancer prevention.* Int J Cancer 2011 Jun 15;128(12):2765-74.

3. Sankaranarayanan R, Nene BM, Shastri SS, Jayant K, Muwonge R, Budukh AM, et al. *HPV screening for cervical cancer in rural India.* N Engl J Med 2009 Apr 2;360(14):1385-94.

7. Patient information

A Patient Information Pamphlet Cervical Screening in Australia is available via the following link https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets

Patient resources for cervical screening in New Zealand, including a variety of patient brochures, can be found via the following link:
https://www.timetoscreen.nz/cervical-screening/

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Steve Robson	Member
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	He Hono Wahine Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in November 2006 and was most recently amended in July 2020. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- An updated literature search was undertaken.
- At the July 2020 committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.