

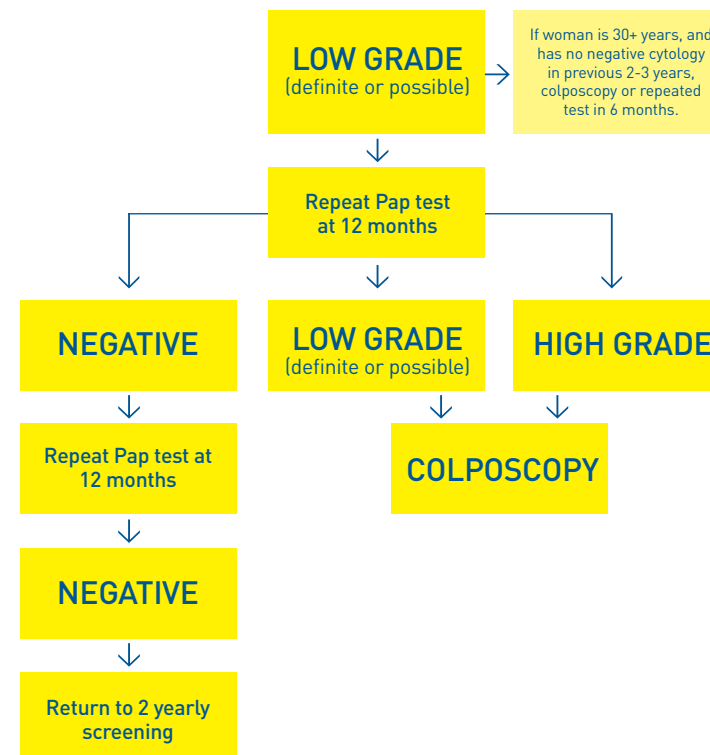


This reference sheet is a summary of the National Health and Medical Research Council (NHMRC) Guidelines 2005 for the Management of Asymptomatic Women with Screen-Detected Abnormalities.



Victorian Cytology Service
NHMRC Guidelines

PAP TEST REPORT	MANAGEMENT
Negative/within normal results	Repeat Pap test in 2 years
Negative/within normal limits and no endocervical cells present	Repeat Pap test in 2 years
Negative with inflammation	Repeat Pap test in 2 years
<i>Note: Investigate any symptoms that are not readily explained, such as post-coital or intermenstrual bleeding. A negative Pap test must not be taken as reassurance in these circumstances. Further investigation may involve referral to a gynaecologist.</i>	
Unsatisfactory	Repeat Pap test in 6-12 weeks, after appropriate treatment where indicated
Possible low grade squamous intraepithelial lesion Low grade squamous intraepithelial lesion (LSIL)	Repeat Pap test at 12 months. If the woman is 30+ years, and has had no negative cytology in previous 2-3 years, refer for colposcopy or repeat Pap test in 6 months. Refer to management flow chart (right).
Possible high grade squamous intraepithelial lesion High grade squamous intraepithelial lesion (HSIL)	Refer for colposcopy
Glandular Abnormalities including adenocarcinoma in situ	Refer for colposcopy which should be performed by a gynaecologist with expertise in suspected malignancies or by a gynaecological oncologist.
Invasive squamous cell carcinoma (SCC) or adenocarcinoma	Refer to a gynaecological oncologist.



POST TREATMENT OF A HIGH GRADE LESION

A woman who has had treatment for HSIL should have a colposcopy and cervical cytology 4-6 months after treatment. Cervical cytology and HPV testing should be done 12 months after treatment and annually until the woman has tested negative by both tests on two consecutive occasions. When all four tests are negative, the woman can return to two yearly screening. HPV testing is Medicare rebatable in these circumstances.

TIME SINCE TREATMENT	PAP TEST	COLPOSCOPY	HPV TESTING
4-6 months	✓	✓	-
12 months	✓	-	✓
24 months	✓	-	✓



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Victorian Cytology Service
National Policy and
Special Circumstances

NATIONAL CERVICAL SCREENING POLICY ON SCREENING FOR THE PREVENTION OF CERVICAL CANCER

Routine screening with Pap smears should be carried out every two years for women who have no symptoms or history suggestive of cervical pathology.

COMMENCEMENT OF PAP SMEARS

All women who have ever been sexually active should commence having Pap smears between the ages of 18 to 20 years, or one to two years after first sexual intercourse, whichever is **later**. In some cases it may be appropriate to commence screening before 18 years of age.

CEASING PAP SMEARS

Pap smears may cease at the age of 70 for women who have had two normal Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

Further information for patients is available from
Papscreen Victoria www.papscreen.org.au

SPECIAL CIRCUMSTANCES

ABNORMALITY DURING PREGNANCY

The investigation of screen-detected abnormalities during pregnancy should follow the same guidelines as for the non-pregnant woman. In general, women who present with a low-grade abnormality should have a repeat smear in 12 months. High grade lesions need early referral for colposcopic assessment, preferably by a colposcopist experienced in assessing the pregnant cervix.

IMMUNOSUPPRESSED WOMEN

Immunosuppression in this context is defined as:

- CD4 count of <400 in HIV-positive women; or
- transplantation with immunosuppressive therapy >3 years.

If an immunosuppressed woman has a screen-detected abnormality she should be referred for a colposcopy, even if the lesion is low-grade.

Management of immunosuppressed women is complex and should be carried out in specialist centres.

WOMEN EXPOSED IN UTERO TO DIETHYLSTILBOESTROL (DES)

DES-exposed women should be offered annual cytological screening and colposcopic examination of both the cervix and the vagina.

PREVIOUS HYSTERECTOMY

1. For documented benign reasons (e.g. menorrhagia, fibroids) – no further smears required if previous smears were negative.
2. Unknown smear history – baseline smear: if negative, no further smears required.
3. Subtotal hysterectomy – continue routine surveillance.
4. Hysterectomy with past history of HSIL (CIN 2 or 3). These women require continued screening because of their increased risk of vaginal neoplasia. The role of HPV testing in this situation requires further investigation.