



Changes to the clinical management of women at intermediate risk – frequently asked questions

Important changes to the clinical management of women at Intermediate risk in the National Cervical Screening Program (NCSP). While this document refers to women it is acknowledged that the information is relevant for any person with a cervix.

What is the new recommendation for intermediate risk patient management?

Under the NCSP Clinical Guidelines published in 2016, women who have had an intermediate risk cervical screening result HPV (not 16/18) detected, with negative reflex liquid-based cytology (LBC), possible low-grade squamous intraepithelial lesion (pLSIL) or LSIL, were recommended to have a follow-up HPV test at 12 months and then be managed as higher risk and referred for colposcopy, if any HPV is detected in their follow-up test.

In light of new evidence (see 'Why has this change occurred?' below), it is now recommended that women with a 12-month follow-up HPV test result of HPV (not 16/18) detected, with negative LBC, pLSIL or LSIL, be regarded as still at intermediate risk and undertake a second HPV follow-up test in a further 12 months' time.

If the subsequent test result (second follow-up HPV test following initial HPV (not 16/18) test result) again shows HPV (any type) detected, it is recommended these women be referred for colposcopy.

This recommendation came into effect on 1st February 2021.

The revised Cervical Screening Pathway is outlined in the [NCSP Clinical Guidelines](#).

Are there specific populations excluded from the new recommendation?

Women who may be at higher risk of a high-grade abnormality, despite a negative LBC or low-grade cytology result, should be referred for colposcopy if HPV (any type) is detected at 12 months. This includes the following groups:

- women who are two or more years overdue for screening at the time of the initial screen
- women who identify as Aboriginal and/or Torres Strait Islander
- women aged 50 years or older.

Additionally, the NCSP Clinical Guidelines outline separate guidance for other groups of women who fall outside the new recommendation. These groups include:

- immune deficient women
- women exposed to [diethylstilboestrol](#) (DES) in utero

- women currently undergoing Test of Cure following treatment of histological high-grade squamous intraepithelial lesion (HSIL)
- women aged 70+ (attending for an exit test).

Importantly, referral for colposcopy continues to be recommended for all women with self-collected samples at intermediate risk who test positive for HPV (any type) on their follow-up sample at 12-months after an initial HPV (not 16/18) test result on a self-collected sample.

What do I do if my patient has a reminder letter from the NCSP recommending colposcopy?

In accordance with the new recommendation, women who are currently scheduled for colposcopy and meet the conditions in the new recommendations should be directed to have a second follow-up HPV test.

If your patient has received a reminder letter and you are still unsure on the appropriate action to take, please contact the National Cancer Screening Register on [1800 627 701](tel:1800627701).

Patient details and their history can be updated via the Healthcare Provider Portal. Alternately, please contact the Register on 1800 627 701

What do I do if my patient has a reminder letter from the NCSP recommending colposcopy AND meets the exclusion criteria?

Patients who meet the exclusion criteria, should be referred directly to colposcopy. This includes:

- women who are two or more years overdue for screening at the time of the initial screen
- women who identify as Aboriginal and/or Torres Strait Islander
- women aged 50 years or older.

If your patient has received a reminder letter and you are unsure on the appropriate action to take, please contact the National Cancer Screening Register on [1800 627 701](tel:1800627701).

What should I do if my patient is already on a waiting list for colposcopy?

In most cases, your patient can safely be taken off the waiting list and instead have a second follow-up HPV test when due.

Please discuss with your patient their individual circumstances and how this may impact them.

Please inform the specialist or colposcopy clinic to whom your patient has been referred, that a colposcopy is no longer required.

Why has this change occurred?

The Cancer Council Australia Cervical Cancer Screening Guidelines Working Party reviewed Australian data for the cervical screening pathway recommendation for women with a 12-month follow-up HPV test in which HPV (any type) was detected.

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In the initial planning for the change to primary HPV screening, a cautious approach was adopted for management of these women, meaning the pathway for women with this result was universal referral for colposcopy.

Current national program data, broken down by HPV type, has shown that the risk of CIN2/3 and cervical cancer is very low for those participants in whom HPV (not 16/18) is detected and in whom reflex LBC is negative, pLSIL or LSIL.

Based on this current evidence, the Working Party recommended that women with a 12-month follow-up HPV test in which HPV (not 16/18) is detected and reflex LBC is negative, pLSIL or LSIL (intermediate risk result) should be recommended to undertake a second follow-up HPV test in a further 12 months' time following their first follow-up HPV test.

What if my patient's subsequent follow-up HPV test, following an initial 12-month follow-up HPV test result, detects HPV (not 16/18)?

If your patient's subsequent test result (follow-up HPV test) again shows HPV (not 16/18) detected, it is recommended these women are treated as high risk and be referred for colposcopy within 8 weeks.

This pathway is outlined in the revised [NCSP Clinical Guidelines](#) (PDF).

Are there any risks to my patient if they are not referred for colposcopy now?

Data from the first 2 years of the renewed NCSP indicated the risk of progression to CIN2+, CIN3+ and cancer was low for women at intermediate risk whose follow-up test is HPV (not 16/18) and LBC negative, possible low grade or low-grade cytology:

- the likelihood of histologically confirmed CIN2+ was approximately 8.1–8.5%.
- the likelihood of histologically confirmed CIN3+ was approximately 3.1–3.4%.
- the risk of invasive cervical cancer was 0.01–0.02%.

The long progression time from CIN2/3 to cancer (median time >10 years), coupled with these results provides reassurance that at a population level, it is safe for these women to not be referred directly for colposcopy.

While progression to CIN2/3 will occur in a small proportion of women, the majority will either clear their infection or have persistent infection with continuing LSIL or less.

What is the impact on colposcopy services?

At the time that the change to the Intermediate risk pathway was introduced in early 2021, colposcopy clinics were seeing large numbers of women referred for colposcopy, as the proportion of women with persistent infection was higher than predicted.

This demand on colposcopy clinics meant many women were waiting to see a specialist for extended periods, which can increase anxiety. This could have resulted in other women at the highest risk (with high-grade cytology or HPV (16/18) experiencing unnecessary delays for further clinical investigation and treatment .

The revision to the intermediate risk recommendation aims to reduce women having to undergo unnecessary colposcopies as well as reducing associated harms (biopsy, overtreatment, anxiety and financial costs). A follow-up interval of 12 months is appropriate for re-testing to allow for viral clearance in a proportion of women with HPV (not 16/18).

What information should be included on the pathology request form when requesting a follow-up HPV test?

A follow-up HPV test is claimable after a previous positive screening test (12-month follow-up).

Treating health care providers should indicate on the pathology request the clinical circumstances and risk factors of the patient that are relevant for this test request, including that it is a follow-up HPV test

The referring healthcare provider should indicate if the woman:

- is two or more years overdue for screening at the time of the initial screen
- identifies as being of Aboriginal and/or Torres Strait Islander
- is aged 50 years or older.

The pathology request form should also record all relevant clinical information, country of birth and language spoken at home. This will assist in assessing participation rates and informs efforts to improve access to culturally appropriate services for under- and never-screened groups.

A recommendation for colposcopy is considered appropriate for patients who meet any of the above exclusion criteria (see above advice on exclusions).

In other clinical circumstances this will be at the discretion of the treating healthcare provider, to be assessed on a case-by-case basis.

What MBS item should I claim for follow-up HPV tests?

Healthcare providers should use the following National Cervical Screening Program Renewal MBS item for the repeat HPV test:

- 73072: which provides for an HPV test (and reflex LBC) performed for the follow-up management of previously detected oncogenic HPV* infection with a negative or pLSIL or LSIL cytology result.
- There is no time restriction for the use of MBS item 73072 for follow-up management.

**Includes the follow-up management of HPV (not 16/18) detection.*

What do I do if I determine my patient may be at higher risk of high-grade abnormality?

Women who may be at higher risk of a high-grade abnormality should be referred for colposcopy if HPV is detected at 12 months, regardless of the result of LBC reflex cytology. This includes the following groups:

- women who are two or more years overdue for screening at the time of the initial screen

- women who identify as Aboriginal or Torres Strait Islander
- women aged 50 years or older.

The relevant information should be included on the referral to the colposcopy provider. It may be necessary on a case-by-case basis to contact the gynaecologist or colposcopy clinic directly to discuss your patient's specific circumstances.

What should I do if I receive notification from the colposcopy clinic that my referral is not accepted?

Under the new clinical guidelines' recommendation, it is safe for most patients to have a second follow-up HPV test 12 months after their first follow-up test, rather than see a specialist for a colposcopy.

However, if your patient:

- is two or more years overdue for screening at the time of the initial screen
- identifies as Aboriginal and/or Torres Strait Islander
- is aged 50 years or older

you should provide this information to the colposcopy clinic.

Additionally, the NCSP Clinical Guidelines outline separate guidance for other groups of women who fall outside the new recommendation. These groups include:

- immune deficient women
- women exposed to [diethylstilboestrol](#) (DES) in utero
- women currently undergoing Test of Cure following treatment of histological high-grade squamous intraepithelial lesion (HSIL)
- women aged 70+ (attending for an exit test).

Importantly, referral for colposcopy continues to be recommended for all women with self-collected samples at intermediate risk who test positive for HPV (any type) on their clinician-collected sample at 12-months after an initial positive test result on a self-collected sample.

Where can I get further information?

Call the National Cancer Screening Register on [1800 627 701](tel:1800627701)

Visit the [National Cervical Screening Program](#) on the Department of Health website.