

# Pathology Test Guide for Cervical and Vaginal Testing<sup>^</sup>

Patient presents as	Context*	Age	Sample type	Test type	What to write on the pathology request form
Asymptomatic	NCSPP routine five-yearly screening <ul style="list-style-type: none"> <li>Only 1 of this MBS item is claimable in a 57-month period</li> </ul>	≥ 24yrs & 9mths	Cervical	HPV test	Cervical Screening Test (CST)
	Screening under- and never-screened patients <ul style="list-style-type: none"> <li>≥30 years of age and</li> <li>At least 2 years overdue or never-screened and</li> <li>Declines cervical sampling</li> <li>Only 1 of this MBS item is claimable in a 7-year (84-month) period</li> </ul>	≥ 30yrs	Vaginal	HPV test	HPV test, self-collected
	Screening under- and never-screened patients <ul style="list-style-type: none"> <li>Following a self-collect test result of HPV detected, not 16/18 (intermediate risk)</li> </ul>		Cervical	Standalone LBC	LBC
Asymptomatic	Screening in specific populations <ul style="list-style-type: none"> <li>Immune-deficient</li> <li>Early sexual debut, prior to 14 years and not vaccinated prior to sexual debut (only one claimable between 20 to 24 years of age)</li> </ul>	Any age	Cervical	HPV test	<ul style="list-style-type: none"> <li>HPV test, Immune-deficient</li> <li>HPV test, Early debut HPV</li> </ul>
	Follow-up test claimable after previous positive screening test (12-month repeat)			Co-test (HPV & LBC)	Follow-up HPV test
	Follow-up or post-treatment for clinical management <ul style="list-style-type: none"> <li>Following treatment of HSIL (also called “test of cure”)</li> <li>Following treatment of AIS</li> <li>DES exposed in utero</li> </ul>			<ul style="list-style-type: none"> <li>“Co-test” or “HPV &amp; LBC”, Test of Cure</li> <li>“Co-test” or “HPV &amp; LBC” Post-treatment</li> <li>“Co-test” or “HPV &amp; LBC”, DES</li> </ul>	
Symptomatic <sup>1</sup>	For investigation of symptoms <ul style="list-style-type: none"> <li>Abnormal vaginal bleeding (post-coital, unexplained inter-menstrual or any post-menopausal)</li> <li>Unexplained persistent unusual discharge (especially if offensive and/or blood stained)</li> </ul>	Any age	Cervical	HPV test	<ul style="list-style-type: none"> <li>“Co-test” or “HPV &amp; LBC”, Symptomatic</li> <li>“Co-test” or “HPV &amp; LBC”, "Symptomatic" (describe the symptoms)</li> </ul>
	If due for cervical screening <ul style="list-style-type: none"> <li>Vaginal discharge (other than persistent or unusual)</li> <li>Deep dyspareunia (in the absence of bleeding or discharge)</li> </ul>			HPV test	Cervical Screening Test (CST)
HPV test after total hysterectomy	<ul style="list-style-type: none"> <li>No evidence of cervical pathology on hysterectomy specimen and patient screening history not available</li> <li>Unexpected LSIL or HSIL identified in hysterectomy specimen;</li> <li>Hysterectomy for treatment of HSIL in the presence of benign gynaecological disease; or</li> <li>Following histologically-confirmed HSIL without previous Test of Cure and no cervical pathology in hysterectomy specimen.</li> </ul>	Any age	Vaginal vault	HPV test	Vaginal vault HPV
				Co-test (HPV & LBC)	Vaginal vault “Co-test” or “HPV & LBC”
Follow-up self-collect HPV test (clinical management)	<ul style="list-style-type: none"> <li>Only claimable within 21 months following the detection of oncogenic HPV (any type) on a self-collected screening test</li> </ul>	≥ 30yrs	Vaginal	HPV test	Self-collect HPV follow-up test
			Cervical	Standalone LBC	LBC
Repeat test following an unsatisfactory test	Following an unsatisfactory test <ul style="list-style-type: none"> <li>Only claimable when preceded by another cervical or vaginal MBS Item</li> </ul>	Any age	Cervical	HPV test	HPV test, previous result unsatisfactory
			Vaginal	HPV test	HPV test, previous result unsatisfactory
			Cervical	LBC	LBC, previous result unsatisfactory

<sup>^</sup> For more information see page 24 of the booklet *Understanding the National Cervical Screening Program Management Pathway – a Guide for Healthcare Providers*.

\* Further appropriate use scenarios are outlined in the 2016 Guidelines, accessible from [wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening)

<sup>1</sup> Persistence of any unexplained gynaecological symptoms should always warrant further investigation and referral as appropriate.