

Cervical screening recall and reminder labels/codes

Information provided in the table below is adapted from the *National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific population and investigation of abnormal vaginal bleeding*.

Women at any age with symptoms suggestive of cervical cancer require diagnostic testing (co-test and usually a gynaecological assessment) and not 'cervical screening'. A co-test is where the laboratory performs both the human papillomavirus (HPV) test and the liquid-based cytology (LBC) test at the same time, and on the same specimen. This means that the LBC test is performed irrespective of the HPV test result.

Reminder label (codes)	Next screen	HPV test result	Reflex LBC Result	Practice actions	Details*
Cervical: Low	5 years	No HPV detected	N/A	Advise as per process for normal result. Set a reminder for 5 yrs after screening date.	Oncogenic HPV was not detected. Patients at low risk can safely return for a Cervical Screening Test in five years.
Cervical: Intermediate	1 year	HPV (not 16/18) detected	Negative, possible LSIL or LSIL	Doctor/nurse to advise result via phone or, as per practice policy for an abnormal result. If the patient is concerned, invite them to see a doctor. Use A guide to understanding your cervical screening test results to support plain English explanation of the result. Manage screening reminder via practice recall policy. Ensure systematic follow-up of referral compliance.	This result means: HPV is detected, but not types 16/18 A reflex LBC conducted on the same sample showed that the patient has negative or possible low-grade squamous intraepithelial lesion (LSIL), or LSIL abnormal cervical cells. These patients will be invited to return for a repeat HPV test in 12 months. This is to check if the body has cleared the HPV infection. 12 months after an intermediate result: <ul style="list-style-type: none"> If HPV (any type) is not detected at 12 months, the patient can now safely return to five-yearly screening. If HPV (not 16/18) is detected and a reflex LBC conducted on the same sample shows a negative or possible LSIL, or LSIL abnormal cells, the patient will be invited to return for a repeat HPV test in 12 months. If HPV (any type) is still present after this repeat test, the patient should be referred to a specialist for colposcopic assessment. However, there are some exceptions. Women who may be at higher risk of harbouring a high-grade abnormality should be referred to colposcopy if HPV is detected at 12 months, regardless of the result of reflex cytology. This includes the following groups: <ul style="list-style-type: none"> 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 descent Women aged 50 years or older

Reminder label (codes)	Next screen	HPV test result	Reflex LBC Result	Practice actions	Details*
Cervical: Higher	N/A – refer to specialist	HPV (not 16/18) detected	Possible HSIL or HSIL	<p>Recall the patient as per practice policy for abnormal results.</p> <p>Use A guide to understanding your cervical screening test results to support plain English explanation of the result.</p> <p>Ensure systematic follow-up of referral compliance.</p>	<p>This is the first of two reasons why a patient would receive a higher-risk result.</p> <p>This result means the patient has received the following results:</p> <ul style="list-style-type: none"> • HPV is detected, but not types 16/18 • A reflex LBC conducted on the same sample showed that the patient had possible high-grade squamous intraepithelial lesion (HSIL) or HSIL on cytology. • The patient should be referred to a specialist to have a colposcopic assessment because they are at a higher risk of cervical cancer. • A colposcopy will determine if treatment is required.
Cervical: Higher	N/A – refer to specialist	HPV 16/18 detected	Any LBC result	<p>Recall the patient as per practice policy for abnormal results.</p> <p>Use A guide to understanding your cervical screening test results to support plain English explanation of result.</p> <p>Ensure systematic follow up of referral compliance.</p>	<p>This is the second of two reasons why a patient would receive a higher-risk result.</p> <p>This result means the patient has received the following result:</p> <p>HPV types 16/18 have been detected</p> <p>HPV types 16/18 are associated with approximately 70% of cervical cancers.</p> <p>These HPV types are more likely to progress to cervical cancer than other oncogenic HPV types. Regardless of the reflex LBC test result, the patient should be referred to a specialist to have a colposcopic assessment because they are at a higher risk of cervical cancer.</p>
Cervical: Un-satisfactory	6-12 Weeks	Un-satisfactory for HPV	Un-satisfactory for LBC	<p>Recall for re-test within 6-12 weeks.</p> <p>Use A guide to understanding your cervical screening test results to support plain English explanation of the result.</p>	<p>This result means the sample collected was unsatisfactory for either HPV or LBC.</p> <p>If the HPV test was unsatisfactory, the patient should return within 6-12 weeks for a repeat HPV test.</p> <p>If the LBC test was unsatisfactory, the patient should return within 6-12 weeks for a repeat LBC test.</p>

* Information provided in the table above is adapted from the National Cervical Screening Program's resource, Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers. Available at [http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/C2058A7D155867ACCA2581C400082790/\\$File/CAN174-Understanding-the-National-Cervical-Screening-Program-Management-Pathway.pdf](http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/C2058A7D155867ACCA2581C400082790/$File/CAN174-Understanding-the-National-Cervical-Screening-Program-Management-Pathway.pdf) (accessed 26 Feb 2019).