

HPV Primary Screening
USCAP 2017
American Society for Cytopathology companion meeting

Dr Jason Stone
The Pros and Cons of HPV Primary Screening

- On 1 May 2017 Australia is scheduled to move to 5 yearly primary oncogenic HPV testing, with reflex cytology in cases with positive HPV results.
- Screening commences at age 25.
- This is a public funded National screening program with a national register and invitation to patients to attend
- This is expected to decrease incidence and mortality from cervical cancer by approximately 30% and save approximately \$40 million per annum
- In order to maintain cytology screening expertise, there will be closure of smaller labs and loss of workforce.
- Also included in this national program is the option for self-testing. This is intended to reach out to the “never-screened” or “under-screened” population. In Australia >80% of patients with invasive cervical cancer are from this cohort.
- Self-testing has been shown to increase participation in this cohort (20.3% vs 6%)
- Self-testing has been shown to have a relative sensitivity of 0.62 to 1.00 compared to clinician-collected.
- The move to HPV DNA testing has been misinterpreted by some media outlets as representing the end of speculum examination.
- General practitioners have commented on the later start at age 25 as potential issue
- With a five yearly testing cycle, managing substantial peaks and troughs in work load is going to be difficult with a lag period of almost 20 years before it normalises.
- Patients have an expectation that DNA testing is exceptionally accurate. This may result in unmet expectation. This false expectation needs to be managed.

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