High sensitivity troponin testing in General Practice
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High sensitivity troponin measurement in the emergency room/hospital setting is now widely established in Australia and is now being recommended for widespread implementation in the USA. Lower cut-offs into the normal range may find value as a single determinant for exclusion purposes in the acute emergency ward setting; however, because HS troponin may be elevated in a number of non-coronary cardiac conditions, a rise and/or fall in the level is usually required for diagnosis of a coronary infarct. In unstable angina pectoris a troponin may be normal, as may an ECG recording if the patient is pain free at the time.

Two articles in the Medical Journal of Australia published in the past three years have addressed the issues/problems surrounding ordering of the test in general practice. In both articles the authors agree that there are times when a single measurement of HS troponin can be useful clinically; however, there are times when it can be counterproductive.

Firstly, it is agreed that a patient with classical features of the acute coronary syndrome (ACS) plus or minus ECG findings who has/had pain in the 24 hours prior to assessment should be referred urgently to an emergency centre without troponin measurement. The turnaround time for an urgent troponin in most acute hospitals is of the order of 60 minutes or less. In the community private pathology scenario, turnaround time for a troponin result, even when treated as urgent, could take anywhere from 4 to 12 hours. That usually means that the result is only available after hours. Frequently, the ordering clinician is unavailable to receive or act on the result.

A troponin can be useful in the general practice setting if the patient has had atypical chest pain with a low but not negligible likelihood of the ACS; or the patient is currently pain and/or symptom free for 24 hours with a normal ECG. After an infarct, troponin can remain elevated for over a week.

For the laboratory, an abnormal troponin requires phoning if it is an urgent request from the clinician. This may be after hours – even after midnight. Usually the context of the result is only known by the requesting clinician. If a requesting clinician is unavailable to receive the result after hours, the patient will usually be contacted by a pathologist or emergency services.

In summary, there is a place for troponin measurement in general practice. Elevated levels are not uncommon due to causes other than the ACS. Turnaround time for a result may take much longer when collected in a collection centre than in the hospital setting.

When ordering an urgent troponin please ensure that the laboratory has a valid contact number for after hours.

References

Medicare rebate restrictions and Thyroid Function Tests
The Medicare Benefits Schedule (MBS) places restrictions on the ordering of Thyroid Function Tests (TFTs). Unless certain conditions have been met, a rebate is payable for measurement of TSH only. Doctors requesting these tests should write the appropriate indication for full TFTs on the request form to ensure that the rebate will be paid.

Thyroid function tests (comprising TSH and free T4) will be eligible for a Medicare rebate if at least one of the following conditions is satisfied:

- for monitoring known (treated) thyroid disease;
- to investigate sick euthyroid syndrome in an in-patient;
- to investigate dementia or psychiatric illness;
- to investigate amenorrhoea or infertility;
- the patient has suspected pituitary dysfunction;
- the patient is on a drug that can interfere with thyroid hormone metabolism or function (such as lithium, amiodarone, beta-blockers and corticosteroids).

For further information please contact
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Important update

Cervical Screening Renewal

Changes to the cervical screening program, planned for May 1, have been delayed until December 1, 2017. It is important that women due for cervical screening continue to be tested using a cytology-based Pap test.

In order to maintain reasonable turnaround times during this period of delay, the following changes to Pap test rebates have been announced by the Australian Government:

<table>
<thead>
<tr>
<th>Schedule of screening options</th>
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</thead>
<tbody>
<tr>
<td><strong>From now until April 30</strong></td>
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<tr>
<td><strong>May 1 until Nov 30</strong></td>
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<tr>
<td><strong>From Dec 1</strong></td>
</tr>
</tbody>
</table>

* Medicare rebate for HPV testing for “test of cure” will continue to be available.

What screening options will Sullivan Nicolaides Pathology offer?

1. **Pap smear**
   - From now until November 30, 2017, we will continue to offer high-quality, Medicare rebatable, Pap smear testing. Many of our referrers and women will prefer to continue this familiar testing approach prior to the December 2017 change to HPV primary screening.

2. **ThinPrep®**
   - Some of our referrers have routinely recommended women pay for an additional ThinPrep® test as well as a Pap smear. These referrers can stop sending the Pap smear slide and instead rinse all the material directly into the ThinPrep® vial. The result will be reported as ThinPrep® only. Prior to May 1, there is no rebate for ThinPrep® and women will receive an account for $45.

   **Between May 1 and November 30, 2017, for each patient, only one Pap test (either a Pap smear or ThinPrep®) will be funded by Government. If, after April 30, 2017, both samples are sent, the ThinPrep® will be bulk billed and the Pap smear will be billed privately at $45 and an account sent to the patient.**

3. **What if my female patients want a HPV test now?**
   - We understand that some referrers and women have delayed cervical screening to align with the start of the new HPV primary screening program and, understandably, are disappointed by this unexpected delay.

   This has led to a number of enquiries about privately-funded HPV testing in this interim period.

   In response to this demand, from May 1 to November 30, 2017, we will offer a co-testing (LBC + HPV) option for women who attend for screening and want the added reassurance of knowing their HPV status.

   In this case, the ThinPrep® test will attract a Medicare rebate and the HPV test will be billed at a reduced private fee of $45.

   Both tests can be performed from the same ThinPrep® vial so no extra collection is required.

For your copy of the Cervical Screening test collection guide contact 1300 SNPATH (1300 767 285)
From December 1, 2017, the cervical screening program will change significantly.

### What will change?

<table>
<thead>
<tr>
<th>Tests and funding</th>
<th>The high-risk HPV test, also known as the oncogenic HPV test, will become the Medicare-funded cervical screening test. Pap smears will not be funded after November 30, 2017.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening age and interval</td>
<td>Asymptomatic women between the ages of 25 and 74, with a negative HPV test, will be screened every five years.</td>
</tr>
<tr>
<td>Reports</td>
<td>The HPV test result will assign women to different risk categories – low, intermediate or higher risk, each with different recommendations for follow-up.</td>
</tr>
<tr>
<td>Sample collected</td>
<td>The sample will need to be collected into a liquid-based (e.g. ThinPrep®) vial.</td>
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</tbody>
</table>

### Will there be a self-collect option?

A clinician-supervised self-collect option for HPV testing, using a swab, can be offered to women who would otherwise not screen. However, it must be made clear that this testing is not as good as a clinician-collected sample. It is, however, better than the patient not participating in screening at all.

If the HPV test is positive, the patient will need to return for a clinician-collected LBC sample.

### What about symptomatic women or those already in follow-up?

In the new program, women who present with symptoms, such as post-menopausal, post-coital or unexplained bleeding, will receive a Medicare funded co-test (HPV plus LBC), regardless of their age and date of previous cervical screening tests.

Women currently in follow-up for low-grade lesions will be offered HPV testing. If positive, they will be referred for colposcopy. If negative, they will be advised to have another HPV test in five years.

There will also be pathways for women in other special circumstances, such as test of cure, following high-grade squamous and glandular lesions, immunosuppressed and DES-exposed women.

Although screening will no longer be offered routinely for women under 25 years of age, younger women at higher risk, due to early onset of sexual activity or victims of sexual abuse, can still be offered Medicare-funded HPV testing.

### Further information

As we approach December, 2017, the Australian Government will conduct an extensive education program for all screening stakeholders.

Sullivan Nicolaides Pathology will continue to provide you with periodic updates during 2017 as more details become available. However, should you have any queries, please contact our Cytology Department (07) 3377 8592.
eOrdering and HbA1c

Using eOrders to assist with requesting HbA1c

With the introduction of the diagnostic item number for HbA1c, it is now necessary to classify patients as either diabetic monitoring or screening testing to ensure they have access to the correct Medicare rebate.

To help you request the appropriate item, SNP’s latest version of the eOrder pathology requesting portal in Best Practice and Medical Director now includes a separate listing for HbA1c (monitoring) and HbA1c (screening).

For more information about eOrdering please contact your Medical Liaison Manager on 1300 SNPATH (1300 767 284)