

## Insights into Cervical Screening Testing

### Clinical Audit – Cervical Screening Test

Continuing professional development activity

Sullivan Nicolaides Pathology has developed a CST Audit that provides personalised statistical audit reports at 6 and 12-monthly intervals, allowing participants to:

- reflect on clinical outcomes
- look for practice improvement and educational learning opportunities

By selecting a representative group of women, participants can also monitor patients who need to transition into the new CST Program.

#### Continuing professional development

#### OBSTETRICIANS AND GYNAECOLOGISTS

##### RANZCOG Fellows

Practice Audit and Reflection (PAR) points

##### RANZCOG Certificants/Diplomates

RACGP category 1 points in the specific area of Women's Reproductive Health and ACRRM PRPD and Obstetric MOPS

#### GPs

##### RACGP – QI & CPD program (Women's reproductive health activity)

40 category 1 points + QI component

##### ACRRM – PRPD points

30 PRPD and 30 Obstetric MOPS points

#### NURSES/NURSE PRACTITIONERS

Continuing professional development activity

Register at [register.apps.sonichealthcare.com/audits](http://register.apps.sonichealthcare.com/audits)

or contact your Medical Liaison Manager – 1300 767 284

#### Features

- No minimum number of referrals
- One of the largest clinical audits in Australia
- Generate patient results lists at any time using Sonic Dx



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## CST update for women younger than 25 years

Women aged 25 years or older are eligible for a routine cervical screening test. For women younger than 24 years and 9 months to be eligible for a Medicare rebate, they **must have applicable clinical notes on the request form** to indicate that they commenced sexual activity before 14 years of age and prior to vaccination. It is a requirement of the new Cervical Screening Program that a patient with positive HPV tests also have liquid based cytology (LBC) performed.

Any woman who is younger than 24 years and 9 months and symptomatic should be referred for a co-test (HPV + LBC) and **relevant clinical notes** (e.g. abnormal bleeding, past history and time of HSIL) **must be included on the request form**.

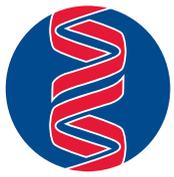
A Medicare rebate is available only to women younger than 24 years and 9 months if they meet the clinical criteria, which must be written on the request form. If they do not meet the Medicare criteria and

the account is rejected by Medicare, they will receive an account for payment in full.

**Informed financial consent is required for any woman being tested outside the guidelines of the new Cervical Screening Program. We ask that you discuss the possibility that their tests may not be eligible for a Medicare rebate and advise that, if both HPV and an LBC are required, there will be a separate fee for each test.**

For more information about private fees, please contact your Medical Liaison Manager on 1300 767 284 or the Patient Services Support Centre on 1300 732 030.

Unless otherwise instructed, SNP will perform tests as indicated on the request form to ensure that women receive appropriate medical care.



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PATHOLOGY  
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## Recommendations for ordering ESR

### Limited clinical value of ESR when ordering with CRP

It is not an uncommon practice for doctors to order ESR and CRP measurements together in the same episode when investigating inflammation. However, ESR is a very non-specific test and of limited value except in a small number of clinical settings.

The clinical usefulness of ESR is limited to monitoring the response to therapy in inflammatory diseases when biological disease-modifying anti-rheumatic drugs (bDMARDs) are being used. This is due to historic and outdated PBS guidelines. These include:

- Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis – CRP and ESR may need to be ordered together to comply with PBS requirements.
- Lupus – usually CRP is not elevated in SLE, so ESR is commonly relied upon. This, in fact, has little supporting evidence.
- Osteomyelitis – in some cases of chronic osteomyelitis, ESR may be a more reliable guide than CRP, though this is uncommon.
- Giant cell arteritis (aka temporal arteritis) – ESR has traditionally been used to aid diagnosing this condition, although CRP is almost certainly as useful in the diagnosis and monitoring of GCA.

We ask our doctors to review their current practices to identify those situations where ordering ESR may be unnecessary. We consider it important that we eliminate unnecessary tests where evidence shows they provide no benefit and, in some cases, lead to further unnecessary testing.

**Dr Daman Langguth**  
Head of the SNP Immunology Department  
P: (07) 3377 8698  
E: [daman\\_langguth@snp.com.au](mailto:daman_langguth@snp.com.au)

## Pathologist Profile

**Dr Michelle Alizart BSc (Biomed) MBBS (Hons) FRCPA**

We are very pleased to welcome Dr Michelle Alizart to the Practice to specialise in breast pathology, gynaecological histopathology, and cytopathology.



After graduating with a BSc (Biomed) in 1997, Dr Alizart worked as a scientist in medical research into Guillain-Barre syndrome at the University of Queensland's Department of Medicine at the Royal

Brisbane Women's and Royal Children's Hospitals. She went on to train in medicine at the University of Queensland, graduating with MBBS (Hons) in 2005. Then, pursuing an interest in pathology, she undertook specialist training in anatomical pathology at various institutions across Queensland, including the Princess Alexandra Hospital, the Royal Brisbane Women's Hospital, the Royal Children's Hospital, Brisbane, and the Prince Charles Hospital. In 2011, she completed a research post at the UQ Centre for Clinical Research (UQCCR) under Professor Sunil Lakhani and has since worked as a consultant histopathologist in the private sector.

Dr Alizart developed an interest in women's health early in her medical training. This was consolidated by her years of training at the RBWH, where breast and gynaecological pathology were paramount. Her subsequent work within the private sector has allowed her to gain further depth of experience in these subspecialties. For the past two years, she has also been actively involved in education regarding the renewal of the National Cervical Screening Program, including writing articles, speaking at conferences and conducting GP education seminars.

In her work with SNP, Dr Alizart is actively involved in breast and gynaecological multi-disciplinary teams (MDTs) and enjoys collaborating with colleagues from other specialties. She derives special professional satisfaction from the problem-solving nature of pathology: 'I was always an inquisitive child, so it's not surprising that I found my niche in pathology. The final diagnosis is not always what is first expected. Sometimes, the pieces fit together only after collaboration with your colleagues. Women's health is a subject very close to my heart. It's very satisfying to know you are using your skills to help someone at a difficult time.'

**Dr Michelle Alizart**  
P: (07) 3377 8456  
E: [michelle\\_alizart@snp.com.au](mailto:michelle_alizart@snp.com.au)