

## National Cervical Screening Program update

### New management guidelines for intermediate-risk women

Effective from February 1, new management guidelines were introduced for managing women at *Intermediate Risk*.

**Under the new guidelines**, at the 12-month follow up CST, if a woman tests positive for HPV (not 16/18) she will again be reported as *Intermediate Risk* and a repeat CST performed in a further 12 months (24 months subsequent to their index HPV positive result). If at 24 months, HPV (not 16/18) is detected for a third time, she will then be deemed *High Risk* and recommended for colposcopy.

**Previously**, a woman was deemed *High Risk* after only a single repeat CST test at 12 months.

HPV not 16/18	December 2017-January 2021	1 February 2021	1 February 2021 - special circumstances (age>50; ATSI; 2+ years overdue for screening)
First detected (LBC = Negative, pLSIL or LSIL)	Intermediate Risk Repeat CST in 12/12	Intermediate Risk Repeat CST in 12/12	Intermediate Risk Repeat CST in 12/12
Second detected at 12/12 (LBC = Negative, pLSIL or LSIL)	High Risk Refer for colposcopy	Intermediate Risk Repeat CST in 12/12	High Risk Refer for colposcopy
Third detected at 24/12 (LBC = negative, pLSIL or LSIL)		High Risk Refer for colposcopy	

#### Exceptions:

Colposcopy is recommended when HPV (not 16/18) is detected at 12 months, regardless of the result of reflex LBC, in the following circumstances:

- 50 years of age and over
- of Aboriginal and/or Torres Strait Islander heritage
- overdue for screening by at least 2 years prior to their initial positive HPV (Not 16/18).

There are other clinical scenarios that require specific management and these take priority over the general guidance outlined above, including women who are:

- immune-deficient
- di-ethyl stilboestrol (DES)-exposed
- undergoing test of cure
- 70 years and over and requiring an exit test
- have submitted a self-collected specimen
- had recent colposcopy demonstrating a type 3 transformation.

#### Does this put patients at risk? No.

The change to guidelines follows the 2020 analysis of program data relating to outcomes of women referred to colposcopy at their 12-month follow-up. It found the risks of developing high grade lesions, CIN2/3 and cervical cancer, are very low in the great majority of women who remain HPV (not 16/18) positive but have a negative pLSIL or LSIL cytology.

#### LBC findings triage the management pathway

HPV testing is highly sensitive, and as recommended in other branches of the NCSP management pathway, the LBC test is performed as a reflex if HPV is detected. There is no need to order a co-test (i.e. HPV+LBC) when following up these women.

#### SNP information bulletin and diagnostic pathway charts

Our new bulletin explaining the changes to the guidelines and incorporating a diagnostic pathway for routine cervical screening is available from your Medical Liaison Manager.

#### Updated NCSP management guidelines

[https://wiki.cancer.org.au/australiawiki/images/9/9f/NCSP-CCA\\_6\\_Management\\_oncogenic HPV\\_test.pdf](https://wiki.cancer.org.au/australiawiki/images/9/9f/NCSP-CCA_6_Management_oncogenic HPV_test.pdf)

## National Cancer Screening Register healthcare provider portal now available

The National Cancer Screening Register (NCSR) has introduced the Healthcare Provider Portal for healthcare professionals\* so they can access and submit bowel and cervical screening data to the NCSR.

Everyone in Australia who is participating in the national cervical and/or bowel screening programs has a record. The portal enables:

- searching for a patient and viewing their test results and screening histories
- viewing and updating a patient's details
- submitting information and forms to the register - cervical and bowel-related program forms
- amending a patient's correspondence for either bowel or cervical programs

- nominating other people to assist a patient (such as a personal representative or another healthcare provider)
- requesting a kit for the national bowel screening program.

\*Healthcare providers with a PRODA can link to the portal upon initial registration using a Medicare Provider Number (MPN). Access is also available to your practice staff as 'delegate' of a provider with an MPN who has previously registered on the portal.

NCSR Healthcare Provider Portal: <https://www.ncsr.gov.au/content/ncsr/en/healthcare-providers/RegisterAccess/hcp-portal-user-guide.html>

To register for PRODA: <https://proda.humanservices.gov.au/pia/pages/public/registration/account/createAccount.jsf>

Or call the PRODA contact centre on 1800 627 701.



## SNP farewells four of our most senior pathologists

**Dr Michael Harrison, SNP Managing Partner and CEO, looks back on four illustrious careers**

2020 was the year when all eyes were on the COVID-19 pandemic, but for four SNP pathologists it signalled the end of their long and illustrious professional careers.

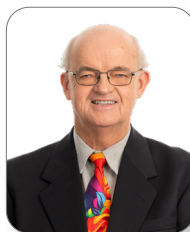
Drs KC Chong, John Eldershaw, Graham Adkins and Nigel Buxton all chose 2020 to 'take a bow' and head off to well-earned retirements. They were all histopathologists, but the courses of their professional lives were different, even if they did spend all or almost all of their time as pathologists at SNP.



**Dr Kew Chai Chong** MBBS FRCPath FRCPA  
SNP years 1979-2020

KC, as he was known to us all, grew up and was educated in Malaysia – school, medicine and pathology (through the UK College). He moved to Australia in the late 1970s to take up a position at the Princess Alexandra

Hospital. He moved, he told me, so that his children could have the same education and employment opportunities that he'd had, but were now not likely in Malaysia as it was then. KC was a wonderfully, persistently cheerful person – always smiling and often laughing. He developed into an acclaimed dermatopathologist and was part of that world-class team of skin pathologists lead by John Sullivan and David Weedon. As often is the case, he never lost the accent of his first learnt language and was renowned for the volume that he spoke at – especially when he was excited. Sharing a dividing wall with KC was an interesting experience, and one that was managed through good soundproofing materials! I often called him my "set and forget pathologist" (which inevitably provoked gales of laughter). He was so knowledgeable, dedicated and hard-working, and he also loved teaching – something many, many trainee pathologists and dermatologists so greatly benefitted from.



**Dr John Eldershaw** MBBS FRCPA  
SNP years 1980-2020

John Eldershaw (known as JE) started with SNP at Bundaberg at the time when SNP was growing and moving into regional centres. Mostly, this occurred through the purchase

of smaller 'stand-alone' laboratories whose owners saw the need to join with a larger organisation. John was the first pathologist in Bundaberg and that's where I first met him in 1985. Under John's leadership, SNP in Bundaberg grew rapidly, and this success was soon to be followed by similar success in Maryborough. John spent 10 years at 'Bundy' before moving back to Brisbane – initially Taringa and then as part of the SNP Skin Group to the dedicated Dermopath Lab at Indooroopilly. He has always downplayed his expertise in skin pathology, especially skin cancers, but JE has always been the 'go to' person for second opinions and reassurance. He worked closely with and has been a good friend of David Weedon, which is something I greatly appreciated. John is a keen observer of human nature, likes a chat and is a wonderful resource of information. Always decisive and pragmatic in his work, he has been a great contributor to the output of the SNP skin team.



**Dr Graham Adkins** MBBS FRCPA  
SNP years 1985-2020

Graham Adkins also broke new ground. Starting with us in the 1980s, Graham was the first pathologist trainee to complete his studies for the FRCPA at SNP. A good histopathologist all-rounder, in the latter

part of his career, Graham subspecialised in gastrointestinal pathology and oral pathology – not surprising, as his father was a nationally recognised oral pathologist. Probably the most decisive pathologist I've worked with, for Graham there were rarely shades of grey – something greatly appreciated by clinicians – and ultimately patients. He was an inveterate traveller, especially to Africa, and his beautiful wildlife pictures adorned walls in his office and corridors.



**Dr Nigel Buxton** FRCPath MIAC  
SNP years 2004-2020

Nigel Buxton had the most diverse employment history of any pathologist at SNP. Nigel was an SAS soldier in the British army and was involved in intense conflict during the Falklands war. After completing

medicine and pathology in the UK, Nigel moved to Australia – firstly Perth and then Rockhampton – and became SNP's Rockhampton resident pathologist on the retirement of Dr Tom Lynch. Nigel was also a qualified forensic pathologist, and for much of the time he was with SNP he also provided a forensic pathology service to the whole of Central Queensland. Thanks to the good – and not so good – citizens of Central Queensland, Nigel was undoubtedly the busiest forensic pathologist in the state! A keen four-wheel drive traveller he has seen most parts of remote Australia and – COVID-19 permitting – this is where his retirement is likely to take him.