

Guidelines for Cervical Screening in New Zealand

Guidance on HPV Testing Update 1: April 2010

Introduction

This is the first in an ongoing series of updates of the *Guidelines for Cervical Screening in New Zealand*, released by the National Cervical Screening Programme (NCSP) in August 2008 and available on www.nsu.govt.nz/Health-Professionals/2747.asp

Note that guidelines are intended only as an aid to clinical practice, not as a substitute for clinical judgment. Clinicians should continue to manage patients on the basis of personal and family medical history, and clinical signs and symptoms, as well as formal guidelines.

Testing for high risk (oncogenic) HPV types (HrHPV) was introduced in New Zealand in October 2009. This reflects accumulating evidence on the clinical utility and cost effectiveness of HrHPV testing alongside cervical cytology in the management of women with cervical abnormalities.^(1,13,15)

The addition of HrHPV testing to cytology and colposcopy offers several advantages,⁽²⁻⁹⁾ including both greater sensitivity for the detection of CIN2/3 or cancer and a higher predictive value of a negative test. That is, testing negative for HrHPV implies a very low risk of CIN2/3 or cancer. HrHPV testing thus helps to clarify the risk of having significant cervical disease against the harm of having unnecessary interventions.⁽¹⁰⁻¹²⁾

HrHPV testing is currently recommended in the Guidelines in three clinical situations:

Situation	Who usually initiates the HPV test
1. Women 30 years and older with ASC-US or low-grade changes, to help assess risk of progression	Laboratories (the HrHPV result is reported at the same time as the ASCUS /LSIL result) Smear takers are required to ensure that all women over 30 years are informed about HPV testing.
2. Women (all ages) treated for a high-grade lesion, to help assess whether the lesion has been completely resolved. <i>Includes 'historical testing' for women on annual smears for previous high-grade lesions and with negative smears since, to assess whether they can return to routine 3 yearly screening - refer page 3.</i>	The smear taker, after discussing with the woman.
3. Where colposcopy has shown discordant results from cytology, to help interpret these results.	Colposcopists

Who should not be offered HrHPV testing as part of the NCSP?

Women under 30 years (unless they have had a previous high-grade (HSIL/ASC-H) lesion). Note that where HrHPV testing is requested outside the Guidelines, women may be asked to pay for it.

The following interim advice relates to situation (2) above.

NCSP Interim Advice: HrHPV testing for women with previous high-grade lesions

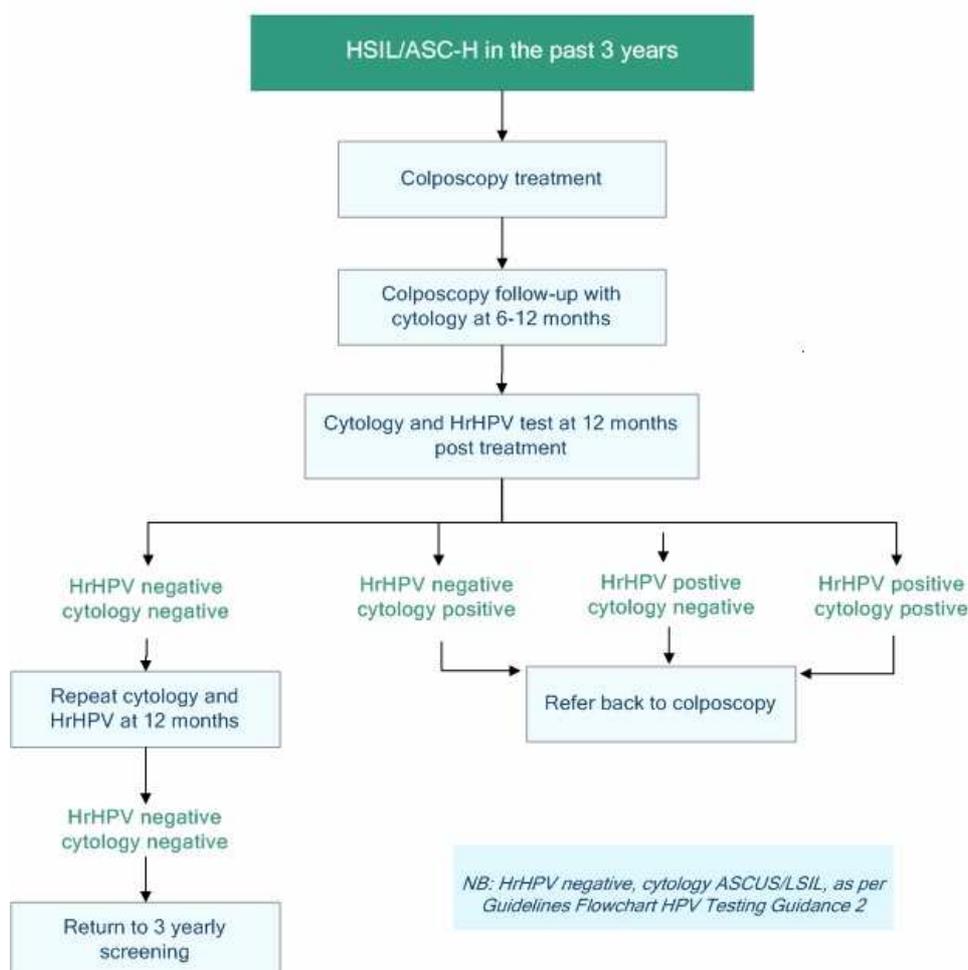
1. HrHPV testing of women treated for high-grade lesions (HSIL/ASC-H) within the last 3 years

The 2008 guidelines for HrHPV testing following colposcopy refer to women who have been recently treated at colposcopy. In this context, 'recent' can be interpreted as meaning within the past 3 years¹. Women in this situation who test HrHPV positive, despite having cytology assessed as negative on one or two occasions post colposcopy, should be referred back to colposcopy. The reason for this is the risk of residual disease requiring assessment and further treatment, despite the apparently negative cytology.

Follow-up of women treated for high-grade lesions in the last 3 years

As indicated in Flowchart HPV Testing Guidance 2 (pgs 51 and 52 of Guidelines for Cervical Screening in New Zealand), summarised below

HrHPV testing of women with a previous high grade lesion following colposcopy within the last 3 years



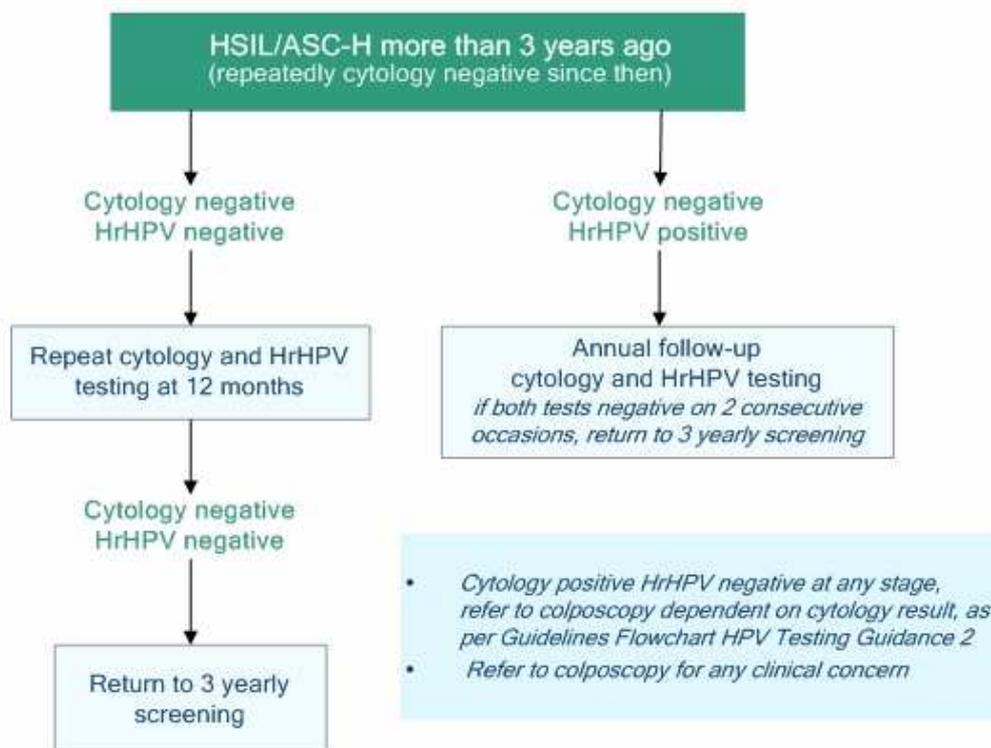
¹ 3 years has been recommend in order to distinguish failure of colposcopic treatment from a new infection

2. HrHPV testing of women with a high-grade lesion (HSIL/ASC-H) followed by colposcopy (or no treatment) more than 3 years previously, with subsequent repeated negative cytology tests (historical testing)

Women with previous high-grade lesions (HSIL/ASC-H), treated or not treated colposcopically, and currently managed by annual cytology for more than three years, with all tests assessed as negative, may benefit from dual cytology and HrHPV testing. This is because the high negative predictive value of HrHPV testing together with a double negative (cytology and HrHPV) implies a low risk of CIN2/3+. If these women test negative by both tests over two years, they can be screened with cytology alone every three years until 70 years of age.

However, some women will test positive for HrHPV despite the repeated negative cytology tests. These women also are likely to be at very low risk of CIN2/3 or worse and can be retested with cytology and HrHPV testing annually. A positive HrHPV test where cytology remains negative is not a cause for immediate concern in these circumstances, however contributes to the overall assessment of a woman's risk status.

HrHPV testing of women with a high grade lesion more than 3 years previously, with subsequent repeated negative cytology tests (historical testing)



Please Note:

- This NCSP update should assist clinicians to determine future management, based on a woman's risk of CIN2/3+. The NCSP plans to review data held on the NCSP Register and to further refine this advice within six months.
- As with all tests, it is important to explain to women the reason for the test, gain her consent, and explain the implications of results.
- The practice of offering HrHPV testing to women already undergoing annual cytological review for a previously treated HSIL follows that published in the Australian NHMRC guideline (9 June 2005).
- A further update will be provided on the use of HrHPV testing in the management of glandular abnormalities and post hysterectomy.

References

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