

Clinical Practice Guidelines for Cervical Screening review

Background

A clinical practice guideline group was established to undertake a review of the clinical practice guidelines for cervical screening in Aotearoa New Zealand. Two workshops were undertaken to review the current guidelines and a number of recommendations have been made for change by the guidelines group. Following initial consultation with the sector a further clinical practice guidelines review workshop has been completed with minor changes.

Clinical Practice Guidelines Group Members:

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Abbey Hewitt – Midwife Kahu Taurima Te Whatu Ora

Consultation Process

We are seeking feedback from the sector on the key changes to the clinical practice guidelines and welcome any additional feedback. There are changes or additions in the following areas in the clinical practice guidelines as outlined below, with some sections having minor changes made:

Section	Changes
Throughout	Supporting participants throughout the cervical screening pathway
1	Te Tiriti o Waitangi and equity – Minor changes to this section
2	HPV Primary Screening – Screening age and interval – addition to section for Under 25 (removal of section 12 screening for participants who experienced early sexual activity) – Clearer guidance for participants exiting cervical screening – Guidance regarding HPV testing options for participants

	<ul style="list-style-type: none"> - New resource for clinicians on available options for screening
3	<p>Managing invalid HPV and unsatisfactory cytology results</p> <ul style="list-style-type: none"> - New guidance on managing invalid HPV an unsatisfactory cytology
4	<p>Management of participants after HPV testing - changes to the HPV detected Other alogrithim</p> <ul style="list-style-type: none"> - If participants should be referred to colposcopy if they are overdue for screening by at least 2 years at their initial screen and are aged 30 years and over with an HPV detected Other result at 12 months - Removal of the over 50 age category in HPV detected Other pathway - Participants aged 70+ managed as per same pathway for HPV detected Other - Guidance regarding participants who have not had a follow up cytology - Guidance regarding persistent HPV detected Other more than 2 years after the initial positive test - Choice regarding HPV follow up test type for participants
5	<p>Colposcopy and Treatment</p> <ul style="list-style-type: none"> - Minor changes to this section
6	<p>Management of those with a normal colposcopy and/or with a histologically confirmed low grade squamous abnormalities following HPV detected (any type) and negative, ASC-US or LSIL cytology</p> <ul style="list-style-type: none"> - Clearer guidance regarding discharge management - Change to manage HPV 16 or 18 the same as HPV detected Other following normal colposcopy or histologically confirmed LSIL - Participants with a normal colposcopy following a HPV detected (any type) negative or ASC-US and LSIL cytology do not require MDM review as little clinical benefit to reviewing cases. - Please note: Further information is being sought in the management of older participants with persistent HPV detected and negative cytology
7	<p>Management of those with high grade cytology, discordant with the colposcopic impression and/or histopathology results</p> <ul style="list-style-type: none"> - Changes to management pathway for those with a Type 1 or 2 transformation zone and normal colposcopy following ASC-H / HSIL discordance
8	<p>Management of histologically confirmed high grade squamous abnormalities</p> <ul style="list-style-type: none"> - Conservative management CIN2 under 30 - Change to HPV test for Test of Cure for HPV following treatment for HSIL - New recommendation for HPV not detected HSIL Test of Cure management - Clarification of Test of Cure timeframes and re-referral - Guidance on role of colposcopy post treatment for a HSIL abnormality
9	<p>Management of glandular abnormalities</p> <ul style="list-style-type: none"> - Change to follow up recommendation if complete excision of histologically confirmed HPV detected AIS - New guidance Test of Cure can occur in primary care following complete excsion of a AIS - Guidance on test of cure following AGC cytology and no glandular abnormality confirmed on biopsy - Advice regarding annual co-testing exit strategy for those with unknown HPV status or HPV not detected AIS

10	<p>Screening after total hysterectomy</p> <ul style="list-style-type: none"> - Change to HPV test for Test of Cure for HPV detected HSIL - New guidance re immune deficient participants - Participants with hysterectomy specimen with AIS can cease screening - Change to advice regarding HPV testing timing post hysterectomy (not related to Test of Cure) - Extension of clinical guidance in table
11	<p>Screening and colposcopy during pregnancy</p> <ul style="list-style-type: none"> - Minor changes made to this section
12	<p>Screening for immune deficient participants</p> <ul style="list-style-type: none"> - Additional guidance related to immune deficient medications and conditions - Guidance regarding conditions not considered immune deficient in the context of cervical screening
13	<p>Screening for participants exposed to DES</p> <ul style="list-style-type: none"> - Minor changes made to this section
14	<p>New section: Follow up of participants following treatment for gynaecological cancer</p>
15	<p>Removal of the section relating to investigation of abnormal vaginal bleeding</p>