

CERVICAL CANCER SCREENING



GUIDELINES FOR CERVICAL CANCER SCREENING IN SOUTH AFRICA

"It is the opinion of the Board that funders and providers must migrate to HPV primary screening as soon as it is practical."- South Afr J Gynaecol Oncol 2017;9 (1):8-12

- A high prevalence of HPV and HIV co-infection is found in the South African population. This combination contributes to a more rapid rate of development of carcinoma of the cervix in HIV infected women.
- The goal of screening is to test asymptomatic women in order to detect unsuspected cancer or precancerous lesions as early as possible, thus increasing the success rate of treatment interventions.
- Screening for cervical cancer is required for women regardless of their HPV vaccination status.
- Both HPV PCR and cytology (including Liquid-based cytology and the conventional Pap test) are suitable methods for cervical cancer screening in South Africa.

Available screening methods

Specimen	Collection Method	Area	Test
Liquid-based cytology (LBC)	Doctor/Healthcare worker	Cervix	HPV PCR and/or Cytology
Pap smear	Doctor/Healthcare worker	Cervix	Cytology only
Flocculated swab	Self-collection	Vaginal wall	HPV PCR only

Primary screening recommendations

	HIV negative/ HIV status unknown	HIV positive
Screening start	25 years of age	At HIV diagnosis
Exit screening (only if HPV negative)	65 years of age or total hysterectomy (uterus and cervix removed)	Never
Interval using HPV screening	5 years (if HPV negative)	3 years (if HPV negative)
Interval using cervical cytology screening	3 years (if HPV negative)	1 years (if HPV negative)



Advantages of HPV PCR screening over cytology

- HPV PCR testing is more sensitive in detecting pre-cancerous and cancerous lesions.
- HPV PCR testing has a better negative predictive value, which allows for safe lengthening of the screening interval.
- Ampath's high-risk (hr) HPV PCR testing provides the following genotype identification:
 - o HPV type 16
 - o HPV type 18
 - o Other hr HPV types (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68).



Fast Facts

- HPV PCR testing is the recommended primary screening test.
- The turnaround time for HPV PCR is 2 working days.
- HPV self-collection is now also offered at Ampath facilities using a kit at R400 cash.
- Medical aid scheme rates will be applicable for a doctor's referral.

Secondary testing following a positive screening test (“Triage”)

- Depending on the screening method used, any of the following tests may be requested as subsequent triage tests: cytology (Pap test or LBC), HPV PCR, cytostain or VIA/VILI (visual inspection using acetic acid or iodine).
- A triage test avoids overtreatment; and is used to decide whether to follow up or treat the patient.

Primary Screening using HPV PCR

