



## CASE STUDY 23:

### Cervical screening in immune-deficient patients

Daniela, 43, is a scientist who moved to the area from interstate four years ago. She presents to a local family practice for the first time, hoping to establish a relationship with a regular GP.

The GP finds out that Daniela has a history of rheumatoid arthritis and is taking methotrexate. Since arriving, she has been attending various general practices to renew her prescriptions.

As part of a preventative health check, the GP asks Daniela if she has had a cervical screening test, and she recalled having one shortly before she moved. She usually receives reminders from the National Cancer Screening Register, and hasn't since her last test.

The GP consults the [Cervical Screening pathway](#) on HealthPathways Melbourne, which states that immune-deficient patients, including those on immunosuppressive therapy, should be screened every three years.

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4. Check the [routine screening recommendations](#) ✓ and consider additional screening recommendations for specific patient populations:

- [Immune-deficient patients](#) ^

### Immune-deficient patients

Recommend a Cervical Screening Test (CST) every 3 years to patients with severe acquired or congenital immune deficiency. This includes:

- living with HIV.
- solid organ transplant recipients with immunosuppressive therapy.
- active haematological malignancy.

The GP discusses [self-collection](#) with Daniela, and provides her with a kit.

Daniela completes the test, and the result shows HPV (not types 16 or 18) is detected. The GP consults the pathway again, which indicates that immune-deficient patients with this result should be referred for colposcopy.

Refer for [colposcopy](#) if:

- HPV types 16 or 18 detected.
- HPV detected (not types 16 or 18), and either:
  - possible or confirmed high-grade squamous intraepithelial lesions (HSIL) or glandular abnormality on LBC, or
  - if gynaecology assessment recommended by cytology service, or
  - patient is aged between 70 to 74 years, or
  - patient is immunodeficient.
- patient has history of DES exposure.

The GP finds a hospital-based colposcopy service to refer Daniela to through the [Colposcopy Referral pathway](#), and invites her to return and complete a [GP Chronic Condition Management Plan](#). This will help to document the outcome and plan after her colposcopy, outline her goals and optimise management of rheumatoid arthritis.

