

## Cervical screening for immune deficient participants

### Introduction

1. The table below provides guidance on which immune deficient participants have or are likely to have a substantially increased risk of cervical pre-cancer and cancer, and recommended regular interval screening interval for HPV primary screening of 3-yearly rather than 5-yearly.
2. This should be considered on a case-by-case basis to support clinical judgement. The list of conditions and therapies is not exhaustive, and providers may include conditions or therapies similar to those below based on clinical judgement.
3. The specialist responsible for managing the immunosuppressant medication/s or condition may be of assistance in supporting decision-making regarding management.

Screening Periodicity	Conditions and Medications
3-yearly screening recommended [a]	Living with human immunodeficiency virus (HIV)
	Solid organ transplant with immunosuppressive therapy
	Active haematological malignancy (e.g. Leukaemia, lymphoma, other lymphoproliferative disorder, plasma cell dyscrasia)
	Haematopoietic stem cell transplant (HSCT) recipients or chimeric antigen receptor T-cell (CAR-T) therapy within 2 years of transplantation. Has chronic graft versus host disease.
	Primary immunodeficiency including combined immunodeficiency syndromes (e.g. systemic lupus erythematosus, complement deficiencies)
	Major antibody deficiency (e.g. common variable immune deficiency [CVID] or agammaglobulinemia).
	Defects of innate immunity, including phagocytic cells (e.g. NF-kappa-B essential modulator (NEMO) deficiency syndrome, natural killer (NK) cell deficiency)
	Defects of immune regulation (e.g. autoimmune enteropathy or ulcerative colitis)
3-yearly screening should be highly considered [b]	Phenocopies of primary immunodeficiencies
	Long term haemodialysis or peritoneal dialysis (>6 months)
	When participants are taking multiple immunosuppressant's where the cumulative effect is considered to be severely immunosuppressive.
	Participants taking long-term treatment (>6 months) with highly immunosuppressive therapies.
	<b>Including the following immunosuppressive medications:</b>

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Screening Periodicity	Conditions and Medications
	High-dose corticosteroid treatment equivalent to >20 mg/day of prednisone for ≥14 days in a month, or pulse corticosteroid therapy.
	Selected conventional and targeted synthetic disease- modifying anti-rheumatic drugs (sDMARDs), taken for long- term treatment for > 6 months: leflunomide
	Mycophenolate
	Methotrexate (10 mg/week)
	Azathioprine (>1mg/kg day)
	6-mercaptopurine (>0.5 mg/kg/day)
	Alkylating agents: cyclophosphamide, chlorambucil
	Systemic calcineurin inhibitors: cyclosporin, tacrolimus
	JAK inhibitors: tofacitinib, baricitinib, ruxolitinib, upadacitinib
	Multiple sclerosis medications: dimethyl fumarate, fingolimod, teriflunomide
	TNF inhibitors: etanercept, infliximab
	Anti-interleukin monoclonal antibody therapy: secukinumab, dupilumab, tocilizumab
	Anti-integrins: natalizumab
	Anti-complement antibodies: eculizumab
	Anti-CD52 antibodies: alemtuzumab
	Sphingosine 1-phosphate receptor modulators: fingolimod
	Potent B-cell or T-cell depleting therapy within the last 12 months: muromonab, teplizumab, rituximab, ocrelizumab

[a] Based on documented significantly higher risk of cervical precancer and cancer, predominantly from studies looking at risk for cervical cancer in participants with conditions listed, and some evidence extrapolated from COVID-19 mRNA vaccine response in those with primary immunodeficiency.

[b] Based on an increased risk expected through pathological mechanisms and trends from observational studies of COVID-19 mRNA response, with limited evidence from observational studies looking at cervical cancer specifically.

- There are some conditions and medications that are **not considered immune deficient or suppressive** in the context of cervical screening and participants with these conditions should not be screened in the immune deficient pathway. These include:

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	<b>Conditions and Medications</b>
Conditions not considered immune deficient in the context of cervical screening	Diabetes
	Thyroid disease (Graves' disease)
	Previous splenectomy
	Coeliac disease
Medications not considered immunosuppressive in context to cervical screening	Hydroxychloroquine, sulfasalazine or mesalazine when used as monotherapy
	Low-dose or brief corticosteroid therapy
	Replacement corticosteroid treatment for adrenal insufficiency
	Most standard chemotherapy regimens for solid tumours are not considered to be highly immunosuppressive, as well as other antineoplastic treatments, such as hormone therapy, immunotherapy and targeted therapy
	People with history of cancer and those being treated with chemotherapy short-term (< 6 months) for solid tumours. However, particular cases, especially with prolonged treatments or multiple prior lines of cytotoxic therapy, may be discussed with the oncologist.

5. The screen taker or colposcopist should indicate on the laboratory request form if a participant is immune deficient.