Australian Government

NATIONAL CERVICAL SCREENING PROGRAM
A Joint Australian, State and Territory Government Program

Australian Centre for the Prevention of Cervical Cancer

HPV SELF-COLLECTION: 10 KEY QUESTIONS FOR HEALTHCARE PROVIDERS ANSWERED

1. Why should I offer self-collection?

- Self-collection is an option for all participants in routine cervical screening. It overcomes barriers to screening and is highly acceptable, particularly among under-screened and never screened people.
- Under-screening is the main risk factor for developing cervical cancer. More than 70% of Australians diagnosed with cervical cancer are under-screened or have never screened.
- Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities, people with disability, LGBTQIA+ people, and people living in rural and remote areas are amongst those who may be less likely to participate in screening, placing them at higher risk.
- Healthcare providers play a key role in helping to eliminate cervical cancer in Australia. You can do your part by providing the option of self-collection and supporting your patients to make an informed choice about how they screen.

2. Is self-collection as accurate as a clinician-collected sample?

- Yes. We now have a strong body of evidence demonstrating that self-collection is as sensitive for the detection of HPV and CIN2+/AIS as a clinician-collected test[1].
- Self-collected tests are processed using PCR technology. A small number of self-collected samples (~1-2%) produce an invalid result, due to inadequate cellular material or the presence of interfering substances.

3. How do I set myself up to offer self-collection?

- Contact your laboratory to ensure you have the correct equipment and handling instructions to offer self-collection.
- The most commonly used swab in the National Cervical Screening Program is the Copan flocked swab 552C or 552C.80. It is important that the correct swab is used.
- Educate yourself about the self-collection option. You can find more resources and education here: https://acpcc.org.au/practitioners/resource-hub/.

4. Where can self-collection be performed? Can my patient take the sample at home?

- Self-collection is most often undertaken in a health service, for example, in a clinic bathroom or behind a curtain. There is no requirement to observe the patient taking the sample.
- However, self-collection can occur in any location the requesting practitioner believes is appropriate, such as the patient's home. If you are comfortable with your patient taking the test at home, it is important to remind them to label the swab with the date of sample collection.
- Some pathology laboratories offer a service whereby practitioners can support patients with home-based self-collection via telehealth in instances where clinic attendance is a challenge. Contact your lab to see if they provide this service.

5. Who can offer self-collection in my practice?

- All cervical screening, including self-collection, needs to be ordered by a practitioner with a provider number (such as a GP or Nurse Practitioner). The overall responsibility for the test and associated follow-up is with the practitioner who ordered the test.
- All practice staff, including practice nurses, Aboriginal Health Workers and administration staff have a role to play in supporting patients' participation in screening, and to be aware of the screening choices available to them.

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6. Who can I offer self-collection to?

Self-collection can be offered as a choice to routine cervical screening participants, including:

- Those who are pregnant
- Those with immune deficiency
- Those who have only had same sex partners

Self-collection can also be offered at other points in the cervical screening pathway where only an HPV test is required including:

- At the 12-month follow-up after an intermediate risk result
- At the 12-month follow-up after normal or CIN1 colposcopy

7. Who should not be offered self-collection?

- Patients with symptoms for which cervical cancer needs to be excluded (postcoital, intermenstrual or post-menopausal vaginal bleeding, or unexplained persistent unusual vaginal discharge).
- Participants undergoing Test of Cure surveillance* or who have been treated for adenocarcinoma-in-situ (AIS).
- Participants who have had a total hysterectomy with history of high-grade squamous intraepithelial lesion (HSIL).
- These patients all require a **co-test** (HPV and LBC).

***UPCOMING CLINICAL GUIDELINES UPDATE:** Expected later in 2024, patients undergoing **Test of Cure** surveillance can also self-collect.

8. How do I advise my patients to do the test? Can I help them?

- Self-collection is easy to do and highly accurate.
- The swab is inserted into the vagina and rotated for at least 10 seconds to collect an adequate number of vaginal cells.
- Reassure your patient that the sample does not need to be taken from the cervix. It only needs to be inserted about the length of their index finger.
- You can assist your patient to self-collect if needed.[2] A sample taken this way would still be recorded as self-collection on the pathology request form.

9. What happens when HPV is detected on a self-collected sample?

- Most of the time, results are managed similarly to a clinician-collected sample.
  - If no HPV is detected, the patient will be recommended to return in five years.
  - If HPV (16/18) is detected, the patient will be recommended for referral to colposcopy.
- If HPV types other than 16 or 18 are detected, the patient will need to return for a clinician-collected cervical sample for cytology, to inform further management.
- The likelihood of an HPV (not 16/18) result, requiring your patient to return for this second appointment, is ~6% for routine CSTs. However, this is highly age dependent, as seen in the table below:

Return for clinician-collected cervical sample for LBC.
The incidence of HPV (not 16/18) is highly age dependent (NCSR data[4]).
Patients aged 70 to 74 with HPV (not 16/18) detected are referred to colposcopy.

Age	%	Age	%
25-29 years	17%	50-54 years	4%
30-34 years	10%	55-59 years	3%
35-39 years	6%	60-64 years	3%
40-44 years	5%	65-69 years	3%
45-49 years	4%		

- Pilot studies have shown that most participants will return for follow up after an HPV-positive self-collected sample[4], however they may need additional support, particularly if they have previously not participated in regular screening.

10. Will I miss something if I don't do a pelvic examination?

- There is no evidence to support the use of pelvic examination as routine practice for asymptomatic patients[3].
- For HPV positive patients, the cervix will be visualised during a follow up appointment for cytology or colposcopy.
- Decisions to perform a pelvic examination or visual inspection of the genital tract should be patient-centred, clearly clinically indicated and made collaboratively.
- You can use any time saved by not needing to perform a pelvic exam to check for symptoms and remind patients what to look out for.

1 Arbyn, M. et al (2018). Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses. Bmj, 363.
2 Department of Health and Aged Care. (2022). National Cervical Screening Program – national cervical screening policy.
3 RACGP Guideline for preventative activities in general practice (Red Book). (2021). Available at https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/early-detection-of-cancers/cervical-cancer#ref-num-98
4 Saville M et al. Self-collection for under-screened women in a National Cervical Screening Program: pilot study. Curr Oncol. 2018 Feb;25(1):e27-e32.

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