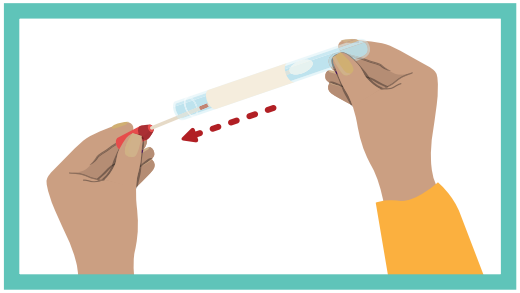
HOW TO TAKE YOUR OWN CERVICAL SCREENING TEST

Australian Government

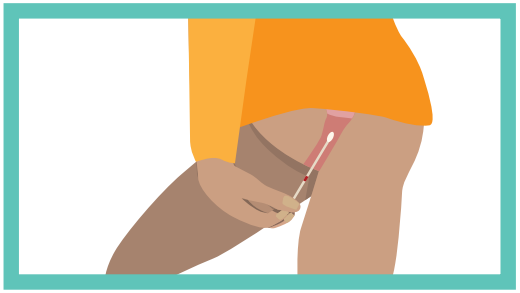
NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Australian Centre for the Prevention of Cervical Cancer



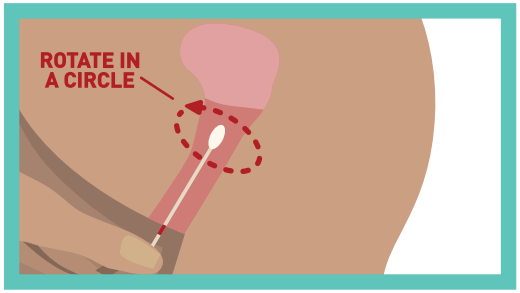
STEP ONE

- Lower your underwear
- Twist the swab cap and pull the swab out of the tube
- Look at the swab and note the red mark closest to the soft tip



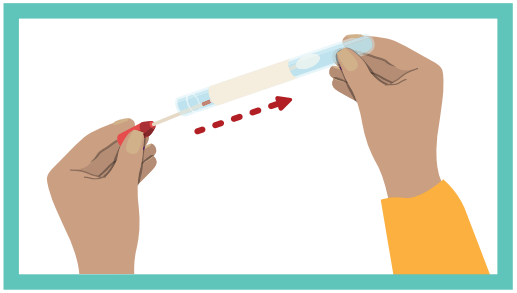
STEP TWO

- Get in a comfortable position. You can stand, sit or lie down
- Insert the swab into your vagina, aiming to insert up to the small red mark (this is about the same length as your index finger)



STEP THREE

- Rotate the swab gently for at least 10 seconds
- Then remove the swab
- It should not hurt



STEP FOUR

- Place swab back in the tube
- Return the tube to your healthcare provider

Your healthcare provider will give you the swab. If you have any questions, ask your healthcare provider.

Australian Centre for the Prevention of Cervical Cancer

www.acpcc.org.au

Corp-Mkt-Pub-117 V10

NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING:
Supporting your patients to make the choice

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		Clinician-collected cervical sample	Self-collected vaginal sample	
Is it accurate?		Both methods have equivalent sensitivity for the detection of HPV and CIN2+/AIS[1,2]		
Identifies HPV infection?		Yes	Yes	
Is liquid-based cytology (LBC) and co-testing possible?		Yes	No	
Indicated for • People who are eligible and due or overdue for cervical screening, including during pregnancy • Other points in the pathway where only an HPV test is required, including the 12- and 24-month follow-up test after an intermediate risk result		Yes	Yes	
• Test of Cure after HSIL treatment • People who have had a total hysterectomy with history of HSIL		Yes	No (current)	Yes (following expected guideline changes in 2024/25*)
• People who have postcoital, unexplained intermenstrual or post-menopausal bleeding, or unexplained persistent unusual vaginal discharge[3] • People undergoing surveillance after completely excised AIS • People who were exposed to DES in utero.		Yes	No	
Management of participants in whom **HPV is not detected**	>90% of CSTs	Return in 5 years	Return in 5 years	
Management of participants in whom **HPV (not 16/18)** is detected	~6% of CSTs	Reflex LBC is performed on the original sample, no need to return for a further sample to be taken	Return for clinician-collected cervical sample for LBC to inform the risk rating as soon as practical, ideally within 6 weeks. The incidence of HPV (not 16/18) is highly age dependent (NCSR data[4]) 25-29 years 17% · 30-34 years 10% · 35-39 years 6% · 40-44 years 5% · 45-49 years 4% · 50-54 years 4% · 55-59 years 3% · 60-64 years 3% · 65-69 years 3% Note: at the 12-month follow up HPV test after an Intermediate Risk result the incidence of HPV (not 16/18) is ~60%[4] **Patients aged 70 to 74 with HPV (not 16/18) detected are referred to colposcopy.**	
Management of participants in whom **HPV (16/18)** is detected	~2% of CSTs	Refer for colposcopy	Refer for colposcopy	
Management of Unsatisfactory HPV test		Repeat as soon as practical, ideally within 6 weeks	Repeat as soon as practical, ideally within 6 weeks	

HPV: Human papillomavirus; LBC: Liquid based cytology; HSIL: High-grade squamous intraepithelial lesion; AIS: Adenocarcinoma in situ; DES: Diethylstilbesterol
Adapted from 'Self-collection: equity in reaching cervical cancer elimination, Aug 2022, InSight+, AMPCo.

*Guideline changes regarding Test of Cure surveillance are expected in 2024/2025 – please check the National Cervical Screening Program Guidelines on the Cancer Council Australia website for up-to-date information.

1 Arbyn et al, Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses BMJ 2018; 363 :k4823
2 Saville et al, Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples: the SCoPE study, Journal of Clinical Virology (2020), doi: https://doi.org/10.1016/j.jcv.2020.104375
3 Co-testing is not required for breakthrough or irregular bleeding due to hormonal contraception or a sexually transmitted infection, heavy menstrual bleeding, or contact bleeding at time of obtaining a routine cervical screening test sample
4 Smith et al, National experience in the first two years of primary human papillomavirus (HPV) cervical screening in an HPV vaccinated population in Australia: observational study BMJ 2022; 376 :e068582