NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING: Supporting your patients to make the choice

Let's Own It! Cervical Screening

Australian Government

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

Australian Centre for the Prevention of Cervical Cancer

		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

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

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Why should I offer self-collection?

- HPV self-collection is accurate, safe and highly acceptable, particularly among under and never-screened people. It is now widely available as an option for all participants in routine cervical screening.
- Under-screening is the most important risk factor for developing cervical cancer. More than 70% of Australians diagnosed with cervical cancer have never been screened or are overdue.

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

- Yes. We now have strong evidence demonstrating that self-collection is as sensitive for the detection of HPV and CIN2+/AIS as a clinician-collected test when processed using PCR technology[1].

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.

What do I need to check before offering self-collection?

- Check for symptoms, as only asymptomatic patients can be offered self-collection.
- Check your patient's screening history via the National Cancer Screening Register
- Check your patient's self-collection eligibility according to the most up-to-date NCSP Clinical Guidelines.
- For more information on all of the above, please see the reverse of this resource.

Who can order self-collection in my practice?

- All cervical screening needs to be ordered by a healthcare professional with a provider number. The responsibility for the test and follow-up is with the healthcare professional 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 awareness of their screening choices.

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

- Self-collection is most often undertaken in a health service, e.g., in a clinic bathroom or behind a curtain.
- If you are comfortable with your patient taking the test at home, remind them to label the swab with the date of sample collection.
- You do not need to observe your patient taking the sample.

Who is more likely to be under-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.
- Available data indicates Aboriginal and Torres Strait Islander women have over twice the incidence and almost four times the mortality associated with cervical cancer compared to non-Indigenous Australians.
- Evidence also suggests those born overseas are more likely to have never screened or be overdue for screening, and are less likely to have heard about the option to self-collect.
- Offering self-collection as a choice for all eligible patients overcomes barriers to screening, and therefore directly addresses these inequities.

What causes unsatisfactory results?

- Only a small number of self-collected samples (~1-2%) produce an invalid result, due to inadequate cellular material or the presence of interfering substances (such as lubricants or creams, or large amounts of blood or discharge).

How do I advise my patients to do the test?

- Self-collection is easy to do. 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. The swab only needs to be inserted about the length of their index finger.

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[2].
- 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. 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.

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