

15 March 2016

Cancer Council Australia
Email: guidelines@cancer.org.au

To whom it may concern

The Royal Australian College of General Practitioners (RACGP) thanks the Cancer Council Australia for the opportunity to provide comment on the public consultation of the *Draft clinical management guidelines for the prevention of cervical cancer*.

We provide the following comments, submitted through your [public consultation portal](#) and summarised here.

Introduction

http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention/Introduction

The term “sexual intercourse” is used throughout the draft guidelines starting in the Introduction and it is used as a starting point to determine eligibility for screening.

This term is male centric, and excludes lesbian women or women who have sex with women. It is often difficult to pinpoint when sexual intercourse first occurs. It is easier for patients to discuss sexual activity and we therefore suggest using the term “sexual activity” to replace “sexual intercourse”.

It should be noted in the guideline that some younger people may not admit to having sexual intercourse, but may be sexually active. This is significant because HPV is transferred by skin to skin contact.

Self-collection of HPV tests samples

http://wiki.cancer.org.au/australia/Clinical_question:Self-collected_samples

This section of the draft guidelines suggest that self-collection of HPV test samples may be a strategy to overcome barriers to clinic attendance for some women. However, in the experience of our GP members, many women are not familiar with anatomical terminology or their own genital anatomy to be able to undertake this process themselves.

Furthermore, women of culturally and linguistically diverse (CALD) backgrounds may not be at ease self-testing. The RACGP would like to know if the attitudes to self-testing in CALD women and older women have been examined.

The format of self-testing has not been described. An example of this would be of benefit to the reader and should be included in the guideline.

Confusion between two similar recommendations.

HPV-negative women (MSAC recommendations)

http://wiki.cancer.org.au/australia/Clinical_question:Self-collected_samples

Women who have undergone HPV testing on a self-collected sample who are HPV negative should be invited to have a repeat HPV test in 5 years and they should be encouraged to have a clinician collected sample.

Women testing negative for HPV in routine screening (consensus based recommendation)

[http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention/Management_of HPV negative, exit testing \(70-74\) and screening \(75 years and older\)](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention/Management_of HPV_negative_exit_testing_(70-74)_and_screening_(75_years_and_older))

Women with a negative HPV test result should be advised to return to routine 5-yearly screening.

These two recommendations are very similar and are linked. Why is one consensus based and the other a Medical Services Advisory Committee (MSAC) recommendation? Further clarification is needed.

Transition to the renewed program

[http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention/Transition_of_women_in_old_program_\(pre_May_2017\)_into_new_program](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention/Transition_of_women_in_old_program_(pre_May_2017)_into_new_program)

With the transition of the new program from 2-yearly Pap testing to 5-yearly HPV testing, there is a risk of loss of follow up with women. The introduction of HPV testing is likely to result in an increase in CIN 2 detection. However this change should not diminish the importance of timely screening. The guidelines should highlight and encourage health professionals to educate women on the importance of regular cervical cancer screening.

Other comments

Implementation in practice

The draft guidelines represent a significant change in practice for primary care. To ensure these changes are implemented appropriately, ongoing communication to both health professionals and consumers will be important as well as access to education and training for health professionals.

This should include information to support patient with immunosuppression and other risk groups who may fall outside of screening recommendations.

General comments – guideline content



RACGP

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Routine chlamydia screening in women aged 18-29 is recommended under the current program of cervical screening. The new guidelines should include information on how this practice may alter.

Yours sincerely

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President