RACGP
Royal Australian College of General Practitioners

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19 May 2026

The Guidelines technical team
Cancer Council Australia and the Cancer Elimination Collaboration

Via email: cec.clinical-guidelines@sydney.edu.au

Dear Guidelines team,

**Re: Clinical practice guidelines for the management of cervical cancer (Stage 1)**

The Royal Australian College of General Practitioners (RACGP) thanks Cancer Council Australia and the Cancer Elimination Collaboration for the opportunity to provide feedback on the Clinical practice guidelines for the management of cervical cancer ('the Guidelines').

The RACGP has reviewed the sections included in Stage 1 and provides comments on specific recommendations for consideration. Our feedback has been structured to align with the sections outlined in the Feedback Form, with comments provided where applicable.

**Section D - Chapter 3: Optimal Cervical Cancer Care**

Alignment with the Optimal Cancer Pathways is helpful and supports consistent, high-quality and evidence-based care for people with cancer.

REC 3.7 - The RACGP welcomes the recognition of general practitioners (GPs) as an integral member within the multidisciplinary team, reflecting their role in the management of cervical cancer across the care pathway.

Care coordination and clearly defined referral pathways are particularly important for patients living in rural and remote areas. While this is acknowledged in the guidelines, greater consideration could be given to the practical and logistical complexity of coordinating care across settings. Communication with referring GPs is often unclear or delayed, making appointment confirmation time-consuming, and referral services may underestimate the coordination and travel required. As a result, patients may be required to undertake multiple long-distance journeys over short timeframes for consultations, imaging, and treatment, where consolidation of appointments may be possible.

The RACGP position statement on Cancer Survivorship Shared Care highlights the importance of shared care pathways, effective communication and information exchange, the need for intercollegiate clinical practice guidelines, and improved care coordination and continuity between services.

REC 3.8 - It is important to state that communication with the patient's GP, or assistance to access a GP, should be done in a timely fashion to ensure effective continuity of care.

**Section H - Chapter 7: Surveillance**

The RACGP recommends Table 7.1 (Surveillance protocol after completion of cervical cancer treatment with curative intent) be improved for better usability, for example through interactive features such as links or expandable sections. The current format requires repeated scrolling between the table, footnotes and guidance on clinical examination at different time points. Improved presentation would assist clinicians determine the appropriate follow-up based on risk level and time since treatment, particularly during handover of care.

Links or references to established menopause resources, such as the Monash Menopause Toolkit or RANZCOG menopause guidelines, would support prescribing and menopause management for cervical cancer survivors experiencing treatment-related menopausal symptoms.

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**Section J - Other questions**

The guidelines do not address:

- the uploading of relevant results to the National Cancer Screening Register or clarify responsibility for patient recall and reminders for repeat testing following a diagnosis of cervical cancer.
- subsequent HPV vaccination. In general practice, patients who have had cervical cancer often seek advice regarding whether they should receive HPV subsequent vaccination (privately funded). This will provide an opportunity to discuss the potential benefits and limitations of subsequent vaccinations.

The RACGP *Guidelines for preventive activities in general practice (Red Book)* and the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people* include guidance on cervical cancer and screening for GPs and primary healthcare teams and may be helpful to clinicians using this guideline.

Thank you again for the opportunity to provide feedback. The RACGP looks forward to providing further comment on additional chapters when they become available. If you have any questions, please contact Mr Stephan Groombridge, National Manager, Practice Management Standards & Quality Care at Stephan.groombridge@racgp.org.au or (03) 8699 0544.

Yours sincerely

Professor Mark Morgan

Chair, RACGP Expert Committee – Quality Care