

Speculum Sabbatical

Supporting self-collection for cervical screening

Please use the Q&A box for any questions you may have. The chat function has been disabled.

Tonight's webinar will be recorded and will be made available on the RACGP Events webpage within the next week.

If you are an RACGP member, your 1.5-hour Education Activity CPD will be uploaded within the next 14 days.

Additional option of completing a post-activity reflection and mini-audit



Dr Lara Roeske

Dr Lara Roeske is a GP and practice owner, Chair RACGP Board of Directors and RACGP Specific Interests Faculty.

Lara is a member of the Australian Commission on Safety and Quality in Healthcare Cervical Screening Redrafting Working Group and member of the Australian Government Department of Health and Aged Care Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections.

Lara also sits on the National Cervical Screening Program Self-collection Implementation Committee and is a member of the Cancer Council Australia Cervical Screening Guidelines Working Party.



Prof Deborah Bateson

Deborah is Professor of Practice at The Daffodil Centre, a joint venture between The University of Sydney and Cancer Council NSW, and former Medical Director of Family Planning NSW.

Deborah has worked as a clinician, researcher, educator, and advocate in sexual and reproductive health for over 20 years with a focus on equitable access to cervical screening services and reproductive healthcare. Deborah is leading an NHMRC study to increase cervical screening participation of people with intellectual disability and is Chair of the National Cervical Screening Program Self-Collection Implementation Committee, Deputy Chair of the Quality and Safety Monitoring Committee and member of the Cervical Screening Guidelines Working Party.

Acknowledgement of Country

The RACGP acknowledges the Traditional Custodians of the land and waterways in which we work and live.

We recognise their continuing connection to land, water and culture, and pay our respects to Elders past, present and future.



Learning outcomes

- Discuss the role of GPs in self-collection for cervical screening
- Identify ways to promote and implement safe and culturally appropriate screening services

Also covered today:

Identify ways to implement self-collection for cervical screening in your practice

Awareness of global and local strategies to achieve elimination of cervical cancer as a public health problem

One woman dies of cervical cancer every two minutes ... Each one is a tragedy, and we can prevent it.”

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization



Call to Action – May 2018
Cervical Cancer: An NCD We Can Overcome

We have the global tools and technology to eliminate cervical cancer within the next 100 years

The Global Elimination Strategy



VISION: A World Free of Cervical Cancer

THRESHOLD: < 4 cases of cervical cancer per 100,000 woman-years

2030 CONTROL TARGETS

90%

of girls fully
vaccinated with
HPV vaccine by 15
years of age

70%

of women screened
with an HPV test at
35 and 45 years of
age

90%

of women identified
with cervical disease
receive treatment for
precancerous
lesions or invasive
cancer

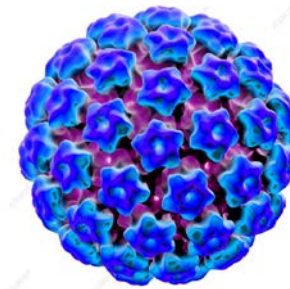
SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

Global strategy to accelerate the
elimination of cervical cancer as
a public health problem

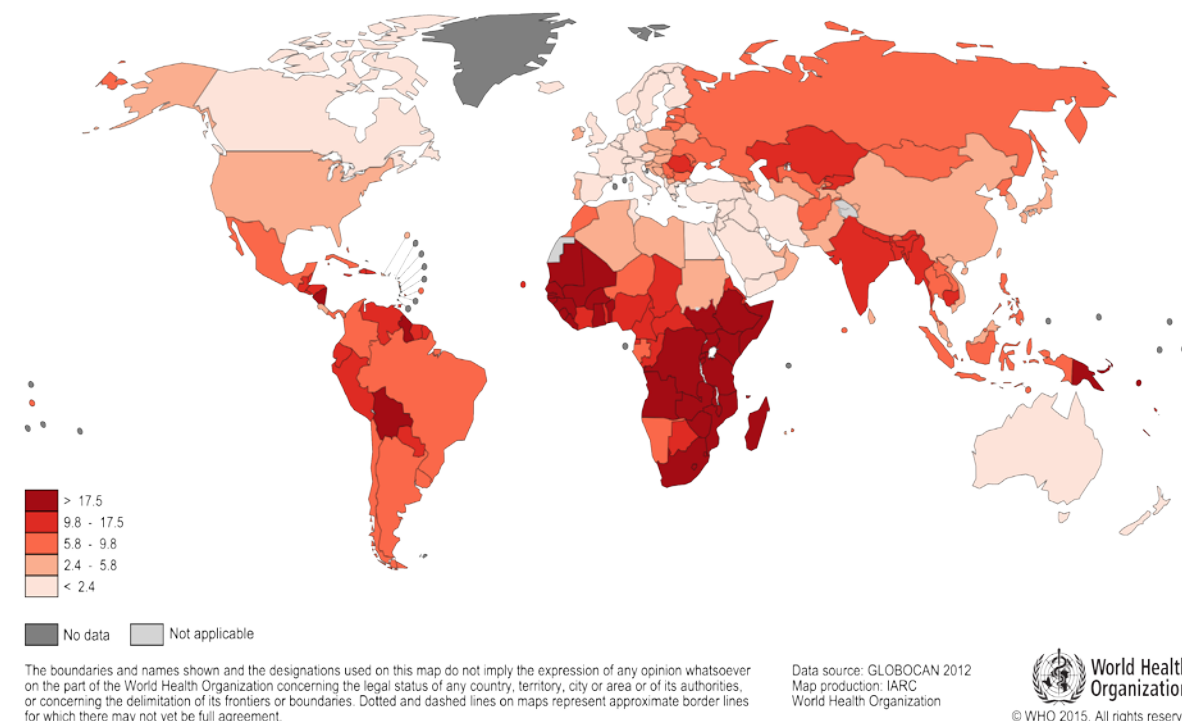


World Health
Organization

Global and local burden of cervical cancer



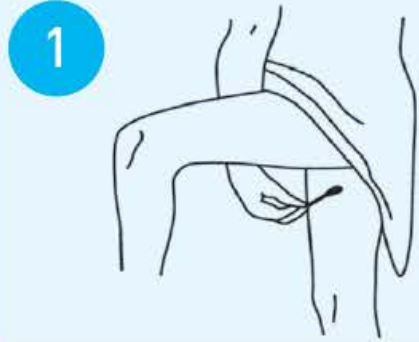
- 4th most common cancer in females worldwide
 - estimated 604,237 diagnoses in 2020
- 18-fold variation in global mortality
- 14th most common cancer in females in Australia
 - approx. 933 new diagnoses and 233 deaths predicted in 2020





Elimination of cervical cancer across the Western Pacific

Point-of-care HPV screen-and-treat



SELF-COLLECT



TEST



TREAT



REGISTER

Papua New Guinea



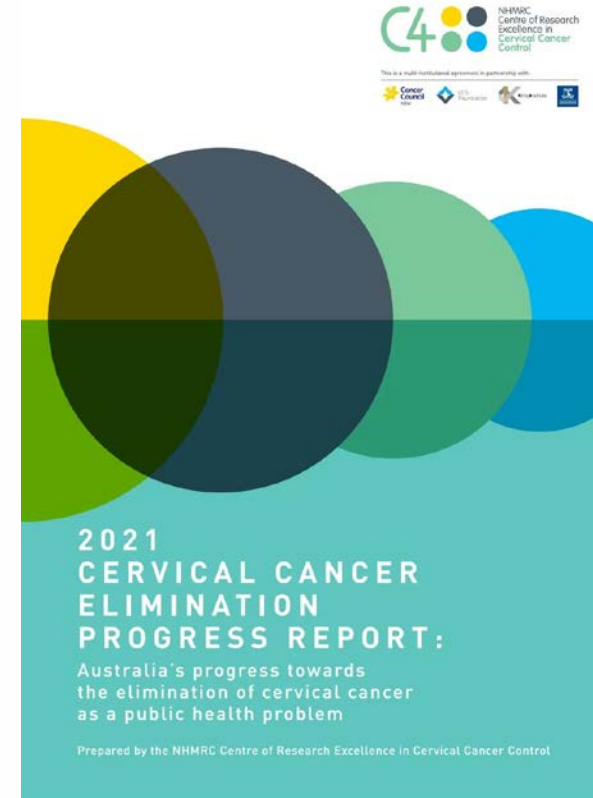
Vanuatu



Australia is on track to be the first country to eliminate cervical cancer by as early as 2035



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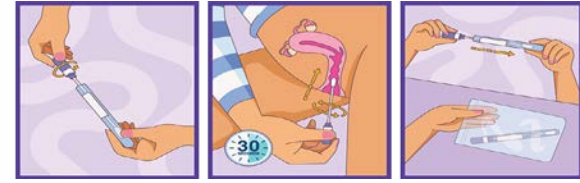
Universal self-collection from July 1st 2022 announced by the Minister of Health on 8th November 2021

Landmark changes improving access to life saving cervical screenings

“As we mark the start of Cervical Cancer Awareness Week, the Australian Government is ensuring all people eligible for a cervical screening test will be able to collect their own sample from 1 July 2022, offering women more control and choice.”



Self-collection is now universally available



- Self-collection of a vaginal sample without a speculum made possible with shift to HPV screening
- Access initially restricted with very low uptake
 - 2018 evidence-base for equivalent sensitivity of HPV testing on self-collected vs clinician-collected samples¹
 - Highly acceptable to practitioners and consumers
- MSAC evidence review found self-collection to be safe and effective with recommendations handed to the Minister in May 2021

Arbyn et al, Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses BMJ 2018¹

Self-collection: game-changing potential to increase equity

- 68% overall screening participation rate
- 72% of those diagnosed with invasive cancer under-screened or never screened
- **Self-collection of a vaginal sample without a speculum examination has the potential to overcome screening barriers**

Australian Institute of Health and Welfare, Cancer in Australia 2021

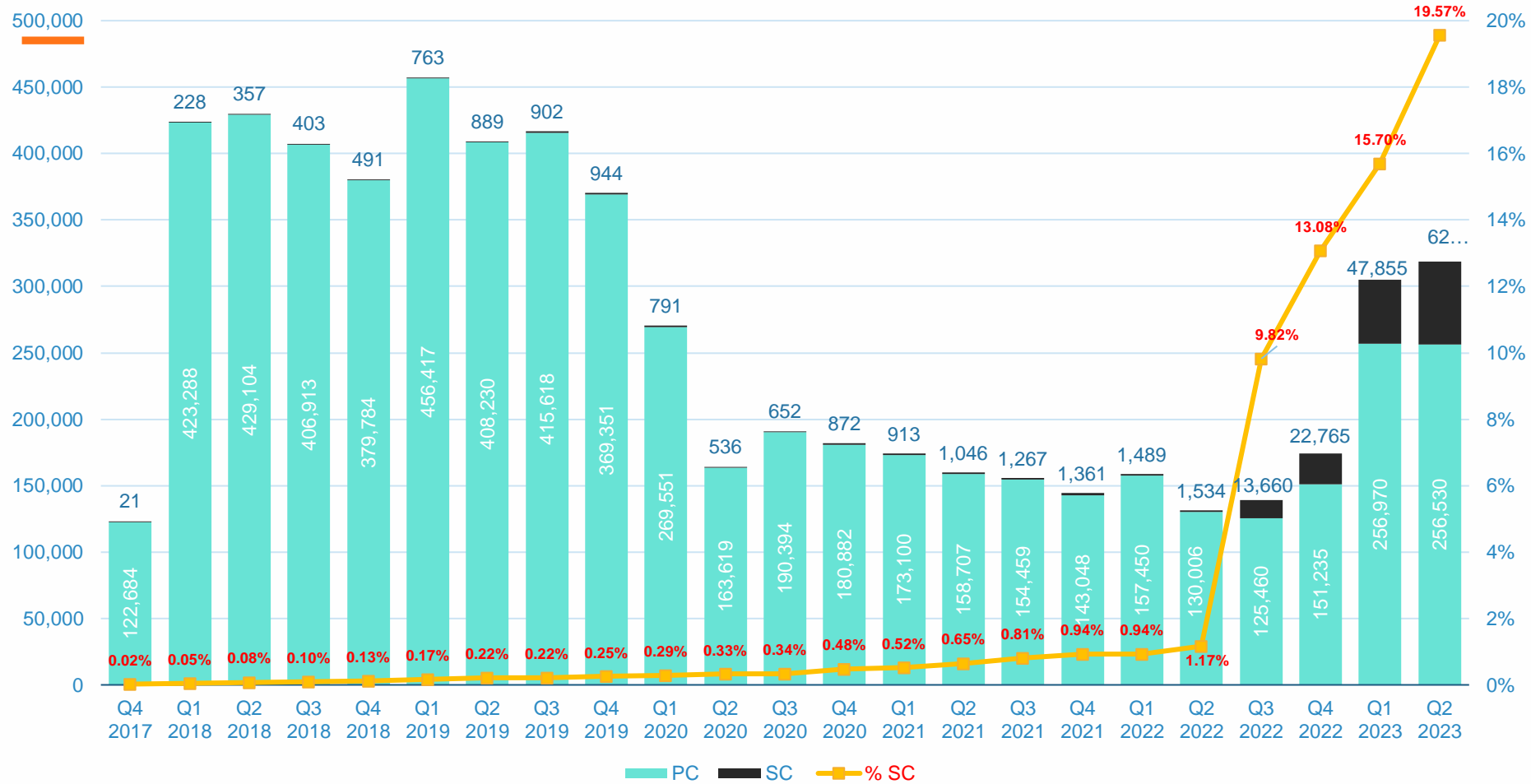


Total count and % of all HPV screening tests reported as self-collect in each Month post policy change from 1st July 2022



Australian Government
Department of Health and Aged Care

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Consistent increase in self-collect uptake by month since 1 July 2022

With thanks to Dejan Krstik
Director - Cervical Screening
Section



HPV vaccination for 12-13 year old girls and boys- effective against 9 cancer-causing HPV types



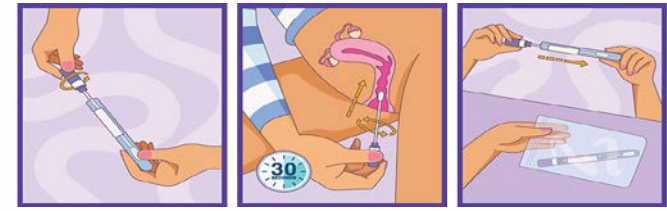
**Since 2023 a single dose regimen has been
implemented with catch up to 26 years**



Areas for GP Improvement

- Further increasing awareness of self-collection as a screening option
- Opportunities to improve equity and access for priority populations
- Improvement in identification of First Nations status

Who is eligible for self-collection?



Anyone eligible for screening should be offered the choice between clinician-collection and self-collection

- Aged between 25 and 74 with a cervix
- Have had any type of sexual contact
- Regardless of HPV vaccination status

Anyone anywhere in the pathway who requires a HPV test and not a co-test

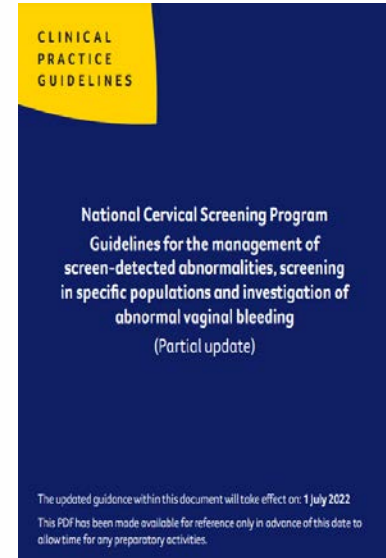
- Follow up HPV testing after an intermediate risk CST
- Total hysterectomy with no evidence of cervical pathology and an unknown screening history



Who is not eligible for self-collection?

Anyone requiring a co-test (HPV+LBC on the same sample)

- Symptoms suggestive of cervical cancer
- Undergoing Test of Cure after treatment for high grade squamous intraepithelial lesion (HSIL)
- Follow-up after treatment for a glandular abnormality including adenocarcinoma in situ (AIS)
- DES-exposed in utero
- Post total hysterectomy with history of HSIL



Self-collection screening pathways



- **No oncogenic HPV detected (low risk)** - repeat CST in 5 years
- **HPV 16 and/or 18 detected (higher risk)** - refer directly for colposcopy with cervical sample collected at that visit for LBC
 - expected in around 2% of those attending for routine screening
- HPV (not 16/18) detected **(risk not determined until LBC performed)** - advise patient to return to HCP for a clinician-collected cervical sample for LBC
 - expected in around 6% overall of those attending for routine screening
 - advise to return as soon as practical

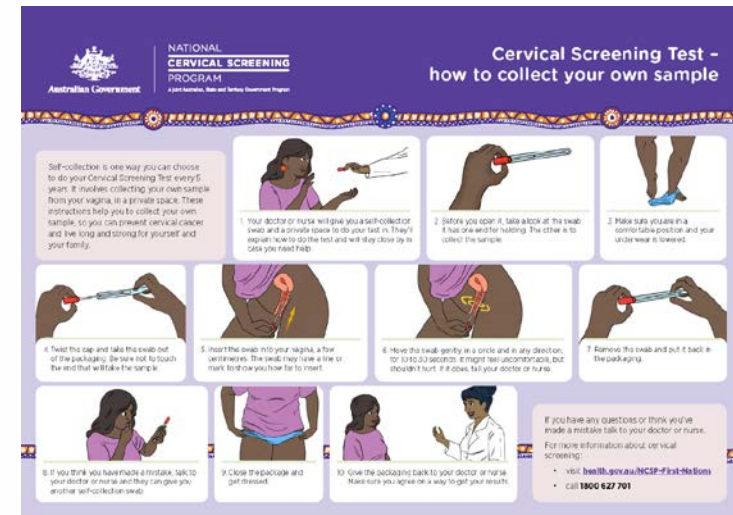
**Practice
systems (and
the NCSR)
there to help!**

Tahni, age 25, is a new patient presenting for contraceptive advice

- Tahni is medically well, recently quit smoking
- Identifies as Aboriginal (you ask all your patients)
- Using DMPA and is keen on 'the rod'
- You opportunistically find out Tahni missed out on the HPV vaccine at school and recommend a catch-up vaccination and a CST (self-collected or clinician-collected)

You provide an Implanon script and Tahni undertakes a self-collected CST

- The CST is HPV (not 16/18) +ve and you recall Tahni for a clinician-collected cytology test (and insert the implanon)



Tahni's LBC test shows LSIL putting her in an intermediate risk category

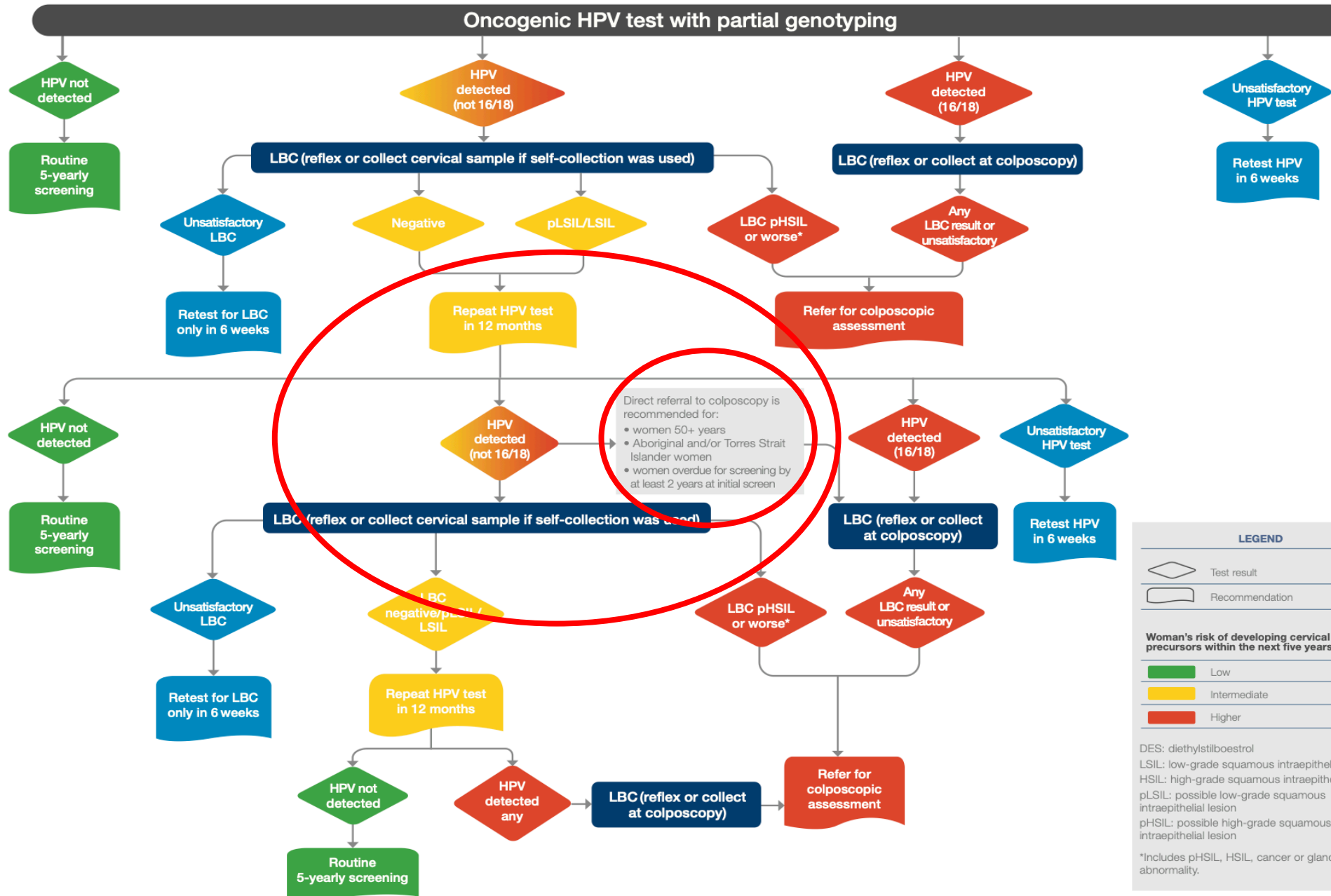


“Tahni, your test shows you don’t have one of the main cancer-causing HPV types (16/18) but it is +ve for one of the other HPV types which could (rarely) lead to cancer many years from now. In almost all cases the body’s immune system clears the virus, and to check if this has happened or not we will follow up in a year from now with another test.”

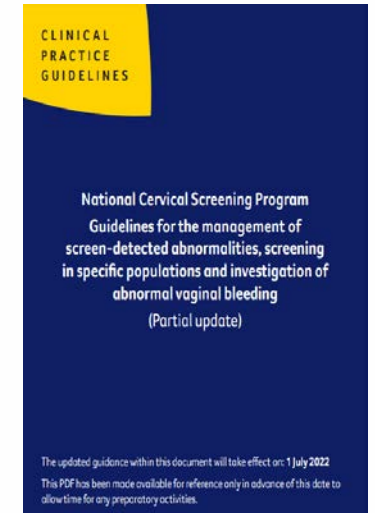
- Tahni returns in 12m and chooses a self-collected HPV test
- The HPV test is again HPV (not 16/18) positive (LBC LSIL)
- While the majority of patients are advised to have a repeat HPV test in another 12m, colposcopy referral is recommended for a sub-group who may be at higher risk of a high-grade abnormality

Normal colposcopy and a repeat HPV test in another 12m is reported as negative

CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



www.cancer.org.au/clinical-guidelines/cervical-cancer-screening

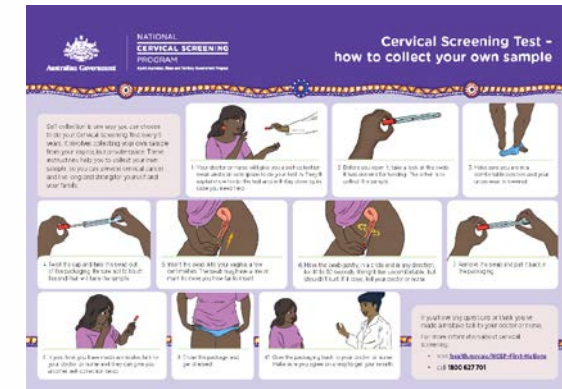


Healthy Profession.
Healthy Australia.

Supporting self-collection when you see the patient


- Provide clear information about pros and cons including differences in management and FU of self-collection vs. clinician-collection
 - the sample is from the vagina (not the cervix)
 - can only be tested for HPV; any cell changes cannot be seen in this sample
 - the likelihood that HPV may be detected and follow-up required
- If chosen, give step by step guidance about how to collect the sample and how results received

Routine genital/cervical inspection not indicated but should be offered if clinically indicated



Talking to patients about how to collect their own sample for a HPV test

- Get in a comfortable position and lower your underwear
- Twist the cap and remove the swab from the tube
- Gently insert the swab a few centimetres into your vagina
- Rotate the swab gently for 10-30 seconds
- Remove the swab, place back into the tube and screw the cap back on

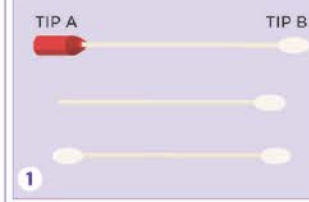


Australian Government

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

Cervical Screening Test: How to take your own sample

This guide will help you collect your own vaginal sample for cervical screening. If you're unsure about anything or have any questions you can talk to your healthcare provider.




TIP A **TIP B**

1

1. Before starting


- Your healthcare provider will provide you with a private space to collect your sample. This could be behind a screen or in a bathroom. You'll then receive a package. Inside is a swab. Your swab may look different to those pictured here.
- Before you open the package make sure you know which end of the swab can be held (Tip A), and which end is for taking the sample (Tip B). If you are unsure which end is which, ask your healthcare provider for advice.
- Make sure your hands are clean and dry, get yourself in a comfortable position and lower your underwear.




2

2. Preparing the swab

- Twist the cap and remove the swab from the packaging.
- Make sure not to touch Tip B that will be inserted to collect the sample.
- Do not put the swab down.



3




4

3. Inserting the swab


- Use your free hand to move skin folds at the entrance of your vagina.
- Gently insert Tip B into your vagina a few centimeters.
- The swab may have a line or mark on it showing you how far to insert.

4. Taking the sample

- Rotate the swab gently for 10-30 seconds (in any direction). This may feel a bit uncomfortable but should not hurt.



5



6

5. Storing the sample

- Still holding Tip A, gently remove the swab from your vagina.
- Place the swab back into the packaging with Tip B going in first.
- Screw the cap back on. Get dressed and return the package to your healthcare provider.

6. Sending the sample

- The sample will be sent to a pathology laboratory for HPV testing.
- The results of the test will be sent to your healthcare provider.

What if...?

What if I touched Tip B/the swab with my fingers by mistake?	Please continue to take the sample.
What if I dropped Tip B or the swab on a dry surface?	Please continue to take the sample.
What if I dropped Tip B/the swab on a wet surface?	Let your healthcare provider know and ask them for a new swab.

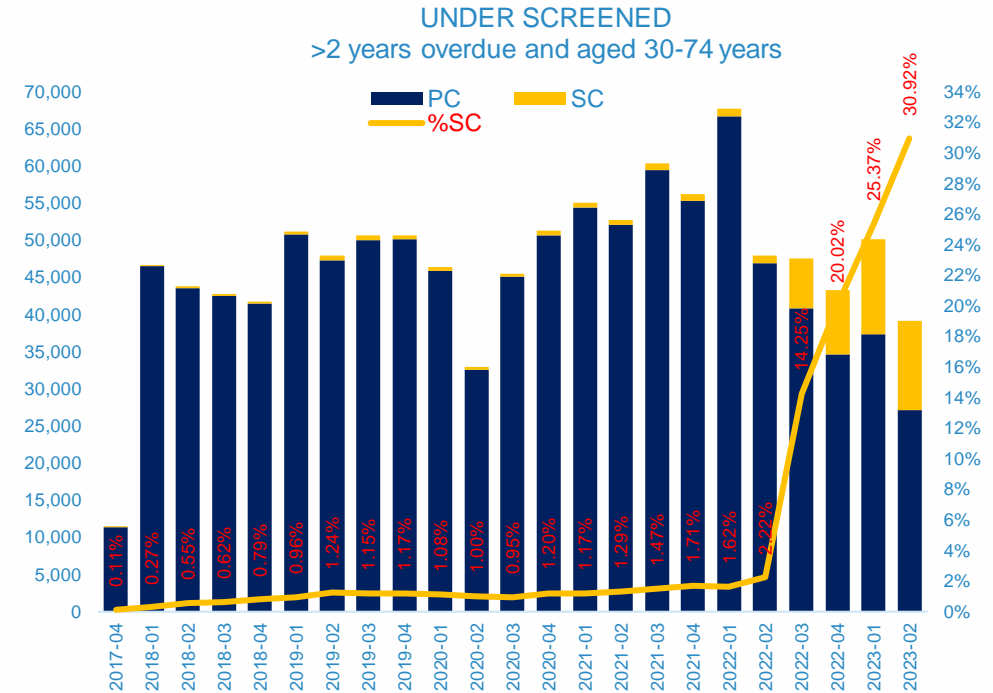
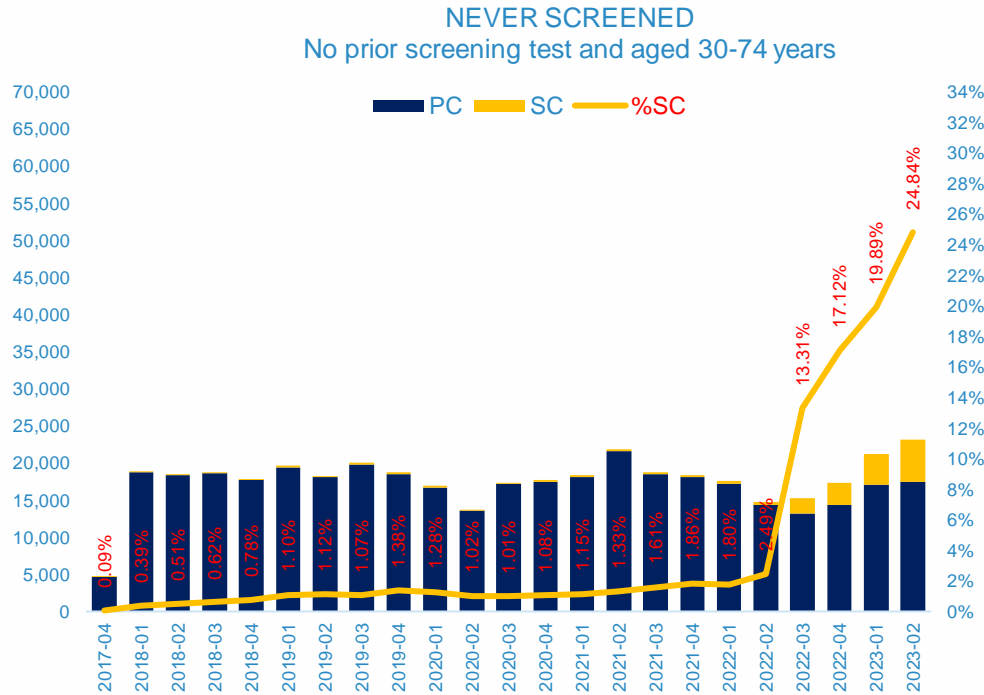
If HPV is detected, you will need to return to your healthcare provider for them to collect a sample from your cervix or you may be referred to a specialist for further tests.

Self-collection: increasing access to screening



- Self-collection is preferable in a health care setting
- Can potentially occur in any setting the requesting clinician believes appropriate
 - must have a pathway for timely clinician-collected sampling if follow-up is required
 - telehealth: make arrangements with local lab
 - requesting clinician has **FULL** responsibility for ensuring patients have correct sampling devices, informing them of results and any required follow-up
- **The clinician can assist the person to collect the sample**
 - **still classified as self-collection on the path lab form**

Count of self-collect and % of all HPV screening tests reported as self-collect in each quarter in never and under screened people aged 30-74 years



- The proportion of never and under screened people aged 30-74 years who had a self-collect also increased after the policy change
- The self-collect uptake was higher in under screened people compared to people with no prior screening test in the register

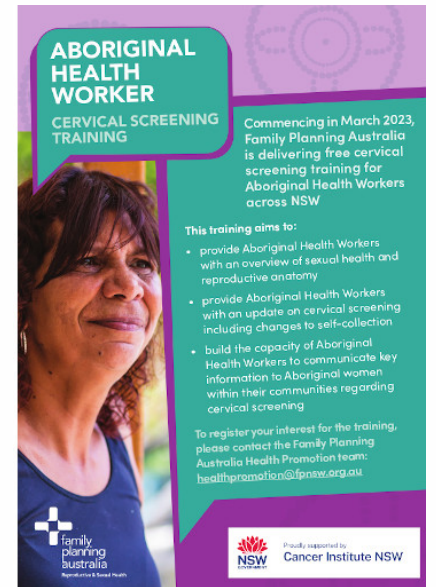
Supporting under-screened patients

Patients with HPV (any type) detected may require additional/individualised support to:

- progress along the clinical pathway
- access follow-up services where they will receive sensitive treatment

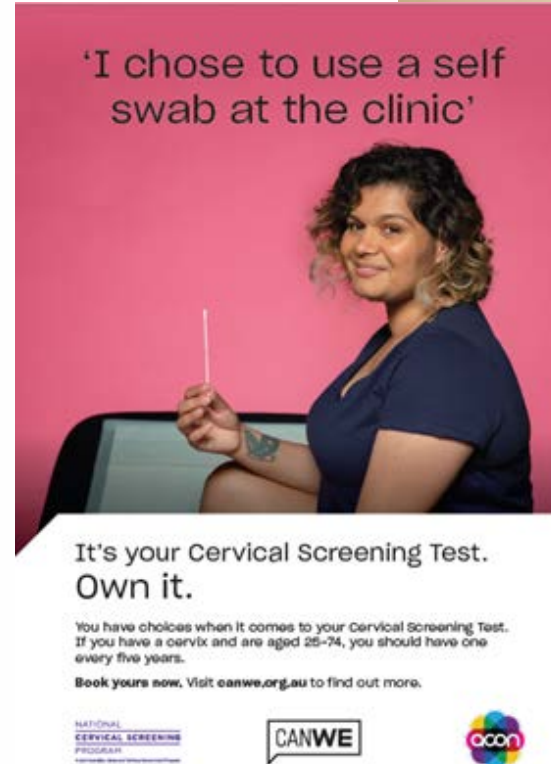
This may include:

- reassurance and explanation of pathway and FU procedures
- longer appointments or additional FU contact
- liaison with colposcopy services



Strategies to support under-screened patients

- Point of care testing and same day colposcopy
- Co-designed community awareness campaigns
- Co-designed tailored communications from the registry
- Data linkage projects



Using the National Cancer Screening Register

**NATIONAL
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SCREENING
REGISTER**

- Supports the NCSP by sending invitations, reminders and a referral safety-net
- Provider Portal: supports you to manage your patients through the clinical management pathway
- Access the portal via:
 - PRODA
 - Integrated clinical software

The screenshot shows the NCSCR Provider Portal interface. At the top, there are navigation tabs for 'Participant' and 'My Profile'. The user is logged in as 'John Citizen (John.Citizen)' with a 'Log Out' button. The main header shows 'Bowel' and 'Cervical' screening options, with 'Cervical' selected. Below this, the participant's details are displayed: 'CITIZEN, JANE (Female)'. A 'Back' button is next to the 'Date of Birth' field. The details include: Date of Birth (29 Jul 1951), Age (69 y), Medicare Number (XXXXXXX), IHI Number (XXXXXXXXXX), RRN (XXXXXX), Last Screening (24 Mar 2020), and Next Screening (24 Mar 2025). The address is '123 Fake Street, Suburb, VIC, 3000'. Below the details, there are tabs for 'Forms', 'Correspondence', and 'Participant Details', with 'Forms' selected. A 'Filter' button is next to the 'Forms' tab. On the right, there are buttons for 'Screening History' and 'Choose a form'. A table lists the screening events:

Event Date	Document Name	Status	Deleted On	Action
24 Mar 2020	NCSP - Cytology and HPV Coding	Complete		<button>View</button>
24 Mar 2020	NCSP - Histology Coding	Deleted	24 Mar 2020	<button>View</button>
24 Mar 2020	NCSP - Histology Coding	Complete		<button>View</button>
18 Mar 2020	NCSP - Cytology and HPV Coding	Complete		<button>View</button>

- Provider portal quick start guide
- Book a call back with a digital specialist

www.ncsr.gov.au/content/dam/ncsr/quick-start-guides/Quick-Start-Guide-Healthcare-Provider-Portal.pdf

Engaging with your local laboratory

- Check in with your local lab about whether they process self-collected samples or send them to another lab for processing
- Ask your lab to supply appropriate consumables including swabs for self-collection as well as information and instructions for patients



Requesting pathology

Clinical information on pathology request forms assists labs in performing the right tests, matching the right clinical recommendations and selecting the right MBS item/s

- Label sample as self-collected or clinician-collected
- Write/tick self-collection on form
- Write LBC only for clinician-collected sample following HPV detection on a self-collected sample
- Ask and record if patient identifies as Aboriginal and/or Torres Strait Islander

The image shows a 'VCS Pathology' 'PATHOLOGY REQUEST' form. A red circle highlights the section titled 'Is the patient of Aboriginal or Torres Strait Islander origin?'. This section includes checkboxes for 'Aboriginal', 'Torres Strait Islander', 'Aboriginal and Torres Strait Islander', and 'Not Aboriginal or Torres Strait Islander'. Below this, it asks 'In which country was the patient born?' with a note to 'Indicate the one that is spoken most often' and checkboxes for 'No, English only' and 'Yes, other (please specify)'. To the right of the highlighted section, there are checkboxes for 'Self-collected' and 'Follow-up HPV tests', and a 'Clinical Notes' field. Further right, there are checkboxes for 'Abnormal bleeding', 'Appearance of cervix', 'Specimen site', 'Pregnant/Post partum', 'Hysterectomy', 'IUCD', 'Same day colposcopy', and 'CST taken by nurse'. The form also includes fields for 'Patient Surname', 'Given Names', 'Gender', 'Date of Birth', 'Your Reference', 'Previous Surname', 'LAB COPY', 'Urgent', 'Phone', 'Fax', 'By Time', 'Private', 'Schedule', 'Bulk Bill', 'Vet Affairs No.', 'Practitioner's Signature', 'Request Date', 'COPY REPORTS TO:', 'MEDICARE ASSIGNMENT', 'Patient's Signature', 'Date', and a section for 'Complete patient surname, given name and date of birth prior to attaching to specimen. PLACE LABEL VERTICALLY If more than 3 specimens write patient details on additional specimens'.

Troubleshooting – inadequate follow up for LBC

What to do when a self-collection patient doesn't provide a liquid based sample?

Let's think – they can go straight to colposcopy with HPV 16/18.

If they have HPV (not 16/18) and it is already 9+ m since LBC was required, then you could repeat the HPV as it may now be negative?

Ensure people know they need to come back to the GP (or someone in the practice) for an LBC after a HPV (not 16/18) result!

Self-collection for cervical screening – mini audit

- Available via *gplearning*
- 7 CPD hours (1 EA, 5 MO, 1 RP)
- <https://gpl.racgp.org.au/d2I/home/7366>

Reviewing performance tool

- Post-activity reflection
- Available via myCPD home

Mini audit - Self-collection for cervical screening



To continue, click on the > button located in the top right of your screen.

Resources

NCSP Clinical Practice Guidelines - www.cancer.org.au/clinical-guidelines/cervical-cancer-screening

NCSP Provider Toolkit - <https://www.health.gov.au/our-work/NCSP-healthcare-provider-toolkit>

National Cancer Screening Register quick start guide - www.ncsr.gov.au/content/dam/ncsr/quick-start-guides/Quick-Start-Guide-Healthcare-Provider-Portal.pdf

RACGP self-collection for cervical screening mini audit – <https://gpl.racgp.org.au/d2l/home/7366>

Thank you



Australian Government
**Department of Health
and Aged Care**

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program

The Daffodil Centre

A partnership between



Healthy Profession.
Healthy Australia.