

21 December 2021

Ms Tanya Buchanan  
Chief Executive Officer Cancer Council Australia  
Cancer Council Australia

Via email to: [Laura.Sergeant@nswcc.org.au](mailto:Laura.Sergeant@nswcc.org.au)

Dear Ms Buchanan,

**Re: National Cervical Screening Program Guidelines changes**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the national cervical cancer screening guidelines changes. Our comments are outlined below.

**Flowchart 6.1**

This flowchart and risk management algorithm is a complex tool to follow, particularly for general practitioners (GPs) managing a small number of patients each year with HPV-positive cervical screening test results. The pathology provider will need to carefully communicate the results to the referring GP. The RACGP recommends pathology providers include the relevant guideline management pathway recommendation for the screening result. This requires the pathology providers to access the patient's previous screening history and relevant demographic information to ensure accurate and actionable test result reporting to referring GPs.

**Oncogenic HPV types not 16/18**

There is limited information on the recommended follow up process for patients with an HPV positive (non 16/18) self-collected screening test result, who prefer not to have a follow up Liquid Based Cervical (LBC) sample collected by their GP. The RACGP recommends clarification of the appropriate clinical management pathway for these patients.

**Page 11 - 2021 MSAC review and page 33 - 2021 MSAC review**

4th paragraph 1st sentence: "... for people who may feel uncomfortable with a clinician **collecting their sample**" change to "... for people who may feel uncomfortable with a clinician **collected sample**"

4th para 2nd sentence: "... to allow for education and engagement." The RACGP recommends including the following wording - "... to allow for education, engagement **and follow up of test results.**"

**page 32 - 6. Clinical question: Self-collected vaginal samples**

Are there any other clinical categories for which self-collection is NOT recommended as a follow up HPV test, other than for when a co-test is recommended? Where can this information be found in the guidelines?

**Page 35 – Practice Point - REC6.xx: Settings where self-collection can be performed**

Self collection is not limited to the clinic setting per se. It must be done under the supervision of a healthcare professional so this can occur in many different settings including an aged care or group home setting, mobile or outreach, during a home visit or be supported and coordinated via telehealth. The RACGP recommends including

a practice point on a telehealth consultation and reference to relevant data/research in the guidelines to ensure they reflect current clinical practice.

**Page 36 – Practice point REC6.17**

The way in which this practice point is worded is confusing - please re-word.

**Page 36 – Health system implications of these recommendations - Clinical practice**

In the final sentence: "...healthcare professional should provide *instructions* about how to collect the sample...", the RACGP recommends replacing 'instructions' with 'appropriately tailored information'.

The RACGP appreciates the opportunity to provide feedback on the changes to these guidelines. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au)

Yours sincerely



Dr Karen Price  
President