Cervical screening for transgender men:

how does the new Australian cervical screening program serve this population?





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Renewed Cervical Screening Program

- ➤ Primary HPV testing replaced the Pap smear in Australia in December 2017
- New understandings of HPV, vaccine roll-out and more sensitive testing technologies
- People testing negative for oncogenic HPV have a very low risk of high grade precancer and cancer for the next 5 years
- 80% cancer diagnoses in lapsed or never-screeners
- Modelling studies show new program will result in 36% fewer cancers











Australian Institute of Health and Welfare; www.cancerscreening.gov.au

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The program in a nutshell for anyone with a cervix

- 25 years to 70 74 years
- Screening interval 5 years (3 years if immune-deficient)
- Primary HPV test with reflex liquid based cytology
- Vaginal self-collection HPV test available for eligible people
- Co-test (HPV PLUS LBC) for abnormal vaginal bleeding suspicious for cervical cancer
- National Cancer Screening Register sends invitations and reminders (provision for opt off)

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Managing results

- Negative for oncogenic HPV
 - ➤ low risk repeat in 5 years
- Positive for oncogenic non 16/18 HPV
 - intermediate risk repeat test in 12m
- Positive for oncogenic HPV 16/18
 - higher risk refer for colposcopy +/- biopsy
- Unsatisfactory repeat within





'Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding'

wiki.cancer.org.au/australia/Guideline s:Cervical_cancer/Screening

Cervical screening for transgender men

- · Barriers to screening
 - Gender dysphoria making gynaecological examination very difficult
 - > Speculum examination being painful
 - > Less likely to be offered screening
 - > Misperception of risk
- May be eligible for a rebated self-collected vaginal HPV test
- Post-hysterectomy determine if cervix has been removed and review reasons for hysterectomy (consult screening guidelines)







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Cervical screening for transgender men

- · Improving client experiences
- · Considering discomfort, pelvic dysphoria
- Sign posting actions; asking about language; paediatric speculum; self-insertion; positioning and propping....
- Testosterone therapy may affect:
 - sampling as a result of hypo-oestrogenisation with higher risk of unsatisfactory results¹
 - > cytological analysis and colposcopic appearance of the cervix with false positive outcomes (positively correlated with duration of testosterone use)
- Consider short course of topical oestrogen if acceptable (essential prior to colposcopy)



¹Peitzmeier SM et al, J Low Genit Tract Dis 2002

HPV self-collection: who is eligible?

· Never participated in the NCSP and aged 30 years or over

Or

 Overdue for cervical screening by 2 years or longer AND are at least 30 years of age

And

- · Attending a health care setting which offers cervical screening
- Declined a clinician collected sample

Provide clear information about:

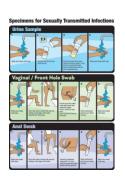
- > the self-collection technique
- how they will receive test results
- > follow-up required if HPV result is negative or positive





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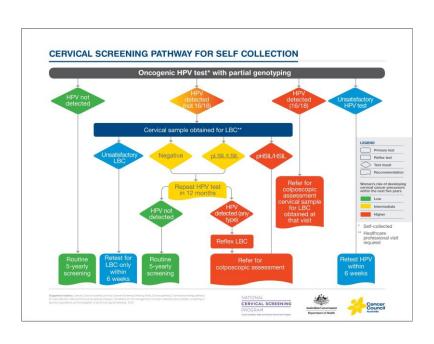




Self-collected sampling: an emerging science



- Testing for HPV DNA in vaginal cells
- Moderate to high sensitivity and comparably high specificity for detecting CIN 2 + compared with clinician testing¹
- Even one round of self-collected screening at age 30 or 40 could decrease an unscreened person's lifetime risk of cancer by 41%²
- If +ve for oncogenic HPV unable to perform reflex liquid based cytology on dry swab sample
 - > +ve for HPV 16/18 refer directly to colposcopy
 - > +ve for oncogenic HPV non 16/18 return for clinician collected cervical sample for cytology triage



¹Snijders PJ Int J Cancer 2013; ²Lew JB et al. Med J Aust 2016

Self-collection tips and traps

- ✓ Its OK if you have touched the swab or dropped it on a dry surface.
- ✓ Its OK if you have inserted the swab into the vagina but are unsure if the distance is correct
- > Unsatisfactory results potentially more frequent
 - ➤ Mainly due to insufficient cellular material
 - Contaminants may cause inhibition- vaginal pessaries and creams, lubricants, mucus
 - Blood is an inhibitor and even in small quantities may cause a FN result
 - > Repeat the self-collection within 6 weeks
- ✓ It should not hurt

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Screening for transgender women

- Screening for people with a neo-vagina is not part of the funded program
- Research lacking; risk of HPV-related cancer of the neovagina thought to be small
- · Risk may depend on procedure undertaken
- Vaccine protects against most HPV-related cancers (4-valent & 9-valent vaccine protect against 70% & 93% of HPV types
 associated with cervical cancer respectively)
- Anyone with symptoms of pain or bleeding should be assessed



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In conclusion

- The new program supports screening for transgender men
- Ensure the procedure is as comfortable as possible and minimizes risk of unsatisfactory results
- · Consider the role of self-collection
- Explain the role of the National Cancer Screening Register and opt-off option
- With thanks to:
 - **➢ Alex Robinson**
 - Viv McGregor
- Lara Roestske





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