

# Cervical screening for transgender men: how does the new Australian cervical screening program serve this population?



Deborah Bateson  
Medical Director Family Planning NSW



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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](http://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/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines: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 results<sup>1</sup>
  - 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)



<sup>1</sup>Peitzmeier 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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**NATIONAL CERVICAL SCREENING PROGRAM**  
Self-collection instructions

How to take your own sample for a HPV test

Self-collection is to be completed in a health care setting, behind a screen or in the privacy of a bathroom or toilet. Ask your healthcare provider for help if you are having difficulty with taking the sample, or if you would like them to explain these instructions further.

To collect your own sample, follow these instructions:

- 1. Before starting**  
Your healthcare provider will give you 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. Before taking the sample make sure your hands are clean and dry. Make sure you are in a comfortable position and your underwear is lowered.
- 2. Preparing the swab**  
Tear 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. Inserting the swab**  
Use your free hand to move skin folds at the entrance of your vagina. Gently insert Tip B into your vagina (similar to inserting a tampon). 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; this should not hurt, but may feel a bit uncomfortable.
- 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 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 kit.

Please note if HPV is detected, you will need to return to your healthcare provider for a clinician-collected sample and appropriate management.

Australian Government Department of Health

### Specimens for Sexually Transmitted Infections



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- <sup>1</sup>Snijders PJ *Int J Cancer* 2013; <sup>2</sup>Lew 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 neo-vagina 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



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