



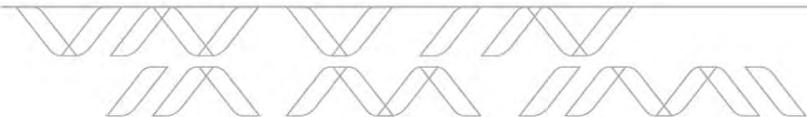


Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

Cervical screening in pregnancy

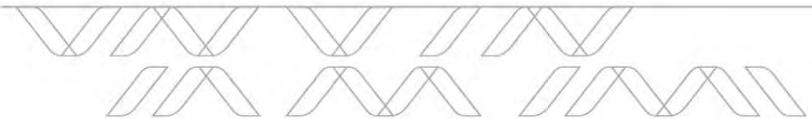
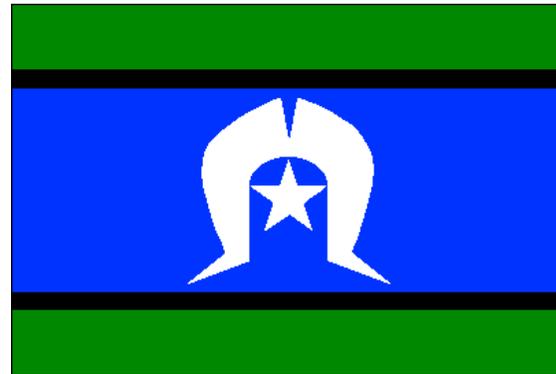
Noni Osland

Health Professional
Education Officer &
Registered Midwife



Acknowledgement of Country

We acknowledge the traditional owners and custodians of the land on which we are visiting today and pay our respects to elders and community here today.



WA Cervical Cancer Prevention Program (WACCPP)



“knowledge is hope, into the future”

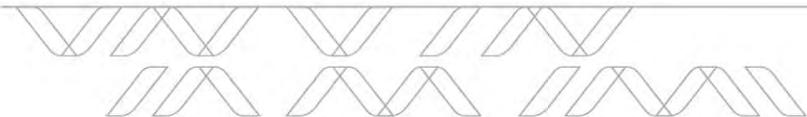
Artwork by Nerolie Bynder

- **WACCPP** is the state branch of the of the National Cervical Screening Program (NCSP)

- Health Professional Education
- Health Promotion
- WA Data Register
- FFA Elimination Projects roll out

Expanding access to cervical screening services | Federal Financial Relations

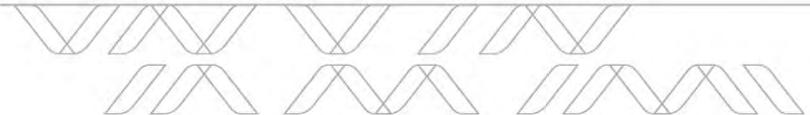
- **Aim:** To reduce cervical cancer incidence and mortality by maximising screening participation in WA.
- **ELIMINATION** of Cervical Cancer by 2035 – on track in Australia



Overview

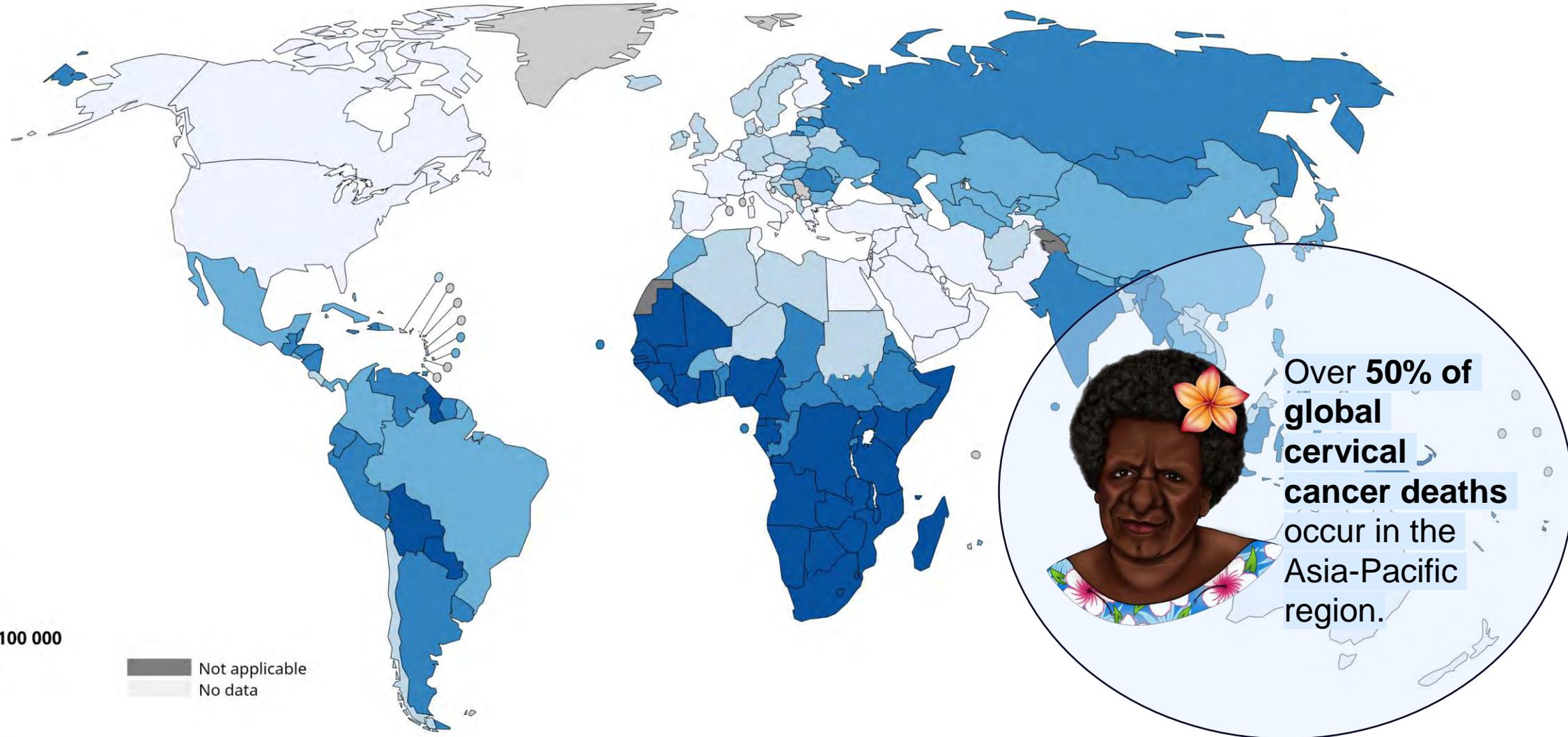
Cervical Cancer is one of the most preventable cancers, if detected early

- National Cervical Screening Program (NCSP)
- The link between human papillomavirus (HPV) and cervical cancer
- Cervical screening in Pregnancy
- Identify signs & symptoms of cervical cancer
- Identify priority populations and barriers to participation



Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, in 2022

Cervix uteri



Incidence & mortality

Worldwide:

4th most common cancer in women

- ~ 660,000 women diagnosed in 2022
- 350,000 deaths worldwide 2022, (over 94% occurring in LMICs)

WHO 2025

Australia:

- **916** women aged 25-74 diagnosed with cervical cancer in 2020
- **204** women aged 25-74 died from cervical cancer in 2022

Australian Institute of Health and Welfare 2024

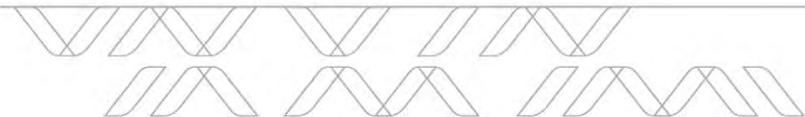
Western Australia:

- **76** women aged 25-74 were diagnosed with cervical cancer in 2021
- **19** women aged 25-74 died from cervical cancer in 2021

WA Cancer Registry, unpublished data

Over 70% of women who develop cervical cancer in Australia have either never- screened or do not screen regularly.

The incidence of Cervical Cancer in Australia has halved since the introduction of the National Cervical Screening Program

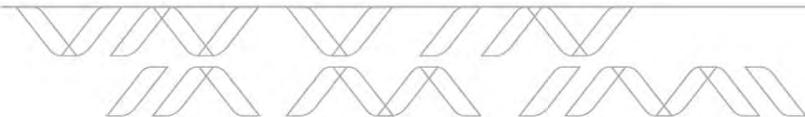


Cervical cancer mortality in Australia over time



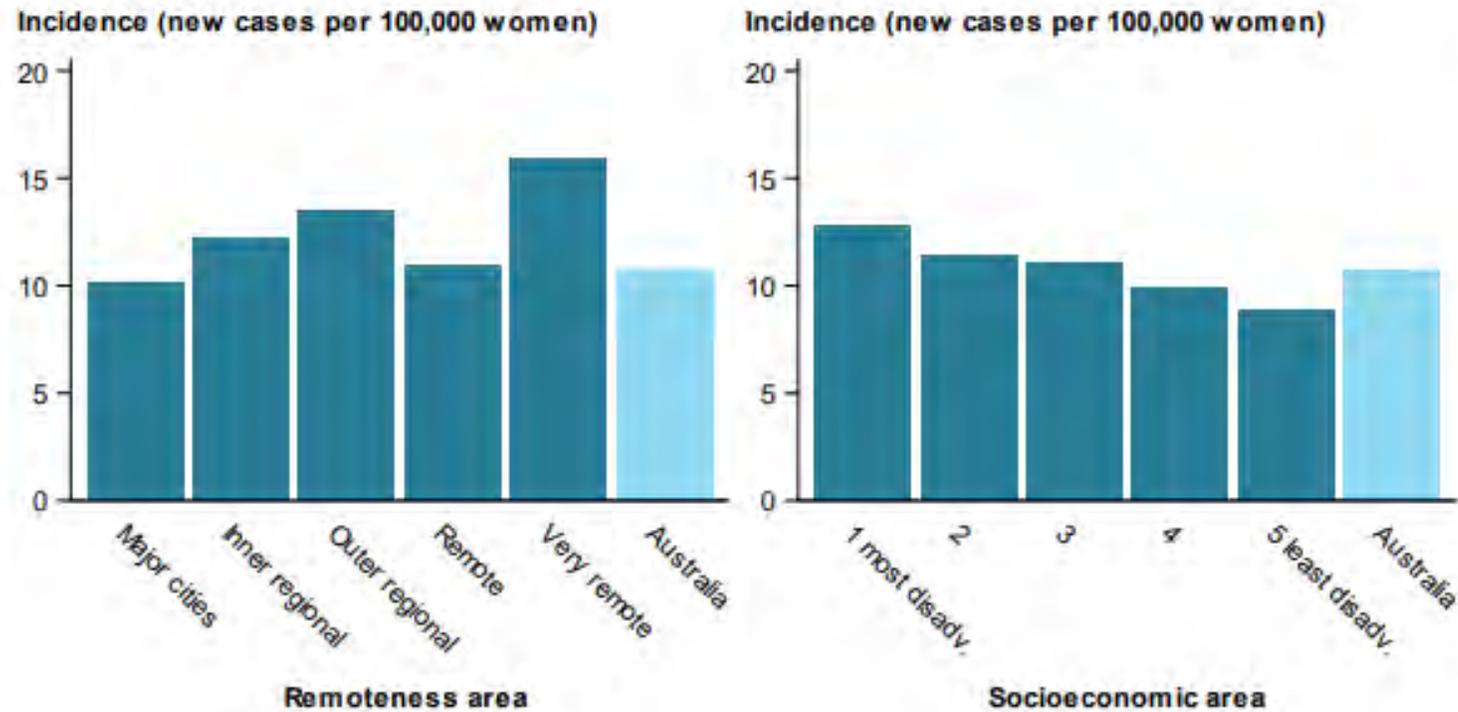
1991:
Introduction of the
National Cervical
Screening Program

2007:
Introduction of
the HPV
Vaccination
program



Cervical cancer incidence, by remoteness area and socioeconomic area

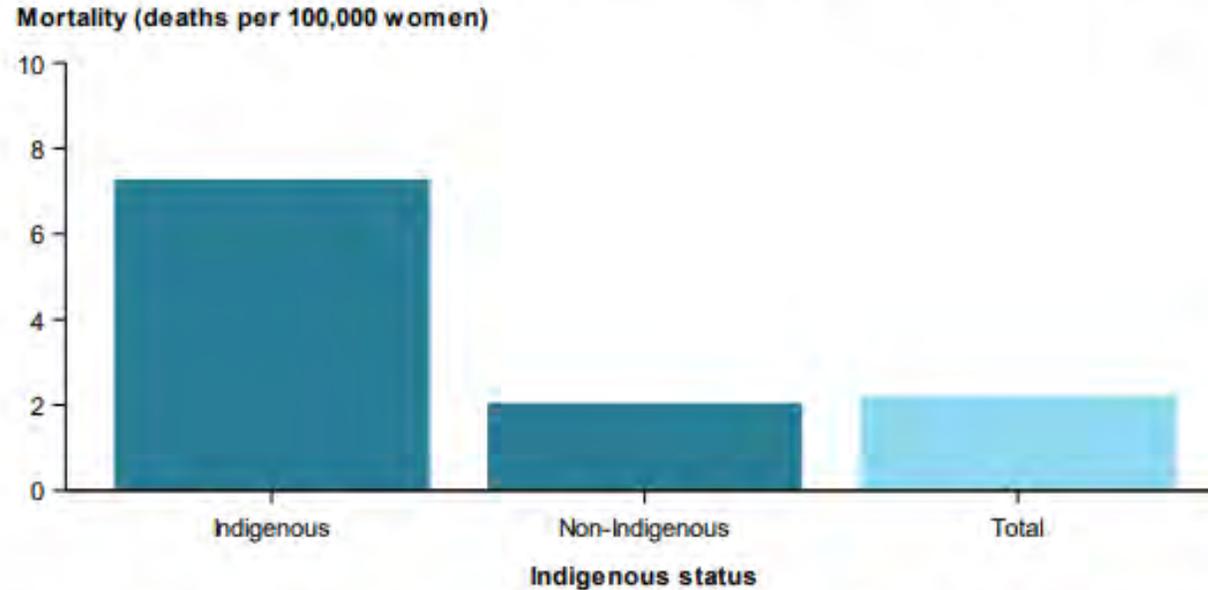
Figure 3.19.3: Cervical cancer incidence, by remoteness area and socioeconomic area, women aged 25–74, 2015–2019



Source: AIHW Australian Cancer Database 2019. Data and notes for this figure are available in Table A19.3 and A19.4.

Cervical cancer mortality by Indigenous status

Figure 4.5: Cervical cancer mortality (New South Wales, Queensland, Western Australia, South Australia, and the Northern Territory), by Indigenous status, women aged 25–74, 2017–2021



Note: Data shown for 'Indigenous', 'Non-Indigenous' and 'Total' are for New South Wales, Queensland, Western Australia, South Australia, and the Northern Territory only; data from these jurisdictions were considered to have adequate levels of Indigenous identification in cancer mortality data at the time this report was prepared.

Aboriginal and Torres Strait Islander women are respectfully referred to as Indigenous women in this figure.

Source: AIHW National Mortality Database. Data and notes for this figure are available in Table 4.8.

Compared to non-Indigenous women, Indigenous women are **2.5 times more likely to be diagnosed** with cervical cancer and are **3.8 times more likely to die of cervical cancer**, this is thought to be due to under screening and late detection.

Barriers to screening include the stigma of HPV being a STI, feeling nervous, shame, or not wanting someone you know doing your test.

(SA3),

Participation (%)

1



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

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



©2017 Caro Telfer

**Cervical screening
could save your life.**

**Book your
Cervical Screening
Test today.**



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

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

**Cervical screening
saves lives**



Image ©2017 Caro Telfer, used under license from /visuals.com

Community feedback survey

The WA Cervical Cancer Prevention Program aims to improve cervical screening in your community.

To help us better understand your local community and its needs, please scan the QR code to complete the community feedback survey.



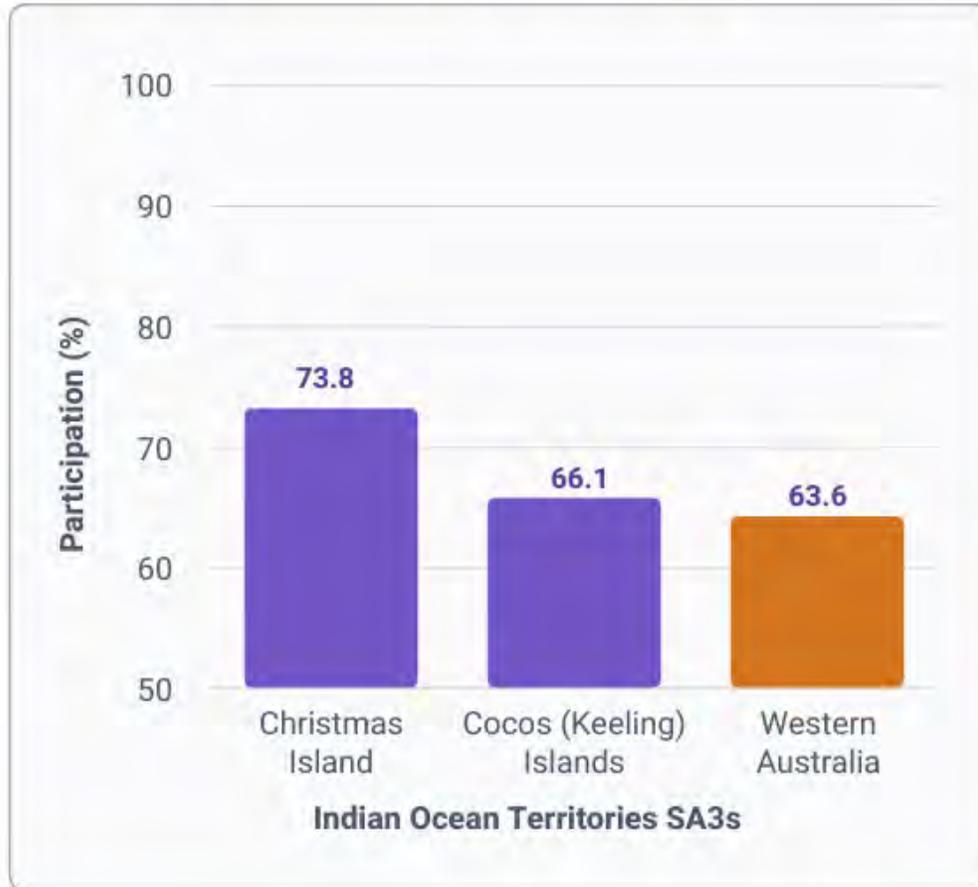
For more information, visit healthywa.gov.au/cervicalscreening

53.6

ralia



Cervical screening participation in the Indian Ocean Territories for participants aged 25 to 74 years by Statistical Area Level 3 (SA3), 1 January 2019 to 31 December 2023



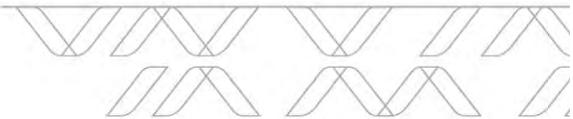
The Australian Indian Ocean Territories, which include Christmas Island and the Cocos (Keeling) Islands, receive a variety of services that are funded and operated by the Australian Government. These services are also supplemented through service delivery arrangements with the Western Australian Department of Health, including for the provision of cervical screening.

Prevention in Australia

1. **Primary prevention –**
National HPV
Vaccination Program



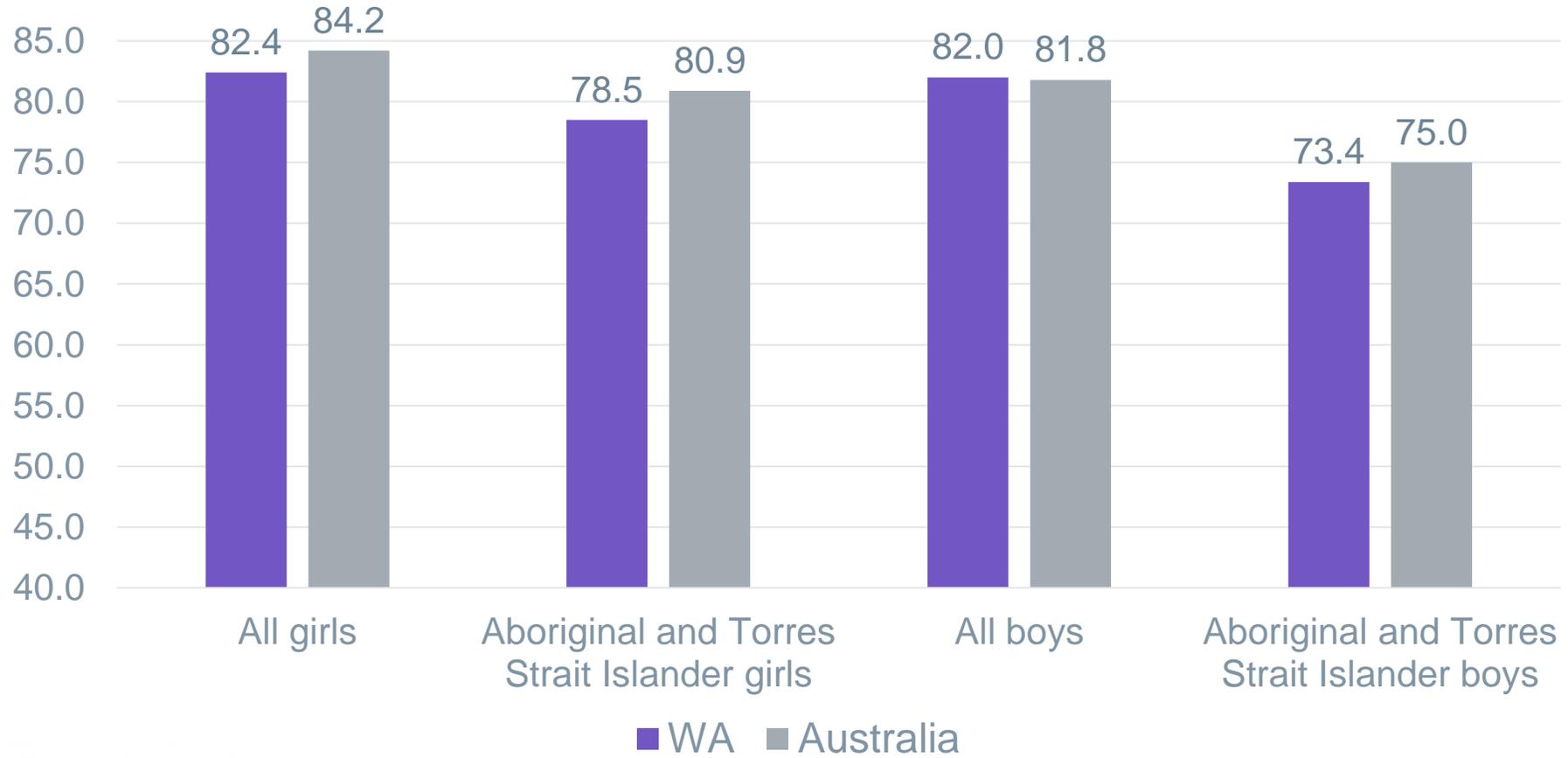
2. **Secondary prevention –**
National Cervical Screening
Program



HPV vaccine coverage

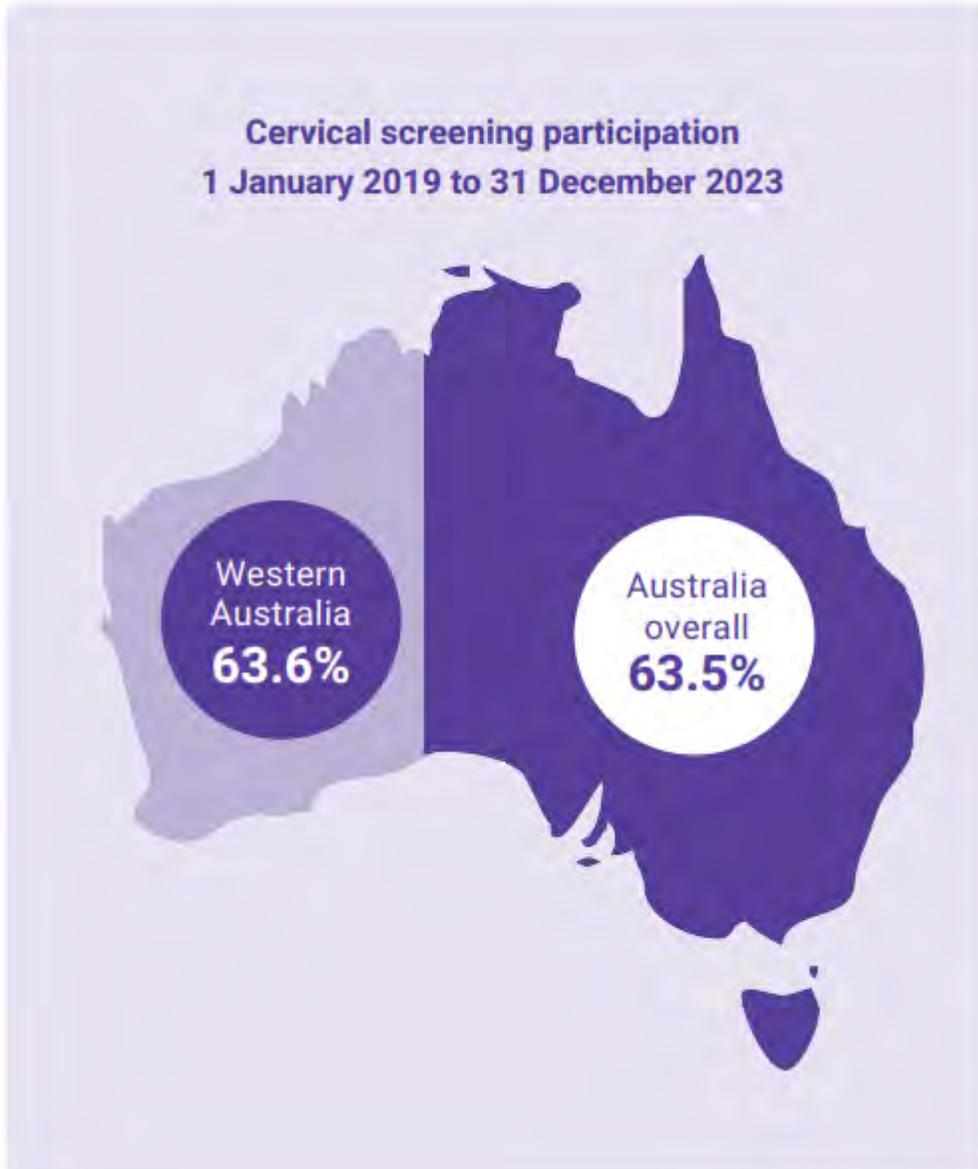
Target for Elimination of cervical cancer is 90% of boys and girls

HPV vaccine coverage by age 15 in 2023



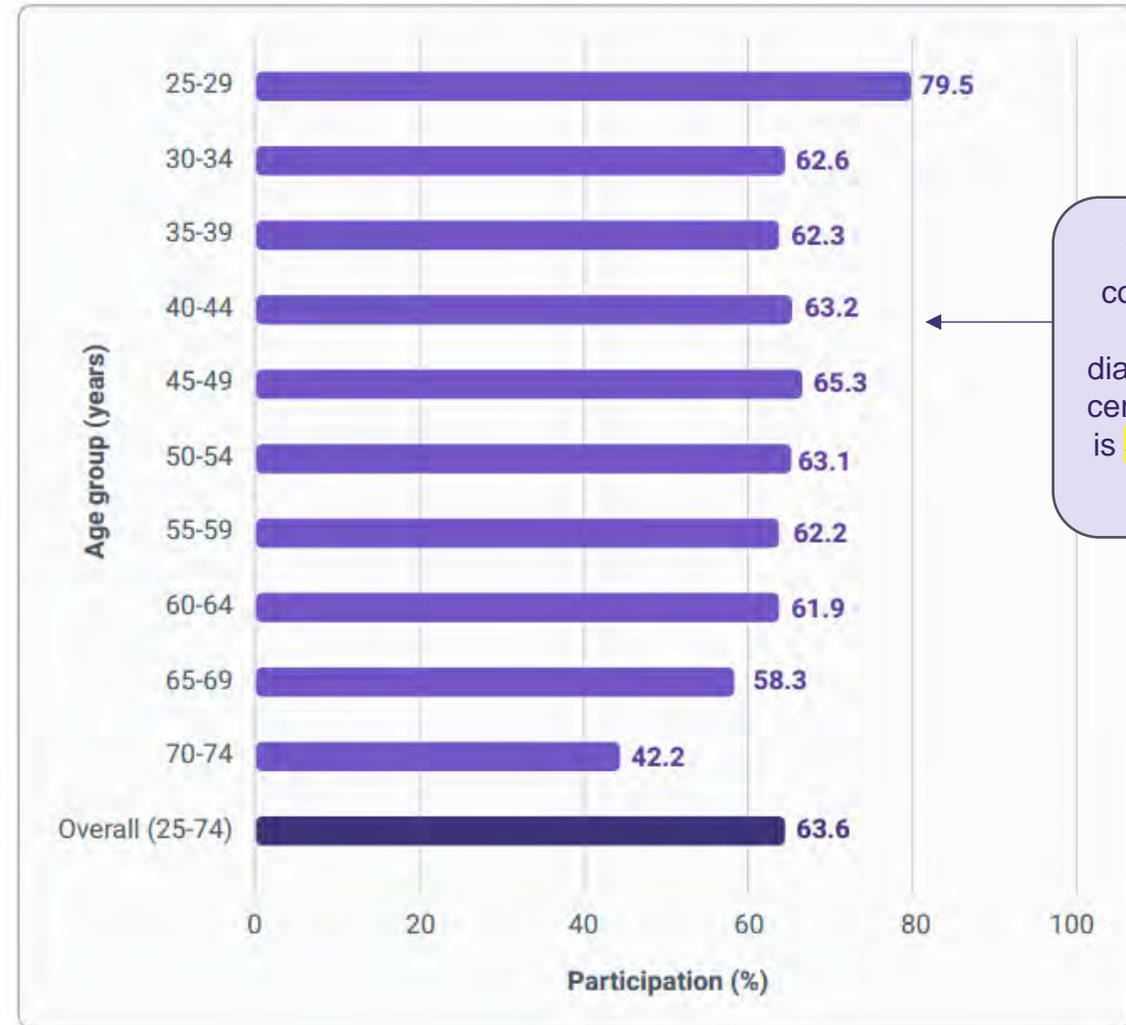
Source: NCIRS Annual Immunisation Coverage Report 2023

Cervical screening participation in WA



Cervical screening participation in WA by age group

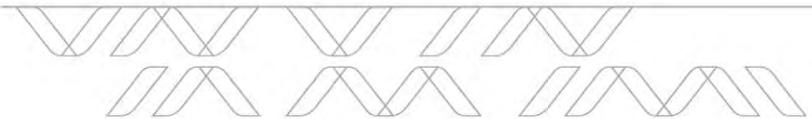
1 January 2019 to 31 December 2023



The most common age to be diagnosed with cervical cancer is 35-50 years old

True or False?

Do people with a cervix, who are vaccinated against HPV, still require regular Cervical Screening Tests?



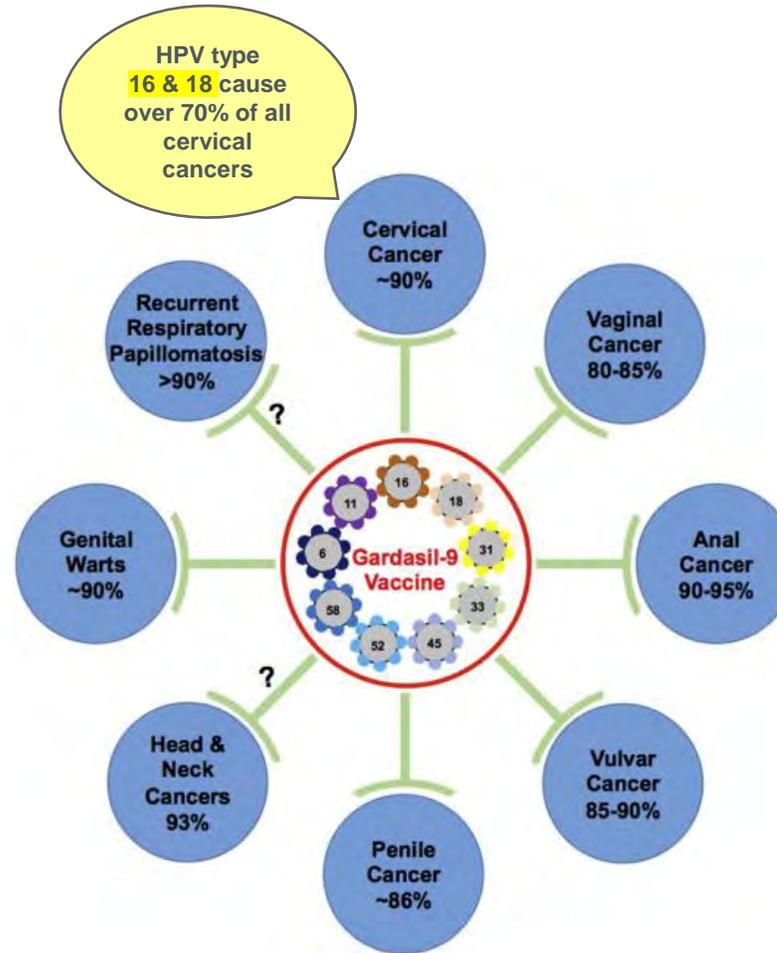
TRUE

What is human papillomavirus (HPV)?

- > 100 types of HPV
- > 40 affecting the anogenital area
- HPV Vaccination covers the 9 most harmful types

(Oncogenic 6, 11, 16, 18, 31, 33, 45, 52 and 58)

- Spread through any sexual contact.
- HPV is very common.
- Prevalence highest in young people.
- Most will clear the infection in 1-2 years

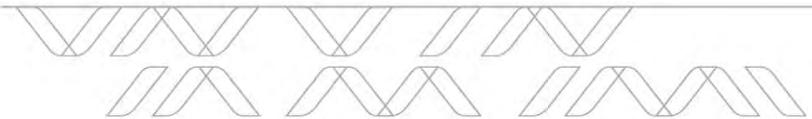


- **1 dose** of the HPV vaccine (Gardasil®9) is funded via the NIP for adolescents.
- Anyone who missed HPV vaccination at school can catch up for **FREE** to age **26**.

Vaccination is not recommended in pregnancy

True or false:

Do women or people with a cervix who are in same-sex relationships still need to participate in regular cervical screening?



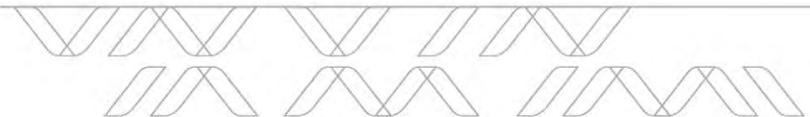
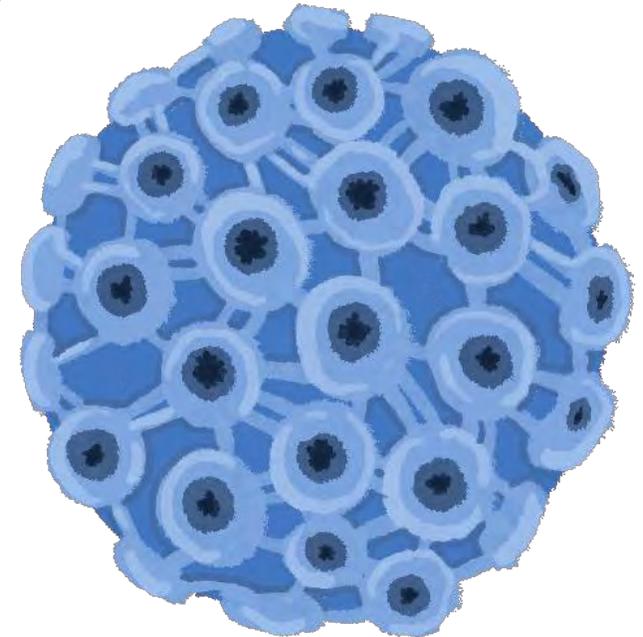
TRUE

HPV Virus Causes nearly all cervical cancers

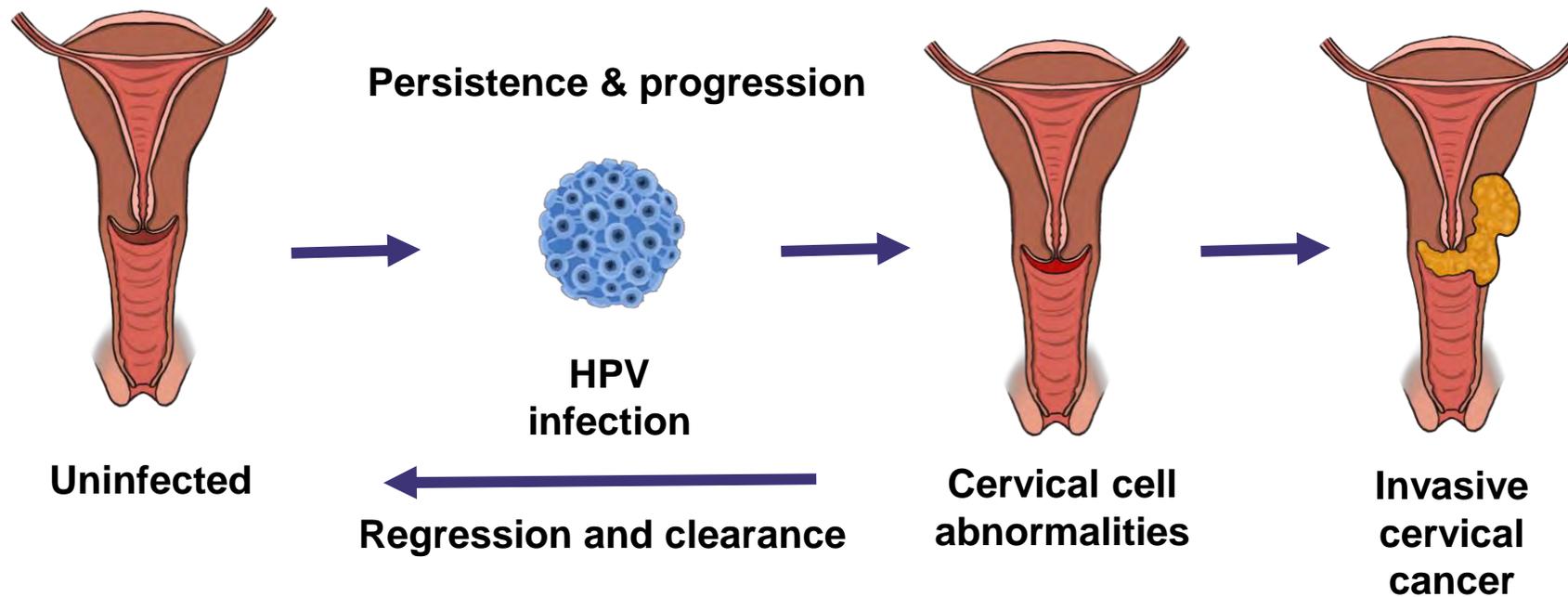
Almost all cervical cancer cases (99%) are linked to infection with high-risk human papillomaviruses (HPV). WHO 2024

- Spread through sexual contact:
 - genital skin-to-skin
 - mucosa-to-mucosa
- Most will clear the infection in 1-2 years.
- HPV types 16 and 18 are most linked to cervical cancer

- Digital
- Oral
- Penile



Human papillomavirus (HPV) and cervical cancer

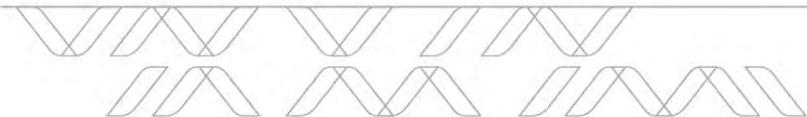


10 – 15 years

The Renewed National Cervical Screening Program

	Pre-Renewal	Post-Renewal (NEW)
Test name	“Pap smear”	“Cervical Screening Test (CST)”
Test type	Cytology	HPV test with partial genotyping and reflex liquid-based cytology (LBC), where indicated
Screening interval	Every two years*	Every five years*
Screening age range	18 - 69	25 - 74
Self-collection option	N/A	For eligible participants – HPV testing of vaginal sample

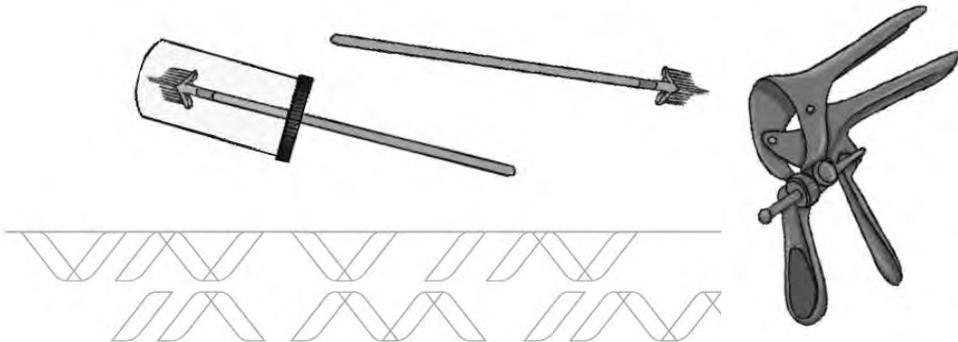
* If oncogenic HPV/abnormalities are **not** detected



Comparing screening options

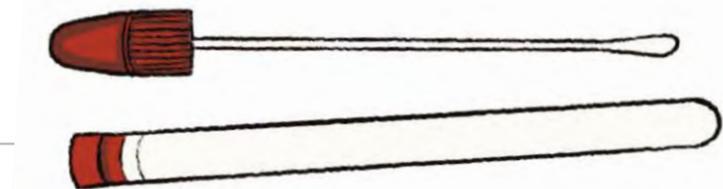
Having a healthcare provider collect your sample

- ✓ A sample collected from the cervix containing cervical cells
- ✓ Checks for HPV
- ✓ If HPV is found, the same sample is checked for abnormal cervical cell changes.



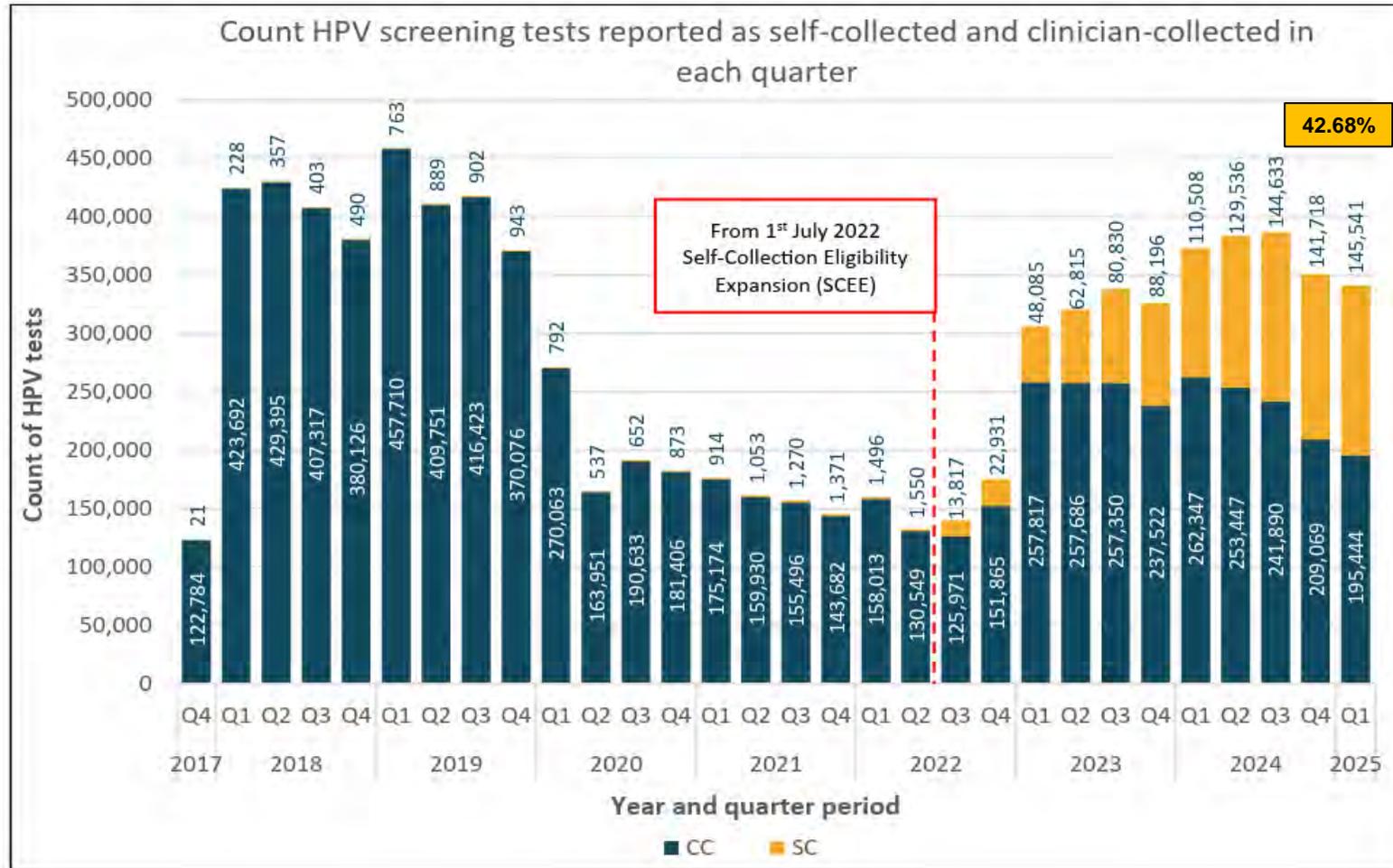
Collecting your own sample

- ✓ A sample collected from the vagina
- ✓ Checks for HPV
- ✗ Does not collect cervical cells to check for abnormal cell changes
- ✓ If HPV is found, you will need to return to have a sample collected by a healthcare provider or specialist to check for abnormal cervical cell changes.



Uptake of self-collection in April 2025

Figure 2: Total count of HPV screening tests by collection method by quarter



"I was worried I might not do it properly and miss something important."

- Participant, Kirby Institute study (Moore et al., 2023, medRxiv)

"I'd do it if the Aboriginal health worker was there with me."

- Whop et al., 2021, The Medical Journal of Australia.

"I'd rather a doctor do it to make sure it's done right."

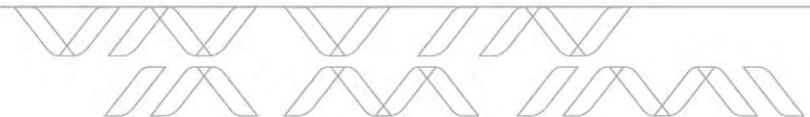
- Woman from a remote NT community (Whop et al., 2022, Cancer Council QLD)



Research is underway for:
Rapid POC testing & same day colposcopy

Cervical Screening in Pregnancy

- ❑ **Cervical screening can be safely performed at any time during pregnancy, provided that the correct sampling equipment is used.**
- ❑ **Cervical cancer is the most common gynaecological malignancy diagnosed during pregnancy**
- ❑ It is strongly recommended that routine antenatal care should include cervical screening when this is due or overdue.
- ❑ For some women, pregnancy may be the first, or only, opportunity for cervical screening.
- ❑ Women who have experienced early sexual contact or survivors of sexual abuse - **1 off test, can be offered, between age 20-25.**
- ❑ Immune-deficient women – **require 3 yearly testing**
- ❑ DES-exposed women (Diethylstilboestrol) - **require annual co-test**



Cervical screening: Management of test results in pregnancy

Test results

- Low risk - HPV not detected:**
Return for next screen in 5 years.
- Intermediate risk - HPV (not 16/18) detected, and**
 - **reflex LBC negative/pLSIL/LSIL:**
Repeat test in 12 months
 - **reflex LBC pHSIL/HSIL or glandular abnormality:**
Refer for colposcopy.
- Higher risk - HPV (16/18) detected:**
Refer for colposcopy, regardless of LBC result.

Colposcopy

Colposcopy is safe and referral should not be delayed during pregnancy.

Requesting pathology

Information to include on the pathology request form:

- If the sample was self-collected, write: 'CST - self-collected' or 'Follow-up HPV test - self-collected'.
- Record whether the patient is of Aboriginal origin, Torres Strait Islander origin or both.

Management of suspected high-grade squamous intraepithelial lesion (HSIL)

- Conservative management of HSIL is recommended during pregnancy.
- Regression of CIN lesions is common in the postpartum period.
- Definitive treatment of a suspected high-grade lesion, except invasive cancer, may be safely deferred until after the pregnancy.
- If invasive disease is found in pregnancy, patient should be referred urgently to a gynaecological oncologist.

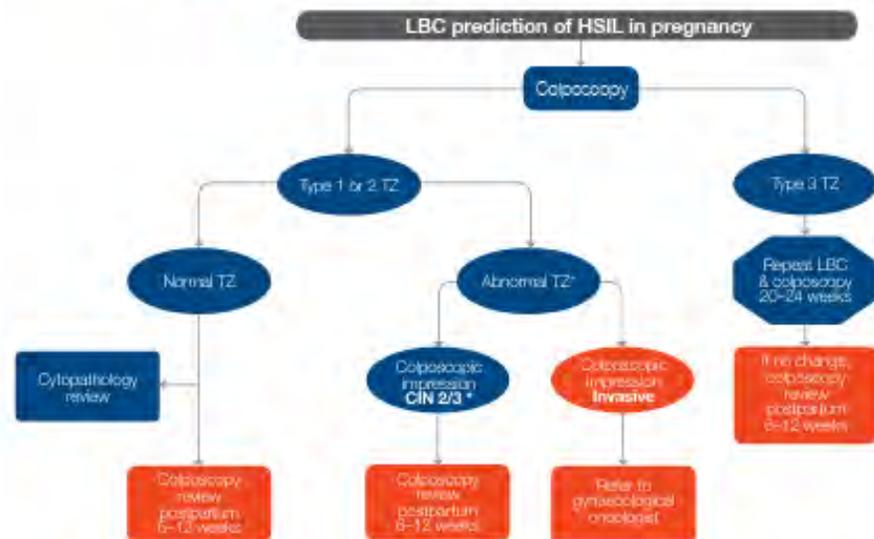


Diagram sourced from cancer.org.au

*Biopsy not usually necessary in pregnancy

Key resources

National Cervical Screening Program Clinical Guidelines



Pathology test guide for cervical and vaginal testing



WA Cervical Cancer Prevention Program (WACCPP)

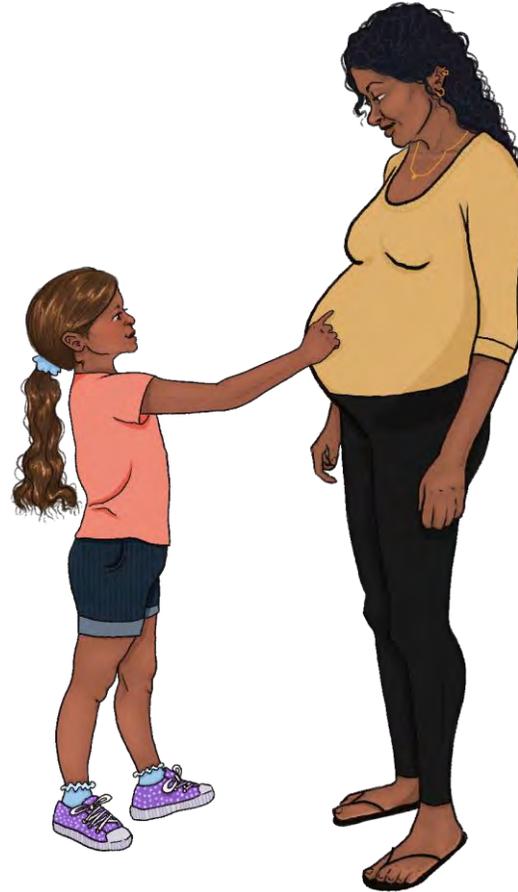
For further local resources and information visit kemh.health.wa.gov.au/cervical

This document can be made available in alternative formats on request.

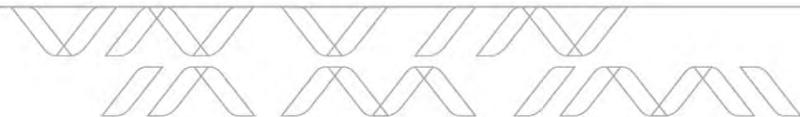
© North Metropolitan Health Service 2024

Benefits and harms

- **Cervical screening is safe at any time during pregnancy.**
- Due/overdue for CST can be ascertained during antenatal appointments.
- **CST Hx should be documented in handheld record.**
- Opportunistic screening & treatment offered to women who chronically DNA.
- Can be offered opportunistically alongside vaginal procedures, with informed consent.



- **Pregnancy care is often delivered in a wellness model vs cancer screening and possible detection of HSIL or invasive cervical cancer.**
- Biopsy is not recommended in pregnancy due to risk of bleeding, however, may be necessary.
- **The risk of an undiagnosed cervical cancer in pregnancy outweighs the risk of bleeding from a biopsy.**





PATIENT Last Name		Given Name (including middle initial)		Date of Birth	Sex	Your Reference	
Is Patient of Aboriginal Descent? <small>PREVIOUS</small> Yes <input type="checkbox"/> No <input type="checkbox"/>							
PATIENT Address				Unit no.	Telephone		
TESTS REQUESTED		URGENT <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> Ph / Fax Number: _____		Source / Hospital	Ward		
CST or HPV PCR or Co-test (self collected)		Date of Collection		Time of Collection		Medicare Assignment (Section 20A Health Insurance Act 1973) / offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.	
		Collector's Signature I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct inquiry and/or by inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).		Patient's Signature and Date: _____ Medicare Number: _____			
Your doctor has recommended that you use PathWest. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be available if that pathologist performs the service. You should discuss this with your doctor.		CLINICAL NOTES Fasting: Yes <input type="checkbox"/> No <input type="checkbox"/> Male 3 Pre-emption: Yes <input type="checkbox"/> No <input type="checkbox"/> Self Determine <input type="checkbox"/>		CLOT CIT HEP EDTA GLU ESR ABG URINE SWAB SLIDE Other C D I S H N X		Practitioner's Use Only (Reason patient cannot sign) Veterans Affairs? <input type="checkbox"/>	
DO NOT SEND TO _____		Doctor's Signature and Request Date _____		Therapeutic Drugs: Drug Dosage Date Time		Cervico-Vaginal Testing SELECT REASON FOR TEST	
Requesting Doctor (surname and initials, provider number, address)		Bill to: _____		Copy Reports to: _____		(i) Test of cure (post-treatment) <input type="checkbox"/> (ii) Signs/symptoms Pain <input type="checkbox"/> Abnormal discharge <input type="checkbox"/> Abnormal cervix <input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> - PCB <input type="checkbox"/> - IMB <input type="checkbox"/> - PMB <input type="checkbox"/> (iii) Recommended in guidelines (immunosuppressed, DES exposed etc.) <input type="checkbox"/> 4. Cytology following positive self-collected sample <input type="checkbox"/> 5. Cytology at colposcopy <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Send results to HDWA Clinical Information System (iCM) - See CIS Informed Consent Information Sheet		Patient: I consent for my results to be stored in the iCM Signature _____		Patient status at time of service or when specimens collected:		YES NO 1. A private patient in a private hospital or approved day hospital facility <input type="checkbox"/> <input type="checkbox"/> 2. A private patient in a recognised hospital <input type="checkbox"/> <input type="checkbox"/> 3. A public patient in a recognised hospital <input type="checkbox"/> <input type="checkbox"/> 4. An outpatient of a recognised hospital <input type="checkbox"/> <input type="checkbox"/>	

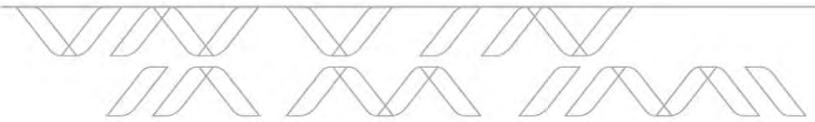
Symptomatic...
Early sexual contact.

MEDICARE
PROVIDER NUMBER

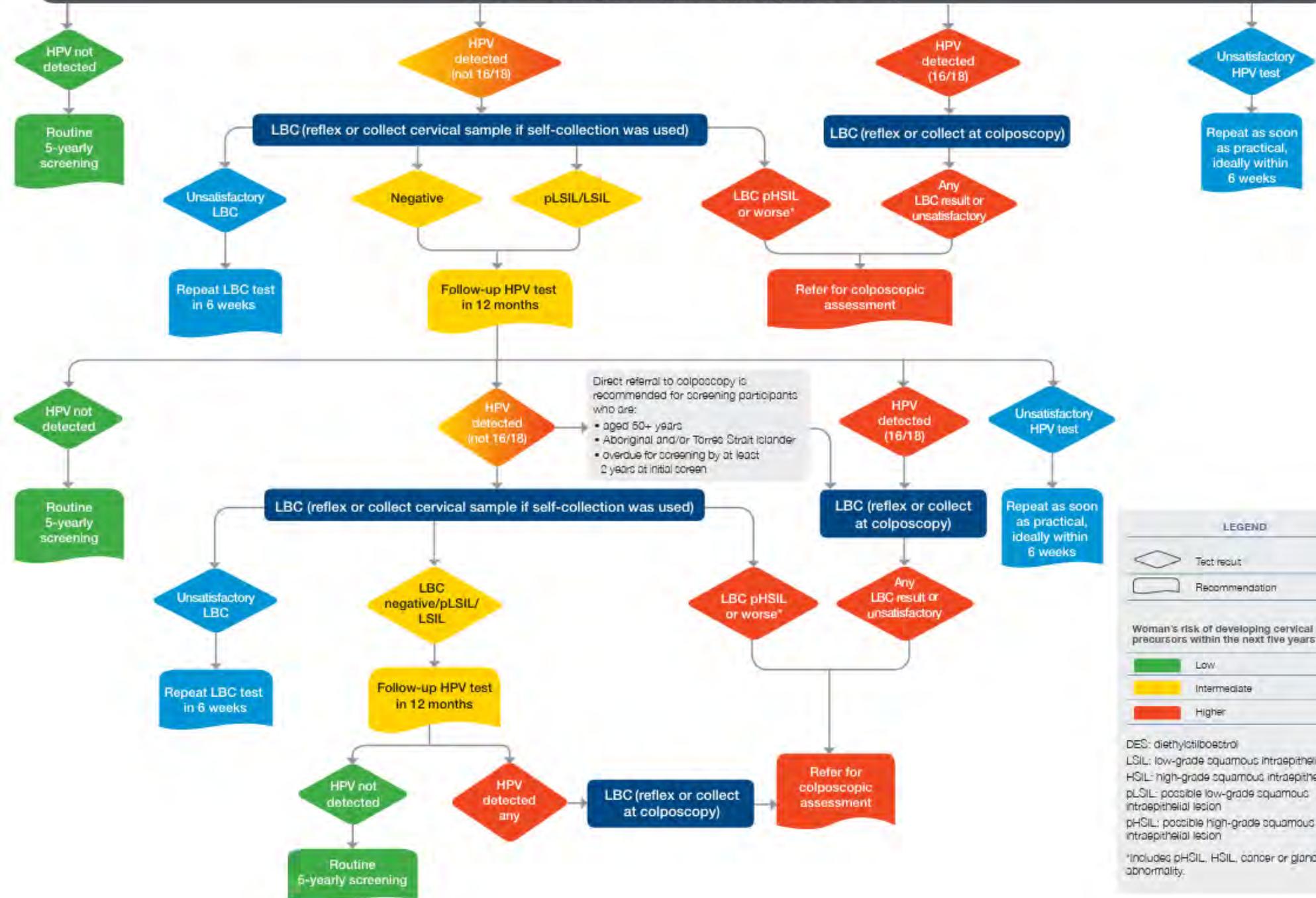
ALWAYS LABEL
THE SWAB FIRST

Sample collection >
processing lab
cannot exceed
28 DAYS

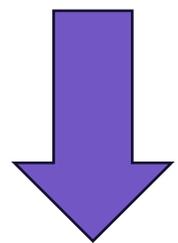
IN CLINIC
TESTING
ALWAYS
RECOMMENDED



HPV test with partial genotyping (ages 25-69)



2025 Clinical Pathway found here



LEGEND

◊ Test result
 ▭ Recommendation

Woman's risk of developing cervical cancer precursors within the next five years

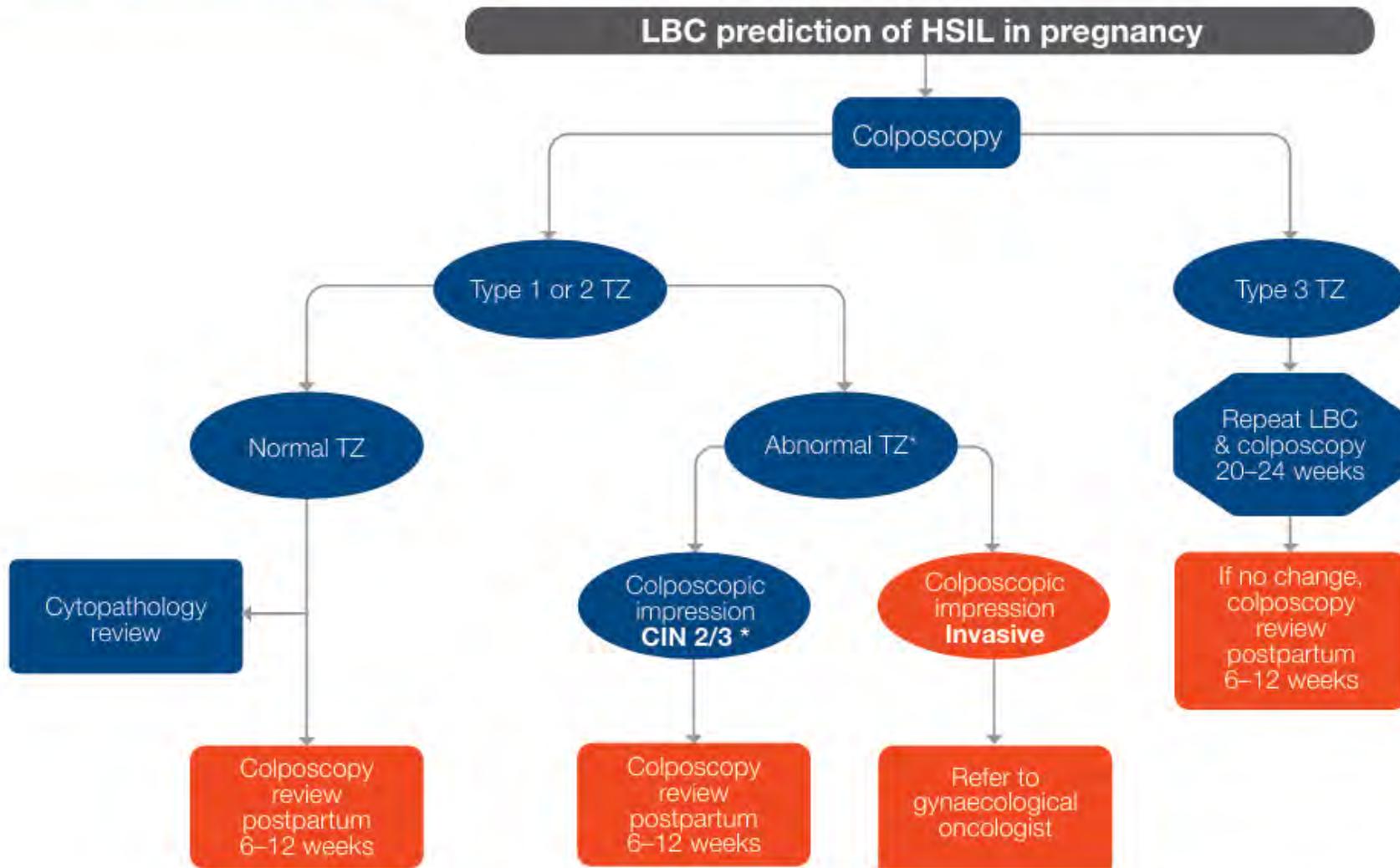
- Low
- Intermediate
- Higher

DES: diethylstilboestrol
 LSIL: low-grade squamous intraepithelial lesion
 HSIL: high-grade squamous intraepithelial lesion
 pLSIL: possible low-grade squamous intraepithelial lesion
 pHSIL: possible high-grade squamous intraepithelial lesion

*Includes pHSIL, HSIL, cancer or glandular abnormality.



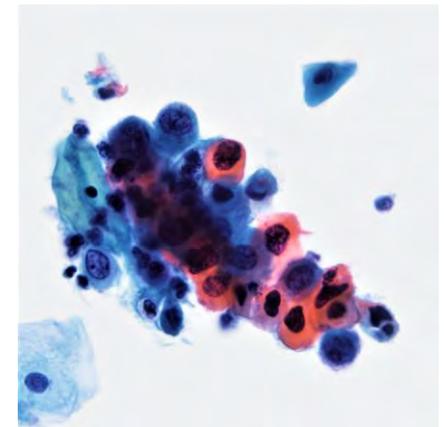
MANAGEMENT OF A LBC PREDICTION OF HSIL IN PREGNANCY



*Biopsy not usually necessary in pregnancy

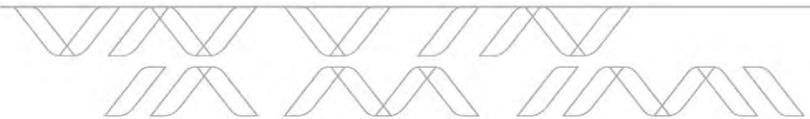
Full summary of recommendations found within Clinical Guidelines:

7. Screening and management in specific populations - 7.1 Pregnancy



Signs & symptoms of cervical cancer

- Any abnormal vaginal bleeding
 - After sex
 - Between periods
 - Post menopause
- Abnormal vaginal discharge
- Deep dyspareunia (deep pelvic pain)
- It is important to consider non-obstetric causes when a pregnant women reports vaginal bleeding.



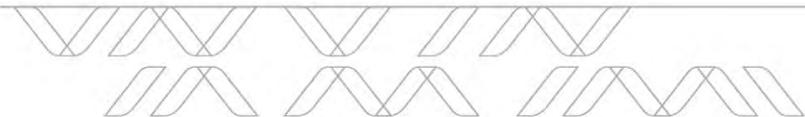
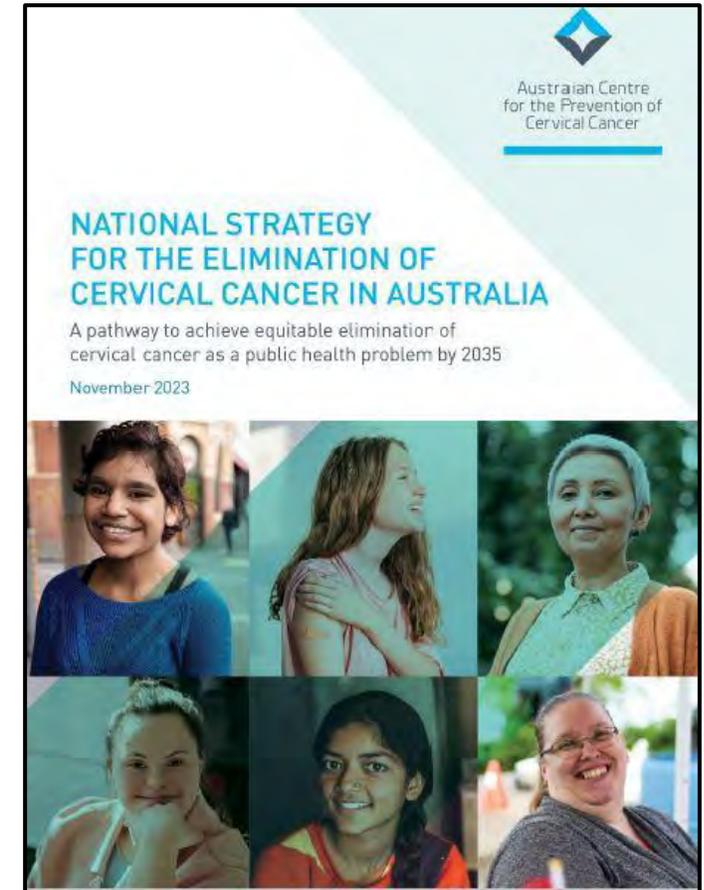
National Strategy for the Elimination of Cervical Cancer in Australia by 2035

Announced on 17 November 2023;

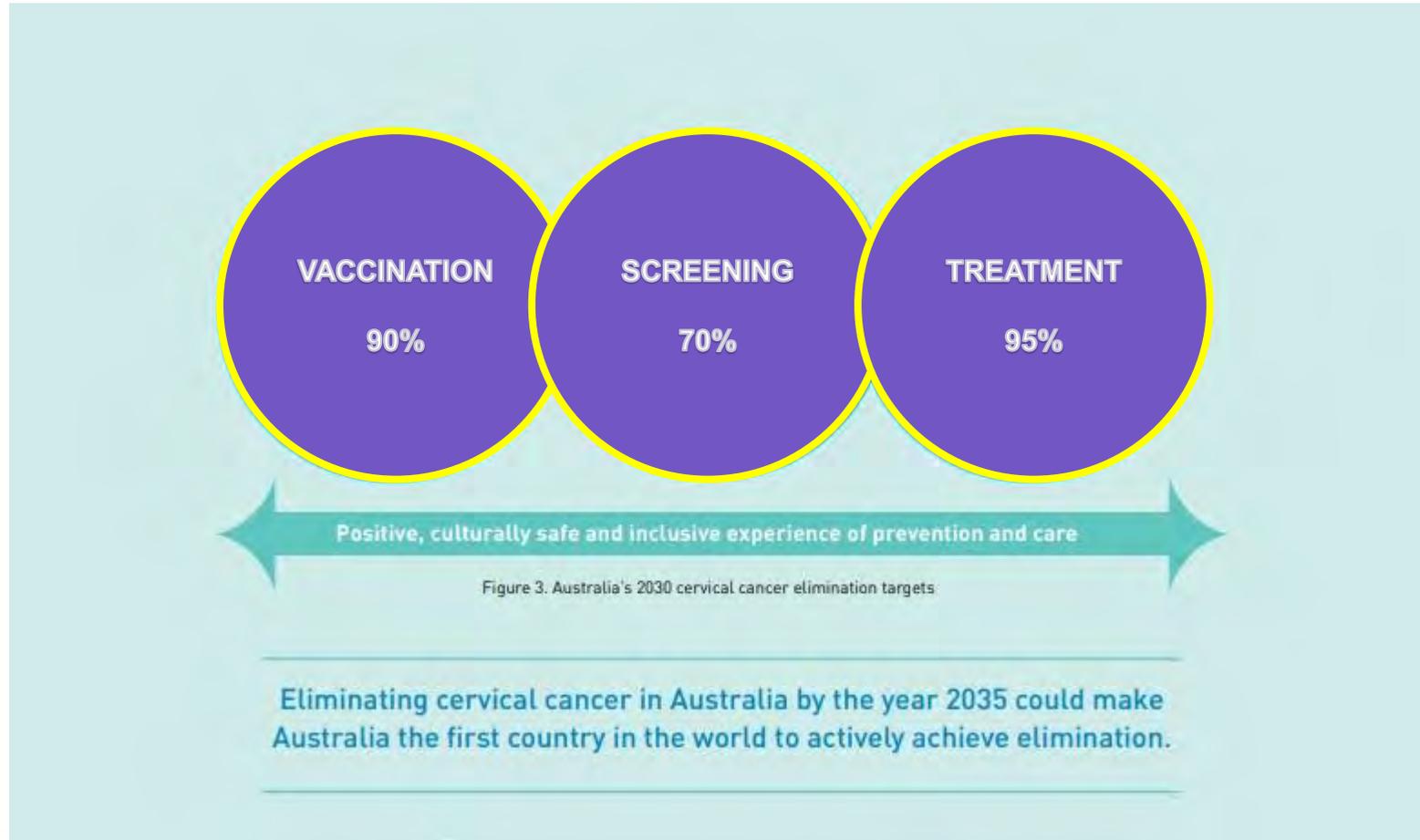
As we move towards elimination, cervical cancer could become a disease of inequity particularly affecting women and people with a cervix in priority under-screened populations

Priority populations include but are not limited to:

- ! People who are Aboriginal and/or Torres Strait Islander
- ! People from culturally and linguistically diverse backgrounds
- ! People that have experienced female genital cutting (FGM)
- ! People with disabilities
- ! People who have a cervix within the LGBTQIA+ community
- ! People who live in remote and very remote areas
- ! People who experience socio-economic disadvantage
- ! People who have experienced violence and/or sexual assault
- ! People who are experiencing or have experienced menopause



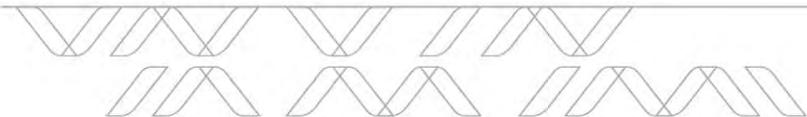
ELIMINATION of Cervical Cancer by 2035



Australia **could be** the first country in the world to achieve elimination

We must address **existing inequities** and to not entrench further inequity.

Elimination = rate of below 4:100 000



2025 Updates to the Clinical Guidelines

Screening of people with Immune Deficiencies

Categories have been clarified and expanded



3-YEARLY SCREENING

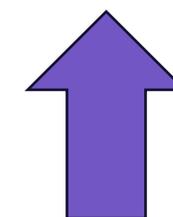
Recommended

- Living with HIV
- Solid organ transplant with immunosuppressive therapy
- Active haematological malignancy
- Haematopoietic stem cell transplant recipients
- Primary immunodeficiency

Should be highly considered

- Long term haemodialysis (>6 m)
- Long-term treatment (>6 m) with highly immunosuppressive therapies
 - > high-dose corticosteroid treatment
 - > selected conventional and targeted synthetic disease-modifying anti-rheumatic drugs
 - > biologic therapies that deplete T cells
 - > multiple immunosuppressants

See NCSP Guidelines section 7.2 for more information



Summary
of 2025
changes
here



National Cancer Screening Register (NCSR)

- Single patient record for:
 - CERVICAL SCREENING
 - BOWEL SCREENING
 - LUNG SCREENING
- 1st invite to participate in cervical screening sent at:
24 yrs and 9 months
- Letters via post & SMS
- Reminders to screen when participants are due or overdue

PRODA

NATIONAL CANCER SCREENING REGISTER



Alert Type	Alert Icon
Higher Risk	
Intermediate Risk	
Undetermined Risk	
Low Risk	
Cervical Cancer	
Total Hysterectomy	

 **1800 672 701**

or



Bp Premier



Technical support
For assistance registering access for the healthcare provider portal or integrating your clinical software, call **1800 627 701** to speak to a tech support, or request a call back.

Enablers

- ***** Offering self-collection *****
- Culturally appropriate care
- Non-judgemental attitude
- Inclusivity for LGBTIQ+
- Offer for full control of the swab or speculum
- Attend with a friend or relative
- For women with Female Genital Cutting (FGMC), support to self-collect or techniques to support relaxation.
- For women with a disability – book longer consultation and offer assistance with dressing/undressing and positioning.



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

NHM

Female Genital Cutting/Mutilation (FGC/M) & cervical screening - A guide for practitioners

What is Female Genital Cutting/Mutilation?
The World Health Organisation defines female genital cutting/mutilation (FGC/M) as a "traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons".
"Female genital mutilation" is the term used in Australian and Western Australian legislation, but the preferred way to refer to the practice using culturally sensitive language is "female circumcision" or "traditional cutting".
While the practice is referred to as FGC/M throughout this document, it is imperative that culturally sensitive and competent language is used when speaking with women. Many women who have experienced FGC/M do not see themselves as mutilated.

It is a deeply rooted cultural practice which reinforced the context of gender definition. In many cultures, girls and women who are 'cut' are deemed to be more marriageable with the perception of them being honourable.
The age at which circumcision occurs varies but is most often between two and eight years of age.
While the practice of FGC/M may conflict with your own value system, it is important for you not to show judgement in your words or reactions. Do not use the term 'mutilation' or make comparisons to 'normal' genitals.
While this resource refers to 'women', cervical screening should be accessible for all people with a cervix, including those that do not identify as a woman.

Percentage of girls and women aged 15 to 49 years who have undergone FGC/M:

- 90-99% Somalia, Guinea, Djibouti
- 80-89% Mali, Egypt, Sudan, Sierra Leone, Eritrea
- 70-79% Burkina Faso, Gambia
- 60-69% Mauritania, Ethiopia
- 40-49% Indonesia, Guinea-Bissau, Liberia
- 30-39% Chad, Côte d'Ivoire
- 20-29% Senegal, Central African Republic, Kenya
- 10-19% Yemen, Nigeria, Maldives, United Republic of Tanzania
- 1-9% Benin, Iraq, Ghana, Togo, Niger, Cameroon

Top 10 local government areas in the Perth metropolitan area home to culturally and linguistically diverse women: Stirling, Gosnells, Canning, Wanneroo, Swan, Melville, Cockburn, Joondalup, Bayswater and Arndale.

Source: Office of Multicultural Interests, Department of Local Government, Sport and Cultural Industries, Government of Western Australia based on the 2016 ABS Census.

Type 1 - Clitoridectomy
Partial or total removal of the clitoris and/or prepuce.

Type 2 - Excision
Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora.

Type 3 - Infibulation
Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning labia minora and/or majora, with or without excision of the clitoris.

Type 4 - Unclassified
All other harmful procedures including:

- Pricking, piercing or incising the clitoris and/or labia
- Stretching of the clitoris and/or labia
- Cauterisation by burning of the clitoris and surrounding tissue
- Scraping of the tissue surrounding the vaginal orifice or cutting of the vagina
- Introduction or insertion of corrosive substances or herbs into the vagina to cause bleeding for the purposes of tightening and narrowing it.

Enablers

Sensitive Practice Request form

- Developed by:
Sexual Assault Resource
Centre (SARC) kemh.health.wa.gov.au
- Communication tool for women who have experienced trauma
- Enables people to tell their story once only.
- Can be adapted for your practice

Government of Western Australia
North Metropolitan Health Service

Sensitive Practice Request

Dear Healthcare worker,

I have experienced some traumatic events in my past that can make healthcare appointments very challenging for me. By providing this information to you, I am hoping that together we can find a way for me to get my healthcare needs met. Thank you for providing a trauma informed service.

My fear and anxiety about coming to this appointment is currently at (patient please tick)

1 2 3 4 5 6 7 8 9 10 (1: very relaxed – 10: extremely anxious)

My biggest fear is _____

Something I might do or say during my appointments, due to my fear and anxiety, is _____

If this happens, you can assist by _____

Helpful actions

(Patient - please tick each action below that would be helpful to you and add any other points at the bottom).

Before procedures	During procedures
<input type="checkbox"/> Introduce yourself and your role to me	<input type="checkbox"/> Give me choices and control where possible
<input type="checkbox"/> Introduce other workers and explain why they are there	<input type="checkbox"/> Offer that I watch and / or help with the procedure
<input type="checkbox"/> Get to know a bit about me first	<input type="checkbox"/> Maximise privacy – keep doors and curtains closed, provide a sheet or rug to cover my body and expose only one part of my body at a time
<input type="checkbox"/> Don't ask me questions about my trauma	<input type="checkbox"/> Reassure me, use my name and check if I am okay as you go
<input type="checkbox"/> Explain what you are going to do and why	<input type="checkbox"/> Remind me to keep breathing slowly and deeply
<input type="checkbox"/> Ask "what could make this easier for you?"	<input type="checkbox"/> Watch for non-verbal cues and pause as needed. Only restart when I am ready
<input type="checkbox"/> Ask permission before touching me	<input type="checkbox"/> Allow me to dress in private
<input type="checkbox"/> If I need to have a procedure, explain it to me and give me written information to read	<input type="checkbox"/> Only discuss sensitive information when I am sitting and dressed
<input type="checkbox"/> Agree on a "PAUSE" signal I can use during the examination or procedure	<input type="checkbox"/> Speak and act with respect at all times
<input type="checkbox"/> Tell me that it is "okay to stop" the examination or procedure at any time	<input type="checkbox"/> Explain things slowly and check that I have heard and understood. Repeat things back to me
<input type="checkbox"/> Talk to me about stress reduction techniques to use during examinations and treatment	<input type="checkbox"/> Provide me with a written summary of what was discussed (dot points are ok)
<input type="checkbox"/> Ask if I have any questions	<input type="checkbox"/> Other actions (please write below)
<input type="checkbox"/> Provide answers to my questions	_____
<input type="checkbox"/> Allow me to bring a support person to my appointment. Their details: _____	_____
<input type="checkbox"/> Other actions (please write below)	_____
_____	_____
_____	_____



cancerscreening.com.au

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

Pathology Test Guide for Cervical and Vaginal Testing*

Test name	Sample	Age	Screen type	Test type	What it tests for (on the screening report form)
HPV test (self-collected)	Self-collected swab	25-65	HPV test	HPV test	Cervical screening, Test 2/3
HPV test (clinician-collected)	Clinician-collected swab	25-65	HPV test	HPV test	HPV test, self-collected
HPV test (self-collected) + Pap test	Self-collected swab	25-65	HPV test + Pap test	HPV test + Pap test	HPV test, Pap test, Cervical screening, Test 2/3
HPV test (clinician-collected) + Pap test	Clinician-collected swab	25-65	HPV test + Pap test	HPV test + Pap test	HPV test, Pap test, Cervical screening, Test 2/3
HPV test (self-collected) + Pap test + STI test	Self-collected swab	25-65	HPV test + Pap test + STI test	HPV test + Pap test + STI test	HPV test, Pap test, Cervical screening, Test 2/3, STI test
HPV test (clinician-collected) + Pap test + STI test	Clinician-collected swab	25-65	HPV test + Pap test + STI test	HPV test + Pap test + STI test	HPV test, Pap test, Cervical screening, Test 2/3, STI 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.



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 moved. Do not put the swab down.

2. Preparing the swab
Hold the case 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.

health.gov.au

TRANSLATED RESOURCES



Toolkit for engaging under-screened and never-screened women in the National Cervical Screening Program



health.gov.au

CANCER SCREENING QUALITY IMPROVEMENT TOOL KIT 2019



nwmphn.org.au

Sensitive Practice Request

Dear Healthcare worker,
I have experienced some traumatic events in my past that can make healthcare appointments very challenging for me. By providing the information to you, I am hoping that together we can find a way for me to get my healthcare needs met. Thank you for providing a trauma informed service.

My hair and anxiety about coming to this appointment is currently at (please select 1-10) 1 2 3 4 5 6 7 8 9 10 (1=very relaxed - 10=extremely anxious)

My biggest fear is _____

Something might do or say during my appointments, due to my hair and anxiety is _____

If this happens, you can assist by _____

Helpful actions
(Please tick each action below that would be helpful to you and add any other points at the bottom)

Before procedures

- Introduce yourself and your role to me
- Introduce other workers and explain why they are there
- Take a moment to welcome me first
- Don't ask me questions about my trauma
- Explain what you are going to do and why
- Ask: what would make this easier for you?
- Ask permission before touching me
- If I need to leave a procedure, request to be and give me written information to read
- Agree on a "STOP" signal you can use during the examination or procedure
- Tell me that I can "stop" at any time
- Tell me the about stress reduction techniques to use during examinations and treatment
- Ask if I have any questions
- Provide answers to my questions
- Allow me to bring a support person to my appointment. Their details: _____
- Other actions (please write below): _____

During procedures

- Give me choices and control where possible
- Offer that wash and/or help with the procedure
- Maximize privacy - close doors and curtains closed, provide a drape or rug to cover my body and expose only the part of my body at a time
- Reassure me - use my name and check if I am okay as you go
- Reassure me to keep breathing slowly and deeply
- Help for non-verbal cues and please be needed. Only contact when I am ready
- Allow me to stop in private
- Only discuss sensitive information when I am sitting and relaxed
- Speak and act with respect at all times
- Explain things slowly and check that I have heard and understood. Repeat things back to me
- Provide me with a written summary of what was discussed and events on day
- Other actions (please write below): _____

kemh.health.wa.gov.au

Cervical screening: Identifying cervical appearances

Further investigation not required in asymptomatic patients



Consider further investigation



A visual cervical abnormality may need further investigation even if screening test are negative

Post-intervention: Further investigation not required in asymptomatic patients



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

Cervical sampling card

Cervical screening: Recommended techniques and instruments for taking a cervical sample

Cervical screening is recommended: every 5 years for asymptomatic women and people with a cervix aged 25 to 74 who have ever had any sexual contact

Contact the National Cancer Screening Register to:

- Access patient cervical screening information
- Manage your patient's participation

Phone: 1800 627 701



NATIONAL
CERVICAL SCREENING
PROGRAM

Sampling instruments

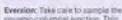
Cervical Sampler Broom



Spatula



Endocervical Brush



Special notes

Eversion: Take care to sample the squamo-columnar junction. This is the junction where the columnar epithelium of the endocervical canal meets the squamous epithelium of the vagina. It is the area where changes occur.

Hygiene: Do not use the Endocervical Brush or Cervex-Brush® Comb.

Lubricant: If using a lubricant, it is essential to use one that is water-soluble and carbon-tar-free. Apply sparingly to the sides of the speculum taking care to avoid the tip as this may affect the sample validity.

Taking a cervical sample

For pre-menopausal women

Cervical Sampler Broom: Rotate 3-5 times

Comb: Insert central part of the brush into the canal and rotate clockwise twice

Spatula: Rotate once or twice, taking care to keep contact with the ecto-cervix

Endocervical Brush: Insert ensuring that you can see the lower rim of the bristles and make a quarter rotation

For peri and post-menopausal women

Cervical Sampler Broom: Rotate 3-5 times

Comb: Insert ensuring that you can see the lower rim of the bristles and make a quarter rotation

Endocervical Brush: Insert ensuring that you can see the lower rim of the bristles and make a quarter rotation

Sample preparation

A. Cervical Sampler Broom / Cervex-Brush® Comb: Insert the broom/brush as quickly as possible into the vial by pushing the broom/brush into the bottom of the vial 10 times, keeping the bristles apart. As a final step, swirl the broom/brush vigorously to further release material.

B. Spatula (Plastic): Strip the spatula as quickly as possible into the vial by inserting the device in the vial 10 times.

C. Endocervical Brush: Rotate the brush as quickly as possible in the vial 10 times while pulling against the vial wall. Swirl the brush vigorously to release material.

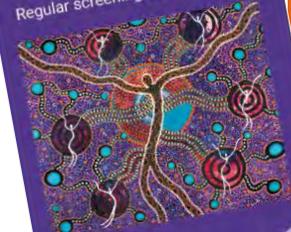
If using THORPEEP: Do not leave any of the sampling device in the vial.

If using SUBPATH: Instruments should be broken off and left in the vial.

D. Tighten the cap: This is to ensure that the black line on the cap passes the black line on the vial.

Prevent cervical cancer

Regular screening saves lives



A Cervical Screening Test result

What does it mean?



Colposcopy for women

What is it and when is it needed?



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

Cervical screening flipchart



Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

WA cervical screening flipchart awareness training workbook

For Aboriginal health professionals



To support flipchart delivery around the importance of regular

Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

A Cervical Screening Test every five years could save your life.

Just get it done.



To find out when your next test is due, contact the National Cancer Screening Register on 1800 627 701.



Scan for more information on cervical screening.

Exit testing cervical screening

What is exit testing?

Exit testing is the final Cervical Screening Test before a woman can safely stop routine cervical screening. This is recommended for women who are aged 70 years or older. There are different types of exit testing:

- Screening after sex
- Bleeding between periods
- Bleeding after menopause
- Unusual vaginal discharge
- Cervical pain during sex

If I am over 70 do I still need a Cervical Screening Test?



To find out when your next test is due, contact the National Cancer Screening Register on 1800 627 701.

Hysterectomy and cervical screening

What is a hysterectomy?

A hysterectomy is a surgical procedure to remove the uterus. It is a common type of elective surgery. There are different types of hysterectomy:

- Subtotal hysterectomy - the cervix is kept
- Total hysterectomy - removed all of the cervix

Do I still need a Cervical Screening Test if I have had a hysterectomy?

Yes, you may still need your cervix checked for cervical cancer. If you have had your cervix removed, you may have some suggestions to make it more comfortable.

Can I collect my own sample?

Yes, you have the option to take a self-collected Cervical Screening Test if you have been through menopause, are under 75 years of age, and do not have any symptoms. You can still choose to have your healthcare provider collect your sample. Self-collected tests are accurate, safe and effective.

For more information call (08) 6274 1746 or email the WA Cervical Cancer Prevention Program at cervicalscreening@health.wa.gov.au

WA Cervical Cancer Prevention Program

Menopause and cervical screening

What is menopause?

Menopause is when periods stop for 12 months, permanently (usually between the ages of 45 and 55). The levels of oestrogen and progesterone hormones change at this time, and can result in a range of symptoms.

Do I still need a Cervical Screening Test if I have been through menopause?

Yes, the National Cervical Screening Program recommends all women between the ages of 25 and 74 have regular Cervical Screening Tests to reduce the risk of developing cervical cancer. You should continue regular cervical screening after menopause even if you are no longer sexually active. After menopause, you may be reluctant to have a screening test. Changes to your vagina may make it more difficult to insert the speculum. If you are concerned about this, talk with your healthcare provider as they may have some suggestions to make it more comfortable.

Can I collect my own sample?

Yes, you have the option to take a self-collected Cervical Screening Test if you have been through menopause, are under 75 years of age, and do not have any symptoms. You can still choose to have your healthcare provider collect your sample. Self-collected tests are accurate, safe and effective.

For more information call (08) 6274 1746 or email the WA Cervical Cancer Prevention Program at cervicalscreening@health.wa.gov.au

WA Cervical Cancer Prevention Program



WA Cervical Cancer Prevention Program e-newsletters

Cervical Insight

An e-newsletter for healthcare providers that support cervical screening:

- Policy and guideline updates
- Resources
- Education opportunities
- Data and research articles



FOR HEALTH PROFESSIONALS

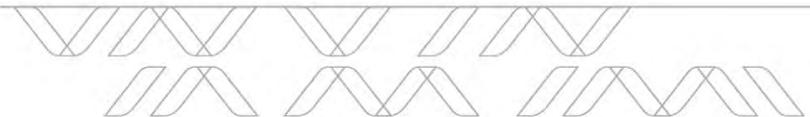
Community Cervix Announcement



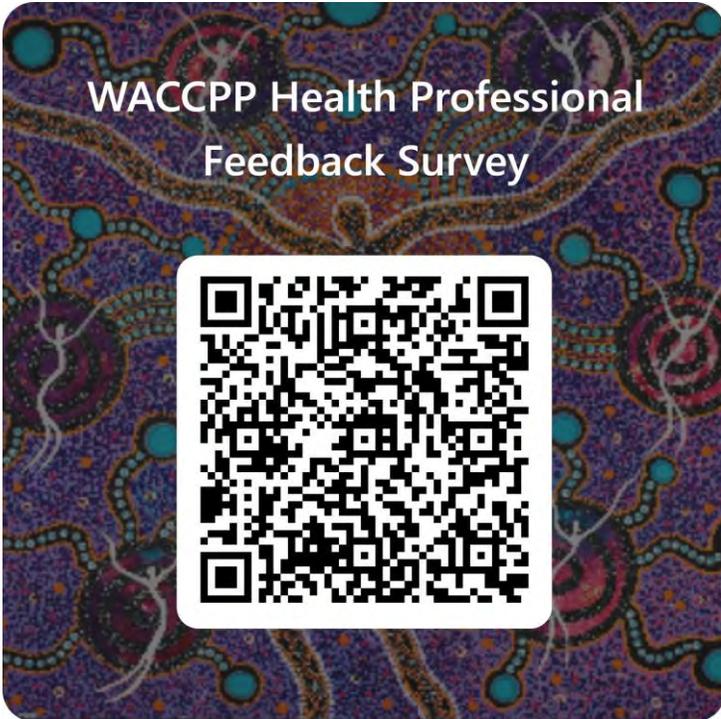
An e-newsletter to assist promoting cervical screening in the community:

- Upcoming campaigns
- Tools, resources and ideas
- Community education sessions

To subscribe email cervicalscreening@health.wa.gov.au



Thank you



Contacts



WA Cervical Cancer Prevention Program (WACCPP)

health.wa.gov.au/cervical (08) 6458 1740



National Cancer Screening Register (NCSR)

ncsr.gov.au **1800 627 701**



Sexual Health Quarters (SHQ)

shq.org.au (08) 9227 6177

* Please send any questions or research data requests to noni.osland@health.wa.gov.au

