



Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Improving Choice in Cervical Screening: the expansion of self-collection

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11th March 2023

One team, **many** dreams.

Care / Respect / Innovation / Teamwork / Integrity



Acknowledgement of Country

We acknowledge the Noongar people as the traditional owners and custodians of the land on which we work, and pay respect to their elders both past and present.

North Metropolitan Health Service recognises, respects and values Aboriginal cultures as we walk a new path together.



Overview

- National Cervical Screening Program
- The link between HPV and cervical cancer
- Expansion of self-collection for cervical screening
- National Cancer Screening Register
- Where to find more information



Cervical cancer prevention in Australia

1. **Primary prevention**
National HPV Vaccination Program
2. **Secondary prevention**
National Cervical Screening Program



Renewal of the National Cervical Screening Program

	Pre-Renewal	Post-Renewal
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

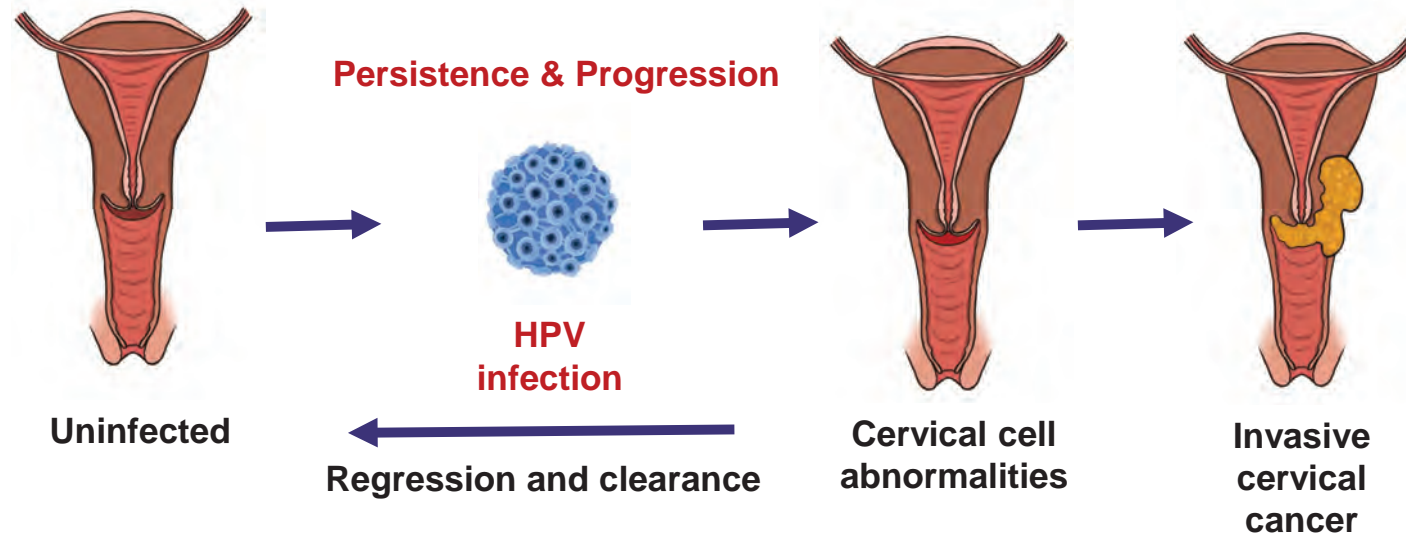


Human papillomavirus (HPV)

- Causes nearly all cervical cancers
- Spread through sexual contact:
 - genital skin-to-skin or mucosa-to- mucosa
- Most will clear the infection in 1-2 years
- HPV types 16, 18 and 45 most commonly linked to cervical cancer



Human papillomavirus (HPV) and cervical cancer



Expansion of self-collection eligibility

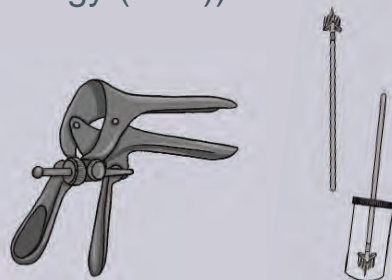
- From 1 July 2022, eligibility criteria for access to self-collection under the NCSP Self-collection Policy was removed.
- The change gives participants a choice in screening method –either self-collected or clinician collected, accessed through a healthcare provider in both cases
- Self-collect tests must be accessed through a healthcare provider that offers cervical screening



Comparing screening options

Clinician-collected CST

- A sample collected from the cervix containing cervical cells
- Speculum examination required
- Checks for HPV
- If HPV is found, the same sample is checked for abnormal cervical cell changes (reflex liquid-based cytology (LBC))



Self-collected CST

- A sample collected from the vagina
- No speculum required
- Checks for HPV
- Does not collect cervical cells to check for abnormal cell changes
- If HPV is found, the participant will need to have a cervical sample collected for LBC testing either:
 - By their healthcare provider; or
 - By a specialist during colposcopy



Accuracy of self-collection

- Recent evidence shows self-collection using PCR testing has similar accuracy to clinician-collected samples - [BMJ Arbyn meta-analysis 2018](#)
- The current rate of unsatisfactory HPV samples (from self-collected samples) is under 2.6%. This is well within the acceptable range.



Importance of self-collection as an option for participants

- A level of control and choice for participants.
- >70% people diagnosed with invasive cervical cancer are under-screened or have never screened.
- Self-collection aims to remove some physical, cultural and psychosocial barriers.
- A [pilot study](#) found 85.7% of never or under-screened women who declined a speculum examination, agreed to HPV self-collection.



Importance of self-collection as an option for participants

- Barriers to cervical screening are greater in some population groups:
 - Aboriginal and/or Torres Strait Islander women,
 - people from culturally and linguistically diverse backgrounds,
 - people who identify as LGBTQI+,
 - people with disabilities,
 - people who have experienced sexual violence,
 - people who are post-menopausal
 - people who have had previous negative cervical screening experiences.

- Self-collection may be more acceptable within these groups.



Role of healthcare providers in self-collection

- Offer a consultation for cervical screening - both self-collected and clinician-collected.
- Talk with patients about their cervical screening options.
- Explain to patients how to collect their own sample.
- Provide patients with clear information about the likelihood that HPV may be detected and, if so, what follow-up will be required.
- Liaise with local pathology laboratory - confirm correct swab type for self-collected samples and any other handling/processing considerations.



Common misconceptions about self-collection



Self-collection means missed opportunities to talk about other health issues

- Self-collection must be facilitated through a healthcare provider



Patients won't return for follow-up testing

- Supporting patients to understand follow-up requirements and explaining test results is key.



The patient won't do the test properly

- Self-collection tests for HPV in the vagina and does not rely on the collection of cervical cells.

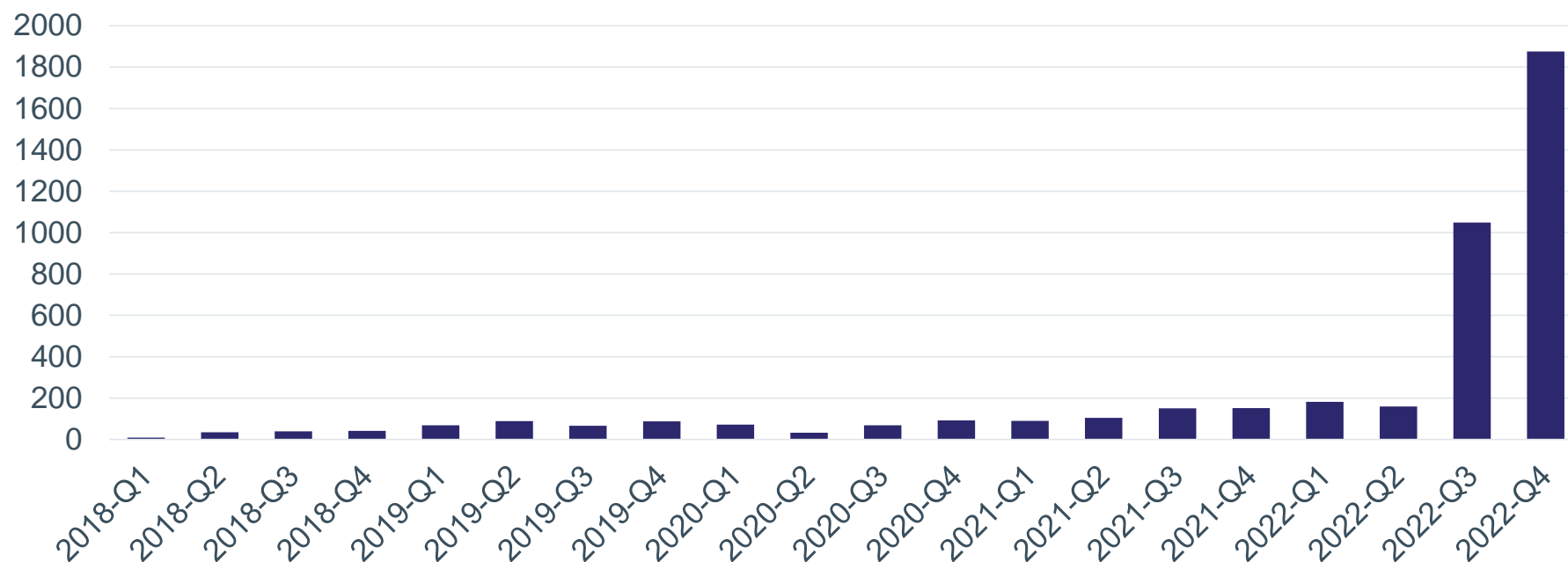


Self-collection expansion – how is it going so far?

- What is the data showing us?
- What are we hearing from health professionals and community?



Count of people aged 25-74 years who had a self-collect Cervical Screening Test in WA



Source: National Cancer Screening Register, Feb 2023

What are we hearing from **healthcare providers**?

“Where do I get the swabs from?”

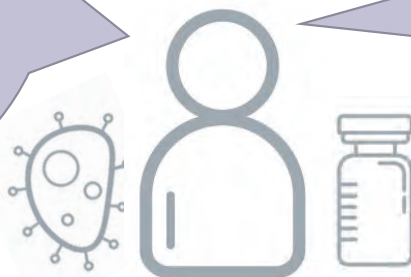


“Is self-collection appropriate for my patient?”



What are we hearing from **pathology laboratory staff**?

“We are receiving self-collect samples for patients that don’t meet the eligibility requirements.”



“It’s important that sample vials are labelled and pathology forms are filled out correctly.”



What are we hearing from **women**?

“I’m worried I
won’t do the test
correctly”



“Can I do it at
home?”



National Cancer Screening Register (NCSR)

- National database of cervical and bowel screening records – a single electronic record
- Inviting eligible people to commence screening
- Sending invitations and reminders to screen when participants are due or overdue
- Screening history provision
- For more information on accessing the NCSR visit www.ncsr.gov.au or call 1800 672 701



More information

- Review the updated NCSP Clinical Guidelines at cancer.org.au (or Google ‘cervical screening wiki’)

Self-collection resources

- Visit the National Cervical Screening Program website: www.health.gov.au/ncsp
- Visit the WA Cervical Cancer Prevention Program webpage for health professionals: www.kemh.health.wa.gov.au/cervical



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 and training opportunities
- Data and research articles

Community Cervix Announcement



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

- Upcoming campaigns
- Tools, resources and ideas

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



Further enquiries



WA Cervical Cancer Prevention Program - cervicalscreening@health.wa.gov.au

- National Cervical Screening Program policy and guidelines (including self-collection)
- WA resources
- Health professional education
- Promoting cervical screening in the community
- Cervical screening participation data in your region



National Cancer Screening Register - www.ncsr.gov.au or 1800 627 701

- To request a patient's cervical screening history and when they are next due



Thank you

