

CERVICAL SCREENING IN PRACTICE: OPTIMISING HPV SELF-COLLECTION



Dr Rebecca Starkie

Gold Coast PHN, 10 July 2024



Australian Government

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program



Australian Centre
for the Prevention of
Cervical Cancer

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS



OVERVIEW



- Setting the scene – eliminating cervical cancer in Australia
- Universal self-collection – addressing inequity
- Supporting choice – what you and your patients need to know
- Self-collection and routine screening
- Other situations where self-collection can be offered





“ We have the technology to **eliminate cervical cancer**, and the peer-reviewed evidence to show it is feasible. We now need the **political will in all countries to make it a reality.**
- Professor Karen Canfell

THE GLOBAL EFFORT TO ELIMINATE CERVICAL CANCER

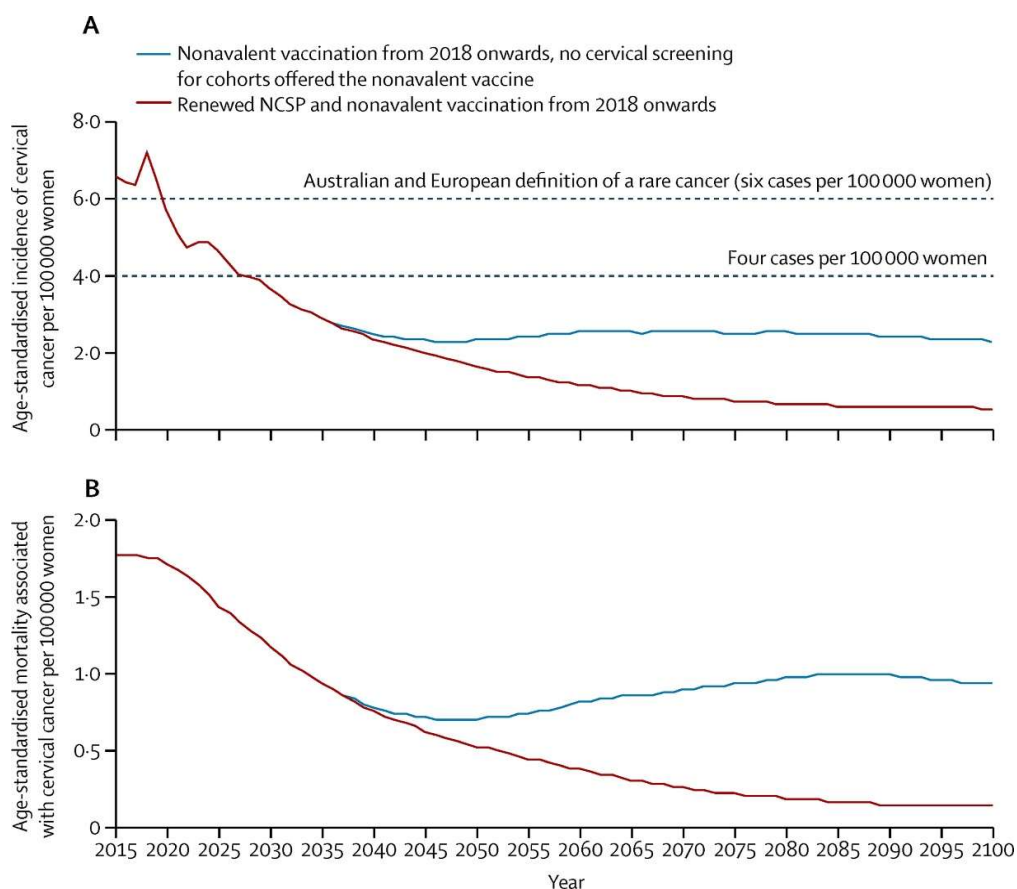


Goal: <4 per 100,000 women in every country within the next 100 years

The World Health Organization officially launched the Global Strategy to Accelerate the Elimination of Cervical Cancer in November 2020.

Australia has answered the call to develop a National Elimination Strategy.

ELIMINATING CERVICAL CANCER IN AUSTRALIA



Elimination = <4 cases / 100,000

Modelling suggests that with HPV vaccination and HPV-based cervical screening, Australia can achieve the WHO's Global Strategy goal to eliminate cervical cancer as a public health problem by **2035**

Source: Hall MT et al (2019)
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30183-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30183-X/fulltext)

AUSTRALIA'S VISION



An Australia where preventable cervical cancer is a disease of the past, in which Australia's diverse communities have equitable access to information and to culturally safe and inclusive vaccination, screening and treatment services.

Priority Populations:

Aboriginal and
Torres Strait
Islander People



Culturally and
linguistically
diverse people



People who are
LGBTQ+ and
people who are
intersex



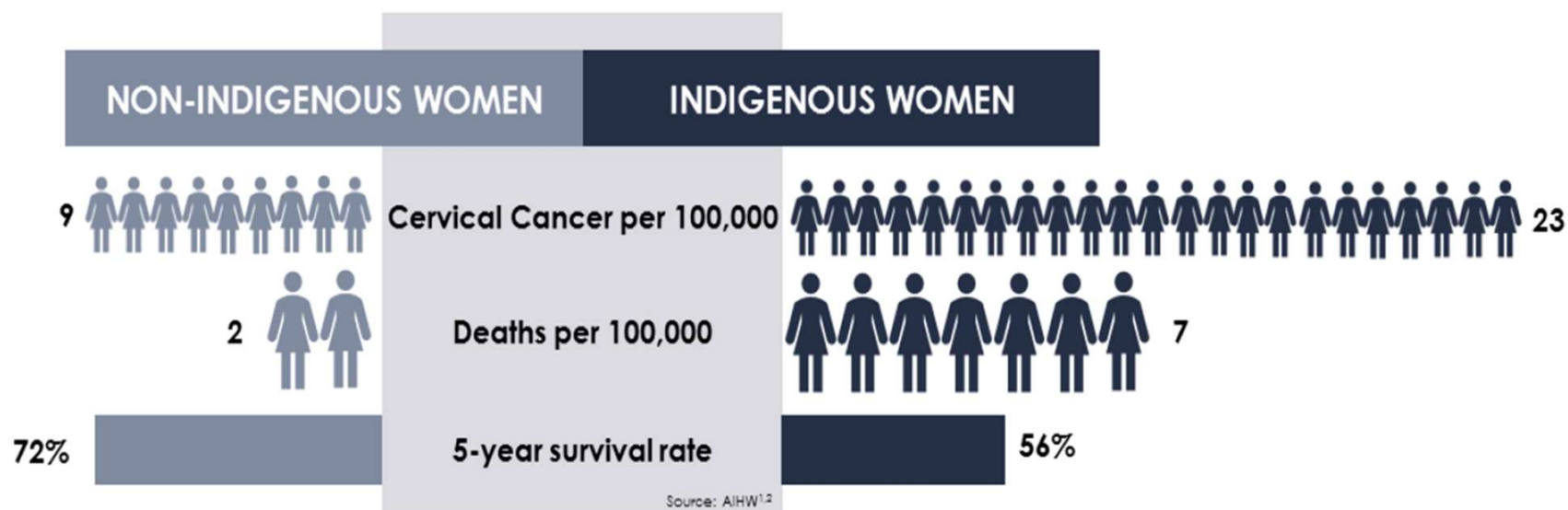
People with
disability



People living in
rural and remote
areas



ELIMINATION MUST INCLUDE ALL



Cervical cancer incidence, mortality and 5-year survival in Aboriginal and Torres Strait Islander women and non-Indigenous women

Source: AIHW 2018. Cancer in Aboriginal & Torres Strait Islander people of Australia. Web Report

ADDRESSING INEQUITY



In Australia, cervical cancer inequities exist depending on:



WHO YOU
ARE



WHERE
YOU
LIVE



SOCIO-
ECONOMIC
STATUS



Source: Australian Institute of Health and Welfare 2020. National Cervical Screening Program monitoring report 2020. Cancer series 130. Cat. no. CAN 138. Canberra: AIHW.

UNDERSCREENING IS A RISK FACTOR FOR CERVICAL CANCER



Over 70% of cervical cancer occurs in people who are under screened

Source: Australian Institute of Health and Welfare 2021. National Cervical Screening Program monitoring report 2021. Cancer series 134. Cat. no. CAN 141. Canberra: AIHW.

NATIONAL CERVICAL SCREENING CAMPAIGN



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

An Australian Govt funded national campaign is coming in September 2024!

Targeting Aboriginal and Torres Strait Islander and CALD people, but likely to bleed into mainstream as well

Likely to drive patient demand for self-collection.

Are YOU ready to support your patients to access this option?



The Australian Government has funded the ACPCP to deliver healthcare provider education to ensure they are ready to meet demand.

SELF-COLLECTION IS HIGHLY ACCEPTABLE



Source: Saville et al (2018). Self-Collection for Under-Screened Women in a National Cervical Screening Program: Pilot Study, Curr. Oncol



SUPPORTING YOUR PATIENTS TO MAKE THE CHOICE

Self collection – **WHAT IS IT?**



HPV SELF-COLLECTION: WHAT IS IT?



Involves taking a sample from the vagina using a simple swab

Provides an alternative to the speculum examination required for a traditional cervical screening test

SELF-COLLECTION



The swab is tested for HPV



Cannot be used for cytology



WHO CAN SELF-COLLECTION BE OFFERED TO?



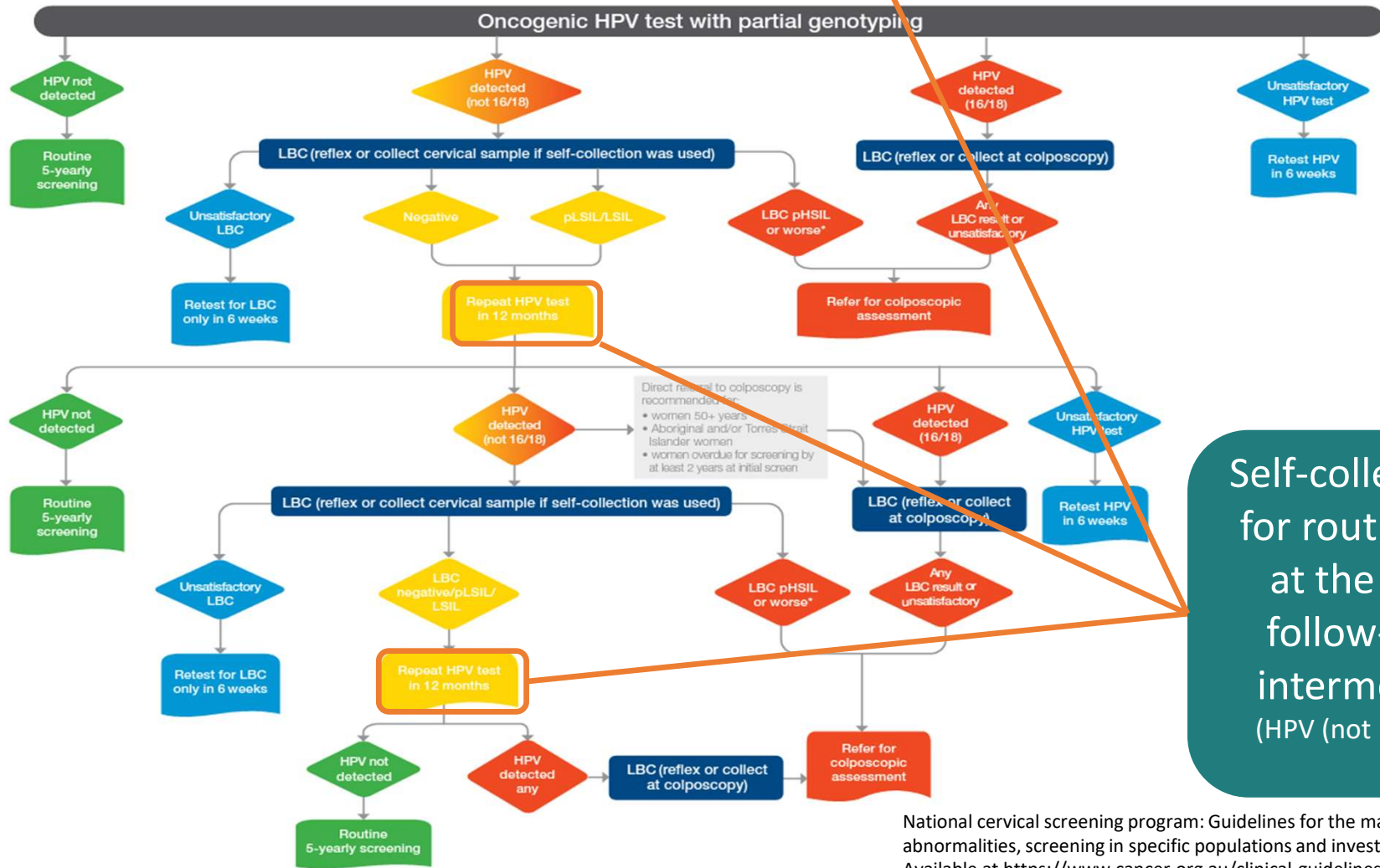
Anyone who requires just an HPV test at any point on the cervical screening pathway including:

Routine 5 yearly screening

1 year follow-up after HPV
(not 16/18) detected,
cytology normal or low
grade (Intermediate risk)

1 year follow-up after
normal or CIN1 colposcopy

CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



LEGEND

◇ Test result
 ▭ Recommendation

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

Low
 Intermediate
 Higher

Self-collection is an option for routine screening and at the 12 or 24 month follow-up test after an intermediate risk result (HPV (not 16/18), LBC normal, LSIL, pLSIL)

National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>

WHO CANNOT BE OFFERED SELF-COLLECTION?



These patients require a co-test

Symptoms that require further investigation to exclude cervical cancer

- Unexplained vaginal bleeding (Post coital bleeding, inter-menstrual bleeding, post menopausal bleeding)
- Unexplained, persistent or unusual vaginal discharge
- Not dyspareunia as an isolated symptom

Test of Cure

- After treatment following CIN2/3 on biopsy
- Require annual co-test until two consecutive negative co-test

History of adenocarcinoma in situ (AIS)

- Require annual co-testing surveillance indefinitely

DES exposure in utero

- Require annual vaginal and cervical co-test as well as colposcopy

BEFORE OFFERING SELF-COLLECTION



1

Check for symptoms

2

Check screening history



UPCOMING GUIDELINE UPDATES



Test of Cure

New Cervical Screening Clinical Guidelines are expected to be published later in 2024.

This means that self-collection will be an option for those people who are completing Test of Cure.

The updated guidelines will recommend that Test of Cure becomes an HPV test.



Access the cervical screening guidelines via the Cancer Council Australia website
www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening



SUPPORTING YOUR PATIENTS TO MAKE THE CHOICE

Self collection – HOW IS IT COLLECTED?



PROCESSING OF SELF-COLLECTED SAMPLES



The most commonly used device for self-collection in the NCSP is the:

Copan FLOQswab (red top) flocked swab 552C or 552C.80



**Make sure you check with
your pathology lab!**

SELF-COLLECTION IS EASY TO DO



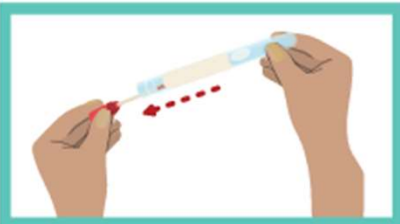
HOW TO TAKE YOUR OWN HPV TEST



NATIONAL
CERVICAL SCREENING
PROGRAM
Adult, Adult, 18 and 19-year Cervical Program



Australian Centre
for the Prevention of
Cervical Cancer



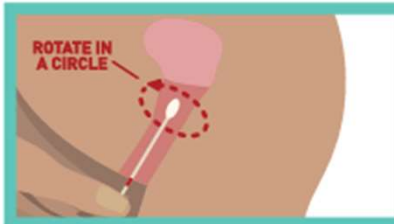
STEP ONE

- Lower your underwear
- Twist the swab cap and pull out the swab
- Look at the swab and note the red mark closest to the soft tip



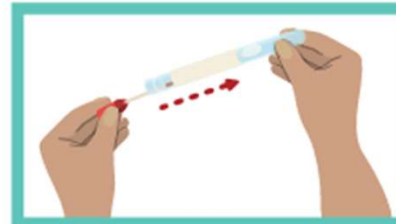
STEP TWO

- Get in a comfortable position. You can stand, sit or lie down
- Insert the swab into your vagina, aiming to insert up to the small red mark (this is about the same length as your index finger)



STEP THREE

- Rotate the swab gently for at least 10 seconds
- Then remove the swab
- It should not hurt



STEP FOUR

- Place swab back in the tube
- Return the tube to your healthcare provider
- Ensure the date you take the test is written on the swab tube
- Ensure the tube is labeled with your surname, first name and date of birth

Your healthcare provider will give you the swab. If you have any questions, ask your healthcare provider.

These instructions are available in 20 different languages.

Available on the ACPC website:

[acpcc.org.au](https://www.acpcc.org.au)

Practitioners
→ Clinical Resources

SETTINGS WHERE SELF-COLLECTION CAN BE PERFORMED



All cervical screening is ordered and overseen by a healthcare professional.





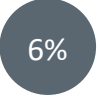

Patients should be encouraged to collect a sample at the clinic, if possible

Collection can happen in any setting the requesting practitioner believes is appropriate

No need to observe the patient, but you can help if needed

COMPARING THE OPTIONS



	Clinician collected	Self-collected
 Identifies HPV infection	Yes - Cervical cells	Yes - Vaginal cells
 Liquid based cytology and co-test possible	Yes	No
 No HPV detected ~90% for CSTs	Return in 5 years	Return in 5 years
 HPV 16/18 detected ~2% for CSTs	Refer to colposcopy	Refer to colposcopy
 HPV (not 16/18) detected ~6% for CSTs	LBC performed on original sample	Return for clinician collected cervical sample for LBC
 Unsatisfactory HPV test	Repeat in 6 weeks	Repeat at earliest convenience



SUPPORTING YOUR PATIENTS TO MAKE THE CHOICE

What you and your patients need to know



SELF-COLLECTION IS ACCURATE



For HPV assays based on polymerase chain reaction (PCR), testing on self-collection is as clinically sensitive and specific as clinician-collection for CIN2+ and HPV.

2018

Detecting cervical precancer and reaching under-screened women by using HPV testing on self samples: updated meta-analyses.¹

2020

Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples: the SCoPE study.²



Sources:

1. Arbyn et al, BMJ, 2018
2. Saville et al, Journal of Clinical Virology, 2020

SELF-COLLECTION IS SAFE



Safety controls on HPV test ensure that samples taken incorrectly, or affected by contaminants are reported as 'unsatisfactory' rather than 'negative'

Cellularity control

Ensures enough cellular material is present in the sample

Assay failure control

Contaminants, such as blood, microbial infection or lubricant, may inhibit the PCR reaction and therefore the ability of an assay to detect HPV



LIKELIHOOD OF RETURN



Self-collected CST



**HPV (not 16/18) detected
~6%**

Return for clinician collected cervical sample for LBC.

The incidence of HPV (not 16/18) is highly age dependent (NCSR data general population).

25-29 years	17%	50-54 years	4%
30-34 years	10%	55-59 years	3%
35-39 years	6%	60-64 years	3%
40-44 years	5%	65-69 years	3%
45-49 years	4%		



SUPPORTING YOUR PATIENTS TO MAKE THE CHOICE

Other points in the pathway where self-collection can be offered

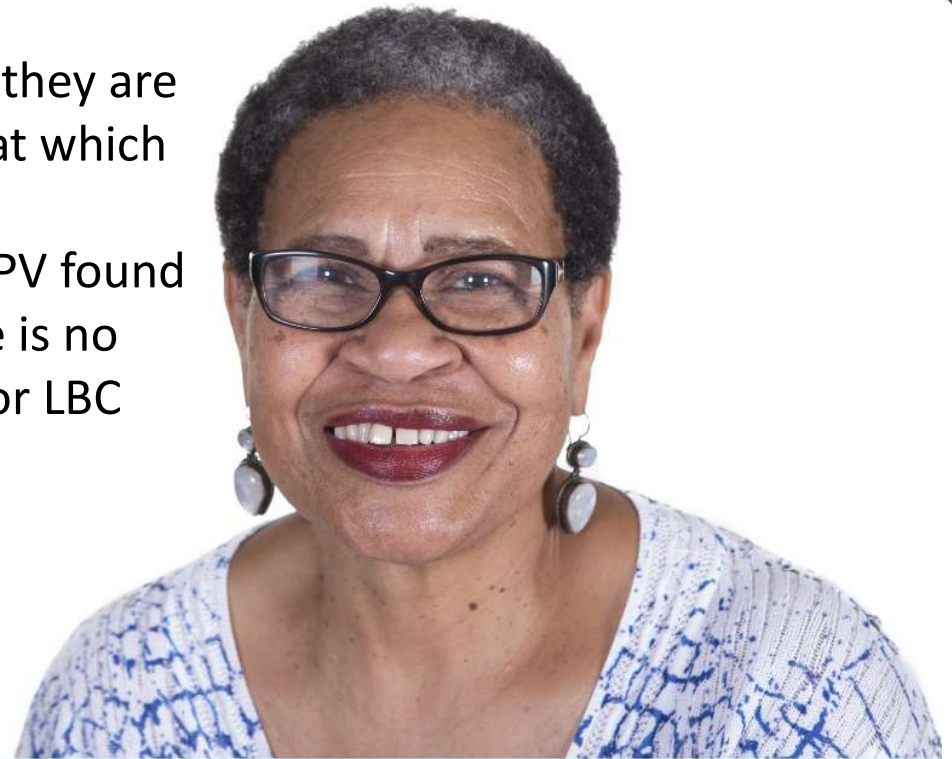


EXIT TESTING



Patients can be discharged from the NCSP if they are aged 70-74 years and have a screening test at which oncogenic HPV is not detected

- Direct referral to colposcopy if **ANY** HPV found
- If the sample was self-collected, there is no need to return for a cervical sample for LBC (this will be collected at the time of colposcopy)

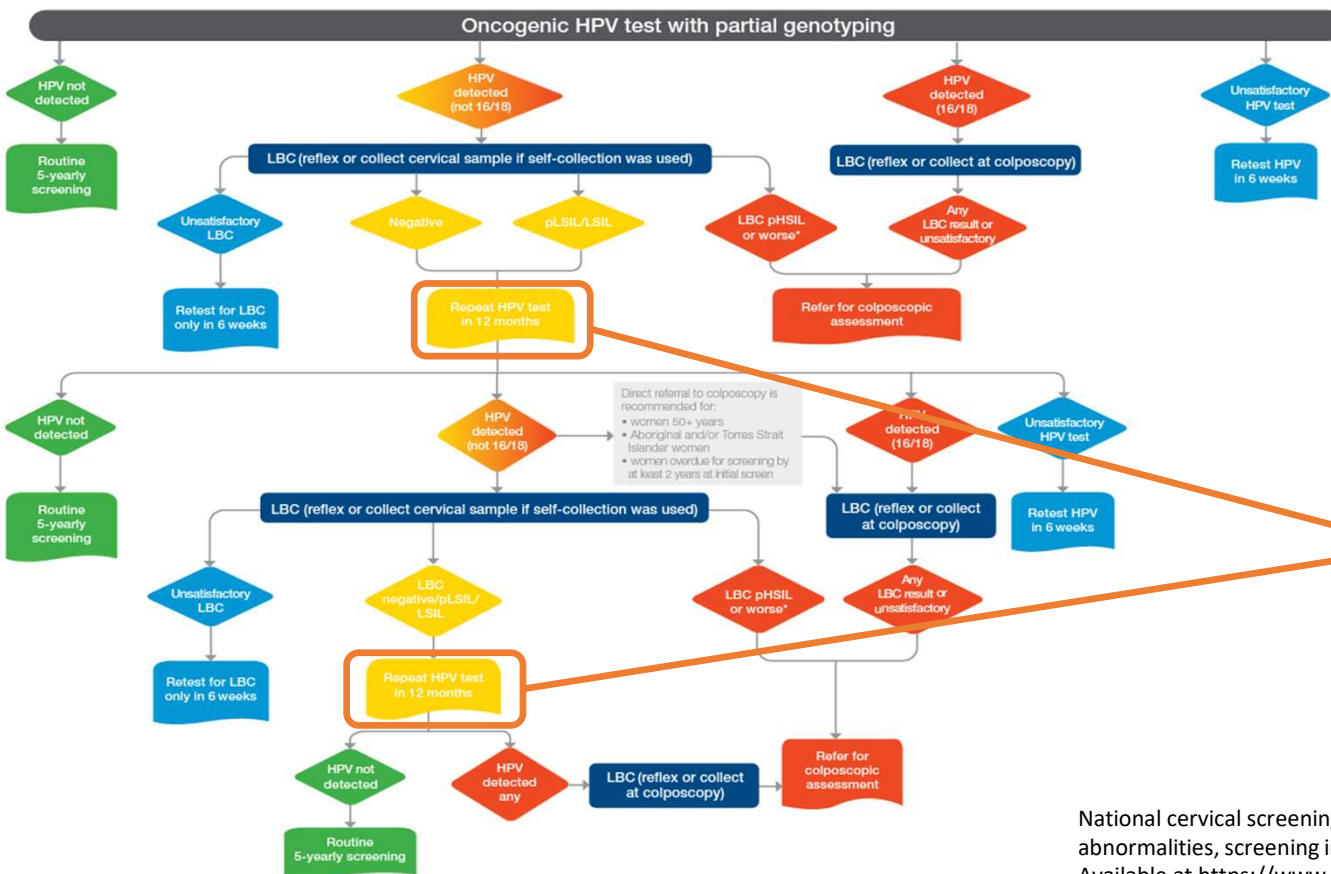
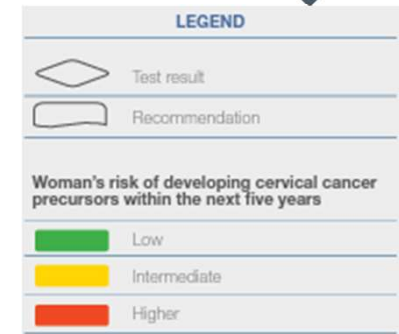


Source: National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>

THE INTERMEDIATE RISK PATHWAY



CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



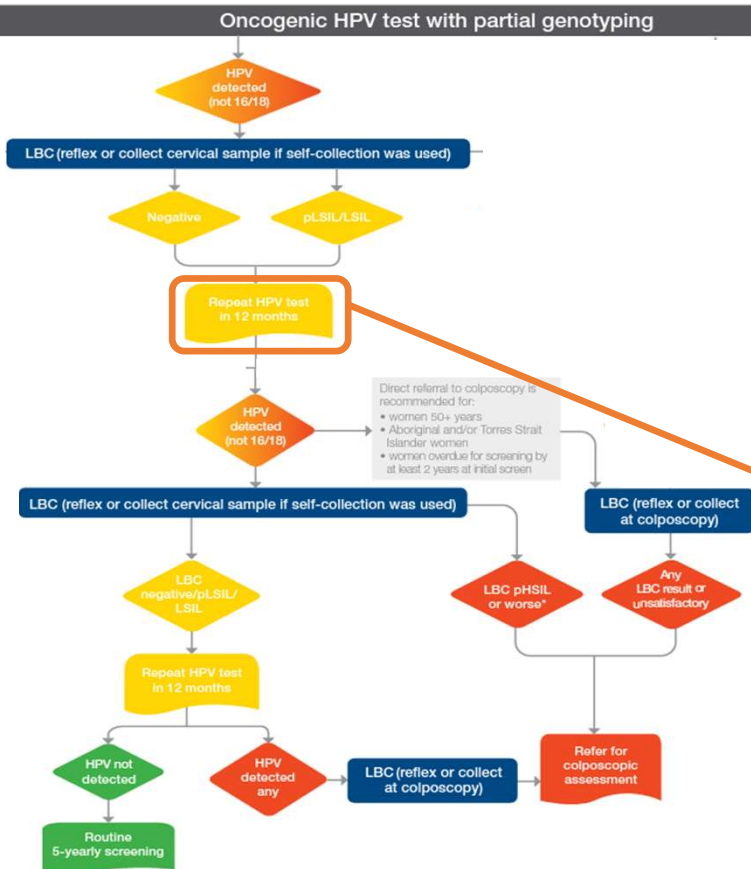
Self-collection is an option at the 12 or 24 month follow-up test after an intermediate risk result (HPV (not 16/18), LBC normal, LSIL, pLSIL)

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THE INTERMEDIATE RISK PATHWAY



CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



Self-collected follow-up test

- Of people attending for a follow-up test, 12 months after an Intermediate risk result:

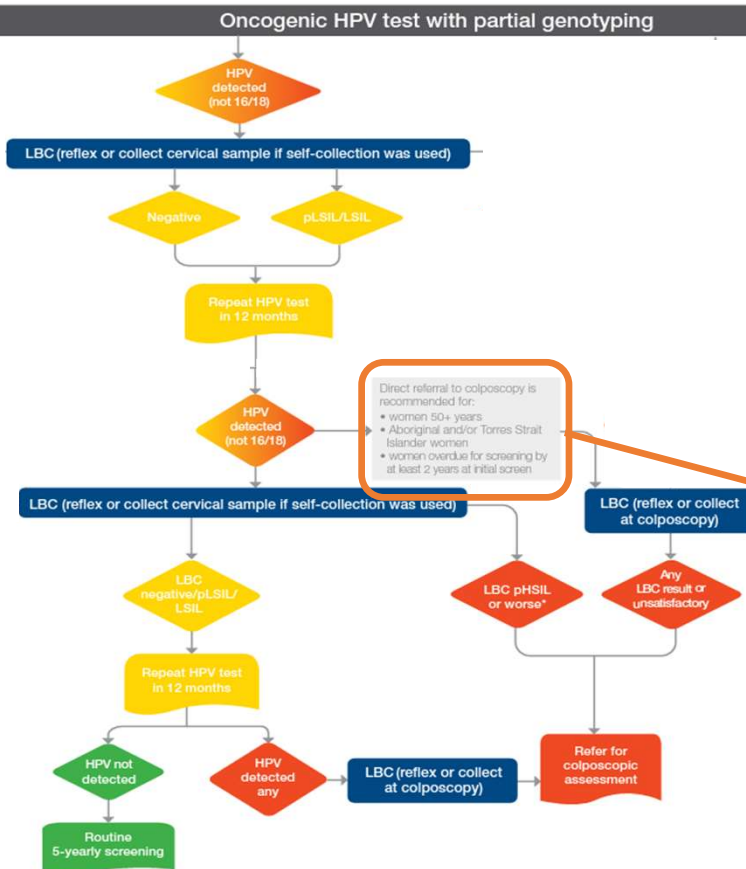
~60% will again test positive for HPV (not 16/18)

National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>

THE INTERMEDIATE RISK PATHWAY



CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



Self-collected follow-up test

- However, direct referral to colposcopy recommended for:
 - Women 50+ years
 - Aboriginal and/or Torres Strait Islander women
 - Women overdue for screening by at least 2 years

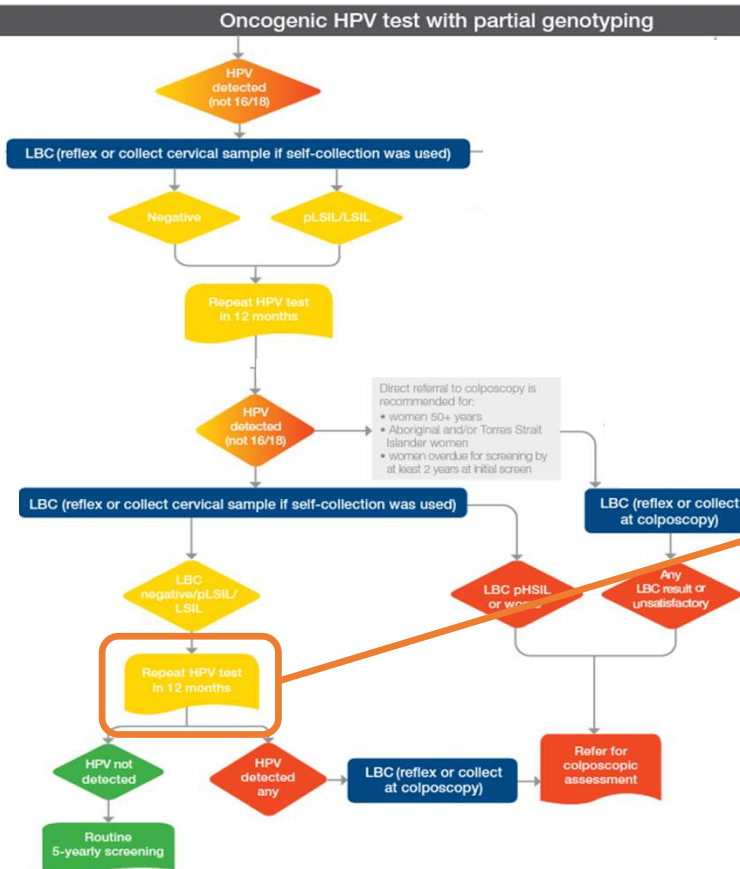
Therefore, no need for these groups to return for LBC if HPV (not 16/18) detected at this test

National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>

THE INTERMEDIATE RISK PATHWAY



CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



Self-collected follow-up test

- Of people attending for another follow-up test, 24 months after an intermediate risk result:

Anyone with **ANY** HPV detected at this test will be referred directly to colposcopy

National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>



Effectiveness
Self-collection is as accurate for the detection of cervical pre-cancer as clinician collected samples

Accuracy

Overcomes cultural barriers

SELF-COLLECTION



Stability
28 Days
50°C /
100%
humidity

Facilitates scale up

Improves equity

Within countries

Between countries

Flexible delivery

Point of care

Lab based



CASE STUDY

Bringing it all together



CASE STUDY: POLL QUESTION 1



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

Poll Question 1:
Can you offer self-collection?

YES

NO

CASE STUDY: POLL QUESTION 2



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

Poll Question 2: What are some of the things you might discuss with Lauren to help her make her choice?

Self-collection is just as accurate as clinician collected sampling

There is about a 4% chance she'll have to return for LBC

There is about a 17% chance she'll have to return for LBC

If she doesn't do it right, she could get a false negative result

CASE STUDY: POLL QUESTION 3



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

Lauren chooses self-collection but refuses to do it in the surgery and asks if she can take the swab home.

Poll Question 3:
Is this allowed by Medicare?

YES

NO

CASE STUDY



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

You are pleased to see that she has done the test as required and dropped it in.

The result is HPV (not 16/18) positive

CASE STUDY: POLL QUESTION 4



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

Poll Question 4:
What is the correct follow up?

Return for co-test
in 1 year

Refer to
colposcopy
because she has
never been
screened

Return for
cytology

CASE STUDY



Lauren is a
29yo woman

She is
pregnant

She has never had cervical screening, and she is anxious about the process. She has no symptoms of concern.

Lauren returns for a speculum examination to obtain a sample for cytology. Her cytology results are normal and she's recommended to return for a repeat test in 1 year.

She comes back for an appointment for a post natal check a year later. You mention that she is due for her 12-month follow-up test but she is again anxious and reluctant to have a speculum examination.

CASE STUDY: POLL QUESTION 5



**Poll Question 5:
What do you talk to
her about to help her
choose this time?**

She can't self-collect as
her last test was abnormal

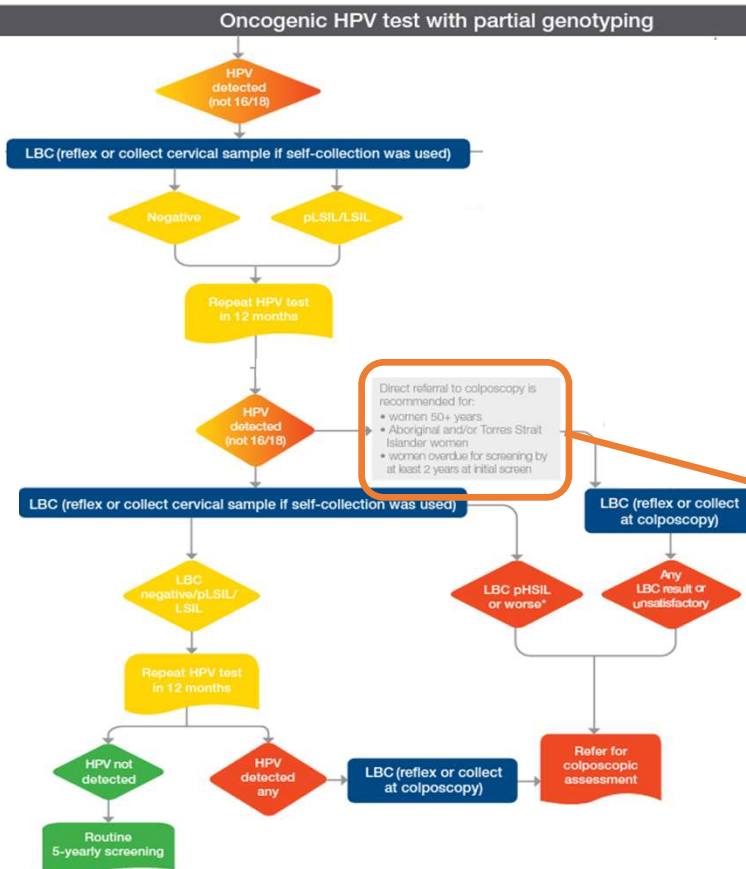
She can self-collect. If
HPV is found, she will go
to colp

She can self-collect.
There's a ~60% chance
she'll need to return for
LBC

THE INTERMEDIATE RISK PATHWAY



CERVICAL SCREENING PATHWAY (CLINICIAN COLLECTED OR SELF-COLLECTED)



Self-collected follow-up test

- However, direct referral to colposcopy recommended for:
 - Women 50+ years
 - Aboriginal and/or Torres Strait Islander women
 - Women overdue for screening by at least 2 years

Therefore, no need for these groups to return for LBC if HPV (not 16/18) detected at this test

National cervical screening program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>



RESOURCES TO SUPPORT YOU AND YOUR PATIENTS



CERVICAL SCREENING: Supporting your patients to make the choice



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



Australian Centre
for the Prevention of
Cervical Cancer



		Clinician-collected cervical sample	Self-collected vaginal sample																				
Is it accurate?		Both methods have equivalent sensitivity for the detection of HPV and CIN2+/AIS ^{1,2}																					
Identifies HPV infection?		Yes	Yes																				
Is liquid-based cytology (LBC) and co-testing possible?		Yes	No																				
Indicated for <ul style="list-style-type: none"> • Those who are eligible and due or overdue for cervical screening, including during pregnancy • Other points in the pathway where only an HPV test is required. 		Yes	Yes																				
<ul style="list-style-type: none"> • Patients who have postcoital, intermenstrual or post-menopausal bleeding, or unexplained persistent unusual vaginal discharge³ • Those undergoing Test of Cure surveillance or have been treated for adenocarcinoma-in-situ • Patients who have had a total hysterectomy with history of high-grade squamous intraepithelial lesion • Patients who were exposed to diethylstilboestrol in utero. 		Yes	No																				
Management of participants in whom HPV is not detected	>90% of CSTs	Return in 5 years	Return in 5 years																				
Management of participants in whom HPV (not 16/18) is detected	~6% of CSTs	Reflex LBC is performed on the original sample, no need to return for a further sample to be taken	Return for clinician-collected cervical sample for LBC. The incidence of HPV (not 16/18) is highly age dependent (NCSR data ⁴) <table border="1" style="margin-left: 20px;"> <tr> <td>25-29 years</td> <td>17%</td> <td>50-54 years</td> <td>4%</td> </tr> <tr> <td>30-34 years</td> <td>10%</td> <td>55-59 years</td> <td>3%</td> </tr> <tr> <td>35-39 years</td> <td>6%</td> <td>60-64 years</td> <td>3%</td> </tr> <tr> <td>40-44 years</td> <td>5%</td> <td>65-69 years</td> <td>3%</td> </tr> <tr> <td>45-49 years</td> <td>4%</td> <td></td> <td></td> </tr> </table>	25-29 years	17%	50-54 years	4%	30-34 years	10%	55-59 years	3%	35-39 years	6%	60-64 years	3%	40-44 years	5%	65-69 years	3%	45-49 years	4%		
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			Note: at the 12-month follow up HPV test after an Intermediate Risk result the incidence of HPV (not 16/18) is ~60% ⁵																				
			Patients aged 70 to 74 with HPV (not 16/18) detected are referred to colposcopy.																				
Management of participants in whom HPV (16/18) is detected	~2% of CSTs	Refer for colposcopy	Refer for colposcopy																				
Management of Unsatisfactory HPV test		Repeat in 6 weeks	Repeat at earliest convenience																				

CERVICAL SCREENING PATHWAY QUICK REFERENCE GUIDE



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



Australian Centre
for the Prevention of
Cervical Cancer



CERVICAL SCREENING PATHWAY (CLINICIAN-COLLECTED OR SELF-COLLECTED)

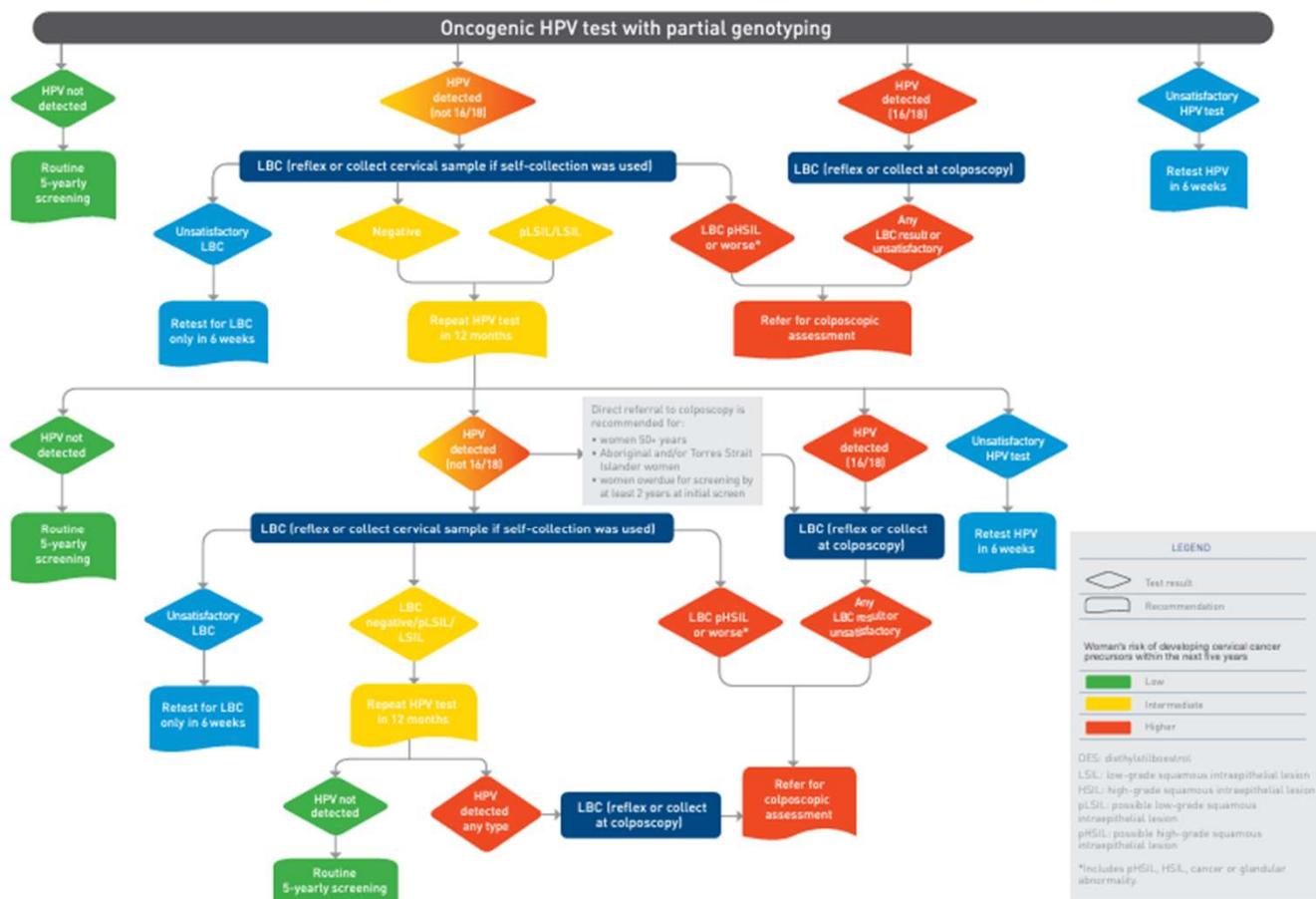
MORE INFORMATION:

For queries about clinical guidelines and management of patients please contact the VCS Pathology's Clinical Advisory Service.

Tel: (03) 9250 0309

The clinical guidelines are available at <https://www.cancer.org.au/clinical-guidelines/cervical-cancer-screening>

NCSP policies and resources are available at <https://www.health.gov.au/our-work/national-cervical-screening-program>



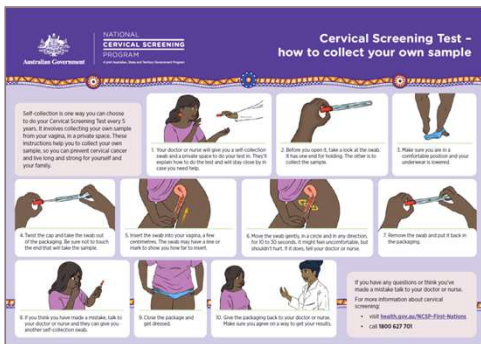
Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of cancer detected at normal/low, screening in specific populations and investigation of abnormal vaginal bleeding. Cancer Council Australia. Accessible from <https://www.cancer.org.au/clinical-guidelines/cervical-cancer-screening>. Updated October 2022.



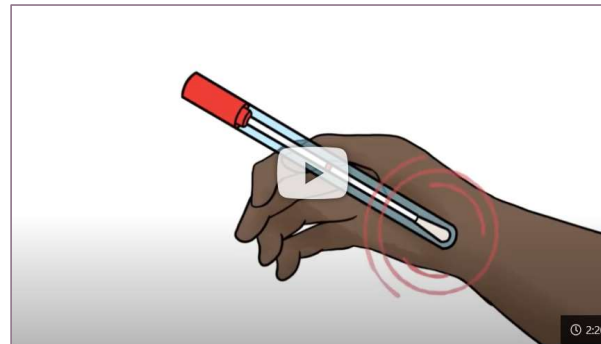
www.acpcc.org.au

RESOURCES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

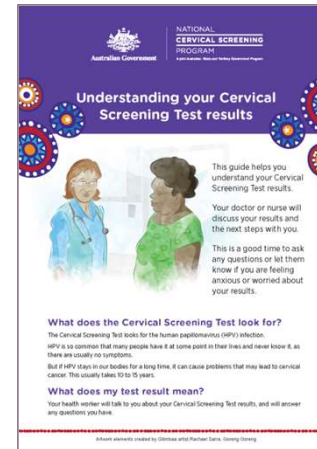
NCSP Resources



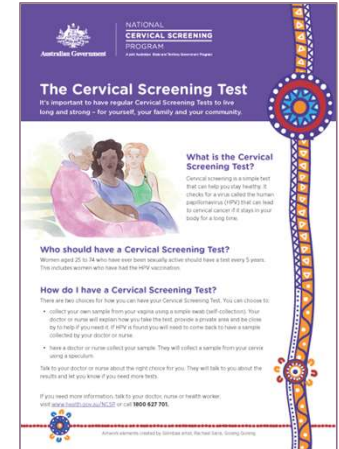
How to collect your own sample (for Aboriginal and Torres Strait Islander women)



Video: How to collect your own sample (for Aboriginal and Torres Strait Islander women)



Brochure: Understanding your cervical screening test results



Fact Sheet: The Cervical Screening Test

<https://www.health.gov.au/our-work/ncsp-healthcare-provider-toolkit/working-with-patients>

RESOURCES FOR CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE



ACPCCC

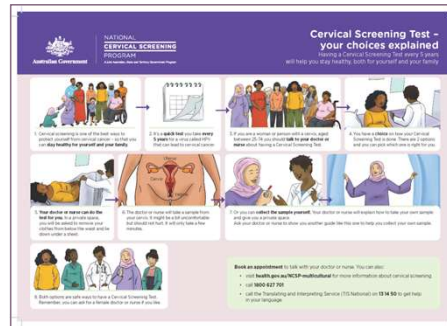
How To Take Your Own HPV Test



An information sheet for clinicians and patients, with step-by-step, illustrated instructions available in 20 languages.

www.acpcc.org.au/self-collection-campaign

Your Choices Explained



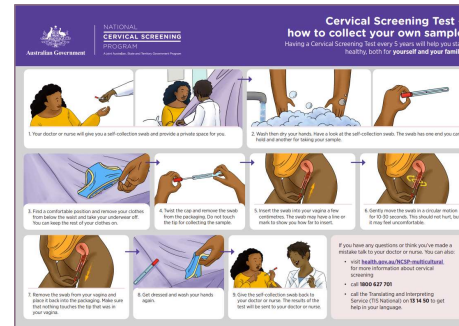
Video version available



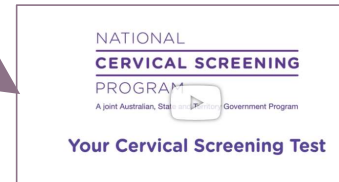
<https://www.health.gov.au/our-work/ncsp-healthcare-provider-toolkit/working-with-patients>

NCSP

How To Take Your Own Sample



Video version available



Understanding your Cervical Screening Test results

Understanding your Cervical Screening Test results

This guide helps you understand your Cervical Screening Test results.

Your doctor or nurse will discuss your results and the next steps with you. This is a good time to ask any questions or let them know if you are feeling worried about your results.

What does the Cervical Screening Test look for?
The Cervical Screening Test looks for the human papillomavirus (HPV) infection.

But if HPV stays in our bodies for a long time, it can cause problems that may lead to cervical cancer. This usually takes 10 to 15 years.

What does my test result mean?
Your doctor or nurse will talk to you about your Cervical Screening Test results, and will answer any questions you have.

If you have any questions or think you've made a mistake ask your doctor or nurse. You can also:

- visit health.gov.au/ncsp-multicultural for more information about cervical screening
- call 1800 927 700
- call the Translating and Interpreting Service (TIS National) on 131 450 to get help in your language.

THANK YOU!



Australian Government
Department of Health and Aged Care

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program



Australian Centre
for the Prevention of
Cervical Cancer