



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

# Improving choice in cervical screening – the expansion of self-collection

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# 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.



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# Overview

- National Cervical Screening Program
- Cervical screening participation in WA
- 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



NATIONAL  
**CERVICAL SCREENING**  
PROGRAM

A joint Australian, State and Territory Government Program

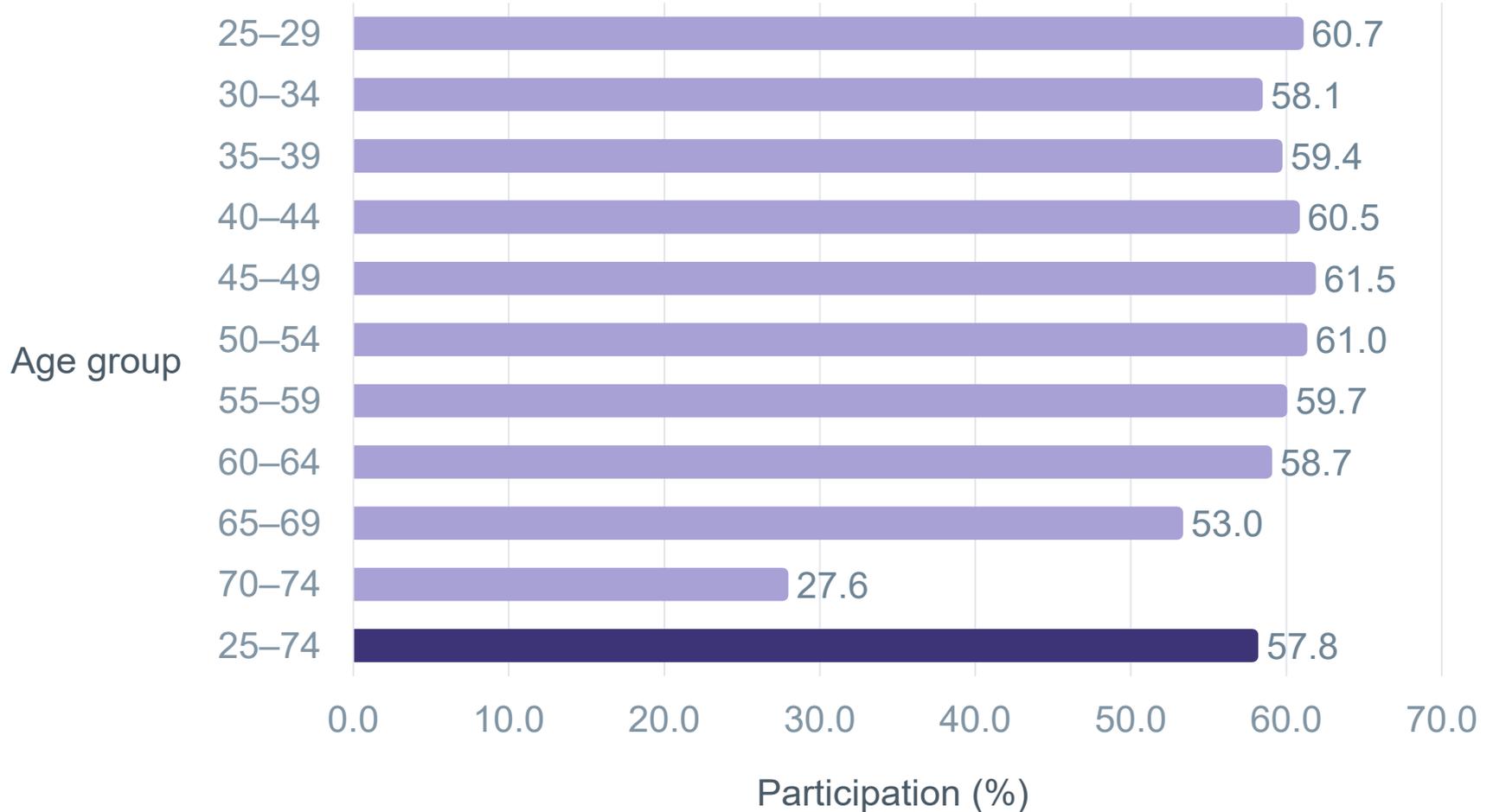
## Renewal of the National Cervical Screening Program

	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



# Cervical screening participation in WA



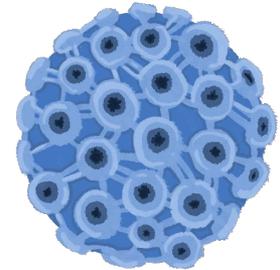
Source: Australian Institute of Health and Welfare 2022



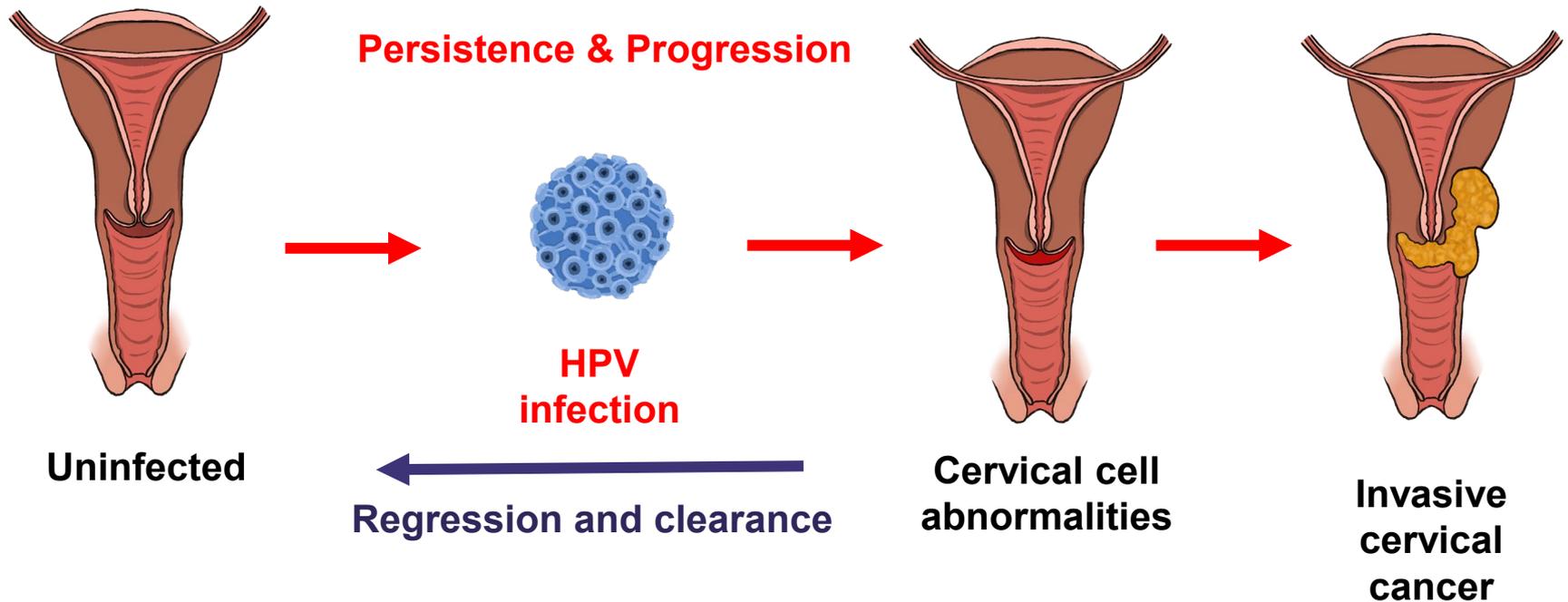
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# Human papillomavirus (HPV)

- 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



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# Expansion of self-collection eligibility

- Current eligibility includes asymptomatic women and people with a cervix who are:
  - aged 30 years or over; and
  - have never screened or are two or more years overdue for cervical screening
- From 1 July 2022, current eligibility criteria for access to self-collection will be removed.
- The change will give participants a choice in screening method, either self-collected or clinician-collected, accessed through a healthcare provider in both cases.



# 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 a self-collected sample for the detection of HPV

- 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

- Self-collection offers 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.



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# 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.



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# Concerns and misconceptions



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# Concerns and misconceptions

## **Self-collection means missed opportunities to counsel people about sexual and reproductive health issues**

- In the Australian model, self-collection must be facilitated through a healthcare provider.
- There is no loss of opportunity to discuss other aspects of sexual and reproductive health in the clinician supported self-collection model.



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# Concerns and misconceptions

**Large numbers of women who test positive for HPV on a self-collected CST will not return for follow-up.**

- Among routine screeners > 90% test negative and can safely return to screen in five years' time
- In 2019, 104 eligible people in Australia had a self-collected CST that was positive for oncogenic HPV type 16 or 18 – of these 62.5% had a colposcopy within 6 months.
- In 2020, 179 eligible people in Australia had a self-collected CST that was positive for an oncogenic HPV type other than 16 or 18 – of these 57.0% had an LBC test within 6 months.
- Supporting patients upfront to understand follow-up requirements and explaining test results is key.



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# Concerns and misconceptions

## The participant won't do the test properly.

- The self-collected test is detecting HPV DNA shed from the cervix in the same way that other molecular diagnostic tests accurately detect tiny amounts of microbial DNA. It does not rely on the collection of cervical cells.
- Patients that have difficulty collecting a lower vaginal sample by themselves could be assisted to do so by a healthcare provider.



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# 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](http://www.ncsr.gov.au) or call 1800 672 701



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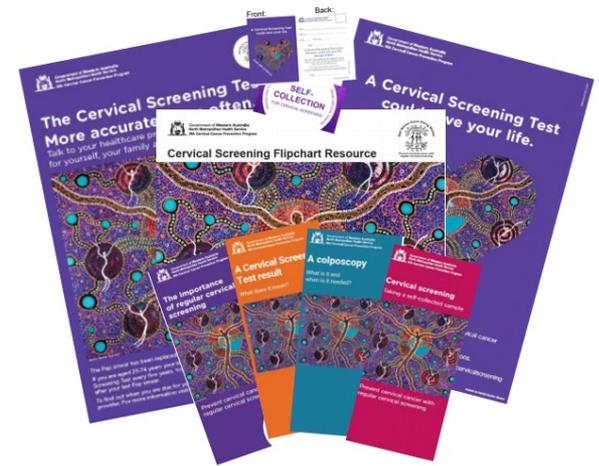
# More information

- Read the latest [National Cervical Screening Program update on the self-collection expansion](#)
- Review the updated NCSP Clinical Guidelines:
  - The **updated guidelines** won't come into effect until 1 July 2022 but you can [download a PDF version](#) of them now for your review.
  - The [current guidelines](#) can still be viewed online.
- Check out Cancer Council WA's [‘At Your Cervix’ campaign](#) for healthcare providers



# Coming soon – self-collection tools, resources and information

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



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# 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](mailto:cervicalscreening@health.wa.gov.au)



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# Further enquiries

**Email the Australian Government Department of Health** for enquiries relating to:

- National Cervical Screening Program policy and guidelines (including the expansion of self-collection eligibility)
- National resources

**Email the WA Cervical Cancer Prevention Program** for all other enquiries, including those related to:

- WA resources
- Health professional education
- Promoting cervical screening in the community
- Cervical screening participation in your region

**Contact the National Cancer Screening Register** to request:

- A patient's cervical screening history and when they are next due.



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# Thank you

