

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the slide, creating a modern, layered effect.

Cases & Practicalities: self collection and Intermediate risk management

Case - 28yo Jonah



- ▶ 28yo under care of transgender MDT
- ▶ Female to male transgender man
- ▶ Attends your GP surgery for routine testosterone injections
- ▶ Practice nurse identifies no past history of cervical screening for Jonah when she calls you to check the injection
- ▶ What are your next steps?

Case - 28yo Jonah

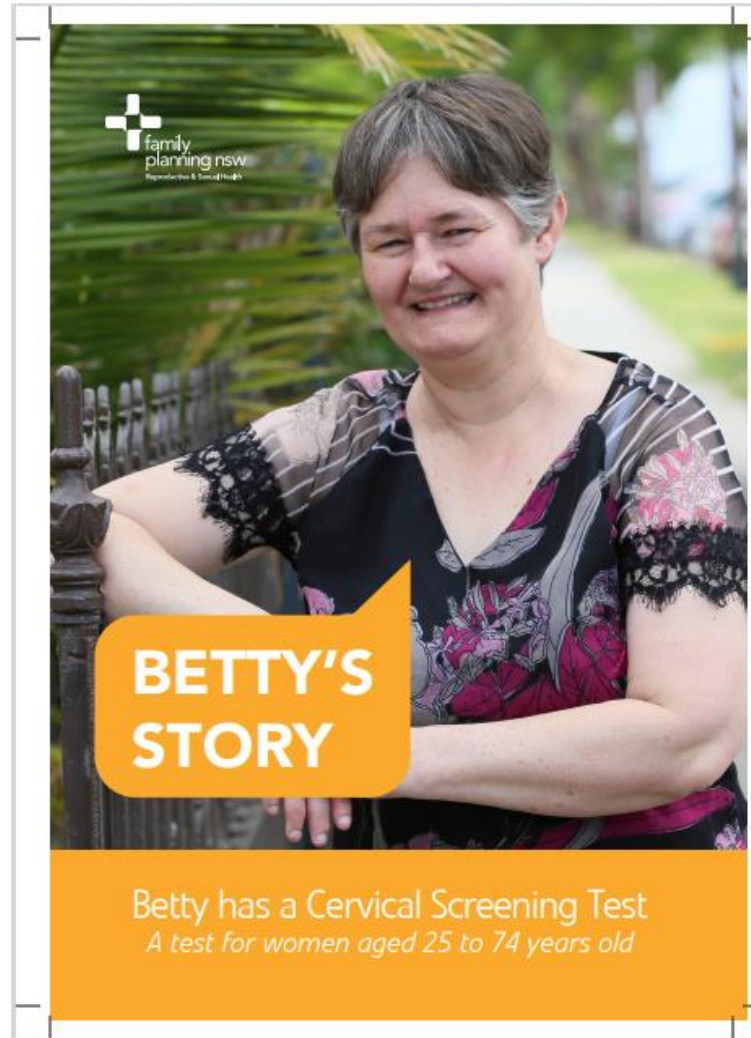
- ▶ Sex and gender diverse people who have not undergone surgical removal of the cervix remain at risk of cervical cancer and require screening
- ▶ Use of preferred pronouns and body terminology
- ▶ Trauma informed approach, examination and acknowledgement of cervix can be traumatic
- ▶ Discuss screening and use shared decision making approach
- ▶ May need to discuss over several visits
- ▶ Offer choice of self collected screening
- ▶ Consider course of vaginal oestrogen prior to speculum examination for clinician collected sample. T can cause vaginal atrophy. Be aware of triggering trade names
- ▶ <https://www.transhub.org.au/clinicians/sexual-health>



Case - 55yo Betty

- ▶ Betty has an intellectual disability
- ▶ Never screened
- ▶ Not currently sexually active
- ▶ Post menopausal
- ▶ Routine visit you identify she is never screened
- ▶ What can we do to facilitate cervical screening for Betty?


Case - 55yo Betty



Case - Betty

- ▶ Discussion over several visits
- ▶ Provide Easy Read resources
- ▶ Offer the option of self collected screening
- ▶ Show swabs to Betty during a consultation
- ▶ Use picture resources to demonstrate where the swab goes and explain self collection simply and clearly
- ▶ Shared decision making
- ▶ Could assist taking the swab if Betty unable to manage herself
- ▶ Explain the need for a clinician collected sample if abnormal result on self collect

HOW TO TAKE YOUR OWN HPV TEST



Images reproduced with permission from Cancer Council Victoria

| STEP ONE | STEP TWO | STEP THREE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Lower your underwear• Twist the red cap and pull out the swab• Look at the swab and note the red mark closest to the soft tip | <ul style="list-style-type: none">• 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) | <ul style="list-style-type: none">• Rotate the swab gently for at least 10 seconds• Then remove the swab• It should not hurt |

Case - 32yo Alex

- ▶ Alex is a busy Mum, has had a bad run of sick toddlers at home and can't get time off work to come to the GP as she has run out of sick leave
- ▶ Has a telehealth appointment booked for her pill prescription
- ▶ You note her CST is overdue
- ▶ What do you do.....



Case - 32yo Alex

- ▶ Discuss overdue CST opportunistically
- ▶ Discuss clinician vs self-collected screening options
- ▶ *The Guidelines allow for flexibility around where the sample can be collected, to enable providers to develop models that will best meet the needs of their communities. The healthcare professional who requests the test is responsible for facilitating patient access to, and return of, self-collection swabs, requesting tests from laboratories and communicating results and any follow-up requirements to patients*
- ▶ [national-cervical-screening-program-clinical-guidelines-faqs-for-providers \(cancer.org.au\)](https://www.cancer.org.au/national-cervical-screening-program-clinical-guidelines-faqs-for-providers)
- ▶ Appropriate to offer self collected screening via telehealth in whatever model works for local practice. Governance around receipt of result.....
 - ▶ Pick up swab from clinic and do at home
 - ▶ Come to onsite pathology
 - ▶ E-request
 - ▶ Post swab and request



Tricky Follow Up.....

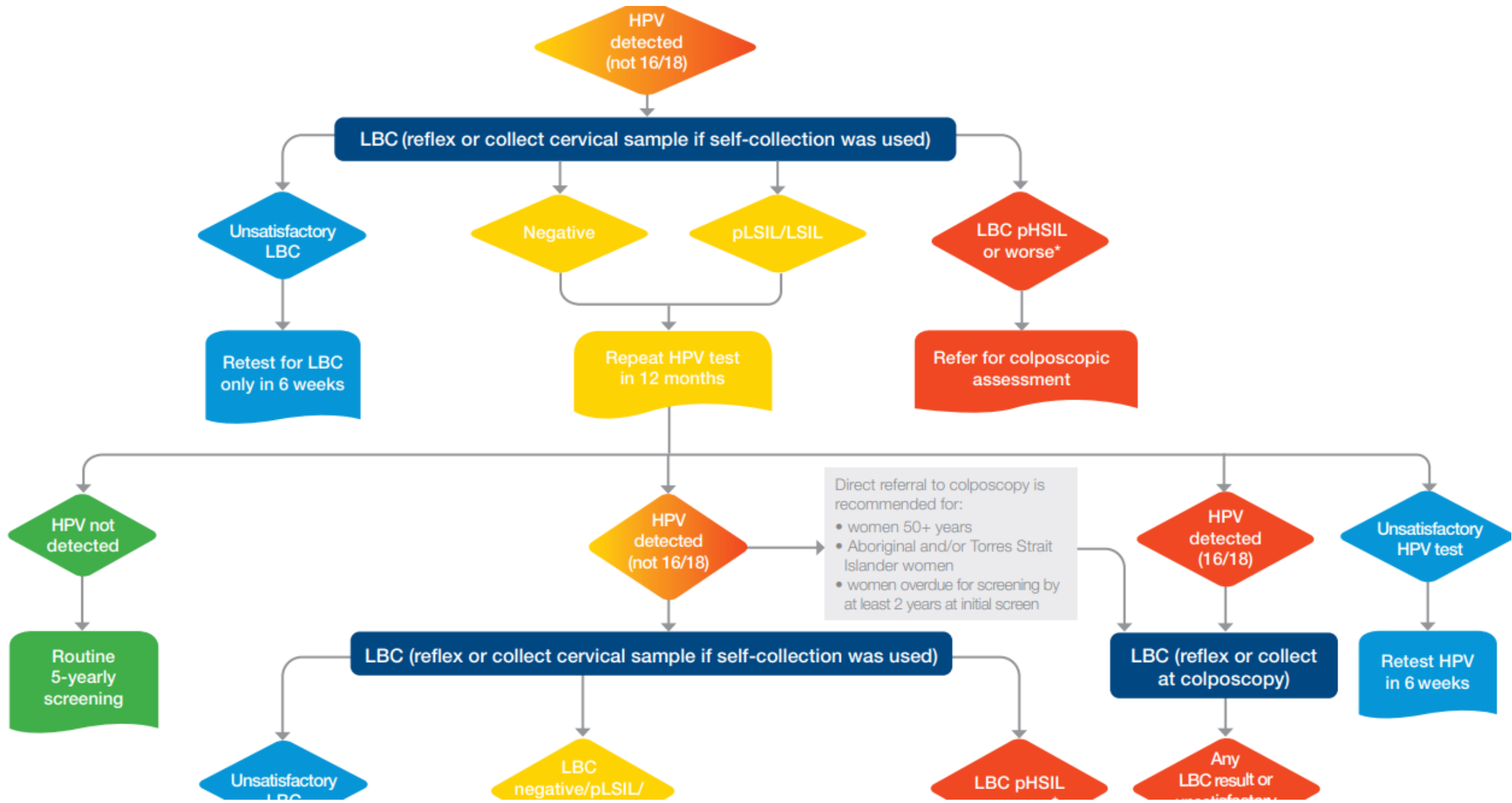
- ▶ Sometimes the recommendation from the pathologist may be incorrect
- ▶ Critical clinical detail may have been overlooked or omitted from request
- ▶ Aboriginal & Torres Strait Islander status (will change Intermediate pathway follow up)
 - ▶ https://www.cancer.org.au/assets/pdf/Cervical_screening_pathway_flow_chart_6_1_new.pdf#_ga=2.88845400.2143263906.1645059102-1100972767.1597369612
- ▶ Immunosuppression (requires 3 yearly screening)
- ▶ DES exposed women (yearly assessment)
- ▶ Presence of symptoms
- ▶ Previous colposcopy findings (TZ type)
- ▶ COMPASS participants history not on NCSR <https://www.compasstrial.org.au/>
- ▶ **Important to carefully consider clinical history when giving follow up advice**

Case - 56yo Rhonda



- ▶ CST June 2020 - NON 16/18 HPV with LGSIL
- ▶ CST July 2021 - NON 16/18 HPV with pLGSIL

- ▶ What advice do you give Rhonda?



Case - 56yo Rhonda



- ▶ Aged over 50 therefore for colposcopy
- ▶ Colposcopy July 2021 - no abnormality seen, type 3 TZ. Repeat HPV test 12 months
- ▶ CST June 2022-

CERVICAL SCREENING TEST (CST)

RISK CATEGORY

INTERMEDIATE RISK
for significant abnormality

SPECIMEN

Cervical - ThinPrep

TEST RESULTS

PCR for Oncogenic HPV and Genotype
HPV16 Not Detected
HPV18 Not Detected
HPV (not 16/18) Detected

Assisted

Liquid Based Cytology (LBC) - Image

Lesion (pLSIL)

* Possible Low Grade Squamous Intraepithelial

Endocervical component is present

Recommendation

Repeat HPV test in 12 months

- ▶ What advice do you give Rhonda?

(a) Type I



Completely ectocervical
fully visible
small or large

(b) Type II



Has endocervical
component
fully visible
may have ectocervical
component which may
be small or large

(c) Type III



Has endocervical
component
is *not* fully visible
may have ectocervical
component which may
be small or large



Case - 56yo Rhonda

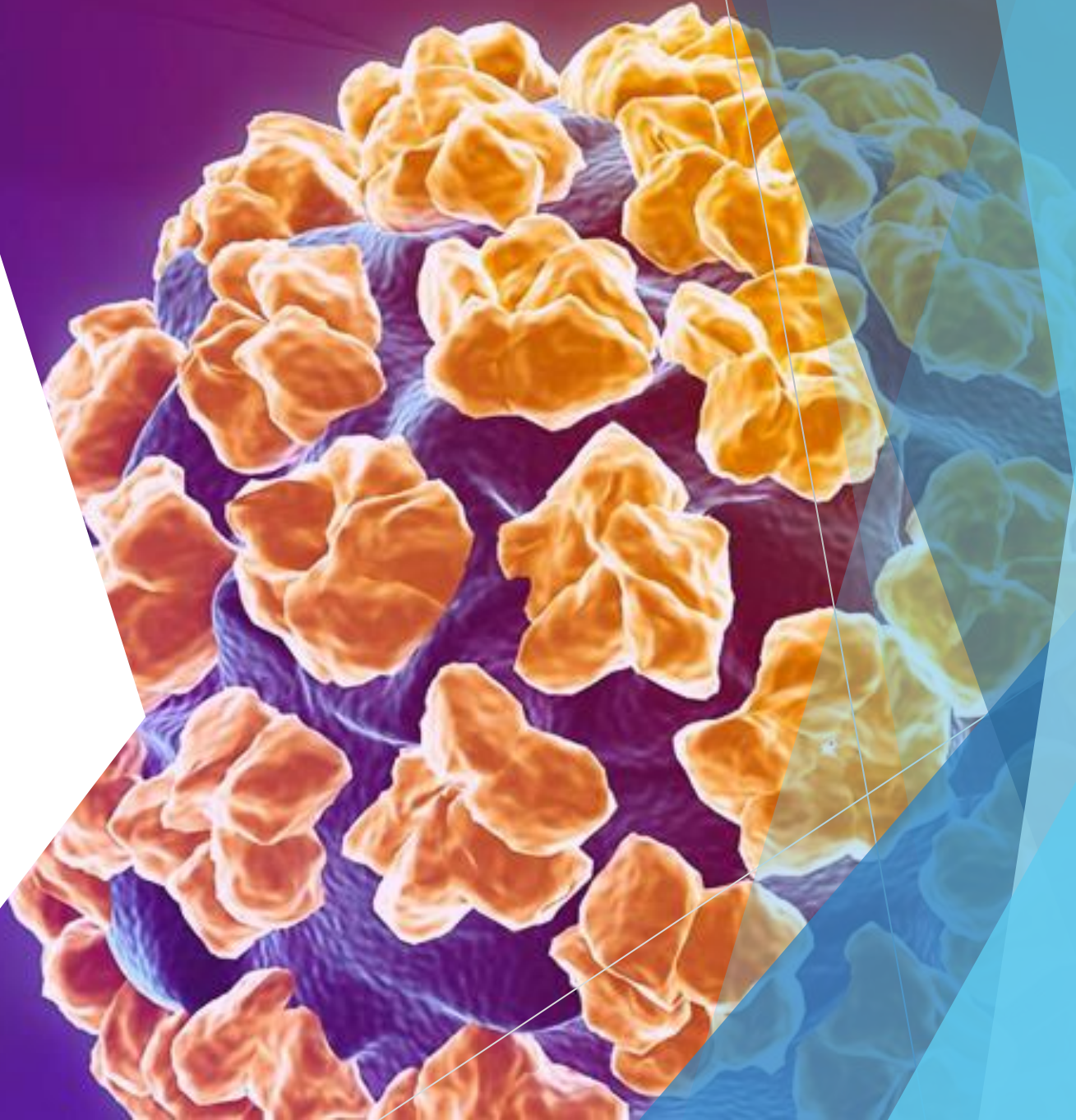
- ▶ Recommendation depends on TZ type at colposcopy
- ▶ If type 3 TZ at colposcopy with HPV detected at 12 month follow up, then repeat colposcopy is indicated
- ▶ The recommendation to repeat test in another 12 months would have only been correct for type 1 or 2 TZ
- ▶ Always include all relevant clinical detail, colposcopy findings and ATSI status on pathology requests and consider these when interpreting pathologist recommendations

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|---------------------|--|
| PATIENT LAST NAME | GIVEN NAME(S) | SEX | DATE OF BIRTH | LABORATORY USE ONLY | |
| PATIENT ADDRESS | | MRN | YOUR REFERENCE | | |
| POST CODE | HOSPITAL CODE / WARD / CLINIC | | Location for transfusion: | | |
| TEL (HOME) | TEL (BUS/MOBILE) | Date: / / | | | |
| Please tick test required <input type="checkbox"/> Group & Screen <input type="checkbox"/> Crossmatch <input type="checkbox"/> Antenatal Group & Ab <input type="checkbox"/> Other Please specify: _____ | | | | | |
| Special requirements (Irradiated, CMV neg): | | | | | |
| LIFE THREATENING / CRITICAL BLEEDING (Please phone leading laboratory. See phone number above) | | | | | |
| CLINICAL NOTES / REASON FOR TRANSFUSION <small>Include professional diagnosis</small> | PATIENT HISTORY <small>Has the patient:</small> • had a transfusion in the last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> • ever had a transfusion? <input type="checkbox"/> • been pregnant in the last 3 months? <input type="checkbox"/> • ever been pregnant? <input type="checkbox"/> • had a known antibody? <input type="checkbox"/> Anti: <input type="checkbox"/> • had a transfusion reaction? <input type="checkbox"/> • Rh D-to administration? <input type="checkbox"/> Date: / / | LOCATION SITE | COLLECTOR ID (Pathology Use Only) | | |
| CLINICIANS SIGNATURE AND REQUEST DATE | | REQUESTING CLINICIAN (NAME, ADDRESS, PROVIDER NUMBER) | COPY REPORTS TO: | | |
| Date: / / | | Phone No: _____ | Fax: _____ | | |
| COLLECTOR / PATIENT / WITNESS DECLARATION - Must be completed | | | | | |
| I certify that I collected the accompanying sample from the patient whose identity was confirmed by direct enquiry and/or examination of their ID band and that I labelled and signed and dated the sample immediately following collection. | | | | | |
| Collector Name: _____ (Please print name) | | Collector Signature: _____ | | | |
| Collector Contact Details: _____ | | | | | |
| Collection Date: _____ Time: _____ am/pm | | | | | |
| Patient identity, request form, specimen label and collection witnessed by: | | | | | |
| Patient/Witness Name: _____ (Please print given name(s) and family name) | | Patient/Witness Signature: _____ | | | |
| PATIENT MISIDENTIFICATION CAN BE FATAL. See cover for explanation | | | | | |

https://www.cancer.org.au/assets/pdf/Colp_T3_TZ_after_LBC_prediction_of_pLSILLSIL.pdf#_ga=2.53625707.2143263906.1645059102-1100972767.1597369612

What is our role in Primary Care?

- ▶ Australia is on track to eliminate cervical cancer by 2035
- ▶ Currently 62% participation in NCSP
- ▶ 72% of those diagnosed with invasive cervical cancer are under screened or never screened
- ▶ 2030 WHO control targets:
 - ▶ 90% *HPV vaccinated* by age 15
 - ▶ 70% *screened* with an HPV test at 35 & 45 years of age
 - ▶ 90% of women identified with cervical disease *receive treatment* for precancerous lesions or invasive cancer



Supporting your practice to optimise cervical screening

- ▶ Know the guidelines: [Cervical cancer guidelines | Cancer Council](#)
- ▶ Self collection devices, methods and handling instructions vary between your lab - **know your lab requirements**
- ▶ Use the NCSR Provider Portal (integrate into software if possible)
- ▶ Recognise under screened people in your practice, consider a practice audit (new CPD requirements)
- ▶ Continue opportunistic screening, adding self collection as a patient choice
- ▶ Have swabs and written resources available to demonstrate to patients

Resources:

- ▶ [National Cervical Screening Program - Healthcare provider toolkit | Australian Government Department of Health and Aged Care](#)
- ▶ [Cervical Screening, HPV and Self-Collection: Clinical Education Course - GPEX \(40CPD Points\)](#)
- ▶ [Self-collection Resources - VCS Foundation - VCS Foundation](#)
- ▶ Lab specific resources and guides



I am looking for information on:

- [People from multicultural backgrounds](#)
- [Aboriginal and Torres Strait Islander people](#)
- [People with disability](#)
- [Self-collection for cervical screening](#)
- [Training and support](#)

CERVICAL SCREENING: Supporting your patients to make the choice



VCS Pathology

| | 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 or intermenstrual bleeding, 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 diethylstilbesterol in utero. | Yes | No | | | | | | | | | | | | | | | | | | | |
| Management of participants in whom HPV is not detected >90% | Return in 5 years | Return in 5 years | | | | | | | | | | | | | | | | | | | |
| Management of participants in whom HPV (not 16/18) is detected ~6% | Reflex LBC performed on 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"> <tbody> <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> </tbody> </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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| 45-49 years | 4% | | | | | | | | | | | | | | | | | | | | |
| | | 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% | Refer for colposcopy | Refer for colposcopy | | | | | | | | | | | | | | | | | | | |
| Management of Unsatisfactory HPV test | Repeat in 6-12 weeks | Repeat at earliest convenience | | | | | | | | | | | | | | | | | | | |

1 Arbyn et al, Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analysis BMJ 2018; 363 :k4823

2 Saville et al, Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples: the SCoPE study, Journal of Clinical Virology [2020], doi: <https://doi.org/10.1016/j.jcv.2020.104375>

3 Co-testing is not required for breakthrough or irregular bleeding due to hormonal contraception or a sexually transmitted infection, heavy menstrual bleeding, or contact bleeding at time of obtaining a routine cervical screening test sample

4 Smith et al, BMJ 2022;376:e068582 Available at: <https://www.bmj.com/content/376/bmj-2021-068582>

Q & A

