CERVICAL SCREENING CHANGES AND PILL UPDATE

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Learning Objectives

- To understand who is eligible for a self collected CST
- To be able to explain the process of self collection to the patient
- To understand which patients will need to have a clinician collected sample
- To understand how to manage low, intermediate and high-risk CST results
- To understand the new contraceptive pills that are available and how to chose the right pill for your patient
- To understand the use of testosterone therapy in women
- To have knowledge of a new HRT currently available

New Changes

- New changes to the National Cervical Screening Program mean that all eligible screeners – women with a cervix aged 25 to 74 – will be able to choose to have a Cervical Screening Test either by:
  - taking their own sample from the vagina, using a simple swab (self-collection)
  - having a healthcare provider collect a sample from the cervix using a speculum
- Both options are:
  - funded under Medicare
  - accessed through a healthcare provider
  - accurate and safe ways to collect a sample for a Cervical Screening Test.
- Self-collection is available any time an HPV test is needed. This includes for follow-up HPV testing after an intermediate risk result and cervical screening during pregnancy.

How do you know if they are eligible?

- Many patients will not remember when and where they were last screened.
- You can integrate your clinical information system (Best Practice Premier, MedicalDirector Clinical, Communicare) with the National Cancer Screening Register by registering using PRODA and the National Cancer Screening Register Healthcare Provider Portal. ncsr.gov.au
- On Best Practice you can easily access the NCSR by

Clicking on **View** the 2nd last on the list is **NCSR Hub** then

Click on Cervical screening history **open** which will then access the cervical screening history in the register.

Screening participation

- Only about 56% of women are participating in screening
- 72% of cervical cancer diagnoses come from the 44% of women who have never been screened or are under-screened
- Screening is the only way to pick up those at risk of cervical cancer and those with early cervical cancer as early cervical cancer may only cause minimal symptoms or no symptoms at all
- Screening participation can be increased by posters in the waiting room, sending out reminders and checking a woman's eligibility when she presents for a consult

Self-collection

- Self-collected samples are just as accurate at detecting HPV as clinician collected samples
- It is a good option for those who find speculum examinations embarrassing or painful
- It should be offered to women who have been sexually assaulted as these women get traumatised by vaginal examinations
- May be more acceptable to women who are physically or intellectually disabled
- Self-collection can only detect HPV DNA with partial genotyping and cannot be used for cytology
- Advise the patient there is only a 6% chance that they may have to return for a clinician collected sample if HPV not 16/18 is detected
- Unsatisfactory SC CST's are rare but, if it happens just repeat within 6 weeks

Partial HPV genotyping

HPV 16 and HPV 18 are the most oncogenic, particularly HPV 16

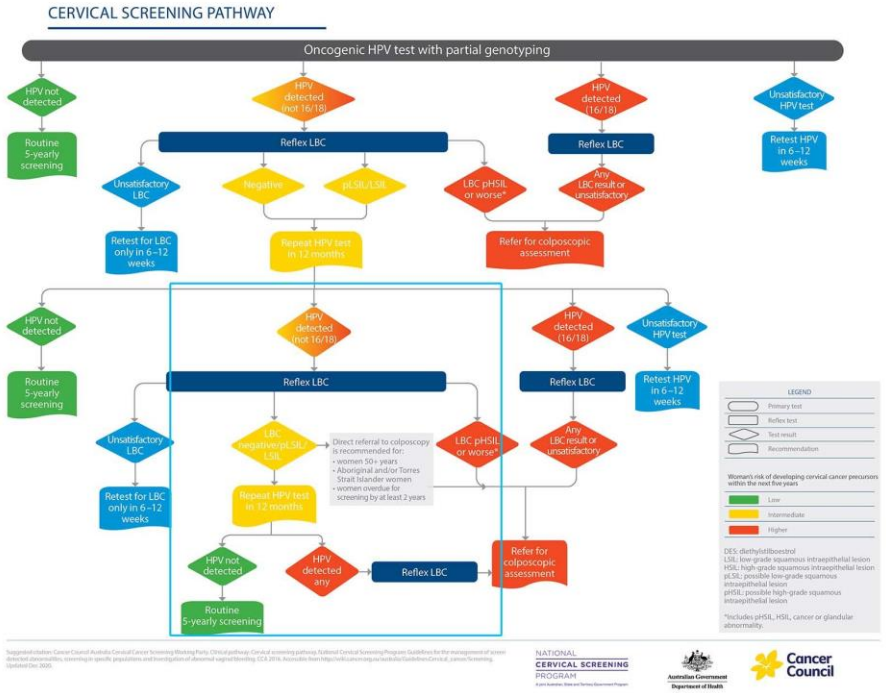
HPV 16 and 18 are classified as **High Risk** and will be found in about 2% of those having routine screening

HPV not 16/18 are less oncogenic and are classified as **Intermediate Risk** and will be detected in about 6% of those having routine screening

Self collection screening pathway

- **No HPV** (low risk)– recall in 5 years unless symptoms develop
- **HPV not 16/18** (intermediate risk)- recall the patient for a clinician collected reflex LBC. If it is negative or shows pLGSIL/LGSIL repeat the HPV test in 12 months
- **HPV 16 and/or 18** (high risk)- immediately refer the patient for colposcopy and LBC can be performed then but, you may be asked to do the LBC prior to colposcopy by the CCLHD gynaecology clinic

Cervical screening pathway



Those needing a co-test are not eligible for SC CST

Anyone with **symptoms** that could have cervical cancer

Anyone needing a **Test of Cure** after treatment for a high grade intraepithelial lesion (HGSIL)

Anyone treated for adenocarcinoma in situ (**AIS**) or for a glandular abnormality

DES-exposed in utero

Post total hysterectomy with a history of **HSIL**

How to perform a SC sample

- It can be done in the surgery behind a curtain or in the bathroom
- The patient lowers her underwear and parts her legs
- Take the tube and twist the cap and take out the swab
- Gently insert the swab in the vagina. There will be a line on the swab to indicate how far to insert it
- Rotate the swab in the vagina for 20-30 seconds
- Replace the swab back in the tube
- Your local pathology provider or the National Cervical Screening program can provide a chart that you can place on the back of the toilet door
- If the patients also needs an STI test, then use a different swab for this

The request form

- Ensure both the swab and the request form indicate that it is a self collected specimen
- State on the form if the patient is Aboriginal and/or Torres Strait Islander
- It is not possible to put the SC swab in LBC to request cytology
- LBC can only be done on a clinician collected sampl

Case study

- Jenny is a 28 year old Aboriginal woman who is asymptomatic and has never been screened
- She is on a contraceptive pill
- She has never been pregnant, and she has no symptoms of abnormal bleeding, discharge or pelvic pain
- She has been reluctant to have a CST because she has heard that speculum examinations are painful
- After discussion she opts for a SC CST
- Her result comes back with HPV not 16/18

Follow up for Jenny

Jenny is one of the 6% of women who needs to return for a clinician collected sample for LBC

Jenny is reassured that a small speculum can be used to minimise discomfort

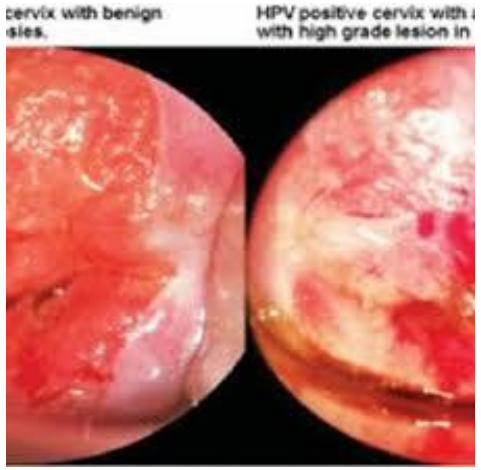
The result comes back as a LGSIL so Jenny is recalled in 12 months for another HPV test

Jenny elects to have another SC CST in 12 months and this returns a normal result so her next screening is due in 5 years unless she develops abnormal symptoms in the meantime

Clinician collected CST advantages

- The cervix can be viewed
- STI testing can be done from the liquid-based sample without having to use an additional swab
- The vulva can be inspected for lesions
- The presence of vaginal discharge and possible infection can be determined
- In post menopausal women vaginal atrophy can be assessed
- Prolapses can be detected

- Cervical changes



Contraceptive pill update

Nextstellis contains drospirenone and a new form of body identical estrogen called oestriol (E4).

- E4 is produced by the human fetal liver and can be reproduced synthetically

- E4 is a selective estrogen receptor modulator (SERM). It has a lower side effect profile

- The scheduled bleeding is very predicable so good for women who like a regular withdrawal bleed

- There is a rapid return to ovulation when ceased

Contraceptive Update

- Slinda is a drospirenone 4mg contraceptive pill
- It is a progestogen only pill that has a 24 hr window
- It provides good endometrial protection for women with heavy menstrual bleeding
- It is less androgenic than LNG and norethisterone and resembles natural progesterone
- Drospirenone is the same as the progestogen in Yaz and Yasmin
- Suitable for breast feeding women and those where estrogen is contraindicated

Choosing a suitable pill

Premenstrual Syndrome PMS

- Any contraceptive that stops ovulation will help as it is the rise in the progesterone level in the luteal phase that triggers PMS
- Yaz, containing drospirenone, has an indication for PMDD but, the trials were short
- Pills with 4-day pill free intervals are preferable, or packets can be run together
- Evidence shows that adding calcium rich foods to the diet or taking a calcium supplement can help

Choosing a suitable pill

Acne and PCOS

- Any estrogen containing pill will help as it increases SHBG and reduces androgens
- Avoid LNG pills and opt for a less androgenic pill such as norethisterone or an anti-androgen such as drospirenone (Yaz, Yasmin) or dienogest (Valette)
- For cystic acne use a cyproterone acetate pill (Estelle 35ED, Brenda 35ED, Diane 35ED, Juliet 35ED). These pills have a higher incidence of VTE so when the acne is controlled switch to Yaz

Choosing a suitable pill

Weight gain

There is no significant weight gain on modern pills but, if the patient feels they are gaining weight try a different progestogen such as drospirenone in Yaz

Heavy menstrual Bleeding

The best option is a Mirena IUD but, if the patient wants an OCP don't use a low dose 20ug pill, use a 30ug pill to reduce breakthrough bleeding and try running 3 packs together

Qliara has an indication for HMB. It contains estradiol valerate and dienogest in a step down and step-up regime. If no improvement always consider underlying pathology and consider doing a pelvic ultrasound

Choosing a suitable pill

Depression

- If the mood change correlates to taking a COCP then consider lowering the dose of estrogen to a 20ug dose or switching from a synthetic estrogen to a more body identical hormone that is found in Qlaira (estradiol valerate), Zoely (estradiol) or Nextstellis (estriol). Ask the patient to keep a mood diary and review within 3/12

Loss of libido

- Oestrogen increases SHBG and reduces androgens (testosterone)
- Consider a contraceptive ring (Nuvaring) or a Kyleena. Consider a copper IUD if they are not tolerating any form of oral hormones

Testosterone replacement

The TGA indication is for use in postmenopausal women with hypoactive sexual desire disorder (loss of sexual desire for at least 6 months)

For women presenting with prolonged low libido and low energy levels measure testosterone and SHBG

Reassure women that libido and sexual responsiveness decline with age

If postmenopausal and experiencing symptoms of menopause, then consider Tibolone. Alternatively use estrogen and progestogen (if uterus present) then if no improvement and testosterone levels are low add in **Androfeme 1**, start with 0.5cc then remeasure T levels 3/52 later and if still low increase to 1cc then recheck levels. Keep titrating the dose until T levels are in the upper range of 1.5-2.5nmol/L. It must be applied to 6 rotating sites of inner thighs, outer thighs and buttocks to avoid hair growth in these areas. Do a 3/12 review. If no benefit cease after a 3-6/12 trial.

New HRT now available Bijuva

- For women using Estrogel Pro who are finding the regime of applying the estrogen from the shoulder to the wrist onerous this is an option
- It is a body identical oestrogen (1mg estradiol)and 100mg micronized progesterone
- It is best taken at night as the micronized progesterone can cause slight drowsiness
- Similar cost to Estrogel Pro
- Bijuva studies show no clinically significant changes in weight, coagulation factors or lipids. Over a 1year trial there were no strokes, AMIs or VTE, no significant mammographic changes and there were high rates of amenorrhoea (83%) by months 10-12. There were improvements in both QOL and sleep
- Keep treating vasomotor symptoms as long as required
- Review annually and discuss the option of withdrawing over winter months to see if it is still required