



May 2022

## Important Update from the National Cervical Screening Program

### Self-collection eligibility expansion

From 1 July 2022, the National Cervical Screening Program (NCSP) will expand screening test options, offering self-collection as a choice to **all** people participating in cervical screening.

These changes mean that healthcare providers may start to see an increase in the volume of requests from patients to use self-collection as an option for their Cervical Screening Test.

#### What you need to know

- From 1 July 2022 all NCSP participants aged 25-74 years old will have the choice to screen using either a self-collected vaginal sample or a clinician collected sample from the cervix, accessed through a healthcare provider in both cases.
  - Access to self-collection is currently only available for those over 30 years old whom are more than two years overdue for screening or have never screened.
- To support these changes, the [\*NCSP: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding\*](#) (guidelines) have been reviewed and updated to support the self-collection eligibility expansion.
- The updated guidelines bring together the best available evidence to prevent, diagnose and manage cervical cancer, providing recommendations for healthcare providers with patients in specific situations, such as people displaying symptoms and in some follow-up settings where a co-test (HPV test and a cytology test at the same time) is required.
- The guidelines make it clear that where an HPV test is needed, self-collection should be an option.
- 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.
- National program resources (e.g. factsheets, brochures etc) and training/education modules are also being reviewed and updated to reflect the changes and align with the updated guidelines.
- We will let you know once these resources are available and when education and training modules are accessible.

#### What you can do

- Read through the key messages outlined below that provide more details around the changes and how you can support your patients in offering self-collection as a choice for cervical screening.
- Talk to your local pathology laboratory to confirm that they support processing of self-collected samples (including referring samples to accredited laboratories for processing where necessary) and to order the correct swabs and other consumables, so you can offer self-collection to your patients.
- Look out for further messages from the Program in the coming months, including the availability of updated education and training materials to help equip you in offering self-collection as an option for cervical screening to your patients.

## Key messages for healthcare providers:

### *Accuracy of a self-collected sample for the detection of HPV*

- Recent evidence<sup>1</sup> demonstrates a Cervical Screening Test using a self-collected vaginal sample is as accurate as a clinician-collected sample taken from the cervix during a speculum examination.
- A self-collected sample is taken from the vagina (not the cervix). It can be tested for the presence of the human-papillomavirus (HPV) but not cytology (cervical cell abnormalities). If HPV is detected on a self-collected sample, depending on the type of HPV detected, the patient will either need a speculum examination for LBC to determine management, or will need to be referred directly for colposcopy.

### *Importance of self-collection as an option for participants*

- Self-collection provides a level of control and choice for patients, removing a significant barrier to participation in screening<sup>2</sup>.
- There are some groups that are less likely to screen, including Aboriginal and/or Torres Strait Islander women, culturally and linguistically diverse communities, people who identify as LGBTIQ+, people with disabilities, people who have experienced sexual violence, post-menopausal women and people who have had previous negative cervical screening experiences. Self-collection may be more acceptable to these groups.
- A pilot demonstrated that 85.7% of never or under-screened women who declined a speculum examination, agreed to HPV self-collection when the test was offered to them in a sensitive and culturally appropriate manner and with appropriate follow-up advice<sup>3</sup>.

### *Role of healthcare providers in self-collection*

- Healthcare providers continue to play a central and critical role in the NCSP, in assessing patient risk and using clinical judgement to recommend testing and follow-up.
- Healthcare providers will still need to offer a consultation for cervical screening whether it be a self-collected vaginal sample or clinician-collected cervical sample. Healthcare providers are best placed to talk with patients about cervical screening and determine the best screening option.
- Healthcare providers will need to explain to patients how to collect a self-collected sample from the vagina and provide the correct swabs for collection of the sample.
- Healthcare providers must provide patients with clear information about the likelihood that HPV may be detected and, if so, what follow-up will be required.
- Where self-collection is chosen, patients attending an in-person consultation should be encouraged to collect their sample while still at the clinic, as sample collection is considered more likely in this context. However, with the aim to maximise participation in cervical screening, collection of the sample can occur in any setting that the healthcare provider ordering the test believes is appropriate, including in the context of a telehealth consultation. Healthcare providers should make contact with their local pathology laboratory to confirm the correct swab type for self-collected samples and any other handling/processing considerations.
- The NCSP remains committed to supporting healthcare providers to develop and maintain their cervical screening competencies.
- Practices using Best Practice, MedicalDirector and Communicare can now integrate their practice systems with the National Cancer Screening Register to view their patient's cervical screening record directly within a patient record. All other users can access their patient's screening records via PRODA. Visit [NCSR.gov.au](http://NCSR.gov.au) for more information.

## Want to know more or have any questions?

Contact us at [NCSPCommittees@health.gov.au](mailto:NCSPCommittees@health.gov.au) with any questions, feedback or concerns.

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<sup>1</sup> Arbyn, M., et al., Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses. *BMJ*, 2018. 363: p. k4823.

<sup>2</sup> [University of Melbourne and Victorian Cytology Service Ltd 2017 Self-collection Pilot Project - improving access to cervical screening for under-screened women](#)

<sup>3</sup> [Saville M, Hawkes D, Mclachlan E, Anderson S, Arabena K. Self-collection for under-screened women in a National Cervical Screening Program: pilot study. Current Oncology 2018 25/2/2018](#)