

## Renewal of the National Cervical Screening Program



### Overview

- National Cervical Screening Program - current
- Renewal of the National Cervical Screening Program
  - Evidence
  - Outcomes
  - Implementation into practice

### National Cervical Screening Program - current

- Adopts a two-yearly screening policy for all women aged 18-69 with an intact cervix who have ever been sexually active
- Since the inception of the National Cervical Screening Program in 1991, Australia has seen a decline in the incidence and mortality from cervical cancer by more than half
- An organised population based approach to cervical screening is pivotal to a reduction in cervical cancer incidence and mortality

### The NCSP in a changing environment

- New scientific knowledge on the development of cervical cancer
- New international and local evidence for cervical cancer prevention
- New technologies
- 2007 - National HPV Vaccination Program introduced



*This changing environment led to a need to review the current NCSP – the 'Renewal'*

### Renewal objectives

- Assess the evidence for the effectiveness of:
  - Screening tests and pathways
  - Screening interval
  - Age range
  - Commencement for both vaccinated and non-vaccinated women
- Determine a cost-effective screening pathway and program model
- Investigate options for improved national data collection systems and registry functions
- Assess the feasibility and acceptability for women

### Renewal investigations - key findings

- Screening with a HPV test:
  - Provides greater protection against invasive cervical carcinomas than screening with cytology
  - Can be safely instituted with a five-yearly screening interval
  - Combined with cytology may best meet the need for 'balanced' cervical screening (through assisting in colposcopy triaging of HPV positive women)



### Renewal investigations - key findings (cont'd)

- Self-collection of a HPV sample
  - Vaginal swab
  - Useful strategy to improve screening participation in women who are under-screened or never-screened and decline a provider collected sample
  - Not cost-effective for whole of population

### Renewal investigations - key findings (cont'd)

- Women less than 25 years of age
  - Highest incidence of cervical abnormalities but the lowest incidence of cervical cancer
  - Screening has not decreased cervical cancer incidence nor mortality in this cohort
  - Delaying screening until the age of 25 has been shown to be safe (and has been safely implemented in other countries)



### Renewal outcomes

- A five-yearly Cervical Screening Test will replace the two-yearly Pap smear
  - The Cervical Screening Test detects HPV and, if found, a reflex liquid-based cytology test (like the current Pap smear) is performed on the same sample
- The screening age range will become 25-74 years
- A self-collection option will be available for a select group of under-screened and never-screened women

***Women with symptoms, such as unusual bleeding or spotting, can have a Cervical Screening Test at any age.***

### What does the Renewal mean for women and providers?

- The procedure for collecting a cervical screening sample is unchanged
- The sample medium will be liquid-based cytology (LBC)
- If HPV positive, cytology testing is automatically undertaken on the same sample to check if any abnormal cells are present
  - Triaging HPV positive test results, with reflex LBC, will assist appropriate colposcopy referral
- Total number of lifetime tests will now be 9 or 10, in contrast to the previous 26
- **Anticipated 30% reduction in cervical cancer incidence and mortality**

### Transitioning women to the renewed program

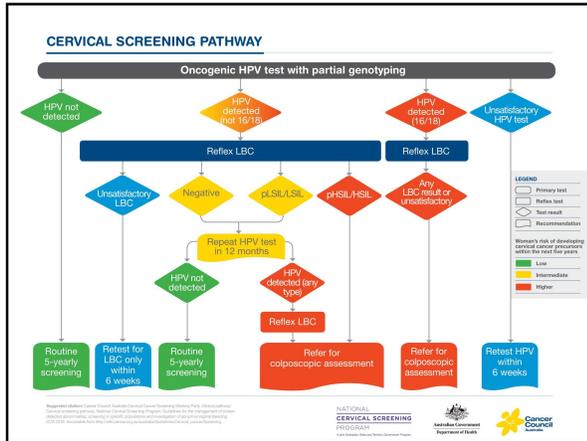
- Most women:
  - Due for their first Cervical Screening Test two years after their last negative Pap smear
- Women who are undergoing follow-up and/or treatment:
  - Transition according to the *Guidelines for the Management of Screen Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal Vaginal Bleeding (2016 Guidelines)\**

\*These guidelines have been made available to educate and enable health professionals to prepare for the transition to the renewed NCSP in December 2017. They are for reference purposes only until the renewed program is implemented.

### Results and management

- Women will be given a recommendation based on their risk of developing significant cervical abnormalities in the next five years

Colour	Risk category
Green	Low risk
Yellow	Intermediate risk
Red	Higher risk



**Self-collection**

- Vaginal swab for HPV
- Eligibility criteria
  - Asymptomatic; AND
  - 30 years or over; AND
  - Never-screened or under-screened (two or more years overdue for screening); AND
  - Decline a provider collected sample
- Health care professionals should promote provider collected cervical samples but inform and support women who decline to undertake this alternate screening process

**National Cancer Screening Register (NCSR)**

- A central register for the bowel cancer and cervical screening programs
- Legislation passed October 2016
- Commonwealth has awarded the contract for Register operations to Telstra Health
- NCSR key functions once established for cervical screening:
  - Send women invitations and reminders to screen
  - Send health care providers and women reminders when follow-up is overdue
  - Provide health care professionals with direct access to participants' screening information via their practice management software or a web portal

**Until implementation on 1 December 2017**

- Business as usual:
  - Women due for screening should have a Pap smear
  - Women due for follow-up of abnormalities should attend for screening or colposcopic assessment/treatment
- MBS items for cervical screening:
  - Pap smear MBS items will be available until 1 December 2017
  - A new MBS item was added for liquid-based cytology samples on 1 May 2017 (available until 1 December 2017)
  - New MBS items for the Cervical Screening Test will be available from 1 December 2017

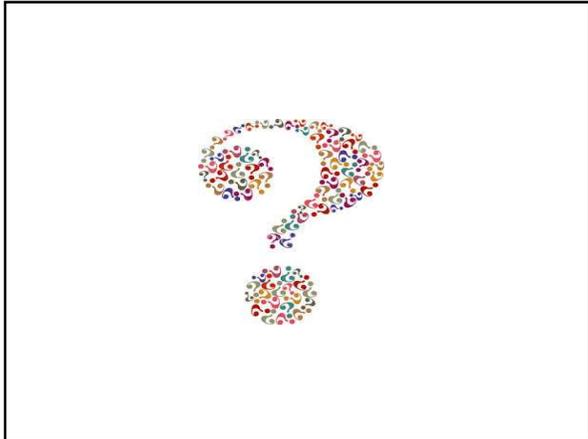


**Resources**

- *Guidelines for the Management of Screen Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal Vaginal Bleeding* (2016 Guidelines)
  - Available on Cancer Council Australia's wiki platform at [http://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening)
- An online *Toolkit for Engaging with Under-screened and Never-screened Women in the Renewed NCSP* is being developed by Cancer Council Australia
- Online education for health care professionals is being developed by NPS MedicineWise
- A range of national, as well as state and territory online and printed materials communicating the Program changes are being developed for women and health care professionals (to be progressively available during 2017)

**Further information**

- To find out more about the Renewal of the NCSP visit:
  - [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au)
- To register for regular newsletter updates from the Commonwealth email:
  - [CervicalRenewal@health.gov.au](mailto:CervicalRenewal@health.gov.au)
- To receive information on the Renewal and its implementation in WA by the WA Cervical Cancer Prevention Program:
  - Visit <http://ww2.health.wa.gov.au/Renewal>; or
  - subscribe to the WA Cervical Cancer Prevention Program newsletter by emailing [cervicalscreening@health.wa.gov.au](mailto:cervicalscreening@health.wa.gov.au)



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