

# National Cervical Screening Program

A joint Australian, State and Territory Government initiative

## Renewal of the National Cervical Screening Program

Partner Reference Group E-newsletter – February 2016

Dear Partner

Happy New Year!

Since our last newsletter in December 2015 numerous concurrent activities have progressed. An update is provided below for your information.

### **Clinical Management Guidelines**

In June 2015, Cancer Council Australia was commissioned to develop Clinical Management Guidelines for the renewed National Cervical Screening Program (NCSP). I am pleased to announce the draft *Clinical Management Guidelines for the Prevention of Cervical Cancer* is available for public consultation from today until 15 March 2016 and can be accessed at [wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Prevention](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention). This is an opportunity for all stakeholders to provide their feedback into these independently developed Guidelines (see [Appendix A](#) for further information by Cancer Council Australia on the new Guidelines).

Following this public consultation period, the Guidelines will be finalised and sent to the relevant Colleges for endorsement. The finalised Guidelines will be published on Cancer Council Australia's wiki platform, which will allow them to be continually updated as new evidence becomes available.

### **National Pathology Accreditation Advisory Council Standards**

The National Pathology Accreditation Advisory Council Standards (NPAAC) Cervical Screening Drafting Committee, chaired by Associate Professor Paul McKenzie, is currently drafting the performance measures and standards for human papillomavirus (HPV) testing and cervical cytology. It is anticipated the document will be released for public consultation in April 2016.

### **Workforce and Practice Change**

*Online and practical training for health professionals*

The request for tender (RFT) for online and practical training products for the training and continuing professional development of health professionals, closed on the 5 February 2016. Submitted tenders are currently being evaluated.

### **Medicare Benefits Schedule Items**

The Medicare Benefits Schedule (MBS) descriptors and fees for the new cervical screening items will be considered by the newly formed Pathology Clinical Committee (PCC). It is anticipated that the MBS item descriptors and associated fees for the NCSP will be released publicly following the PCC meeting in the first half of 2016.

**National Cancer Screening Register**

The Australian Government released a Request for Tender (RFT) for the National Cancer Screening Register (NCSR) on 10 August 2015. The RFT closed on 8 October 2015 and submitted tenders are currently being evaluated.

**Legislation**

The National Cancer Screening Register legislation is on track for introduction and passage in the first half of 2016.

**More information**

Further information on the Renewal can be found at [cancerscreening.gov.au](http://cancerscreening.gov.au) and you are welcome to contact us at [CervicalRenewal@health.gov.au](mailto:CervicalRenewal@health.gov.au) if you have any queries.

The newsletter's aim is to update our Partners regarding the progress of the Renewal. If you do not wish to receive the E-newsletter, please let us know and we will remove you from our mailing list. You are welcome to share this information with your colleagues.

Professor Ian Hammond  
Chair, Steering Committee for the Renewal Implementation Committee  
National Cervical Screening Program  
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## **New Clinical Management Guidelines for the Prevention of Cervical Cancer**

### **Changes to the National Cervical Screening Program**

- Australia has one the world's lowest rates of cervical cancer mortality, largely due to the effectiveness of the Pap test.
- In May 2017, the National Cervical Screening Program (NCSP) will change from two yearly Pap testing to five yearly Human Papilloma Virus (HPV) testing for women aged 25-74.
- This was based on an independent review by the Medical Services Advisory Committee (MSAC), which concluded that an HPV test every five years is more effective, just as safe and was estimated to result in over 20% reduction in incidence and mortality from cervical cancer in Australian women compared to the program it replaces, based on two yearly Pap smears.
- Changes to the National Cervical Screening Program are good news for women, but it's important that women aged 25 or over to continue to have a Pap smear every two years until the new program is introduced in May 2017.
- The release of the draft Guidelines for consultation is the next step in the implementation of the renewed National Cervical Screening Program.

### **The New Revised Guidelines Process**

- In 2005, the evidence based NHMRC endorsed Guidelines *Screening to Prevent Cervical Cancer: Guidelines for the Management of Women with Screen Detected Abnormalities* were published and were introduced into practice in 2006.
- With the change to primary HPV testing it is necessary and timely to review the 2005 Guidelines and to consider recent evidence to formulate guidelines that are relevant to primary HPV testing.
- The new draft Guidelines for public consultation have been published by Cancer Council Australia and have been written by an expert working party, which was chaired by Professor Ian Hammond. Technical support was provided by an expert research team at Cancer Council NSW led by Professor Karen Canfell.
- These new Guidelines offer guidance to health professionals and women as to best practice in the clinical management of women with positive HPV test results and abnormalities detected in the new screening program.
- The target audience includes primary health care providers, nurses, general practitioners, pathologists, gynaecologists, colposcopists, gynaecological oncologists and public health service administrators.
- A number of other activities supporting the implementation of the primary HPV screening program include the development of:
  - Program Performance Indicators
  - National Pathology Accreditation Advisory Council standards and performance measures for HPV testing and cytology;
  - Quality Framework;
  - Communications strategy; and
  - Workforce education and transition strategy.
- A National Cancer Screening Register is also being established and legislation introduced to support the Register.

### **The new recommendations**

- These new draft Guidelines offer guidance to health professionals and women as to best practice in the clinical management of women with positive HPV test results and abnormalities detected on subsequent liquid based cytology.

### **The public consultation process**

- The new draft Guidelines are open for consultation between 15 February and 15 March 2016. To review the draft guidelines and make a submission head to: [http://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Prevention](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Prevention)
- Once the public consultation process has concluded the submissions will be reviewed and considered before the final Guidelines are published.
- The Guidelines have been published on Cancer Council's wiki platform, which will allow them to be continually updated as new evidence becomes available.

### **Expected outcomes from the new recommendations**

- In considering these new recommendations the working party was supported by an updated review of the evidence as well as new modelling of the impact of the program and these Guidelines.
- The updated modelling has shown that when these new recommendations are taken into account, the overall impact of the move to HPV screening is expected to be even better than before with a 30% or more reduction in cervical cancer incidence and mortality. This assumes that the current five yearly participation rate for cervical screening and the HPV vaccination rate are maintained.

### **Self collection**

- Self-collection will only be relevant to very select groups of women – women who haven't screened before and are long overdue for their cervical screening test – and have particular personal circumstances or cultural reasons why they can't be tested in the usual way.
- While self-collection has not been shown to be as effective as a clinician collecting a sample, it is much better than not being screened at all. Self-sampling would still take place in a doctor's surgery under clinician supervision. It is not a 'take home kit'.

### **Indigenous women**

- Indigenous women have a higher rate of cervical cancer incidence and mortality.
- The good news is that the HPV vaccine seems to be having similar results in young Indigenous girls as in the rest of the population.
- The focus needs to remain on increasing participation. Indigenous women, if not screened in the recommended timeframe, will be eligible for self collection.