AUSTRALIAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY INC.

ASCCP

XXVII[TH] SCIENTIFIC MEETING
SYDNEY 2022

Current Issues and Future Directions: Preventing Cervical Cancer 2022

Hybrid Meeting:
Sheraton Grand Sydney Hyde Park

16th - 19th June 2022

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Registration Desk Opening Hours

The registration desk will be open throughout the conference to answer any questions you may have and is located in the Level 2 pre-function area outside the Grand Ballroom.

See below opening hours.

Thursday 16th June 2022
5.00pm – 6.00pm
(Conservatory Bar, Level 1)

Friday 17th June 2022
7.45am – 5.00pm

Saturday 18th June 2022
8.00am – 5.15pm

Sunday 19th June 2022
8.45am – 12.15pm

Social Program

Welcome Reception
Thursday 16th June 2022
Sheraton Grand Sydney Hyde Park,
Conservatory Bar (Level 1)
6.00pm – 9.00pm
Dress Code: Smart Casual

Conference Dinner
Saturday 18th June 2022
Sheraton Grand Sydney Hyde Park,
Grand Ballroom 2
7.00pm – 10.00pm
Dress Code: Cocktail

Secretariat

Mary Sparksman & Jayme Wagner
ASCCP Conference Secretariat

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Invited International Speakers

Dr David Kolin
(Canada)

Prof Kathleen Schmeler
(USA)

Dr Theresa Freeman-Wang
(UK)

Prof John Doorbar
(UK)

Upcoming Courses

Colposcopy Update Course
10th – 11th September 2022
The Westin Brisbane

Registration Open!

Treatment Course
3rd December 2022
Chris O'Brien Lifehouse Sydney

Save the Date.

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More details can be found on the **ASCCP Website**.

Research Grants

Submissions are open for 2022 ASCCP Research Grants. The aim of the ASCCP Research Grant is to fund small or pilot projects in any area of research relevant to the care of women with preinvasive or invasive cervical, vaginal, vulval or anal cancer undertaken by ASCCP members or their fellows as the principal researcher.

Submissions will close on Friday 30th September 2022.

For more information, please visit the **ASCCP Website** or contact the ASCCP Secretariat at asccp@yrd.com.au or +61 7 3368 2422.

LEVEL 2

SHERATON GRAND
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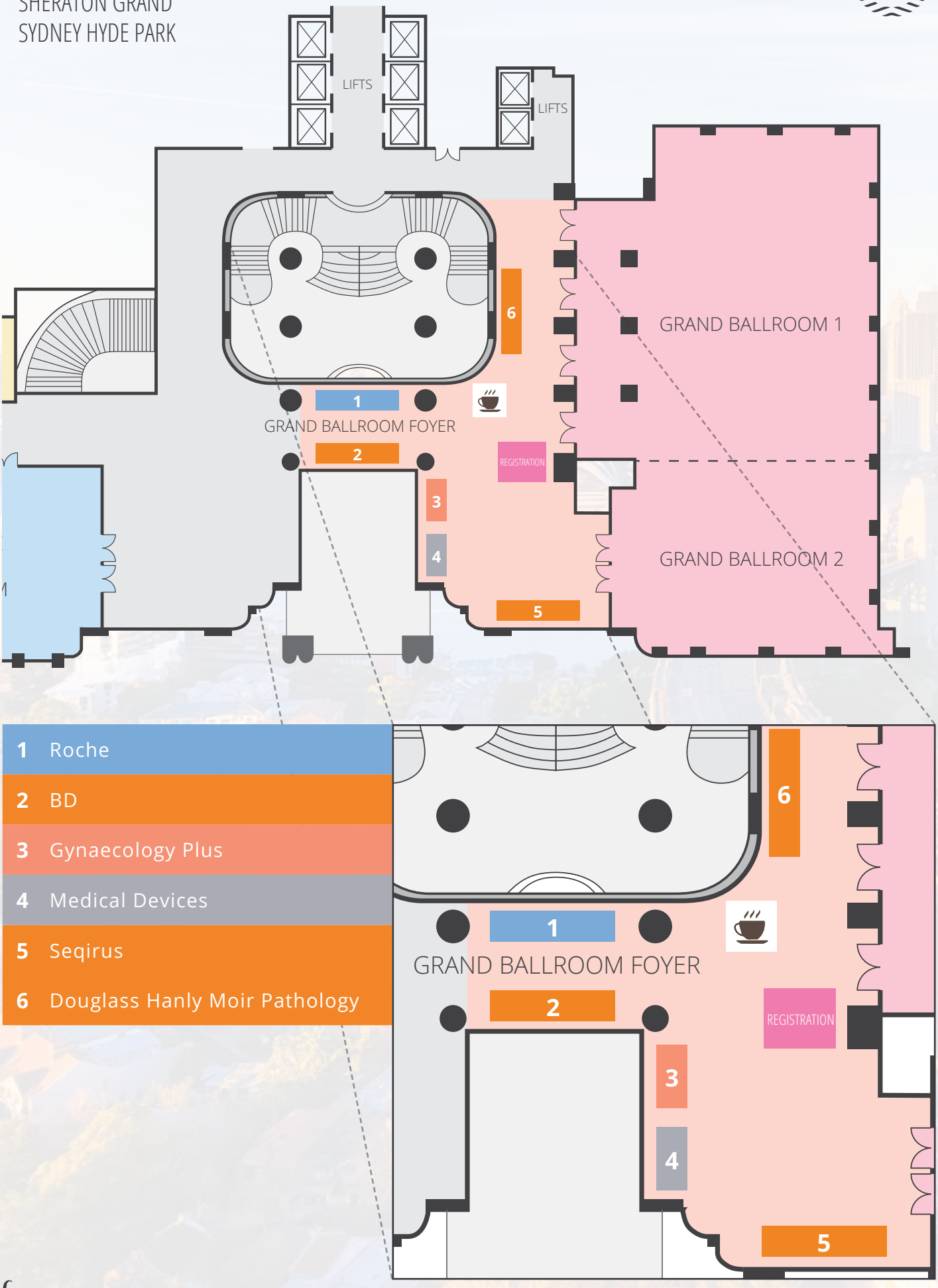

MEMBERSHIP

Research Grant Applications

Submissions Now Open

Closing 30th September 2022

Posters

1	Large loop excision of the transformation zone, a single centres results, and rates of recurrence over a two year followup period - **Lauren Fisher**
2	Nurse Colposcopy in Australia; the evidence supports the notion - **Jan Gale**
3	Concordance between histological diagnosis after large loop excision of transformation zone (LLETZ) procedure and initial colposcopic impression – a retrospective cohort study. - **Catherine O'Hare**
4	Review of LETZ Procedures in Tertiary Hospital Is There Room for Improvement? - **Sanja Savic**

REGISTRATIONS *now open*

COLPOSCOPY UPDATE COURSE

10th – 11th September 2022

The Westin, Brisbane

Thursday 16th June (AEST)

1700 - 1800	Registration Opens	*Conservatory Bar*
1800 - 2030	**Welcome Reception**	*Conservatory Bar*

Friday 17th June (AEST)

0745 - 0830	Registration Open - Arrival Tea and Coffee	*Grand Ballroom Foyer*
0830 - 0835	Welcome - **David Allen**	
0835 - 1005	**SESSION 1: Current Issues and Challenges in Cervical Cancer Prevention**	
	Chair: Simon Hyde	*Grand Ballroom 1*
	Session Sponsored by Seqirus 	
0835 - 0905	Innovative Technologies for Point-of-care HPV Testing and Cervical Imaging - **Kathleen Schmeler**	
0905 - 0930	Primary Care: Who Needs Screening and Which Groups are Under-screened - **Deborah Bateson**	
0930 - 0955	HPV Vaccine Update: Coverage, One Dose Data, and the Elimination Strategy - **Julia Brotherton**	
0955 - 1005	Discussion/Questions	
1005 - 1035	Morning Tea	*Grand Ballroom Foyer*
1035 - 1220	**SESSION 2: Ensuring Screening Programs Work: Monitoring Quality and Data**	
	Chair: David Allen	*Grand Ballroom 1*
1035 - 1100	Project ECHO Telementoring to Increase Workforce Capacity for Cervical Cancer Screening, Diagnosis and Treatment of Pre-invasive Disease - **Kathleen Schmeler**	
1100 - 1125	National Cancer Screening Register Update and Data Quality - **Farhana Sultana**	
1125 - 1150	Quality Safety Monitoring Committee and Trends in Data - **David Roder**	
1150 - 1210	Your Role in Quality, Safety and Data Collection - **Yee Leung**	
1210 - 1220	Discussion/Questions	
1220 - 1320	Lunch	*Grand Ballroom Foyer*
1320 - 1510	**SESSION 3: Preventing Cervical Cancer Future Directions**	
	Chair: Yee Leung	*Grand Ballroom 1*
1320 - 1345	Have Quality Assurance Programs Improved Quality in the UK? - **Theresa Freeman-Wang**	
1345 - 1405	Real World Pathology Data - **Jennifer Roberts**	
1405 - 1420	Real World Colposcopy Data - **Jeff Tan**	
1420 - 1440	New Technologies in Colposcopy- Adjunctive Technologies and Artificial Intelligence - **Theresa Freeman-Wang**	
1440 - 1500	Insights into the Renewal of the National Cervical Screening Program - **Penny Blomfield**	
1500 - 1510	Discussion/Questions	
1510 - 1540	Afternoon Tea	*Grand Ballroom Foyer*
1540 - 1640	**SESSION 4: Proffered Papers**	
	Chair: Selvan Pather	*Grand Ballroom 1*

1540 - 1552	An Audit of LLETZ Procedures in Patients Referred to a Colposcopy Service with High Risk HPV and Normal LBC on Referral CST - **Bernadette McElhinney**
1552 - 1604	Possible High-grade Squamous Intraepithelial Lesion (pHSIL) in the New Cervical Screening Paradigm: The Outcomes and the Role of Clinicopathological Review – **Monica McGauran**
1604 - 1616	Colposcopic Outcomes for HPV 16/18 with Normal to Low-grade Cytology: 6 Months of Data After the Renewed National Cervical Screening Program – **Georgina Mitchell**
1616 - 1628	Moving Colposcopy Closer to Home Te Waka Wahine Hauora: The Woman's Health Bus – **Helen Paterson**
1628 - 1640	Findings and Outcomes in a Post-Vaccination Cohort of Young Women Under 25 Years Attending a Tertiary Colposcopy Service – **Cheryl Yim**

Saturday 18th June (AEST)

0800 - 0830	Registration Open - Arrival Tea and Coffee	
0830 - 1030	**SESSION 5: Management of Non Cervical HPV Neoplasia**	
	Chair: Patricia Guzman	*Grand Ballroom 1*
	Session Sponsored by DHM	DOUGLASS HANLY MOIR PATHOLOGY A Sonic Healthcare Practice
0830 - 0900	Vulvar Squamous Cell Carcinoma: Precursor Lesions, Molecular Pathways - **David Kolin**	
0900 - 0925	Prevalence of Anal Dysplasia Among Women with Cervical/Vaginal/Vulvar Dysplasia – Results of the PANDA Trial - **Kathleen Schmeler**	
0925 - 0955	Clinically Relevant Biomarkers in Cervical and Vulvar Neoplasia - **David Kolin**	
0955 - 1015	HPV Related Anal Disease in Australian Women - **Penelope De Lacavalerie**	
1015 - 1030	Discussion/Questions	
1030 - 1100	Morning Tea	*Grand Ballroom Foyer*
1100 - 1230	**SESSION 6: Difficult Management Issues**	
	Chair: Trevor Tejada-Berges	*Grand Ballroom 1*
1100 - 1120	The International Endocervical Adenocarcinoma Criteria and Classification - **David Kolin**	
1120 - 1140	Management of Glandular Abnormalities - LLETZ Versus Conisation: Does it Matter? - **Theresa Freeman-Wang**	
1140 - 1200	The Conservative Management of CIN 2 - **Bryony Simcock**	
1200 - 1220	The Management of Multizonal Lower Genital Tract Disease - **Theresa Freeman-Wang**	
1220 - 1230	Discussion/Questions	
1230 - 1330	Lunch	*Grand Ballroom Foyer*
1330 - 1515	**SESSION 7: Indigenous Health Australia and New Zealand**	
	Chair: Lois Eva	*Grand Ballroom 1*
	Session Sponsored by Roche	Roche
1330 - 1350	Māori Wāhine and the Cervical Screening Programme in New Zealand - **Wendy Burgess (Ngāti Kahungunu, Ngāti Hawea)**	
1350 - 1410	Acceptability of Human Papillomavirus (HPV) Self-sampling among Indigenous and Other Minority Women in New Zealand - **Georgina McPherson**	
1410 - 1430	Australian Perspective - **Marilyn Clarke**	

1430 - 1450	Achieving Elimination of Cervical Cancer for Aboriginal and Torres Strait Islander peoples: What Will it Take? - **Lisa Whop**	
1450 - 1505	Conquering Cancer: Making History by Eliminating Cervical Cancer Everywhere - **Panel Discussion Sponsored by Roche**	
1505 - 1515	Discussion/Questions	
1515 - 1555	**SESSION 8: Self-testing in Australia**	
	Chair: David Allen	*Grand Ballroom 1*
	Session Sponsored by BD	BD
1515 - 1535	Universal Self-collection: How do we Make it a Success? - **Deborah Bateson**	
1535 - 1545	**BD Sponsored Presentation** Next Steps for the Australian NCSP: Self-collection and Extended Genotyping - **David Hawkes**	
1545 - 1555	Discussion/Questions	
1555 - 1625	Afternoon tea	*Grand Ballroom Foyer*
1625 - 1715	**SESSION 9: Stranger Things - A Series of Incredible Stories**	
	Moderators: Simon Hyde, Patricia Guzman, & Antonia Jones	*Grand Ballroom 1*
1900 - 2230	**Conference Dinner**	*Grand Ballroom 2*

Sunday 19th June (AEST)

0845 - 0900	Registration Open	
0900 - 1010	**SESSION 10A: Debateable Issues - Cancer Audits, Colposcopy Certification, HPV Latency**	
	Chair: Georgie McPherson	*Grand Ballroom 1*
0900 - 0930	Disclosure of Cancer Audit- Why? For Whom? And How? - **Theresa Freeman Wang**	
0930 - 0945	Colposcopy and Cancer Audit in NZ – **Peter Sykes**	
0945 - 1000	Colposcopy Certification in NZ - **Lois Eva**	
1000 - 1010	Discussion/Questions	
1010 - 1040	Morning Tea	*Grand Ballroom Foyer*
1040 - 1215	**SESSION 10B: Debatable Issues - Cancer Audits, Colposcopy Certification, HPV Latency**	
	Chair: Antonia Jones	*Grand Ballroom 1*
1040 - 1110	Evidence for Latent Papillomavirus Infections & their Regulation - **John Doorbar**	
1110 - 1215	Panel Discussion: To Treat or Not to Treat: That is the Question **Patricia Guzman, Trevor Tejada-Berges, Simon Hyde, Jeff Tan, & Georgie McPherson**	
1215 - 1300	Lunch & Close of Conference	

Program correct at time of publication and subject to change without notice. Updates available on the ASCCP website.

PROGRAM ABSTRACTS

FRIDAY, 17TH JUNE 2022

SESSION ONE: CURRENT ISSUES AND CHALLENGES IN CERVICAL CANCER PREVENTION / 0835 - 1005

Grand Ballroom 1 1

Innovative Technologies for Point-of-care HPV Testing and Cervical Imaging

Kathleen Schmeler

Abstract not yet received.

Primary Care: Who Needs Screening and Which Groups are Under-screened

Deborah Bateson

Australia's landmark shift from Pap tests very 2-years to primary HPV screening every 5-years in November 2007 coupled with its successful school-based HPV vaccination program sets Australia on track to be the first country in the world to eliminate cervical cancer through active measures. However, participation of eligible people in the National Cervical Screening program (NCSP) has been falling for some time, shining a light on inequities in access to screening for marginalised groups. The 2017 change to a longer screening interval from 2 to 5-years has started to improve participation but there has likely been an impact of the COVID pandemic on access to and uptake of screening across populations. In this presentation we will review available data to highlight which population groups are under-screened and look at strategies for improving equity in participation amongst under and never-screened groups including for Aboriginal and Torres Strait Islander women, those from culturally and linguistically diverse (CALD) backgrounds, people living with disability and LGBTIQ populations.

HPV Vaccine Update: Coverage, One Dose Data, and the Elimination Strategy

Julia Brotherton

Abstract not yet received.

SESSION TWO: ENSURING SCREENING PROGRAMS WORK: MONITORING QUALITY AND DATA / 1035 - 1220

Grand Ballroom 1

Project ECHO Telementoring to Increase Workforce Capacity for Cervical Cancer Screening, Diagnosis and Treatment of Pre-invasive Disease

Kathleen Schmeler

Abstract not yet received.

National Cancer Screening Register Update and Data Quality

Farhana Sultana

Abstract not yet received.

Quality Safety Monitoring Committee and Trends in Data

David Roder

Abstract not yet received.

Your Role in Quality, Safety and Data Collection

Yee Leung

Abstract not yet received.

SESSION THREE: PREVENTING CERVICAL CANCER FUTURE DIRECTIONS / 1320 - 1510

Grand Ballroom 1

Have Quality Assurance Programs Improved Quality in the UK?

Theresa Freeman-Wang

Abstract not yet received.

Real World Pathology Findings in the Renewal

Jennifer Roberts[1], Dorothy Machalek[2,3], Bethan Major[1], Joanne Crescini[1], Suzanne Garland[3,4,5], Annabelle Farnsworth[1]

1. *DHM Pathology, Sydney, NSW, Australia*
2. *Kirby Institute, UNSW, Sydney, NSW, Australia*
3. *University of Melbourne, Melbourne, VIC, Australia*
4. *Royal Women's Hospital, Melbourne, VIC, Australia*
5. *MCRI, Melbourne, VIC, Australia*

Since the commencement of the 'Renewed' National Cervical Screening Program in December 2017, many questions have arisen regarding reporting of HPV and LBC results and histological outcomes of women having colposcopy. At DHM, we have been monitoring these and other issues and have published our findings in the following references:

DA Machalek, JM Roberts**,** SM Garland, J Thurloe, A Richards, I Chambers, T Sivertsen, Farnsworth A. **Routine cervical screening by primary HPV testing: early findings in the renewed National Cervical Screening Program.** Med J Aust. 2019 Aug;211(3):113-119. doi: 10.5694/mja2.50223.

A Farnsworth, JM Roberts, SM Garland, J Crescini, JM Kaldor, DA Machalek. **Detection of high-grade cervical disease among women referred directly to colposcopy following a positive HPV screening test varies with age and cytology findings.** International Journal of Cancer 2020. doi.org/10.1002/ijc.33128

Liquid-based cytology has proven to be an excellent triage test and stratifies risk within each age group. One of the most interesting findings (and not predicted in planning for the new program), has been the fall in high-grade histological outcomes with age, such that for women 55 years and over with a 'higher risk' result, only 9% had high-grade disease at 3 years post-CST, while for 25–34-year-olds, this proportion was 32%. For women 55 years and older, high-grade squamous outcomes also varied with screening history: women with adequate and negative previous screening had a significantly lower rate than both women with inadequate screening and those with a remote history of abnormality. If these findings are replicated nationally, it may be appropriate to modify management pathways for women in older age groups, utilising current cytology findings and past screening history.

Real World Colposcopy Data

Jeffrey Tan[1]

1. *Royal Women's Hospital, Kew, VIC, Australia*

The renewed NCSP requires all colposcopists to report a minimum data set to the National Cancer Screening Register (NCSR). Colposcopy performance indicators reported in the NCSP annual monitoring[1] include biopsy rate at colposcopy, yield of high-grade abnormalities on biopsy and positive predictive value (PPV) of high-grade colposcopic impression after higher risk screening results.

An important outcome at colposcopy is early detection of histological CIN2+, at initial or within the first 6 months of colposcopy. A good benchmark would be ninety percent of all CIN2+ that are detected within 2 years of colposcopy.

An audit at a tertiary Colposcopy Unit of 4,542 women seen after an abnormal Cervical Screening Test (CST) showed ~80% of histological CIN2+ was detected at First Colposcopy (FCV), 10% at excisional treatment arranged when no CIN2+ was detected at FCV and a further 10% at follow up to 2 years from FCV. Following a higher risk HPV screening result, biopsy rate was 79.5%, CIN2+ rate 31.5% and PPV 71.7% compared with 41.6%, 19.3% and 63.1% respectively as reported by NCSP. PPV improved with increasing cytological abnormality, 47.5% with LSIL and 82.8% with HSIL. PPV among our colposcopists varied between 54.9% and 81.6%, with a weak positive correlation between PPV and proportion of CIN2+ detected, $r(5) = .24$, $p=.60$.
NCSP states that PPV is an important measure of the quality of colposcopy. However, colposcopy competence should be measured by the early detection of CIN2+, enhanced by taking biopsies with any colposcopic or cytological abnormality.

1. Australian Institute of Health and Welfare 2021. National Cervical Screening Program monitoring report 2021. Cancer series 134. Cat. No. CAN 141. Canberra: AIHW.

New Technologies in Colposcopy- Adjunctive Technologies and Artificial Intelligence

Theresa Freeman-Wang

Abstract not yet received.

Insights into the Renewal of the National Cervical Screening Program

Penny Blomfield [1] , Farhana Sultana [2] , Dorota Gertig [3]

1. *Gynaecologic Oncologist, Royal Hobart Hospital, Tasmania*
2. *Epidemiologist, New Growth Platforms. , Telstra Health, National Cancer Screening Registry.*
3. *Medical Director, National Cancer Screening Registry, Faculty of Public Health Medicine*

The National Cervical Screening Registry (NSCR) was established with the renewal of the National Cervical Screening Program (NSCP) in 2017. This coincided with the move to high risk HPV (HrHPV) testing introduced as the primary cervical screening tool. Reflex liquid-based cytology (LBC) is performed when women test positive for a HrHPV. Women considered "higher risk" according to NSCP guidelines are referred for colposcopic assessment and cervical biopsy if required and are then advised regarding their further management. Management decisions made by clinicians are based upon the findings at colposcopy and the results of HrHPV testing, LBC and sometimes biopsy. Knowledge of the likelihood of finding a high grade squamous intraepithelial lesion (HSIL) in women presenting with different combinations of HrHPV and LBC results, influences the advice given to women about the need for ongoing colposcopic surveillance and treatment.

Data from **3,857,575** women with primary screening tests collected from 1st Dec 2017-31st Dec 2020 was analysed by the NCSR. Women with previously detected oncogenic HrHPV infection or cervical abnormalities, symptoms, prior treatment, and those with self-collected samples were excluded. Two percent of women tested positive for HPV 16/18 and 7.1 % tested positive for HPV non 16/18. Outcome data, including histologically confirmed HSIL and cancer, will be presented for those women who went on to have a colposcopy. Results will be considered by age groups <50 years and > 50 years.

SESSION FOUR: Proffered Papers /1540-1700

Grand Ballroom 1

An Audit of LLETZ Procedures in Patients Referred to a Colposcopy Service with High Risk HPV and Normal LBC on Referral CST

Bernadette McElhinney[1] , Hilary Goldsmith[1] , Jennifer Pontre[1]

1. *KEMH/SJOG, Subiaco, WA, Australia*

Background:
Infection with HPV is common and persistent infection with oncogenic HPV is a risk factor for the development of cervical dysplasia. The renewed National Cervical Screening Programme (NCSP) was introduced in Australia in December 2017. The Cervical Screening Test (CST) replaced the 2 yearly Pap smear. The CST screens primarily for oncogenic HPV with a reflex LBC if one of fourteen oncogenic forms of HPV is detected. Eligible women between the ages of 25 and 69 are invited to screen at 5 yearly intervals; an 'exit' CST is recommended between 70 and 74 years.

Aim:
The main aim of this study was to determine the number of patients undergoing a LLETZ procedure, for biopsy confirmed HSIL, where the original CST reported oncogenic HPV and negative LBC i.e. the number of patients where a LLETZ procedure would not have occurred under the old guidelines.

Materials and Methods:
A retrospective observational chart review of all patients (n=477) who underwent a LLETZ procedure in a single centre over a 36-month period (January 2018 to December 2020) was conducted.

Results:
Of the total number of LLETZs, 7.3% (n=35) were in patients who attended with oncogenic HPV and a normal LBC on referral CST. There was no statistically significant difference ($p<0.05$) in patient demographics between the 'overall' LLETZ group (n=477) and the 'study' group (oncogenic HPV and normal LBC on referral CST). In the 'study' group, initial colposcopic assessment predicted HSIL in 31.4% (n=11), low-grade in 48.6% (n=17) and normal in 20% (n=7). All patients underwent a cervical punch biopsy at initial colposcopy, of which 85.7% (n=30) confirmed HSIL. Low-grade change was reported in 8.6% (n=3) and no abnormality in 5.7% (n=2). The LLETZ histopathological reports confirmed high grade change in 25 patients (75.8%). In two patients (6%), the presence of micro-invasion was confirmed. Two patients were excluded from the study group.

Conclusions:
The renewed NCSP was launched with the aim of further reducing rates of cervical cancer in Australian women. Our review of the initial 3 years has confirmed that, in a population of 477 patients, 33 (7%) were found to have underlying pre-malignant changes that would previously have been missed. Furthermore, 2 patients (0.4%) already had cervical cancer.

Our data suggests that, if these findings are a reflection of the situation Australia-wide, the numbers would be expected to be of even greater magnitude. The renewed NCSP predicted a 20% reduction in rates of cervical cancer and, whilst it is perhaps too early to comment, our data demonstrates that this outcome is achievable. Overall, it is reassuring that the renewed NCSP is detecting 'at risk' patients who would have been missed if Pap smears were still the screening method of choice, ultimately leading to a further reduction in incidence of cervical cancer in adequately screened patients.

Possible High-grade Squamous Intraepithelial Lesion (pHSIL) in the New Cervical Screening Paradigm: The Outcomes and the Role of Clinicopathological Review

Monica McGauran [1] , Adam Pendlebury [2] , Richard Hiscock [3] , Julie Lamont [2] , Peter Grant [2] , Antonia Jones [2] , Marsali Newman [4] , Kerryn Ireland-Jenkin [4] , Shaun McGrath [2] , Kim Pham [1] , Simon Hyde [2]

1. *Department of Obstetrics & Gynaecology, Mercy Hospital for Women, Heidelberg, VIC, Australia*
2. *Department of Gynaecological Oncology, Mercy Hospital for Women, Heidelberg, VIC, Australia*
3. *Department of Anaesthesia, Mercy Hospital for Women, Heidelberg, VIC, Australia*
4. *Department of Anatomical Pathology, Austin Hospital, Heidelberg, VIC, Australia*

Background: A renewed National Cervical Screening Program (NCSP) was introduced in Australia in December 2017. Under the renewed NCSP, there is limited data to guide the management of discordant colposcopy and biopsy result after a liquid-based cytology (LBC) finding of 'possible High-Grade Squamous Intraepithelial Lesion' (pHSIL).

Aims: This study aims to determine the proportion of women referred with pHSIL who are found to have HSIL since the introduction of the renewed NCSP, identify influencing factors of women most at risk, and examine the role that cytopathology review plays in management decisions.

Materials and Methods: Two-hundred and thirty-two women presenting to a tertiary women's hospital in Australia with pHSIL were identified over two years. Women with HSIL following colposcopy directed biopsy were referred for treatment. When HSIL was not identified, these patients were referred for multidisciplinary clinicopathological review. Pathological outcomes and treatment recommendations are included.

Main outcome measures: The primary outcome of the study was histological confirmation of HSIL.

Results: Primary outcome data was available for 182 women (78.5%); sixty-two (34.1%) had HSIL on histology, three (1.7%) had Adenocarcinoma in-situ (AIS) and 1 (1%) had cervical squamous cell carcinoma (SCC). There was no association between age and the presence of HSIL. The presence of HPV 16 and/or 18 increased the likelihood of HSIL on histology (RR 1.9 (95%CI 1.27 to 2.80, p = 0.002). 59 (25.4%) women were referred for observation who had LSIL/no dysplasia.

Conclusions: Understanding the outcomes of patients with pHSIL on referral cytology informs patient counselling and management.

Colposcopic Outcomes for HPV 16/18 with Normal to Low-grade Cytology: 6 Months of Data After the Renewed National Cervical Screening Program

Georgina Mitchell [1] **,** Tania Day [2 3]

1. *Obstetrics and Gynaecology, South West Healthcare , Warrnambool, VIC, Australia*
2. *Maternity and Gynaecology, John Hunter Hospital , Newcastle, NSW, Australia*
3. *Faculty of Health and Medicine, University of Newcastle, Newcastle, NSW, Australia*

Background:
According to current National Cervical Screening Program (NCSP) guidelines, patients with persistent HPV 16/18 and negative to low-grade squamous intraepithelial lesion (≤LSIL) cytology and histology undergo annual colposcopy(1). However, the results of and adherence to this strategy are unclear.

Aim:
To determine frequency and outcomes of colposcopy in patients referred with HPV 16/18 and ≤LSIL cytology to guide triage intervals and management algorithms.

Methods:
This is an audit of colposcopy encounters for HPV 16/18 with ≤LSIL cytology at a tertiary hospital between June and December 2018 (followed until August 2021). Data collected included demographics, number and interval of colposcopies, biopsy results, and treatment. Descriptive statistics were performed.

Results:
There were 166 index colposcopies for patients with HPV16/18 and ≤LSIL over 6 months. Mean age was 45 years, 9 (5%) were Aboriginal, and 49 (30%) used tobacco. Previous cervical excisional treatment occurred in 30 (18%) and 25 (15%) reported HPV vaccination. A second colposcopy was required in 67 (40%), 20 (12%) attended a third and 3 (2%) a fourth visit. Cervical biopsy was obtained in 111 (67%) and 18 (11%) underwent an excisional procedure. High-grade squamous intraepithelial lesion (HSIL) was confirmed in 10 (6%) cases, with 6 identified at index colposcopy and 4 during surveillance.

Conclusion:
Following the renewed NCSP guidelines for patients with HPV 16/18 and ≤LSIL, 40% of patients had two or more colposcopies, 6% had HSIL. Ongoing data collection is underway to achieve a cohort size that permits risk stratification and evaluation of review intervals.

1. Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Sydney: Cancer Council Australia. Accessed 4 July 2021. Available from https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening.

Moving Colposcopy Closer to Home Te Waka Wahine Hauora: The Woman's Health Bus

Helen Paterson [1] [2] , Emma Macfarlane [1] [2] , Alice Van Zijl [2] , Helene Rackham [2]

1. *University of Otago, Dunedin, OTAGO, New Zealand*
2. *Te Waka Wahine Hauora: The Woman's Health Bus, Waitati , Otago, New Zeland*

Cervical cancer is the 4th most common cancer experienced by women globally,[1] therefore sound strategies (i.e. screening) that promote prevention are essential. The primary purpose of cervical screening is to detect disease early and thereby reduce death, 1.4 deaths per 100,000 occurred in Aotearoa New Zealand (NZ) in 2017.[2]

The Southern District Health Board is geographically the largest of all NZ health boards.[3] Southern's population is broadly dispersed, with approximately half living outside city boundaries where hospitals are located. Individuals requiring colposcopy must therefore travel to Dunedin or Invercargill to receive care.

In 2019 the mortality rate associated with driving in NZ was 7.1 / 100,000.[4] As at least a quarter of Southern's population live more than two-hours' drive from a hospital, death rates associated with driving long distances for colposcopy potentially increase risk of death over that of the disease itself. Travel then operates as a risk and suboptimal solution to reducing mortality rates associated with cervical cancer.

Te Waka Wahine Hauora: The Woman's health Bus is an incorporated company with a non-profit-making social enterprise philosophy that aims to provide mobile women's health services to rural areas in the Southern region.

Services have been provided for over two years and currently incorporate publicly-funded mobile colposcopy. An Eva colposcope (funded via community grant), Solutions plus software and Zeiss back-up are utilised. We offer a nurse-practitioner-led service with gynaecologist support, promote nurse colposcopist training that reduces barriers, brings high quality care closer to home and aligns with national policy.[5]

1. Torre, L.A. et al. (2017): Global Cancer in Women: Burden and Trends, CEBP Focus: Global Cancer in Women, Cancer Epidemiol Biomarkers Prev; 26(4); 444–57.
2. Ministry of Health. 2020c. Cancer: Historical summary 1948–2017. URL: https://www.health.govt.nz/publication/cancer-historical-summary-1948-2017 (accessed 16 October 2020).
3. Southern District Health Board Annual Report Quality and Performance Account 2018/19. (Accessed 16/9/2021 https://www.southernhealth.nz/sites/default/files/2019-12/SDHB_Annual_Report)
4. International Transport Forum, Road safety data. (Accessed 16 9 2021 https://www.itf-oecd.org/sites/default/files/new-zealand-road-safety.pdf
5. Ministry of Health. 2014. Care Closer to Home. Wellington: Ministry of Health.

Findings and Outcomes in a Post-Vaccination Cohort of Young Women Under 25 Years Attending a Tertiary Colposcopy Service

Cheryl Yim [1] **,** Yasmin Jayasinghe [2 3] , David Wrede [2 3] , Jeffrey Tan [2 3]

1. *Gynaecological Cancer Centre, The Royal Hospital for Women, Sydney, New South Wales, Australia*
2. *Department of Oncology & Dysplasia, Royal Women's Hospital, Parkville, Victoria, Australia*
3. *Obstetrics & Gynaecology, University of Melbourne, Melbourne, Victoria, Australia*

Background:
In 2007, human papillomavirus (HPV) vaccination was rolled out in Australia, with a high uptake of 73% and a consequent reduction in the prevalence of high-grade dysplasia, external genital warts, and HPV 16 and 18 infection in young women. This study aims to provide descriptive data on post-vaccination young women aged below 25 years, prior to the change in cervical screening guidelines.

Methodology:
A retrospective cohort analysis of women under 25 attending our colposcopy service was conducted. Data was extracted from On-Dysplay, a computerised data entry program used for prospective record keeping in our service. Information regarding patient characteristics, HPV vaccination status, referral cytology, colposcopic findings, histological results and treatment outcomes was obtained. Odds ratios (OR) were calculated using MedCalc.

Results:
3128 women with a median age of 22 (range 14-24) years were identified. When comparing overall worst histology result, vaccinated women were less likely to have a high grade abnormality than unvaccinated women (RR 0.78, 95%CI 0.67-0.90, p=0.0006). Amongst those with high grade abnormalities, there was no significant difference in rates of CIN2 or CIN3 between vaccinated and unvaccinated women (RR 0.81, 95%CI 0.62-1.05, p=0.1086).

Conclusion:
This study provides baseline data on young women under the previous cervical screening program, following the introduction of the HPV vaccine.

SATURDAY, 18TH JUNE 2022

SESSION FIVE: MANAGEMENT OF NON CERVICAL HPV NEOPLASIA / 0830 - 1030

Grand Ballroom 1

Vulvar Squamous Cell Carcinoma: Precursor Lesions, Molecular Pathways

David Kolin

Abstract not yet received.

Prevalence of Anal Dysplasia Among Women with Cervical/Vaginal/Vulvar Dysplasia – Results of the PANDA Trial

Kathleen Schmeler

Abstract not yet received.

Clinically Relevant Biomarkers in Cervical and Vulvar Neoplasia

David Kolin

Abstract not yet received.

HPV Related Anal Disease in Australian Women

Penelope De Lacavalerie

Abstract not yet received.

SESSION SIX: DIFFICULT MANAGEMENT ISSUES / 1100 - 1240

Grand Ballroom 1

The International Endocervical Adenocarcinoma Criteria and Classification

David Kolin

Abstract not yet received.

Management of Glandular Abnormalities - LLETZ Versus Conisation: Does it Matter?

Theresa Freeman-Wang

Abstract not yet received.

The Conservative Management of CIN 2

Bryony Simcock

Abstract not yet received.

The Management of Multizonal Lower Genital Tract Disease

Theresa Freeman-Wang

Abstract not yet received.

SESSION SEVEN: Indigenous Health Australia and New Zealand / 1330 - 1515

Grand Ballroom 1

Māori Wāhine and the Cervical Screening Programme in New Zealand

Wendy Burgess (Ngāti Kahungunu, Ngāti Hawea)

Abstract not yet received.

Acceptability of Human Papillomavirus (HPV) Self-sampling among Indigenous and Other Minority Women in New Zealand

Georgina McPherson

Abstract not yet received.

Australian Perspective

Marilyn Clarke

Abstract not yet received.

Achieving Elimination of Cervical Cancer for Aboriginal and Torres Strait Islander peoples: What Will it Take?

Lisa Whop

Abstract not yet received.

SESSION EIGHT: SELF-TESTING IN AUSTRALIA / 1515 - 1545

Grand Ballroom 1

Universal Self-collection: How do we Make it a Success?

Deborah Bateson

Australia is on track to be the first country in the world to eliminate cervical cancer, but this will only occur if we can support those who are under and never screened to participate in the National Cervical Screening Program (NCSP). Following a recommendation by the Medical Services Advisory Committee (MSAC) in April 2021, former Minister for Health Greg Hunt announced that from July 1st, 2022, all people eligible for a Cervical Screening Test will be offered the choice of a clinician-collected cervical sample or a self-collected vaginal sample. This landmark change aims to improve screening access, particularly for under screened groups, by providing more choice and control to participants. This session will review the evidence behind this policy and practice change, and the many intertwined strands of work that have occurred across multiple components of the NCSP to support its successful implementation. We will consider updates to the Clinical Guidelines and National Cancer Screening Register (NCSR), laboratory-based changes, clinical training for primary care health professionals and specialists, as well as

community engagement, particularly for under-served groups including Aboriginal and Torres Strait Islander women, those from culturally and linguistically diverse backgrounds and people living with disability.

SESSION NINE: Stranger Things - A Series of Incredible Stories / 1625 - 1715

Grand Ballroom 1

Panel Discussion

Moderators: Simon Hyde, Patricia Guzman, & Antonia Jones

SUNDAY, 19TH JUNE 2022

SESSION TEN A: Debateable Issues - Cancer Audits, Colposcopy Certification, HPV Latency / 0900 - 1010

Grand Ballroom 1

Disclosure of Cancer Audit- Why? For Whom? And How?

Theresa Freeman-Wang

Abstract not yet received.

Colposcopy and Cancer Audit in NZ

Peter Sykes

Abstract not yet received.

Colposcopy Certification in NZ

Lois Eva

Abstract not yet received.

SESSION TEN B: Debateable Issues - Cancer Audits, Colposcopy Certification, HPV Latency / 1040 - 1215

Grand Ballroom 1

HPV Positivity in Older Women and Their Management

John Doorbar

Abstract not yet received.

AUSTRALIAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY INC

ASCCP

TREATMENT COURSE

Save the date

3rd December 2022

Chris O'Brien Lifehouse,
Sydney