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Welcome to **Pap News**,
the newsletter
of the SA Cervix
Screening Program

Renewal of the National Cervical Screening Program (NCSP)

With only a few months until the National Cervical Screening Program (NCSP) Renewal commences on 1 May 2017, it is timely to provide you with an update on the Renewal and upcoming important milestones to be aware of as a Pap smear provider.

The NCSP will change from 1 May 2017

- > The two yearly Pap smear will be replaced by a five yearly human papillomavirus (HPV) test with reflex liquid based cytology (if indicated). Instead of a Pap smear or Pap test, the new test will be called a Cervical Screening Test.
- > The commencement age for cervical screening will change from 18 to 25 years of age.
- > Women will be eligible to cease screening after a negative Cervical Screening (HPV) Test between the ages of 70 and 74 years, called an 'exit test'.
- > New clinical management guidelines have been developed by Cancer Council Australia to support the new clinical treatment pathway.

Business as usual until 1 May 2017

- > Until 1 May 2017, women should be encouraged to have their two yearly Pap smear when it is due. **Cervical screening should not be delayed.**
- > Cervical screening using a primary HPV test is not recommended prior to 1 May 2017 because the infrastructure, clinical management guidelines, and supporting quality and safety activities will not be in place.
- > MBS items for the new Cervical Screening Test will be available from 1 May 2017. As such, private billing will remain for women who chose to have LBC (i.e. Thin Prep or SurePath) as an adjunct to conventional cytology until 1 May 2017.

The new cervical screening pathway from 1 May 2017

- > Women aged 25 to 74 years will be invited every five years to have a primary HPV test. If HPV is detected, a reflex liquid based cytology (LBC) will be performed on the same cervical specimen.
- > The new pathway is a risk based approach to cervical screening. Women are managed according to their risk of developing cervical cancer which is determined by their HPV test result and subsequent reflex LBC (if indicated).
- > If both tests are performed, the pathology report will include the combined result as a risk category and the recommended management.
- > There are three risk categories:
 - > Women who are classified as low risk will be re-invited to screen in 5 years.
 - > Women who are classified as intermediate risk will be invited to have another HPV test in 12 months. This is to check that their HPV infection has cleared.
 - > Women classified as higher risk will be referred directly to colposcopy for further investigation.

Clinical management guidelines

- > The Cancer Council Australia has finalised the *NCSP: Guidelines for the Management of Screen Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal Vaginal Bleeding* for the renewed NCSP.





- > The clinical management guidelines and supporting resources will be publicly available in February 2017 and published on Cancer Council Australia's wiki.cancer.org.au/guidelines platform.

Transitioning to the new cervical screening pathway

- > From 1 May 2017, women will be reminded to have a Cervical Screening Test when they are next due for their two-yearly Pap smear. For example, if a woman has a Pap smear in February 2016, she will be due for her next Cervical Screening Test in February 2018. If this test indicates a low risk, then her next test would be due in February 2023.
- > It is important for women to be reassured that the changes are safe and based on new evidence¹ which indicates that the Cervical Screening (HPV) Test every five years is more effective than, and just as safe as, screening with a Pap smear every two years.
- > Medicare Benefits Scheme (MBS) items for the Pap smear will no longer be available from 1 May 2017. Details of the new cervical screening MBS items will be available in February, 2017.

SA Cervix Screening Program (SACSP) and the NCSP can support you and your practice during the NCSP Renewal transition.

- > Support will be provided with hard copy resources for consumers, including, but not limited to:
 - > A general consumer brochure
 - > A Cervical Screening Test results guide for women brochure
 - > A waiting room poster
 - > An infographic explaining positive results for women.
- > Resources for GPs, including, but not limited to:
 - > New clinical guidelines and supporting resources
 - > Online, face-to-face training and training resources (NPS MedicineWise)
 - > Waiting room poster and infographic
 - > Management of cervical screening test results laminated cards
 - > Guidelines scenarios
 - > Frequently asked questions (FAQ's)
 - > Toolkit for engaging under-screened and never screened women
 - > Factsheets

Renewal of the National Cervical Screening Program (NCSP) *Continued from page 2*

- > These resources should be available online and in hard copy format by March 2017. A complete information package and order form will be provided to General Practices/ Health Care Providers in early 2017.
- > Online and practical training products will be available in early 2017.
- > MBS item descriptor fees will be released in February 2017.
- > A social marketing campaign, led by the Commonwealth Department of Health and Ageing from March to May 2017, will be extended and adapted to reach South Australian audiences and under-screened population groups. This will include a 90 second video, animation (explaining the process) and a case study video which will be distributed to media outlets.
- > Training and education sessions for South Australian general practitioners (GPs), nurses, Aboriginal Health Workers and Pap smear providers is being investigated. To register your interest in attending a training session in 2017, please email cervixscreening@health.sa.gov.au.

For more information

- > Visit the NCSP website www.cancerscreening.gov.au to access NCSP Renewal information and email CervicalRenewal@health.gov.au to subscribe to the Partner Reference Group e-newsletter.
- > To obtain a list of Frequently Asked Questions, developed by the National Cervical Screening Program to assist cervical screening register staff, cancer help line staff and health professionals in answering questions about the NCSP Renewal from members of the public, visit <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/cervical+screening/cervical+screening+program+renewal>

1 The Medical Services Advisory Committee (MSAC) provided the recommendations on new approaches to cervical screening in Australia, following a comprehensive review of the current evidence on cervical screening. To look at the evidence and economic reports, visit www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/MSAC-recommendations or the NPS MedicineWise special edition of RADAR released in October 2015, which explains the evidence behind the changes. Access at www.nps.org.au/radar/articles/changes-to-the-national-cervical-screening-program.

Clinic Extension Grants



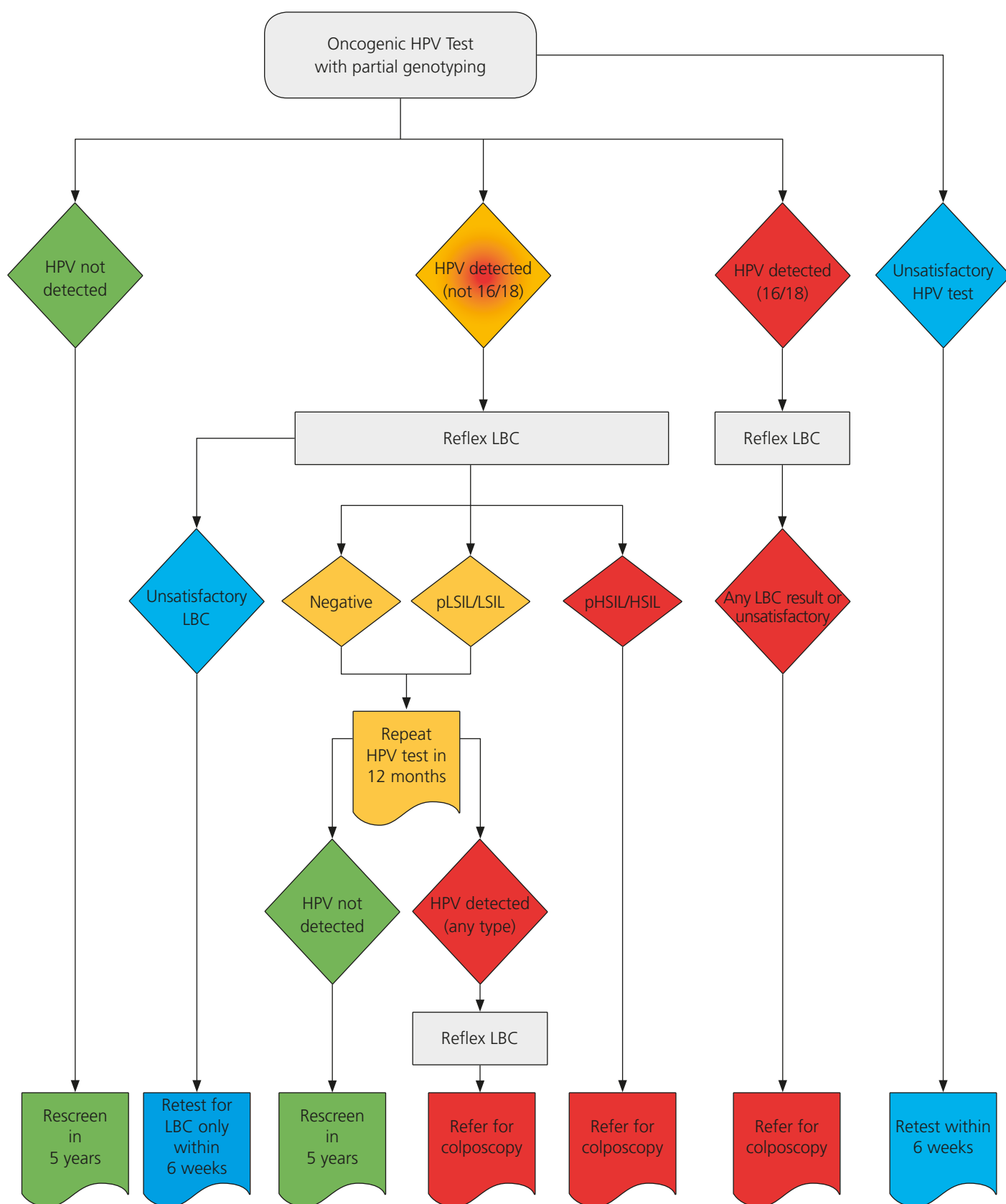
For the first time, in 2016 the SACSP offered Clinic Extension Grants of up to \$2,500 for GPs to increase the reach of cervical screening clinics over a specified period of time, by enabling existing cervical screening providers to extend clinic hours and/or support outreach clinics.

The Clinic Extension Grants were very successful, with nearly 900 additional Pap smears performed and close to 1300 under-screened women reached.

Some of the key learnings from GPs were:

- > SMS and recall letters/direct phone calls tended to have a better success rate than mass marketing/general promotion; though one practice indicated that cost of postage can be a barrier.
- > Despite a high number of bookings, some practices still experienced a large number of non-attendees on the day. It was suggested that a greater use of follow up and confirmation of appointments would assist with this in the future.
- > For rural clinics, staff will look at visiting other centres to assist women who didn't attend due to financial/transport barriers.
- > Due to the success of the Clinic Extension Grants, some practices will now look at doing regular designated Pap smear clinics and running the clinics for longer periods of time.

Cervical screening pathway



LEGEND:





The Australian Institute of Health and Welfare (AIHW) latest Cervical Screening Participation Report (2013 – 2014) shows that South Australia continues to have the second highest (2 year) cervical screening participation rate of 59.4% (compared with 57.7% nationally)¹. Unfortunately, cervical screening participation rates in South Australia are continuing to decline, however this is consistent with the national trend of declining participation in cervical screening since 2008 – 2009. With the upcoming NCSP renewal changes on 1 May 2017, the screening interval will extend from two to five years and it's interesting to note that the age group with the lowest participation rates for a five year screening interval in the 2010 – 2014 period were women in the 65 – 69 year age group (60.7%). While young women in the 20 – 24 and 25 – 29 year age groups had reasonably high five year participation rates of 79.1% and 86.2% respectively, the two yearly participation rates were much lower at 45.6% (the lowest screening age group), closely followed by the 25 – 29 age group (54%)².

The reasons for this decline are likely to be multifactorial. Young women, for example, may have a low awareness of the purpose or procedure for Pap smears, or view it as a test for a cancer that only affects older women. They may also hold the belief that having the HPV vaccine negates the need to participate in regular cervical screening. Knowing what to expect and understanding the relevance and importance of Pap smears to these young women can facilitate participation. While entry age will increase from 18 – 25 years as of May 1 2017, it is still vital to remind and encourage young women (including an explanation of the relationship and time period between HPV infection and cancer) to adopt solid screening behaviours from an early age³.

For women over 50 and/or over post-menopausal age, they may be screening less because they no longer perceive themselves to be at risk, because they find the procedure

uncomfortable or painful, or because they are aware that the recommended age to exit screening is currently 69. The renewed Cervical Screening program may be particularly advantageous in this age group as screening is only required every five years and the human papillomavirus (HPV) test may provide increased peace of mind for older women to safely exit the program at 70 – 74.

In line with current guidelines, it remains important to encourage and offer women over 50/post-menopause two yearly Pap smears until the renewed NCSP is underway.

References

- 1 Australian Institute of Health and Welfare 2016. Cervical screening in Australia 2013–2014. Cancer series no. 97. Cat. no. CAN 95. Canberra: AIHW
- 2 Australian Institute of Health and Welfare 2016. Cervical screening in Australia 2013–2014. Cancer series no. 97. Cat. no. CAN 95. Canberra: AIHW
- 3 Sadler L, Albrow R, Shelton R, Kitchener H & Brabin L. Development of a pre-notification leaflet to encourage cervical screening at first invitation: a qualitative study. Health Education Research 2013, vol. 28 no.5 pp 793 – 802

Ways to encourage post-menopausal women to have a Pap smear

- > Discuss with your patient if she finds Pap smears painful prior to the appointment.
- > Consider offering her a short course of oestrogen to reduce vaginal atrophy and dryness prior to the appointment.
- > Getting your patient to relax as much as possible can help, this includes slow deep breaths, focusing on the ceiling, and relaxing muscles in thighs and bottom.
- > Suggest she empties her bladder prior to the appointment.
- > Offer and/or consider the use of smaller (metal) speculums which may assist with discomfort and pain and use a small amount of water-based lubricant.



Since the Victorian Cytology Service (VCS) commenced operation of the SA Cervix Screening Registry (SACSR) in June 2014, opportunities to provide more detailed data on screening participation rates have become available, including the recent publication of the 2013 SACSR Statistical Report. The 2013-2015 report is currently in development and will be available via the website in 2017.

The report presents key data on screening participation, cervical abnormality rates and cervical cancer incidence and mortality. For the first time, data on screening participation by area and trends in cervical abnormalities over the last decade are presented. Some of the key findings and highlights from this report include:

- > The impact of the HPV Vaccination program in 2007 in South Australia is illustrated by a recent and significant decline in histologically confirmed high-grade cervical abnormalities in young women (less than 24 years of age). The rate in women aged less than 24 years of age fell from 12.1 per 1,000 in 2007 to 3.7 per 1,000 in 2013, and in the 20 to 24 year old women fell from 23.0 in 2007 to 13.5 per 1,000 in 2013.
- > As vaccinated women age, the impact of vaccination is likely to increase further and extend to women 25 to 29 years and beyond in the coming years.
- > Estimates from the National HPV Vaccination Register indicate that coverage for South Australian females aged 12 to 17 years that was achieved in the catch-up program was 82/77/67% for doses 1/2/3 respectively, and for females aged 18 to 26 years was 59/48/34% for doses 1/2/3.

- > There has been a significant reduction in the incidence of, and mortality due to, cervical cancer over the past 20 years, coinciding with the introduction of the cervical screening program in South Australia. According to 2012 data from the SA Cancer Registry, there are low levels of mortality from cervical cancer in South Australia, with an age-standardised rate of 1.4 per 100,000 women.
- > Within South Australia, there are 70 Local Government Areas (LGA). Looking at the estimated two year cervical screening rates by LGA for 2012-2013, there are substantial variations in screening rates, ranging from 32.7% (the lowest screening rate) to 94.5% (the highest). Northern and (pockets of) western metropolitan Adelaide and central Adelaide tended to represent the lowest LGA's, whereas the Far North and pockets of the South East represented the lowest rural screening areas. The highest metropolitan screening LGA's were concentrated in the eastern suburbs and the Adelaide Hills, and in rural South Australia, in the North West, mid North and parts of the Yorke Peninsula.

For a full breakdown of screening rates by LGA for 2012-2013, please contact the SA Cervix Screening Program.

To access the 2013 Statistical Report visit www.sahealth.sa.gov.au/cervixscreening

Culturally and Linguistically Diverse Communities (CALD) and cervical screening



During 2016, Strategic Partnership Grants of up to \$5000 each were offered to community organisations working with CALD women to provide education sessions and raise awareness about the prevention of cervical cancer, cervix screening and to connect CALD women to primary health care services and GP practices. As a result, 630 women from various communities and aged between 18-70 years were engaged in cervical screening education and awareness raising sessions. Of these women, 186 were actively linked to GP practices for their Pap smears. Evaluation surveys indicated that the majority of these women had never had a Pap smear before and most did not have a regular GP. Communities that were involved included Nepalese, Chinese, Middle Eastern, African, Bhutanese, Vietnamese, Sri Lankan and Pakistani communities.

Participants indicated that common barriers that discourage CALD women from having regular Pap smears, include language barriers (and lack of interpreter services), feelings of embarrassment (especially with male doctors) and costs or lack of bulk billing. Another significant barrier for many CALD communities is 'health literacy'. Many CALD and particularly newly arrived refugee women have come from countries where cancer screening and prevention does not happen or if it does, is of little importance in the midst of daily priorities concerning survival. Many of the women participants in the programs were unaware of the benefits of cervical screening. Many also stated they preferred attending GP clinics for their cervical screening that offered a culturally sensitive, non-judgemental, non-discriminatory, bulk billing and welcoming environment where female GPs or nurses were available, female interpreters were used and there was sufficient time to address their health needs. The women also mentioned it was important for translated resources to be provided and visual aids to be used during clinical services.

Jacqueline Riviere is a highly experienced CALD Participation Project Officer at SACSP, who can support and assist healthcare providers in delivering culturally appropriate cervix screening services to CALD women. Jacqueline can provide information and education sessions to CALD women, assist

with CALD resources and connect you to CALD communities, women and service providers. Jacqueline is available Monday to Wednesday and can be contacted on 8161 7149 or by email at jacqueline.riviere@sa.gov.au.

Translating and Interpreting Services

> Translating Interpreting Services (TIS) National

PH: 131 450

Free service to private General Practitioners and medical specialists providing Medicare rebateable services. They can also support temporary visa holders who may not hold an Australian Medicare card. GP's and medical specialists must apply for this free service. For more information please visit www.tisnational.gov.au

> Auslan Services (sign interpreters)

PH: 1300 287 526

www.auslanservices.com

Many GP's practices have bilingual / multilingual doctors and nurses from CALD backgrounds themselves. Please promote this information on General Practice websites and advertising material.

Female Genital Mutilation or Cutting

Should you have a patient who presents with FGM/C and are wanting additional support, there are resources available for GP's and health care professionals:

> NETFA (National Education Toolkit for Female Genital Mutilation/Cutting Awareness)

www.netfa.com.au

> Migrant Health Clinical Services

PH: (08) 8237 3912

> SHine SA

PH: 1300 794 584

Request for Information...



To assist us in connecting women to Pap smear services that are best suited for and cater to their individual needs, we would love to know if there are different languages spoken at your practice, and/or how many female GP's you have, bulkbilling cervical screening, use of interpreters, ability to provide supported and sensitive cervical screening services to vulnerable women (women with disabilities, Aboriginal or Torres Strait Islander women, or women from refugee or culturally or linguistically diverse backgrounds, lesbian and transgender women). Please contact us at cervixscreening@health.sa.gov.au.

The SACSP has a public information phone number 13 15 56 that women and health professionals can use to call for information about cervical screening or the NCSP Renewal in SA. Most of the calls we receive are from women who want to know where they can go for accessible cervical screening services. The SACSP is very keen to promote accessible cervical screening services to SA women and again would love to hear from your practice to this end.

Join our Mailing List!

Want to keep up to date with information about clinic extension grants, the NCSP Renewal (including the Under-screening Toolkit, training for GP and Health Professionals, and the Clinical Guidelines) and when and where these resources and activities will be available? Please join our mailing list by contacting us at cervixscreening@health.sa.gov.au.

For more information, please contact:

SA Cervix Screening Program

Telephone: 13 15 56

Email: cervixscreening@health.sa.gov.au

Website: www.sahealth.sa.gov.au/papsmear



www.ausgoal.gov.au/creative-commons

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