

Key messages for healthcare providers:

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

- Recent evidence¹ 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 screening².
- 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 advice³.

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 for more information.

Want to know more or have any questions?

Contact us at NCSPCommittees@health.gov.au with any questions, feedback or concerns.

¹ 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.

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

³ [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](#)