Cervical cancer screening guidelines australia 2017

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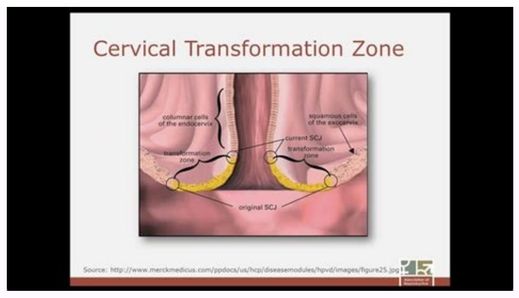

	Start Age for Asymptomatic Women at Average Risk	Interval	Stop Age for Asymptomatic Women at Average Risk
Nunavut (NU)	Age 21 for women who are or have been sexually active	Every 2 years after 3 consecutive annual negative tests	Age 70 with 3 or more negative tests in previous 10 years
Northwest Territories (NT)	Age 21 or 3 years post first sexual contact, whichever occurs first	Every 2 years after 3 consecutive annual negative tests	Age 69 with 3 negative tests in previous 10 years
Yukon (YK)	British Columbia Cancer Agency guidelines	British Columbia Cancer Agency guidelines	British Columbia Cancer Agency guidelines
British Columbia (BC)	Age 21 or 3 years post first sexual contact, whichever occurs first	Every 2 years after 3 consecutive annual negative tests	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women inadequately screened)
Alberta (AB)	Age 21 or 3 years post first sexual contact, whichever occurs later	Within 5 years, with 3 negative tests at least 12 months apart and then continue every 3 years	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)
Saskatchewan (SK)	Age 21 or 3 years post first sexual contact, whichever occurs later	Every 2 years until 3 consecutive negative tests then every 3 years	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)
Manitoba (MB)	Age 21 for all women who have ever been sexually active	Every 3 years	Age 70 with 3 negative tests in previous 10 years

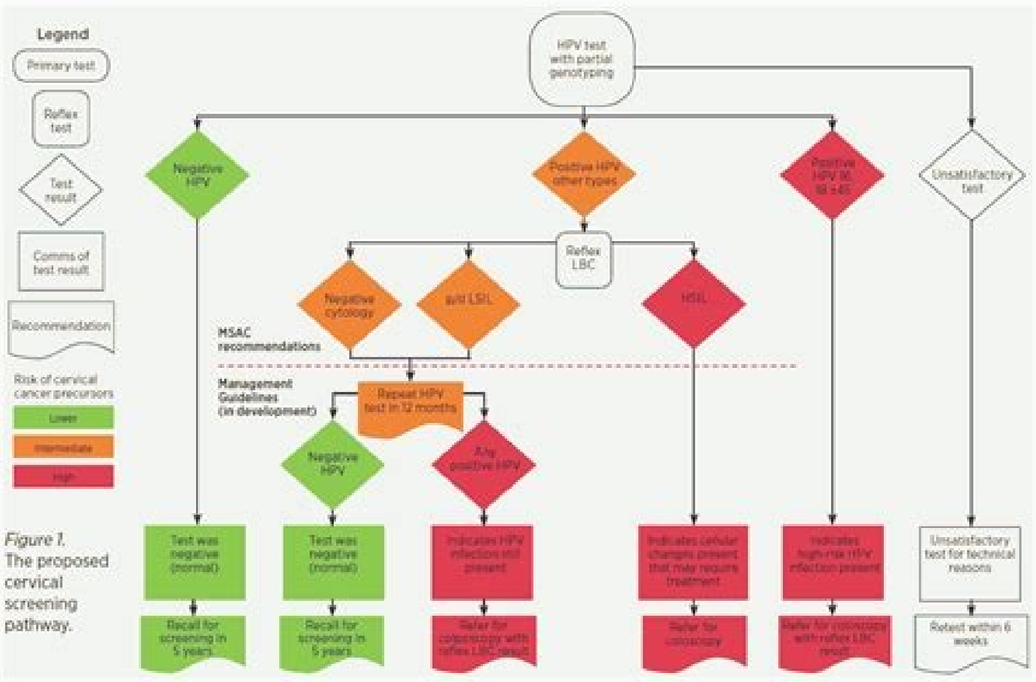

Figure 1. The proposed cervical screening pathway.

Australian cervical screening guidelines. New screening guidelines for cervical cancer. Australian cervical cancer screening guidelines.

View PDFVolume 28, August 2022, 101813 rights and content National Cervical Screening Program Cervical cancer screening saves lives. And screening is one of the most effective ways to prevent cervical cancer, or detect it earlier. But with COVID-19 to worry about, cervical screening has fallen off many of our to-do-lists. If you have received a reminder about cervical screening and have any concerns, talk to your doctor or health care provider. We don't want to miss the chance to prevent cervical cancer. If you are 25 or older, you need to keep up-to-date with your cervical screening. If you've been sent an invitation, it's time to tick cervical screening off your list. It could save your life. Cervical Screening Program Cervical cancer is largely preventable. Early detection and appropriate treatment can significantly improve cervical cancer survival. Cervical cancer incidence and mortality rates have halved in Australia since the introduction in 1991 of the National Cervical Screening Program, which the Australian Government has renewed and updated. Changes to the screening program have made it more effective for all women. In fact, the renewed program is expected to reduce cervical cancer rates and deaths by at least another 20%. The changes also recognised the introduction in 2007 of a vaccine against specific strains of the human papillomavirus (HPV), which causes almost all cases of cervical cancer. The new screening program is also designed to work together with the HPV vaccination program, to help reduce the incidence of cervical cancer. The changes are an improvement for all women, and are even more important for unvaccinated women. Whether you have been vaccinated or not, it's important to have regular cervical screening tests from the ages of 25 to 74. The cervical screening test has replaced the Pap test. The new cervical screening test now looks for HPV (which causes almost all cervical cancers), not just abnormal cells (like the Pap test did). The new cervical screening test was introduced on 1 December 2017, so if you haven't had a test since then, you're now overdue. If you have previously had a Pap test, you should have your first HPV cervical screening test two years after your last Pap test. A better test means you will only need to screen every five years after your first HPV cervical screening test. Who is cervical screening for? Today, women from the age of 25 will be invited to screen under the new Cervical Screening Program. You are eligible for cervical screening if you are 25 to 74 years old, have a cervix and have ever been sexually active. If you have not had a Cervical Screening Test since the program changed on 1 December 2017, you are overdue. Previously, the program offered a free Pap test every two years to women between the ages of 18 and 70. Cancer Council Australia strongly advises eligible women to participate in the program. There are two screening options available, so we recommend you speak to your doctor about which is right for you. How to participate Participating in cervical screening is easy to do. If you are due for screening you should have received an invitation or reminder. Call your GP to book an appointment and they'll guide you through what you must do. Self-collection All Australian women and people with a cervix can choose to collect a sample themselves under the supervision of a healthcare professional who also offers cervical screening. Self-collection is when a woman or person with a cervix takes their own sample for cervical screening. It is taken with a cotton swab. You will be given instructions on how to collect the sample and offered a private place to collect the sample. The test is just as effective at detecting HPV and preventing cervical cancer. Self-collection is not suitable if you are experiencing symptoms such as unusual bleeding, discharge or pain. Screening in the age of COVID-19 We understand that since the advent of Coronavirus people are concerned about their wellbeing and health risks of attending appointments, whether for medical reasons or other. The good news is that across Australia screening programs have quickly and effectively adapted to ensure the safety of all attendees. Your GP should meet CovidSafe regulations and have the correct measures in place to protect against the transmission of COVID-19, including: practicing physical distancing low contact check-in process providing hand sanitiser and extra cleaning measures ensuring everyone is wearing a face mask where mandatory There are also a few things you can do to help keep yourself and others safe such as: asking about what you need to do when you make the appointment attending your appointment alone arriving no more than five minutes early practicing good hygiene, including hand washing keeping a distance of 1.5 metres from others staying home if unwell. You can reschedule your appointment. Call your GP clinic today to discuss the measurements they have in place to keep you COVID safe. Download information about cervical screening in your language Chinese Simplified | 中文Download information about Cervical Screening in Chinese Simplified | 中文 Chinese Traditional | 中文 Download information about Cervical Screening in Chinese Traditional | 中文 Arabic | العربيةDownload information about Cervical Screening in Arabic | العربية Vietnamese | Tiếng ViệtDownload information about Cervical Screening in Vietnamese | Tiếng Việt Australia and Cancer Council leading the way The Chair of Cancer Council Australia's Screening and Immunisation Committee, A/Professor Karen Canfell, led the independent evidence review. The review (submitted to the independent Medical Services Advisory Committee) concluded that the new cervical screening 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 with the previous program. For more information on how Australia is leading the world when it comes to eliminating cervical cancer as a public health issue with our world-leading screening and immunisation program, watch the video below. Information on the new cervical cancer screening program | Cancer Council Australia For more information Other useful websites Victorian cervical screening provider directory Cervical cancer screening guidelines As a health professional, your role is critical to the success of the National Cervical Screening Program and its objective to reduce the incidence of cervical cancer in NSW. Research has shown that women are more likely to undertake cervical screening: if their health professional has discussed screening with them at the recommendation of their health professional For female patients, health professionals are an important source of information about cervical screening. By providing a friendly, safe and sensitive environment, your support is fundamental in a woman's decision to have a potentially life-saving Cervical Screening Test (the Pap test replacement*). How can you support patients in cervical screening? As part of your discussions with women about cervical screening, it is important to help your patients understand aspects such as: What cervical screening involves Why screening is important Why the Cervical Screening Test is relevant to them What their test results mean Find out more about your role in screening Cervical screening in general practice Health professionals working within general practices perform around 85% of cervical screening in NSW. As a health professional in a general practice, you are ideally placed to introduce and discuss the topic of cervical screening. This is particularly important when engaging with women who are reluctant to screen, as well as those who may have forgotten they are overdue for their Cervical Screening Test. Nurses in general practice and community health Female nurses have a vital role in cervical screening, as they often provide Cervical Screening Tests in locations where women may otherwise only have access to a male doctor. Nurses also play an important part in reaching women from culturally and linguistically diverse (CALD) communities, older women, and women who may have never had a Cervical Screening Test before. Cervical screening resources for health professionals Our Resources directory features a wide range of fact sheets, references and publications on cervical screening for health professionals. Download our frequently asked questions (PDF) for health professionals Visit the Document Library Cervical Screening Guidelines These guidelines from Cancer Council Australia are designed to educate health professionals on the changes to the National Cervical Screening Program. View guidelines on the Cancer Council Australia website Rediscover common consumer questions *In December 2017, the Cervical Screening Test replaced the Pap test as the method of screening women to prevent cervical cancer in Australia. Please see the Australian Department of Health Cancer Screening website for information about the National Cervical Screening Program (NCSP) and policies on transitioning women to the renewed NCSP. 31 Oct 2019 PONE-D-19-24843Implementation of Australia's Renewed Cervical Screening Program: Preparedness of General Practitioners and NursesPLOS ONEDear Associate Professor Brotherton,Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.Please submit a point-by-point response that addresses each of the comments raised in the reviews. Please pay special attention to the reviewer comments requesting clarification on your study methods.We would appreciate receiving your revised manuscript by Dec 15 2019 11:59PM. When you are ready to submit your revision, log on to and select the 'Submissions Needing Revision' folder to locate your manuscript file.If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter.To enhance the reproducibility of your results, we recommend that if applicable you deposit your laboratory protocols in protocols.io, where a protocol can be assigned its own identifier (DOI) such that it can be cited independently in the future. For instructions see: include the following items when submitting your revised manuscript:A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). This letter should be uploaded as separate file and labeled 'Response to Reviewers'.A marked-up copy of your manuscript that highlights changes made to the original version. 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The PLOS ONE style templates can be found at and Please include captions for your Supporting Information files at the end of your manuscript, and update any in-text citations to match accordingly. Please see our Supporting Information guidelines for more information: . In your Methods section, please provide additional information about the participant recruitment method. Please ensure you have provided sufficient details to replicate the analyses such as: a) a description of how participants were recruited, and b) specific descriptions of where participants were recruited and where the research took place.4. We note that you have indicated that data from this study are available upon request. PLOS only allows data to be available upon request if there are legal or ethical restrictions on sharing data publicly. For information on unacceptable data access restrictions, please see your revised cover letter, please address the following prompts:a) If there are ethical or legal restrictions on sharing a de-identified data set, please explain them in detail (e.g., data contain potentially identifying or sensitive patient information) and who has imposed them (e.g., an ethics committee). Please also provide contact information for a data access committee, ethics committee, or other institutional body to which data requests may be sent.b) If there are no restrictions, please upload the minimal anonymized data set necessary to replicate your study findings as either Supporting Information files or to a stable, public repository and provide us with the relevant URLs, DOIs, or accession numbers. Please see for guidelines on how to de-identify and prepare clinical data for publication. For a list of acceptable repositories, please see will update your Data Availability statement on your behalf to reflect the information you provide.5. Thank you for stating the following in the Competing Interests section:JMLB and MS are chief investigators of the NHMRC Centre for Research Excellence in Cervical Cancer Control (APP1135172) from which FS (formerly) & TM receive salary support. JB, MS and LR are investigators of a trial of primary HPV screening in Australia (Compass) that has received a part funding contribution from Roche Molecular Systems, Ventana Inc. USA.We note that you received funding from a commercial source: Roche Molecular Systems, Ventana Inc.Please provide an amended Competing Interests Statement that explicitly states this commercial funder, along with any other relevant declarations relating to employment, consultancy, patents, products in development, marketed products, etc.Within this Competing Interests Statement, please confirm that this does not alter your adherence to all PLOS ONE policies on sharing data and materials by including the following statement: "This does not alter our adherence to PLOS ONE policies on sharing data and materials." (as detailed online in our guide for authors . If there are restrictions on sharing of data and/or materials, please state these. Please note that we cannot proceed with consideration of your article until this information has been declared.Please include your amended Competing Interests Statement within your cover letter. We will change the online submission form on your behalf.Please know it is PLOS ONE policy for corresponding authors to declare, on behalf of all authors, all potential competing interests for the purposes of transparency. PLOS defines a competing interest as anything that interferes with, or could reasonably be perceived as interfering with, the full and objective presentation, peer review, editorial decision-making, or publication of research or non-research articles submitted to one of the journals. Competing interests can be financial or non-financial, professional, or personal. Competing interests can arise in relationship to an organization or another person. Please follow this link to our website for more details on competing interests: Note: HTML markup is below. Please do not edit.]Reviewers' comments:Reviewer's Responses to QuestionsComments to the Author1. Is the manuscript technically sound, and do the data support the conclusions?The manuscript must describe a technically sound piece of scientific research with data that supports the conclusions. Experiments must have been conducted rigorously, with appropriate controls, replication, and sample sizes. The conclusions must be drawn appropriately based on the data presented. Reviewer #1: YesReviewer #2: Yes**********2. Has the statistical analysis been performed appropriately and rigorously? Reviewer #1: YesReviewer #2: Yes**********3. Have the authors made all data underlying the findings in their manuscript fully available?The PLOS Data policy requires authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception (please refer to the Data Availability Statement in the manuscript PDF file). The data should be provided as part of the manuscript or its supporting information, or deposited to a public repository. For example, in addition to summary statistics, the data points behind means, medians and variance measures should be available. If there are restrictions on publicly sharing data—e.g. participant privacy or use of data from a third party—those must be specified.Reviewer #1: YesReviewer #2: Yes**********4. Is the manuscript presented in an intelligible fashion and written in standard English?PLOS ONE does not copyedit accepted manuscripts, so the language in submitted articles must be clear, correct, and unambiguous. Any typographical or grammatical errors should be corrected at revision, so please note any specific errors here.Reviewer #1: YesReviewer #2: Yes**********5. Review Comments to the AuthorPlease use the space provided to explain your answers to the questions above. You may also include additional comments for the author, including concerns about dual publication, research ethics, or publication ethics. (Please upload your review as an attachment if it exceeds 20,000 characters)Reviewer #1: This is an important paper that provides a great breadth of detailed and subtle information that contributes valuable information about key self-collect HPV deployment. There has clearly been great effort made to collect and analyze the data, with overall strong methods employed, but there is key missing methodological information hindering fully interpreting the findings.1. Please briefly provide an overview or more detail provider education and outreach in support of the NCSP, especially pre- and post-"renewal". E.g., how were materials developed, at what frequency were they deployed, were they uniformly deployed and accessed (rural vs. urban)? All deployments have differences that do not translate to other settings and populations, but in the quickly evolving and important area of self-collect sampling for cervical cancer screening, greater detail in education and outreach would provide greater possibility for potential cross-setting sharing of generalizable tools.2. Since you emphasize delays and barriers due to laboratory validation delays, it might be useful to include comments/analysis accounting for regions with unanticipated delays in laboratory validation.3. Please provide more recruitment/sampling details at pre AND post surveys to allow better

understanding of why this is an acceptable/representative sample. For example, you mention differences in pre-post participant characteristics, but do not comment in detail on why they are adequate for pre/post-comparison.4. Page 6, line 117What was "routine baseline evaluation"? Were these materials that may have primed subjects for your survey?5. Page 7, lines 134-135If applicable, please comment on any qualitative frameworks used and/or a bit more on what "refined it based on feedback received" entailed". A key missing component hindering many biomedical intervention behavioral survey comparisons and cross population analysis and implementation is lack of detail regarding instrument development and validation methods.6. Page 9, lines 180-183Please provide a bit more detail in open-ended response methods. For example, coding manual developed, independently coded by each reviewer, and discordant coding was adjudicated via... I appreciate your use of good methods for open-ended response coding, but think inserting the usual detail found in psychology studies would both encourage non-psych. researchers to learn of best practices and also provide clarity on the process.7. Pages 19-23When not using a validated instrument or established instrument framework, open-ended responses are an often critical area of information. There is tremendous valuable information in the responses, and more detail is needed to interpret open-ended responses, for example, total responders providing open-ended, reporting based on coded themes/subthemes, more compact reporting of frequencies, how it ties to other results, etc. As written and reported, it provides anecdotal findings. Tied with more detail in the coding methods, there appears to be potentially valuable information to justify an additional analysis, table, or supplemental table.Reviewer #2: Dear authors,This is a well written and clearly presented paper describing the qualitative and quantitative findings of a survey related to preparedness of health practitioners regarding the change in the Australian cervical screening program. Understanding practitioners' perceptions, including their level of comfort and confidence in the change in screening recommendations, is important to ensure the success of the new program.The design and the statistical analyses conducted were appropriate and well described. The interpretations and discussion of the findings were well supported by the findings. The conclusions highlight the usefulness of this work. I only have four very minor comments for the authors' consideration.Minor• Introduction, Line 95: RACGP it is spelled out in the Methods, but should be spelled out first here.• Method, Study procedures, Line 117+: It is not entirely clear if GPs and nurse cervical screening providers could only attend the education sessions if attending one of the included conferences or they were part of a new practice in the Compass trial, or whether other GP/nurse providers had other opportunity to attend the education sessions (and thus have the opportunity to be involved in the survey). How representative were the include GP/nurses likely to be of all GP/nurses at relevant health services? I know you are address this in the strengths and limitations, but I think the method could be clearer about exactly who was in the study and who had the opportunity to be in the study.• Results: Given how different the pre- and post- sample are, I wonder if it would more appropriate to only report the adjusted estimates. Please consider presenting the unadjusted and adjusted estimates in the table, but only highlighting adjusted estimated in text.• The structure of the report was a little confusing. I think the 'results and discussion' section is really a results section (with quant and qual findings), and then you could have the sections that are currently after the conclusion in a 'discussion' section, and then the conclusion last.**********6. PLOS authors have the option to publish the peer review history of their article (what does this mean?). If published, this will include your full peer review and any attached files.If you choose "no", your identity will remain anonymous but your review may still be made public.Do you want your identity to be public for this peer review? For information about this choice, including consent withdrawal, please see our Privacy Policy.Reviewer #1: NoReviewer #2: No[NOTE: If reviewer comments were submitted as an attachment file, they will be attached to this email and accessible via the submission site. Please log into your account, locate the manuscript record, and check for the action link "View Attachments". If this link does not appear, there are no attachment files to be viewed.]While revising your submission, please upload your figure files to the Preflight Analysis and Conversion Engine (PACE) digital diagnostic tool, . PACE helps ensure that figures meet PLOS requirements. To use PACE, you must first register as a user. Registration is free. Then, login and navigate to the UPLOAD tab, where you will find detailed instructions on how to use the tool. If you encounter any issues or have any questions when using PACE, please email us at gro.solp@serugif. Please note that Supporting Information files do not need this step.Page 2Key changes to the National Cervical Screening Program in Australia.Key changesOld NCSP 1991-Nov 2017New NCSP (implemented December 1, 2017)Primary Screening testCervical cytology (Pap test)Cervical Screening Test comprising HPV test with partial genotyping (identifies HPV 16 and 18 separate to other oncogenic HPV) Reflex liquid-based cytology for all HPV positive test resultsAge range18/20*-69 years25–74 yearsScreening interval2 yearly5 yearlyRegistry supportIndividual state and territory based registriesSingle national registerSelf-collectionNot availableAvailable to women at least 30 years of age who decline a practitioner-collected sample, and who are under-screened women (2 or more years overdue from their last screening test– 4 years for cytology and 7 years for HPV test) or who have never had a cervical screening testInvitations and remindersRecall and remindersInvitations and remindersSample collectionSlideLiquid based sample

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