Sisters doing it for themselves: a safe and acceptable self-collection model for cervical cancer screening

**Background**
As part of the renewed National Cervical Screening Program (NCSP), commencing on 1 December 2017, the Medical Services Advisory Committee (MSAC) recommended that self-collection for human papillomavirus (HPV) testing be made available to under-screened women in a clinical setting. The Victorian Department of Health and Human Services funded a pilot project to develop an acceptable pathway to increase participation in cervical cancer screening for under-screened women. The pilot ran from November 2015 to December 2016 across three project sites.

**Project sites**
- **Ballarat and District Aboriginal Co-operative (BADAC), a regional Aboriginal health organisation**
  - First pilot site which was GP and nurse led
  - Developed the pathway
  - Recorded 84.8 per cent participation
- **cohealth, a metropolitan community health organisation**
  - GP and nurse led across multiple sites
  - Recorded 86.3 per cent participation
- **AccessHealth, a metropolitan primary health care not-for-profit organisation**
  - GP led approach in a single clinic
  - Recorded 85.7 per cent participation

**Aim**
To increase cervical cancer screening in under-screened populations by developing an acceptable, high quality model to implement self-collection sample in clinical settings for HPV testing.

**Objective 1**
To recommend an acceptable alternative pathway for under-screened women in the Renewal of the NCSP.

**Objective 2**
To develop a clinical practice approach (protocols and processes) for self-collection.

**Objective 3**
To develop resources to support the workforce to implement self-collection pathways for under-screened women.

**Objective 4**
To prepare the workforce for self-collection including Aboriginal health workers and allied health providers ahead of Renewal of the NCSP.

**Methodology**
The development of the self-collection pathway used both quantitative and qualitative methods to measure uptake rates, loss to follow up, clinical outcomes, acceptability and appropriateness of the service model.

**Results**
The pilot reported an 85.7 per cent participation rate with 84 out of 98 women agreeing to cervical screening. Qualitative feedback demonstrated self-collection to be acceptable and welcomed by women and health workers. All four pilot objectives were successfully met.

**Key findings**
- Self-collection is an effective tool in the recruitment and participation of under-screened women.
- The active engagement of under-screened women through a trusted workforce in culturally safe locations supported the uptake of self-collection.
- Community engagement was a key element of success.
- Ongoing workforce training and support was required to implement self-collection.

**Recommendations**
- Safe and acceptable self-collection pathway required flexibility to increase the likelihood of compliance with the pathway, for example, offering women self-collection in 12 months should they decline a follow-up speculum examination.
- Under-screened women who complete self-collection should continue to be given the option of self-collection.
- Consider an alternative screening pathway for Aboriginal women regardless of screening status.

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