

A new era in cervical cancer prevention

Lara Roeske

There are no old roads to new directions.

– Boston Consulting Group

A NEW ERA in cervical cancer prevention is here. For general practitioners (GPs), practice teams and patients, this heralds a time of change and challenge. I have noted the transformation of cervical screening at my practice and at the practices of many GP colleagues in response to the commencement of Australia's renewed National Cervical Screening Program (NCSP) on 1 December 2017. GPs are required to update approaches to cervical screening, including informing practice staff and updating practice systems to incorporate key components of the program into clinical practice. The renewed approach to cervical screening involves testing for the presence of the causal agent for cervical cancer, human papillomavirus (HPV).

The NCSP is a program based on current evidence and best practice, and is for all women aged 25–74 years who have ever been sexually active, regardless of whether they have been vaccinated against HPV. For the first time, GPs can include HPV-based testing for the investigation of women with abnormal vaginal bleeding and other possible symptoms of cervical cancer. Additionally, GPs can access the self-collection pathway for eligible underscreened and never-screened women to enable these women to participate in cervical screening. The National Guidelines,¹ endorsed by The Royal Australian College of General Practitioners, have been developed following a comprehensive review of cervical cancer screening evidence² and will assist GPs to implement the renewed program.

GPs are critical to the successful implementation of the renewed NCSP,

having contributed to the remarkable success of the previous program.^{3,4} Moreover, GPs are at the frontline of educating women on the safety of the program and the potential benefits of participation in cervical screening, and supporting the transition of women from the previous program to the new program. GP education and confidence in the new program are therefore paramount for its successful implementation. GPs can be confident that a five-yearly HPV test is a safe and more effective primary screening test that affords increased protection against the development of cervical cancer when compared with two-yearly Pap smears.⁵ Furthermore, HPV tests used in the program are calibrated to detect HPV at levels predictive of the presence of underlying cervical intraepithelial neoplasia rather than any HPV at all.⁶

Despite the success of the previous program based on two-yearly Pap smears, there has been no change in the incidence and mortality associated with adenocarcinoma of the cervix. The renewed program, based on five-yearly HPV testing, is predicted to deliver an additional decline of 24–36% in the incidence and mortality from cervical cancer by enhancing the rate of detection of precursors of adenocarcinoma and squamous cell cervical cancers.^{7,8} This is reassuring for GPs and their patients. Australian women will be the beneficiaries of a less frequent, safe and more effective cervical screening program.

Conceivably, the scale of the evidence-based changes to cervical screening in general practice ushered in by the renewed NCSP could be a milestone towards the eradication of cervical cancer in Australia. Thus, for current and future generations of Australian women, the renewed HPV-based NCSP, along with HPV vaccination, will deliver even greater protection against cervical cancer than ever before.⁹

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