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**“Australia’s Approach to Tackling Cervical Cancer”**

**Presentation at the Hellenic Oncology Foundation  
14 February 2019**

*Slide 1: Cover*

President of the Hellenic Oncology Foundation, Mr Vrodakis.

Ladies and Gentlemen.

Thank you for your invitation today to present Australia’s approach to tackling cervical cancer at this important initiative to raise awareness of this type of cancer.

Before I begin my presentation, I should acknowledge the contribution made by Greek scientists to the fight against cervical cancer.

The Pap smear was a ground-breaking advance which has played an important role in Australia’s efforts against cervical cancer.

*Slide 2: Cervical Cancer in Australia*

Today, Australia’s rates of cervical cancer incidence and death are among the lowest in the world.

In 1982, cervical cancer was the sixth most common cancer in Australian women.

In 1991, it was eighth.

By 2009, it was twelfth.

Despite this, between 800 and 900 Australian women are diagnosed with cervical cancer each year.

Just over 200 die from the disease.

We should not rest until we bring that down to zero.

*Slide 3: National Cervical Screening Program*

In Australia, 80 per cent of cervical cancers occur among women who have never been screened or have not had regular screening.

This is why screening is so important.

This is why the National Cervical Screening Program (the NCSP) has been at the centre of Australia's approach to tackling cervical cancer since 1991.

The NCSP is an organised, population-based approach to cervical screening that aims to reduce cervical cancer in a safe, cost-effective manner.

Over 2015 and 2016, more than 3.8 million women participated in the NSCP.

This represented 55 per cent of women in the target age group of 18-69 years.

Since its introduction, the NCSP has reduced cervical incidence and mortality in Australian women by 50 per cent.

*Slide 4: National Cervical Screening Program (cont)*

However, since 2002, the reduction in cervical cancer in Australian women has plateaued.

In response, the Australian Government has introduced a national publicly-funded HPV vaccination program.

And we have made some changes to the National Cervical Screening Program.

In particular, the Pap test has been replaced by the Cervical Screening Test - this is expected to protect up to 30 per cent more women.

Let me expand a bit on these changes.

*Slide 5: Australia's HPV Vaccination Program*

Australia's HPV Vaccination Program started in 2007 for girls aged 12-13.

In 2013, the program was expanded to boys.

The program is school-based, with an ongoing catch up for adolescents aged up to 19 years.

Since 2018, Australia switched from the 4-valent Gardasil vaccine to using the 9-valent Gardasil vaccine.

The latter protects against an additional five types of the virus.

In 2017, HPV immunisation rates amongst Australian adolescents aged 15 were 80.2% for girls and 75.9% for boys.

Between 2006 and 2014, detection rates declined by 62 per cent in women aged 20 years or younger, and by 35 per cent in women aged 20–24 years.

*Slide 6: Renewal of the National Cervical Screening Program*

Three key changes have been made to the National Cervical Screening Program.

First, as I said before, the five-yearly HPV Cervical Screening Test with reflex Liquid-Based Cytology has replaced the Pap test.

The Cervical Screening Test is more effective because it detects HPV, a virus that can cause cervical cell abnormalities that, in rare cases, may develop into cervical cancer.

The Cervical Screening Test also detects the potential for progression to high-grade lesions earlier than the Pap test does.

Second, we have introduced a risk-based approach to the management of patients undergoing cervical screening.

The age range for routine cervical screening has been changed to 25 - 74 years. Previously, this was 18 - 69 years.

Third, we have launched a National Cancer Screening Register which collates the cervical screening registers of our states and territories.

The Register will also provide the option of self-collection of vaginal samples for HPV testing to improve participation in screening by under-screened and never-screened women.

While it may be too early to determine the impact of the renewal on the rates of participation in the NCSP, Australia's Department of Health has been monitoring operational data using the number of tests received by the National Cancer Screening Register.

Based on this, it appears that the expected number of people continue to present for cervical screening.

Australia believes the elimination of cervical cancers will only occur with continued high participation in routine screening and good uptake of the HPV vaccine.

*Slide 7: National Cancer Screening Register*

The National Cancer Screening Register provides a single, national screening history for each participant.

Since July 2018, healthcare providers and pathology laboratories in Australia have been able to contact the National Cancer Screening Register to access their patients' screening histories.

Another key function of the National Cancer Screening Register is to provide a 'safety net' service to healthcare providers and participants of the NCSP.

This includes reminder and follow up letters to participants and healthcare providers, and phone calls to healthcare providers to follow up on results where required.

*Slide 8: Communications Strategy Starting with Healthcare Providers*

In devising our efforts against cervical cancer, we remain mindful that they will only be effective if women know they exist and are encouraged to use them.

This is why we have developed a comprehensive communication strategy tailored to the different audiences we need to reach.

By way of example, communication efforts around the NCPS are centred on healthcare providers.

Providers are the key channel through which women learn about the NCSP.

Prior to the renewal date of 1 December 2017, healthcare providers were sent a pack of materials which they could use to communicate the changes directly with their patients.

*Slide 10: Patient Materials through Targeted Channels*

These resources were free of charge.

They included brochures, posters, fact sheets available in both printed form and online, and in 24 different languages other than English, promotional videos, and Aboriginal and/or Torres Strait Islander-specific resources.

Online communication targeted social media and key awareness weeks such as Women's Health Week and National Cervical Cancer Awareness Week.

There is also a dedicated website ([www.cancerscreening.gov.au/cervical](http://www.cancerscreening.gov.au/cervical)).

*Slide 10: Communication and promotion of HPV vaccination*

The communication strategy for the HPV National Immunisation Program is centred on schools.

It also includes activities to support doctors and other vaccination providers administering catch-up or additional doses for those who do not receive the vaccine through schools.

*Slide 11: Treatment options in Australia*

A presentation of Australia's approach to cervical cancer would not be complete without some description of treatment options.

The aims of treatment for cervical cancer are to:

- remove the cancer;
- destroy the cancer cells and slow growth of the cancer; and/or
- manage the symptoms of cervical cancer.

In Australia, the main treatment options are surgery, or a combination of chemotherapy and radiotherapy.

Surgery is recommended for women with cervical cancer that has not spread to other parts of the body. The type of surgery will depend on how much of the cervix is affected and whether the woman still wants to get pregnant.

Types of surgery for cervical cancer include trachelectomy, hysterectomy, lymph nodes removal, bilateral salpingo-oophorectomy.

Chemotherapy is usually combined with radiotherapy to make the latter more effective in treating the cancer.

#### *Slide 12: Optimal Cancer Care Pathways*

To assist treatment, Australia has also developed national Optimal Cancer Care Pathways (OCCP).

Their purpose is to improve patient outcomes by facilitating consistent cancer care based on standardised care.

Expected standards of good cancer care are not expected to differ, even though treatment regimens may vary from patient to patient.

OCCPs have been finalised for 15 tumour streams.

An OCCP for cervical cancer is currently being developed.

Clinicians, peak health organisations, consumers and carers have been consulted.

A draft Optimal Care Pathway for women with cervical cancer was disseminated for external review in 2018.

The draft OCCP covers a number of key principles.

These include:

- Patient-centred care. This means care must be respectful of, and responsive to, the preferences, needs and values of patients and consumers.
- Safe and quality care. This means care must be provided by appropriately trained healthcare providers with adequate equipment and staffing.
- Multidisciplinary care. This means that medical and allied health professionals must work in an integrated manner to consider all relevant treatment options and develop an individual treatment and care plans.
- Supportive care. This means that a number of services, both generalist and specialist, may be required by those affected by cancer.
- Care coordination. This means that care must be delivered in a logical, connected and timely manner to meet the medical and personal needs of the patient.
- Communication. This means the healthcare system must meet the communication needs of the patients, their families and carers.
- Research and clinical trials. Where practical, patients should be offered the opportunity to participate in research and trials.

*Slide 13: Global Action to Eliminate Cervical Cancer*

While Australia is active at home against cervical cancer, we are also committed to the global eradication of cervical cancer.



Cervical cancer is one of the most preventable and treatable forms of cancer, with clear cost-effective interventions possible, and a clear path to elimination.

Despite this, it remains the fourth most common cancer among women globally.

In January 2019, Australia co-sponsored a stand-alone item on Elimination of Cervical Cancer on the agenda of the Executive Board of the World Health Organisation (WHO).

This highlights the importance the WHO and Member States have given to the elimination of cervical cancer.

The purpose of this agenda item is to build momentum to accelerate action to implement established and cost-effective strategies to prevent, detect and treat cervical cancer.

Australia welcomes support for this important priority.

*Slide 14: Thank You*

Finally, I would like to thank you again for having me here today.