Optimising cervical cancer prevention amongst Aboriginal women in rural and remote New South Wales: A pilot study

Final report
December 2019

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Background

Cervical cancer incidence and mortality is believed to be higher among Aboriginal women than non-Aboriginal Australian women (AIHW, 2016), and Aboriginal women are under-screened for cervical cancer (Vasilevska, et al. 2012; AIHW, 2016). Aboriginal women are 2.8 times more likely to develop, and nearly 4 times more likely to die from, cervical cancer than non-Aboriginal women (CI NSW, 2016). In NSW the biennial screening participation rate for women aged 20–69 years was 57.7 per cent in 2012–13 (CI NSW, 2015). Cervical screening participation is relatively low in rural and remote areas of NSW, where the Aboriginal population is high. In Walgett Shire, a remote Western NSW region with a high Aboriginal population, cervical screening rates are just 42.3% (2012-13) (CI NSW, 2015).

A pilot study was jointly implemented by Family Planning NSW (FPNSW) and Walgett Aboriginal Medical Service (WAMS) to explore the acceptability of a combined screening approach, based on women's informed consent, and same-day treatment (where indicated and requested), for eligible Aboriginal and non-Aboriginal women in a rural and remote area of NSW, in order to improve rates of screening and treatment in this under-screened population.

The study was funded by Family Planning NSW and the Cancer Institute NSW. The Cancer Institute NSW grant provided funding towards cervical screening training and mentoring of AHWs and clinicians, development of resources, and community awareness activities.

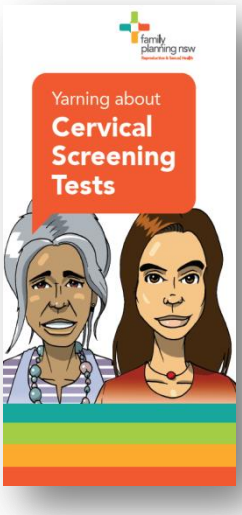
Study implementation

FPNSW health promotion staff delivered 'Yarning About Sexuality' course to eight Walgett AMS Aboriginal Health Workers (AHWs) in March 2018. Six AHWs completed their assessments and were deemed competent; they received a Statement of Attainment "CHCCED311A: Provide sexual and reproductive health information to clients".

Photo: Several FPNSW and WAMS staff participating in 'Yarning About Sexuality' course

FPNSW clinical staff commenced 'cervical screening theory and clinical training' at Walgett AMS in late May 2018, with theory information and some clinical training. In total, 5 Aboriginal Health Workers (AHWs), 1 Endorsed Enrolled Nurse (EEN), 2 Registered Nurses (RNs), and 2 Medical Officers (MOs) participated.

Cervical screening for the study commenced at WAMS in May, 2018, following the training in late May. Screening for the study occurred at WAMS over a 3-day block once a month between May 2018 and February 2019, with training, mentoring and support provided by FPNSW clinical staff. Women consenting to participate in the study were offered to undertake a self-collect HPV test (point-of-care testing also offered on this), a clinician-collect Cervical Screening Test (HPV and LBC), visual inspection with acetic acid (VIA), and an STI check. For women who had a positive VIA result, same-day treatment with cryotherapy (following cervical biopsy) was offered[1].



WAMS AHWs and other staff led the recruitment of women using a range of strategies, including word of mouth/ personal networks, social media posts on Facebook, field trips to areas within Walgett shire, visits to schools and public services, and running informal community events (e.g. BBQ, information sessions). We were also grateful for the support of local organisations and agencies who released their staff during working hours so they could attend for screening.

Resources were also developed and distributed in Walgett as part of the study, in collaboration with WAMS Aboriginal Health Workers. Input from the FPNSW Aboriginal Women's Advisory Group was sought when developing resources. A study webpage was also developed which included a short video with an overview of the study.

Study oversight

An Expert Reference Group (ERG) was established to oversee the implementation of the study. A Quality Assurance Committee (QAC) was also established to monitor study progress, data and quality assurance activities, in order to ensure the safety of participants and the validity and integrity of study data. Ethics approval for the study and evaluation was received from the Family Planning NSW HREC and the Aboriginal Health & Medical Research Council HREC. The evaluation component of the study was also approved by the University of Newcastle HREC. The evaluation of the study was conducted by the University of Newcastle.

Findings

In total, 74 women were eligible to participate in the study and consented to participate and receive cervical screening. Those who attended WAMS who were not eligible for the study still received screening if appropriate.

Of the 74 eligible women:

- 92% consented to the self-collect HPV test (and 31% waited the 60 minutes for the point-of-care result)
- 100% consented to the clinician-collect Cervical Screening Test
- 93% consented to VIA
- 70% consented to an STI check

Summary of results

Re-screen 5 years

- 54 x negative results

[1] Given staff changes among the clinical team during the study, cryotherapy was not available at all times.

Re-screen 12 months

- 11 x HPV not 16/18
- 3 x pLSIL/LSIL

Referred to specialist

- 2 x VIA+
- 1 x HPV 16 & not 16/18
- 1 x HPV not 16/18 & HSIL
- 1 x HPV not 16/18 & VIA+
- 1 x HPV not 16/18, pHSIL & VIA+

No cervical biopsy or cryotherapy was performed at WAMS during the study period.

No chlamydia or gonorrhoea was detected. Two women received a positive result for trichomonas.

Study conclusions

Over the course of the study, over 100 women attended WAMS to participate in the study; of these, 74 were eligible and consented to participate. The dedication and efforts of the WAMS AHWs in particular was critical to raising awareness about cervical screening, the opportunity for screening as part of the study, and recruiting and transporting women to attend. Overall, of the 74 eligible women, a relatively low incidence of cervical abnormality was detected. The majority of HPV detected was "not 16/18", and these women will be re-screened by WAMS after 12 months. All women with a "higher risk" result were referred to a specialist for treatment and management. The combined screening approach appeared to be generally acceptable to women, noting that all women were also happy to have a speculum insertion and clinician-collected sample. It is less clear whether same-day treatment was acceptable, given the small sample eligible for this and the staffing limitations in offering this procedure. Most women who required additional appointments at WAMS or with a specialist attended for this; the support of AHWs was similarly critical in this process to follow up women and assist with transportation if required.

Evaluation conclusions

Despite some challenges, the program was viewed as a success overall by the majority of those interviewed and surveyed (AHWs, clinicians and participating clients). It was emphasised that, while target numbers for screening were not reached, the impact on the community was highly beneficial, due to the engagement of women overdue for screening or those that had never before been screened. Although the clients viewed the same-day screen and treat method as acceptable, community engagement by the AHWs was identified as the main reason for women's participation. Client feedback suggests the pilot study screening program was considered acceptable and beneficial. Professional development and increased confidence in addressing cervical cancer screening with clients was also seen as a core benefit. Several areas for improvement were highlighted, including enhanced communication and continuing consultation with all stakeholders, staggering the timing of the monthly screening program, and involving clinicians in community engagement and education.

Acknowledgements

- FPNSW trainers and clinical support, including Karen Wallace, Dr Lynne Wray, Cathy McGowan and Lorraine Edney
- WAMS AHWs and clinical staff, including Marissa Walford, Paige Darlington, Nichole Kennedy, Whitney Skuthorpe, Melissa Hailey, Sue Jenkins, Cherin Singh, Ngawai Hyland and Mereana Senior
- FPNSW health promotion team, including Ben Davis, Jean Brain and Nicole Powell
- The FPNSW Aboriginal Women's Advisory Group for reviewing resources and providing feedback
- The Cancer Institute NSW for project funding through the *Innovations in Cancer Control* grant
- Cepheid for providing GeneXpert equipment for HPV point-of-care testing
- Douglas Hanly Moir, particularly Dr Annabelle Farnsworth, Carolyn Smith and Terri Sivertsen, for providing laboratory support and processing samples
- The Expert Reference Group for their support and oversight
- The Quality Assurance Committee for data monitoring and review