

# How is cervical cancer screening discussed with clients at a sexual health clinic in Melbourne, Australia?

Esha Abraham<sup>A,B</sup>, Christopher K. Fairley<sup>A,B</sup> , Henrietta Williams<sup>A</sup>, Anna Morton<sup>A</sup>, Helen Henzell<sup>A</sup>, Kate Maddaford<sup>A</sup>, Rebecca Wigan<sup>A</sup>, Eric P. F. Chow<sup>A,B,C,\*,#</sup> , and Tiffany R. Phillips<sup>A,B,#</sup> 

For full list of author affiliations and declarations see end of paper

**\*Correspondence to:**

Eric P. F. Chow  
Melbourne Sexual Health Centre,  
580 Swanston Street, Carlton, Vic. 3053,  
Australia  
Email: [eric.chow@monash.edu](mailto:eric.chow@monash.edu)

<sup>#</sup>Co-last author

**Handling Editor:**

Roy Chan

**Received:** 27 May 2022

**Accepted:** 31 May 2022

**Published:** 30 June 2022

**Cite this:**

Abraham E et al. (2022)  
*Sexual Health*, **19**(5), 486–487.  
doi:[10.1071/SH22093](https://doi.org/10.1071/SH22093)

© 2022 The Author(s) (or their employer(s)). Published by CSIRO Publishing.

## ABSTRACT

We conducted a survey among 40 clinicians working at the Melbourne Sexual Health Centre in November 2021. We asked clinicians how they discussed cervical screening with their clients. All clinicians used the term ‘Cervical Screening Test (CST)’ when discussing cervical cancer screening with clients. However, 19 clinicians (48%) also used the term ‘Pap smear’, particularly among older women as they were more familiar with Pap smear than CST. Twenty-five (63%) clinicians believed that clients did not understand the difference between Pap smears and CST. Further education is required to improve the understanding between the terminologies.

**Keywords:** cancer, cervical cancer, gynaecology, HPV, human papillomavirus, prevention, screening, sexual health, women health.

The establishment of the National Cervical Screening Program (NCSP) provided free Papanicolaou (Pap) smears to women in Australia until 2017.<sup>1</sup> A significant change in the program was the replacement of the Pap smear with the Cervical Screening Test (CST).<sup>2</sup> Pap smears assessed cytological changes and screening was recommended every 2 years previously. Whereas, the CST screened for the presence of human papillomavirus (HPV) and the rescreening interval was extended to 5 years.

This study aimed to understand what specific terminology was used by clinicians at the Melbourne Sexual Health Centre (MSHC) when they discussed cervical cancer screening with female clients. MSHC is the major publicly funded sexual health clinic in Victoria, Australia, which provides free HIV and STI testing and treatment to clients. While MSHC does not routinely perform Pap smears or CSTs, we asked clients to report their last Pap smear or CST as part of routine clinical care.

Between 5 and 24 November 2021, we conducted a paper-based survey among clinicians working at MSHC. We included all doctors and nurses who provided clinical consultations to female clients at MSHC and had ever discussed cervical cancer screening with female clients. This survey collected basic demographic information about clinicians, the most common term(s) used by the clinician when discussing cervical screening, and how they perceived clients’ understanding of cervical cancer screening. Completion and return of the questionnaire were taken as implied consent to participate. This project was approved by the Alfred Hospital Ethics Committee (553/21).

Overall, the survey was distributed among 52 clinicians, and 40 (76%) participated (Table 1). Most participants (65%,  $n = 26$ ) were females, doctors (58%,  $n = 23$ ), and had practised for over 15 years (63%,  $n = 25$ ).

All 40 clinicians had discussed HPV screening with their female clients in the past 12 months (Table 1). All clinicians used the term ‘CST’ when discussing cervical cancer screening with clients; however, almost half (48%, 95% CI: 33–63%,  $n = 19$ ) would also use the term ‘Pap smear’ during these discussions.

These 19 clinicians reported they used different terminology for different clients, and several mentioned that women who are older or born outside Australia were more familiar with ‘Pap smear’. Half of the clinicians who responded to our survey stated that clients used the two terms interchangeably (52%, 95% CI: 38–67%,  $n = 21$ ). However,

**Table 1.** Demographic characteristics of 40 clinicians participating in the survey.

Characteristics	Number (%) or median (IQR)
Gender identity, <i>n</i> (%)	
Female	27 (68)
Male	13 (33)
Occupation, <i>n</i> (%)	
Nurse	17 (43)
Doctor	23 (58)
Year of practice, <i>n</i> (%)	
0–5 years	3 (8)
6–10 years	7 (18)
11–15 years	4 (10)
> 15 years	25 (63)
Prefer not to answer	1 (3)
Number of female clients in a typical week, median (IQR)	8 (4–16)
Discussed HPV screening with clients at MSHC in the past 12 months, <i>n</i> (%)	
Yes	40 (100)
No	0 (0)

IQR, interquartile range.

almost two-thirds of clinicians (63%, 95% CI: 47–76%, *n* = 25) believed that clients did not understand the difference between Pap smears and CST.

There have been few studies assessing the impact of the change to the NCSP. Our findings reflect those of Dodd *et al.*, who found that Australian women had limited knowledge about the changes to the NSCP.<sup>3</sup> Our study provides an insight into how clinicians view clients' understanding of these changes. Most clinicians believed that clients were confused about the two tests. Further steps should be

taken to improve understanding, such as disseminating written information through pamphlets and websites. Using appropriate language with clients to facilitate a clear understanding can also be beneficial.

Our study has several limitations. First, this study only recruited clinicians from a single sexual health clinic in Melbourne. As a result, these findings may not be generalisable across other centres. Second, our findings are based on clinicians' perceptions; however, it is unclear whether this is an accurate reflection of client understanding.

Findings from our study provide an insight into how clinicians discuss cervical cancer screening with clients at our clinic. The interchangeable use of the terms 'Pap smear' and 'CST' could predispose clients to an incomplete understanding of their differences. In turn, this could affect the information gathered from clients and the effects of the education we provide. It is possible that client understanding is quite poor, and greater efforts could be taken to ensure women are provided with adequate information about the changes.

## References

- 1 Australian Government Department of Health. About the National Cervical Screening Program. Canberra: Australian Government Department of Health; 2021. Available at <https://www.health.gov.au/initiatives-and-programs/national-cervical-screening-program/about-the-national-cervical-screening-program>. [cited 27 May 2022]
- 2 Australian Government Department of Health. National cervical screening program – Policy on transitioning women to the renewed National Cervical Screening Program. Canberra: Australian Government Department of Health; 2018. Available at <https://www.health.gov.au/sites/default/files/documents/2019/10/national-cervical-screening-program-policy-on-transitioning-women-to-the-renewed-national-cervical-screening-program.pdf>. [cited 27 May 2022]
- 3 Dodd RH, Mac OA, McCaffery KJ. Women's experiences of the renewed National Cervical Screening Program in Australia 12 months following implementation: a qualitative study. *BMJ Open* 2020; 10(7): e039041. doi:10.1136/bmjopen-2020-039041

**Data availability.** All data analysed during this study are included in this article.

**Conflicts of interest.** EPFC and CKF are Editors of *Sexual Health* but played no role in the editorial handling or review of this manuscript. All other authors have no conflicts of interest to declare.

**Declaration of funding.** EPFC is supported by the Australian National Health and Medical Research Council (NHMRC) Emerging Leadership Investigator Grant (GNT1172873). CKF is supported by an Australian NHMRC Leadership Investigator Grant (GNT1172900).

**Acknowledgements.** The authors acknowledge Gerald Tataro for his assistance in distributing and collecting the questionnaire.

**Author contributions.** EPFC and TRP conceived the study idea. EA, CKF, HW, AM, HZ, EPFC and TRP designed the questionnaire. KM and RW assisted with the study design. EA performed data analysis and wrote the first draft of the paper. EPFC and TRP provided supervision to the project. EA, CKF, HW, AM, HZ, KM, RW, EPFC and TRP were involved in data interpretation, revising the manuscript for important intellectual content and approved the final version.

## Author affiliations

<sup>A</sup>Melbourne Sexual Health Centre, Alfred Health, Melbourne, Vic., Australia.

<sup>B</sup>Central Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Vic., Australia.

<sup>C</sup>Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Vic., Australia.