

**“Women who don’t have Pap smears say they would be more willing to screen if their GP told them it was important.”**

## Key Messages

- A Pap smear every two years can prevent the most common form of cervical cancer in **up to 90%** of cases.
- The **biggest risk factor** in cervical cancer is not being screened every two years.
- **3 out of 4** women who develop cervical cancer have either never had a Pap smear or haven’t had one in the past 5 years.
- **36%** of women aged 18-70 do **not** have 2 yearly Pap smears.

## Summary

There are many strategies to overcome barriers to cervical screening. Here are some tips

- Step 1** Identify possible high-risk groups, especially women who have never screened or are under-screeners
- Step 2** Explore your patient’s cervical screening history
- Step 3** Encourage your patient to begin screening/have a Pap smear now
- Step 4** Implement and monitor patient recall and recruitment procedures

## Barriers to screening

- Poor understanding of risk and the role of screening in cancer prevention and detection.
- Screening is not a priority
- Embarrassment; pain and/or discomfort
- Fear of result

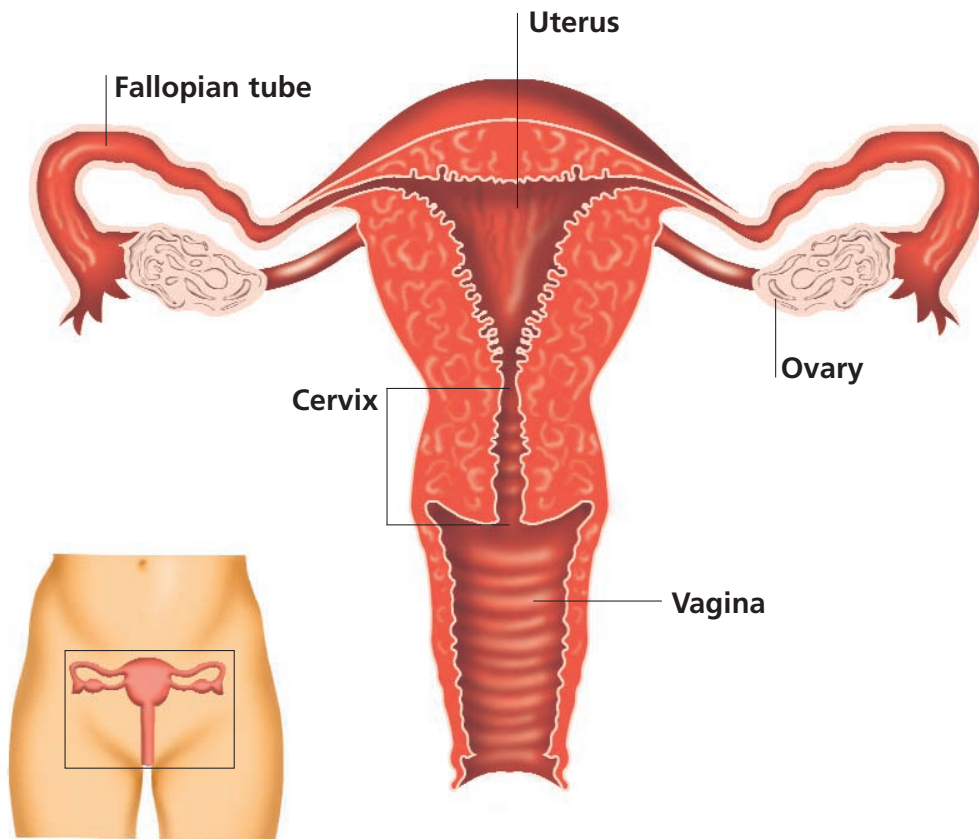
## Suggested Strategies for GPs

- Provide information
- Explain how a Pap smear is carried out (use diagram on reverse)
- Stress the importance of 2 yearly Pap smears as a preventive measure
- Provide a comfortable and secure environment for screening

## Specific groups

- **Early re-screeners**
  - Explain that screening more frequently than every two years offers no substantial advantage.
  - Explain the long development period for most cervical cancer – usually 10 years.
- **Women from non-English speaking backgrounds**
  - Be considerate of extreme shyness in some cultures.
  - Arrange for assistance of an interpreter or provide information to take home.
- **Aboriginal and Torres Strait Islander women**
  - Be aware of language barriers.
  - Acknowledge specific cultural beliefs and the belief in privacy.
  - Ensure your practice is culturally safe and culturally effective.
- **Women in rural and remote areas**
  - Demonstrate that you provide a confidential service.
  - If you know the patient in a social context, referral to another GP may be appropriate.
- **Lesbians**
  - Don’t assume all women are heterosexual.
  - Convey message that sexual contact includes male to female, and female to female sex.
- **Women with disabilities**
  - A carer may accompany a patient with a disability. Ensure you speak directly to the patient.
  - Be aware of needs and fears (such as fear of falling from the examination table).
- **Older women**
  - Be aware of concerns relating to comfort, modesty and embarrassment.
- **Women from low socio-economic backgrounds**
  - Screening may be a low priority, due to financial or other issues.
- **Women who have suffered sexual abuse**
  - Screening may be seen as a violation of their bodies.
  - Help reduce anxiety and provide information to take away.

## Uterus



## Free publications

### For service providers and health professionals

- "Screening for the prevention of cervical cancer"

### For consumers

- "When did you last have a Pap smear?"
- "Pap smear results: a guide for women with an abnormal Pap smear"

To order copies of publications: call 1800 020 103, or access on the Australian Government Department of Health & Ageing's website:

[www.cervicalscreen.health.gov.au](http://www.cervicalscreen.health.gov.au)

For non-English language material: call 13 15 56

## Further information

[www.cervicalscreen.health.gov.au](http://www.cervicalscreen.health.gov.au)

[www.healthinsite.gov.au](http://www.healthinsite.gov.au)

State/Territory Cervical Screening Program **13 15 56**

Translating & Interpreting service **13 14 50**



A joint Australian Government & State/Territory Health initiative

**National Cervical Screening Program**