



# SCREEN SMART: Lung Cancer Screening Program and Cancer Screening Updates

Dr Sarika Sundar, Respiratory Physician and Interventional Pulmonologist,  
Wollongong Hospital

Dr Katherine Michelmore and Dr Billie Rajabali, Medical Directors,  
COORDINARE.

15 August 2024

# Acknowledgement of Country

We wish to acknowledge the Traditional Custodians of the lands on which we are meeting today. We pay our respects to their Elders, past, present and emerging and implicitly acknowledge their continuing connections to their ancestral lands.

*Artwork: Aunty Loretta Parsley  
– Walbunja Elder*



# Program



## Dr Sarika Sundar

- Lung cancer clinical update, early diagnosis, optimal pathways.
- Preparing for the new national lung cancer screening program in 2025.

## Dr Katherine Michelmore

- Recent developments in national cervical and bowel screening programs.
- Demonstration of NCSR integration with practice software, how to use it in your workflow to improve screening rates and data.
- Option for practices to order FOBT kits

## Dr Billie Rajabali

- Relevant surgical referral pathways and support services
- New Pathway in SNSWLHD: Optimal Cancer Care Pathway for people with Hodgkins Disease and diffuse large B-cell lymphomas.

**Please note that this webinar will be recorded**



## Dr Sarika Sundar

Dr Sarika Sundar is a Respiratory Staff Specialist at Wollongong Hospital with a fellowship in Interventional Pulmonology through Macquarie University. She has a special interest in lung cancer and interventional procedures and is the lung cancer lead at Wollongong Hospital.

# Agenda

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Australian Lung Cancer Statistics

Symptoms of Lung Cancer

Update on the National Lung Cancer Screening Program

- Who, What, Why, How

Lung Cancer diagnostic pathway

Current referral pathways

# Disclaimers

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- AstraZeneca

# Lung Cancer Statistics

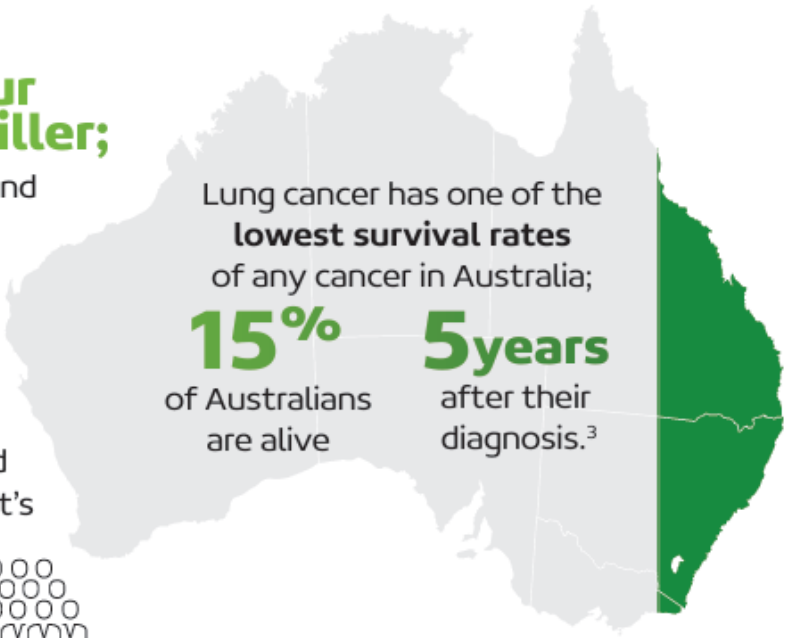
## Lung cancer is our biggest cancer killer;

more than breast, prostate and ovarian cancers combined.<sup>1</sup>

**25** people a day  
**DIE** from lung cancer.<sup>3</sup>

**12,500**  
Australians will be diagnosed  
with lung cancer in 2017. That's

**34** people  
a day\* 



Lung cancer has one of the  
**lowest survival rates**  
of any cancer in Australia;

**15%** of Australians  
are alive **5 years**  
after their diagnosis.<sup>3</sup>

# Lung Cancer Statistics

## 2022 data of incidence and mortality

		Incidence <sup>3</sup>			Deaths <sup>4</sup>
1	Breast	20,640	Lung		9,193
2	Prostate	24,217	Colorectal		5,154
3	Melanoma	17,756	Pancreas		3,528
4	Colorectal	15,713	Breast		3,083
5	Lung	14,529	Prostate		2,802

## Lung cancer is Australia's leading cause of cancer death \_\_\_\_\_

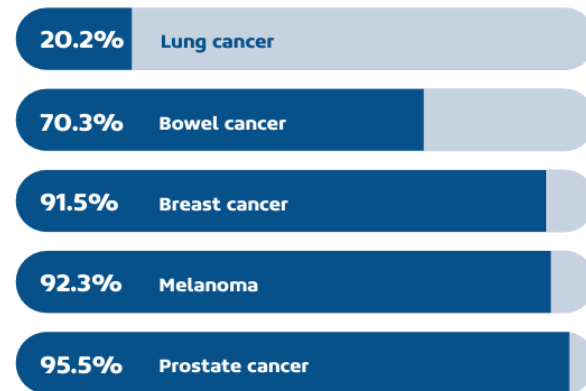
# 8,693

Australians lost **their lives**  
to lung cancer in 2021 -  
**that's almost one**  
**person every hour**

# 149,000

**years of life** lost due to  
premature mortality

Lung cancer's **5-year survival rate** is the lowest of the  
5 most common cancers





# Lung Cancer Statistics

## Lung cancer is costly

By 2031 it's predicted that the economic burden of lung cancer will increase to

**\$8.5 billion**



Lung cancer is the **third most expensive** cancer

The current annual costs of lung cancer are:

**\$448 million**

in direct costs, including treatment, out-of-hospital costs and out-of-pocket expenses

**\$14.9 million**

in indirect costs, including absenteeism resulting from additional time off work taken

## Mental health impacts



**50% of Australians** living with lung cancer experience **distress, anxiety and/or depression**, which worsens quality of life

Compared to other cancers, the prevalence of poor mental health is **29.6% higher** for people with lung cancer



People living with lung cancer experience **stifling stigma**

Stigmatisation further exacerbates psychological distress, placing them at a high risk of suicide



Over a **third of Australians** believe people with lung cancer **"only have themselves to blame"**

10

## Delays in diagnosis and treatment

Nearly half (48%) of lung cancer patients wait more than

**42 days** before accessing treatment



**42%**

of lung cancer cases are diagnosed at stage IV and only **3.2% survive 5 years**

**28.5%**

of people are not staged when diagnosed, **potentially missing life-changing treatment and care**

## An unfair fight

Aboriginal and Torres Strait Islander people are **twice as likely** to be diagnosed with and to die from lung cancer than non-Indigenous Australians



People experiencing socio-economic (SES) disadvantage are **twice as likely** to be diagnosed with and to die from lung cancer than people in higher SES areas

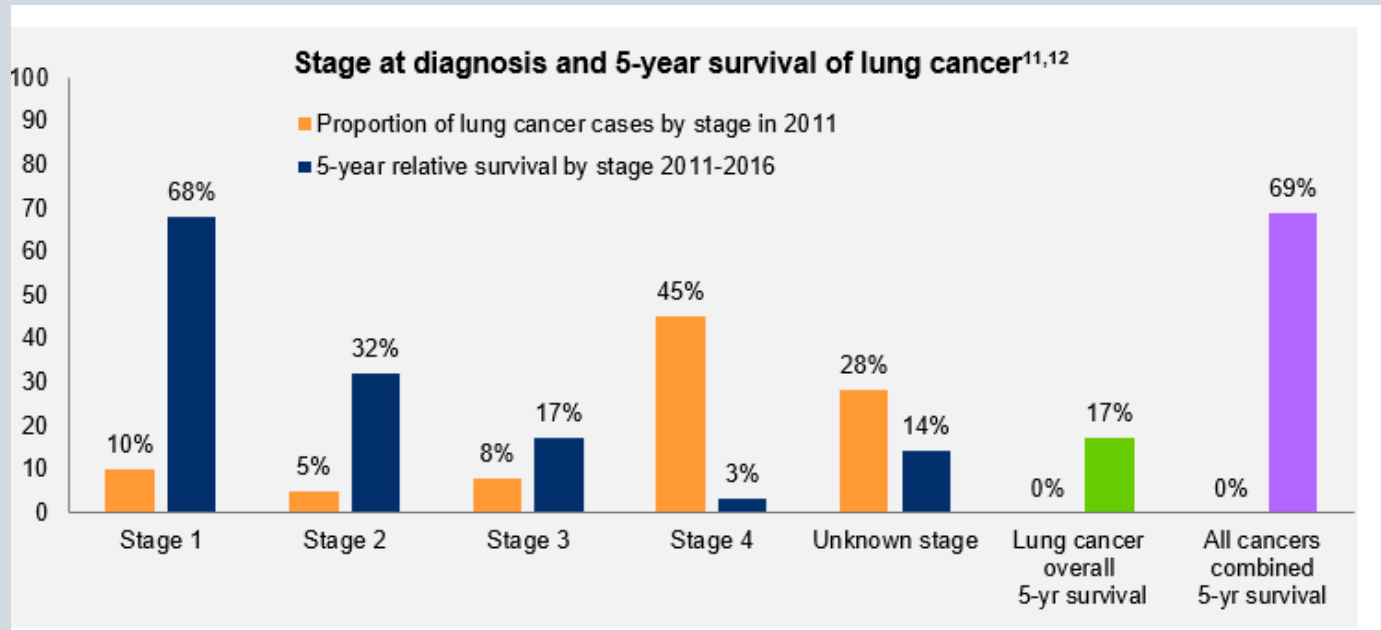
Compared to major cities, Australians living in regional, rural and remote areas experience

**12%** lower survival rate

**31%** more cases



# Lung Cancer Statistics





# Lung Cancer Statistics

## Lung cancer in NSW



Incidence  
4<sup>th</sup>



Mortality  
1<sup>st</sup>



Survival  
1 yr 50%

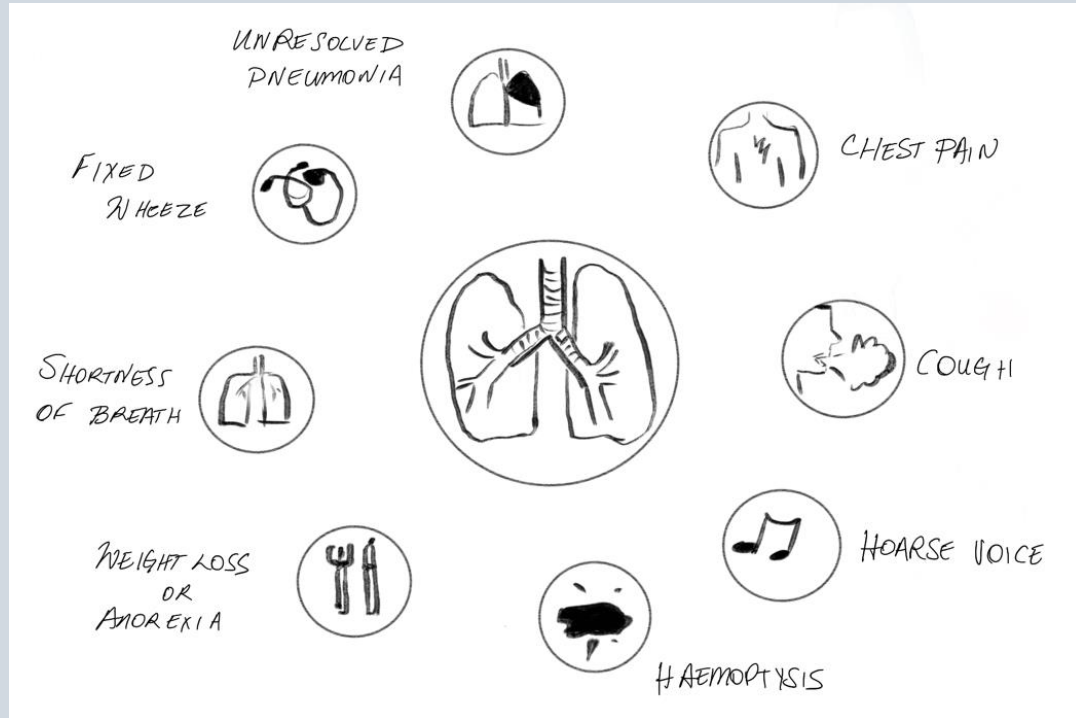


First Nations  
Most common  
Cancer



Primary risk  
factor  
Smoking

# Lung Cancer Symptoms



# Lung Cancer Symptoms

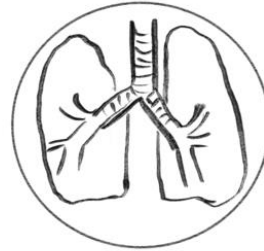
## Other symptoms of lung cancer include:

- Fatigue
- Deep Vein Thrombosis
- Abnormal chest signs
- Finger clubbing
- Cervical and/or supraclavicular
- Lymphadenopathy
- Features suggestive of lung cancer metastasis (e.g. brain, bone, liver or skin)
- Pleural effusion
- Thrombocytosis

UNRESOLVED  
PNEUMONIA



CHEST PAIN



COUGH



HOARSE VOICE

WEIGHT LOSS  
OR  
ANOREXIA



HAEMOPTYSIS

# Risk factors

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Smoking

Exposure to other substances – asbestos, radon, uranium, chromium, nickel, diesel fumes and soot

Air pollution

Family history

Personal history of lung disease

Genetics



# Smoking

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## Quantifying the number of pack years

Pack years = Number of packets smoked per day x Number of years smoked

\*assumes 20 cigarettes in a packet

1 packet/day for 1 year = 1 pack year

2 packets/day for 6 months = 1 pack year



## National Lung Cancer Screening Program

Commencement by July 2025

Aim: To maximise prevention and early detection of lung cancer.

Co-designed with the First Nations health sector to achieve equity in cancer outcomes for vulnerable groups

Expected to prevent >500 lung cancer deaths per year



# National Lung Cancer Screening Program



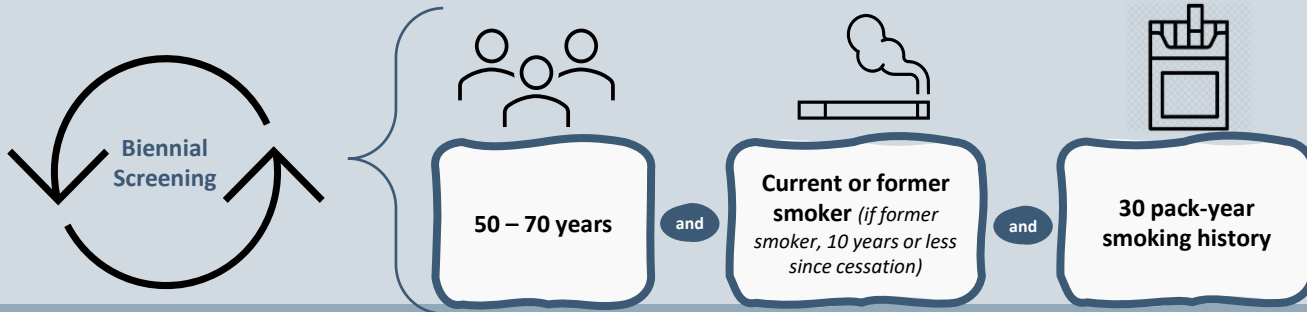
**Australian Government**  
**Cancer Australia**



**Australian Government**  
**Department of Health  
and Aged Care**



- The NLCSP was announced in the 2023-24 Budget, with the Government committing \$263.8 million over the forward estimates to support its successful implementation of the program.



# National Lung Cancer Screening Program



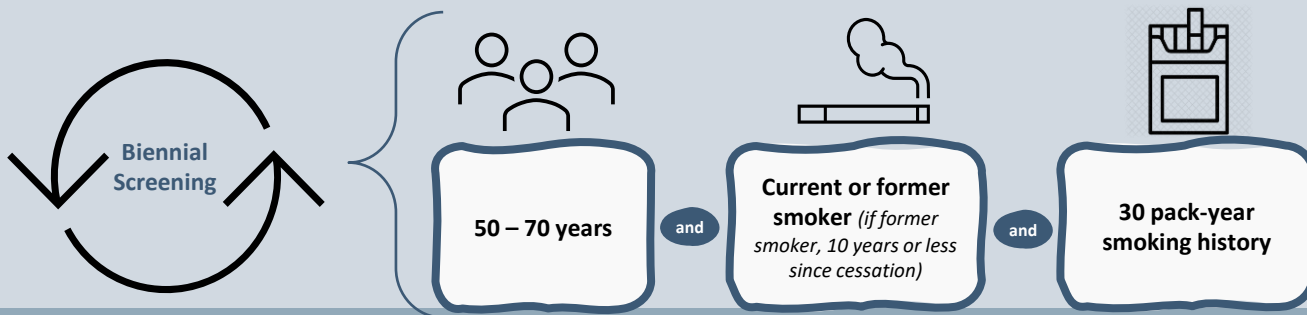
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Cancer Australia



Australian Government  
Department of Health  
and Aged Care



Does NOT include people exposed to other agents known to increase the risk of lung cancer or non-smokers with a family history/genetic pre-disposition.



## Program Governance



### Partnerships

Co-design the implementation of a NLCSP with First Nations people and priority population groups

Delivery partnership with NACCHO and ACCHOs



### Access

Support for equitable access in rural and remote communities

Mobile screening capability



### Clinical

*In partnership with Cancer Australia*

Program guidelines  
Program materials  
Quality & safety framework  
Data governance



### MBS

Creation of two MBS items for LDCT screening



### NCSR

Expand the National Cancer Screening Register (NCSR) to include the NLCSP



### Legislation

Amend the NCSR Act and Rules

NLCSP Privacy Impact Assessment



### Communications

Communications campaigns to launch program and promote uptake

## Stakeholder Consultation and Engagement

# National Lung Cancer Screening Program

## Equitable Access Vision

- Australians living in rural, remote, and First Nations communities are disproportionately impacted by lung cancer incidence and mortality.
- Heart of Australia (HoA) – will deliver mobile screening services in rural and remote communities only.
- HoA trucks have the capacity to deliver in communities with unsealed roads and are battery operated.
  - Broader health services are available, local health services will agree arrangements HoA.
- Mobile screening routes will be determined through a consultation process with jurisdictions, NACCHO and HoA.
- We are assessing, with states, the logistical and operational constraints to:
  - Identify areas of greatest need
  - Develop community engagement strategies that support participation and deliver a culturally safe service

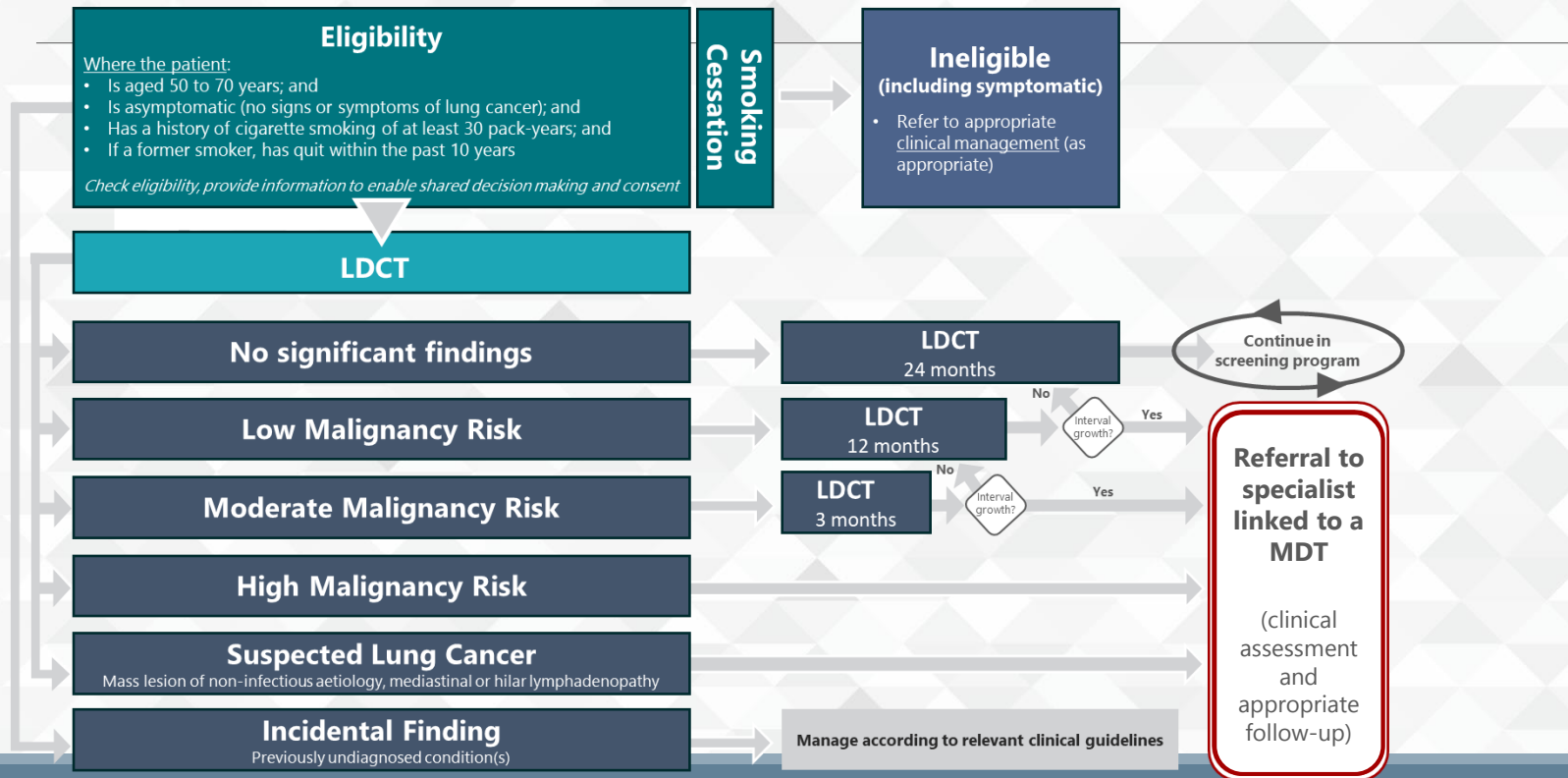


# Mobile screening for rural/remote areas

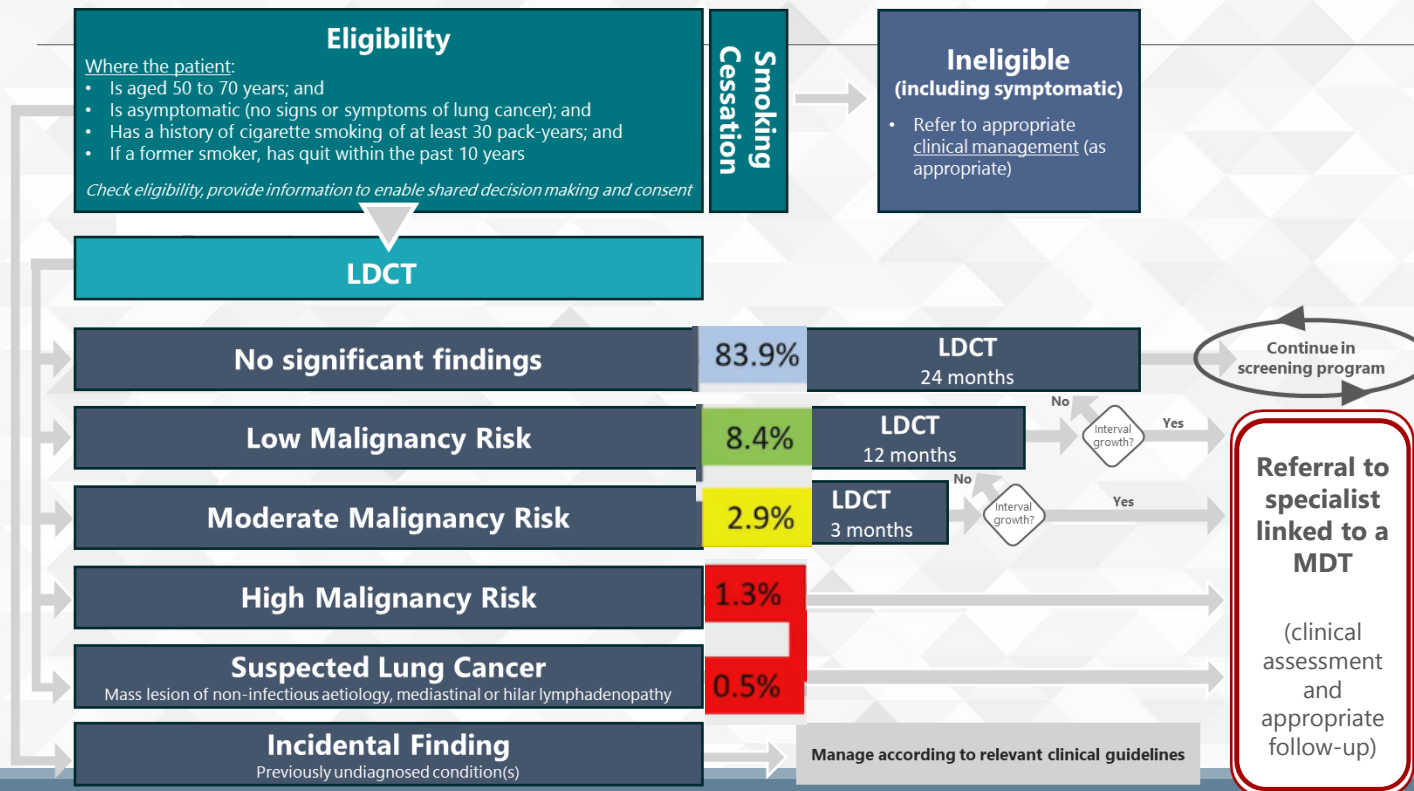
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# Screening and assessment pathway



# Screening and assessment pathway





# Lung Cancer Screening Workforce



Australian Government  
Cancer Australia

Post-screening, usual care arrangements

## General Practitioner

### Recruitment

- Self-referral
- Facilitated
- Opportunistic entry
- Organised entry
- Ongoing access

### Eligibility

- Confirm eligibility
- Shared decision making & consent
- Refer for low-dose CT scan (LDCT)
- Input patient information in the National Cancer Screening Register (NCSR)

### Management

- Refer to specialist linked to MDT if High Risk, or Suspected Lung Cancer detected
- Management of incidental findings on LDCT scan according to relevant clinical guidelines

## Radiographer

### Screening

- Conduct LDCT scan

## Radiologist

### Assessment

- Read and report LDCT scan
- Complete Structured Reporting Template
- Provide report to GP and NCSR

## Respiratory Physician (if required)

### Assessment

- Clinical assessment determined by the findings of the LDCT
- Refer to specialist linked to MDT if High Risk, or Suspected Lung Cancer detected

### Management

- Clinical management of LDCT findings as appropriate

## Lung Cancer Nurse

## Cardiothoracic Surgeon

## Radiation Oncologist

## Medical Oncologist

### Management

- Clinical management of LDCT findings as appropriate



# Lung Cancer Screening Workforce



Australian Government  
Cancer Australia

GPs are the primary drivers of recruitment. However, all medical practitioner workforce groups are able to recruit participants

Post-screening, usual care arrangements

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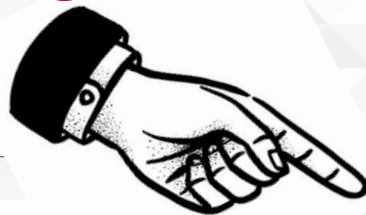
Radiation Oncologist

Medical Oncologist

## Management

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Post-screening, usual care arrangements



# The role of the Respiratory Physician

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Assess patient fitness for diagnosis and/or management

Diagnose and optimise other concomitant respiratory conditions

Primary role in diagnosis and staging

- PET/CT
- Bronchoscopy
- Linear EBUS
- Radial EBUS
- Refer for CT guided biopsy

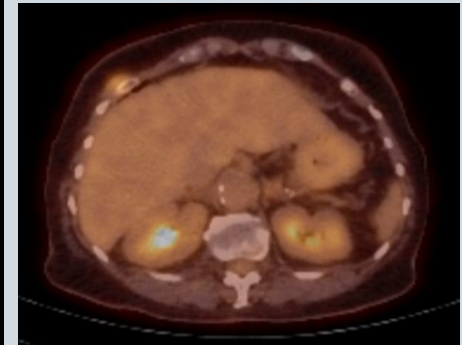
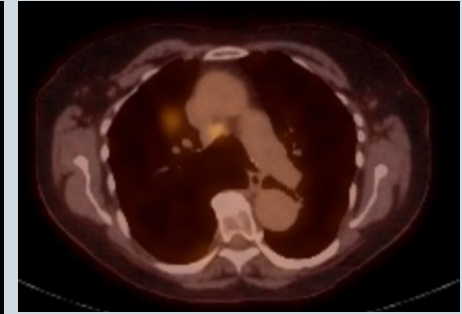
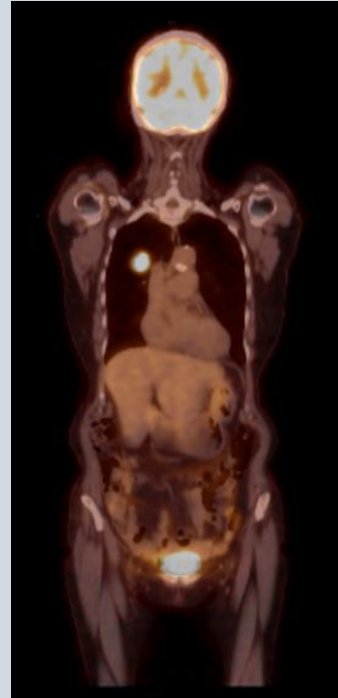
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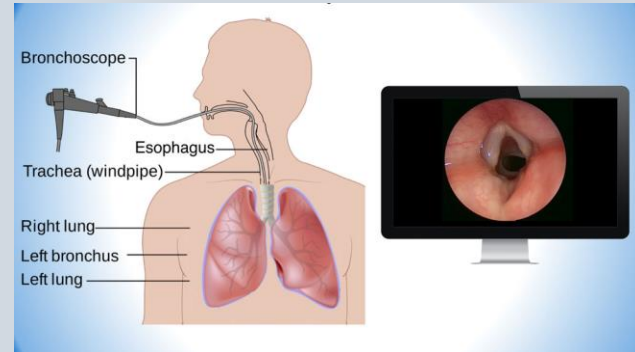
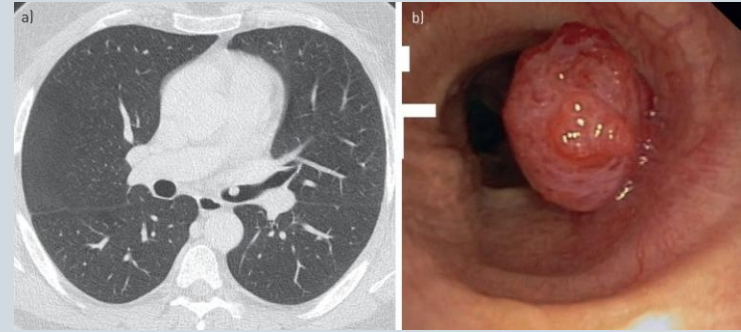
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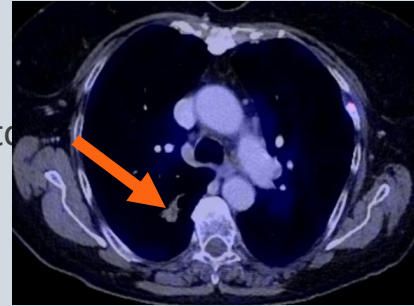
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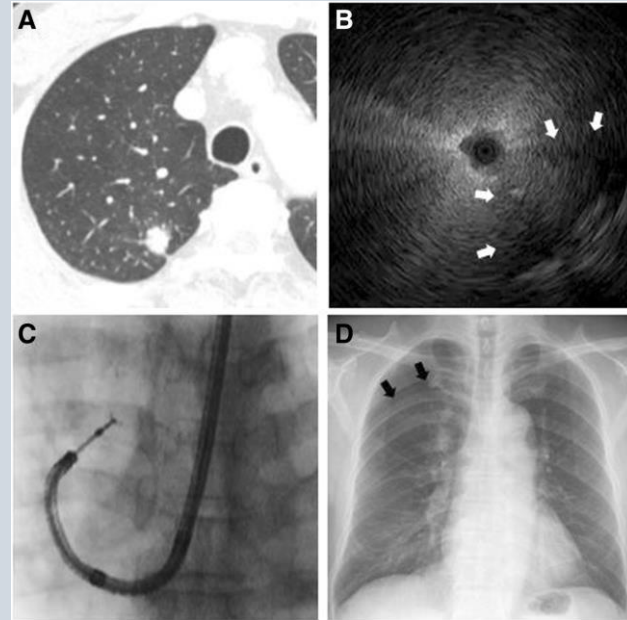
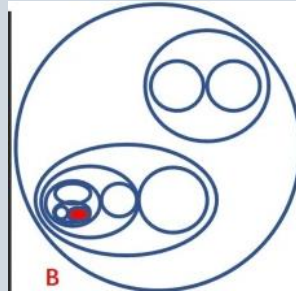
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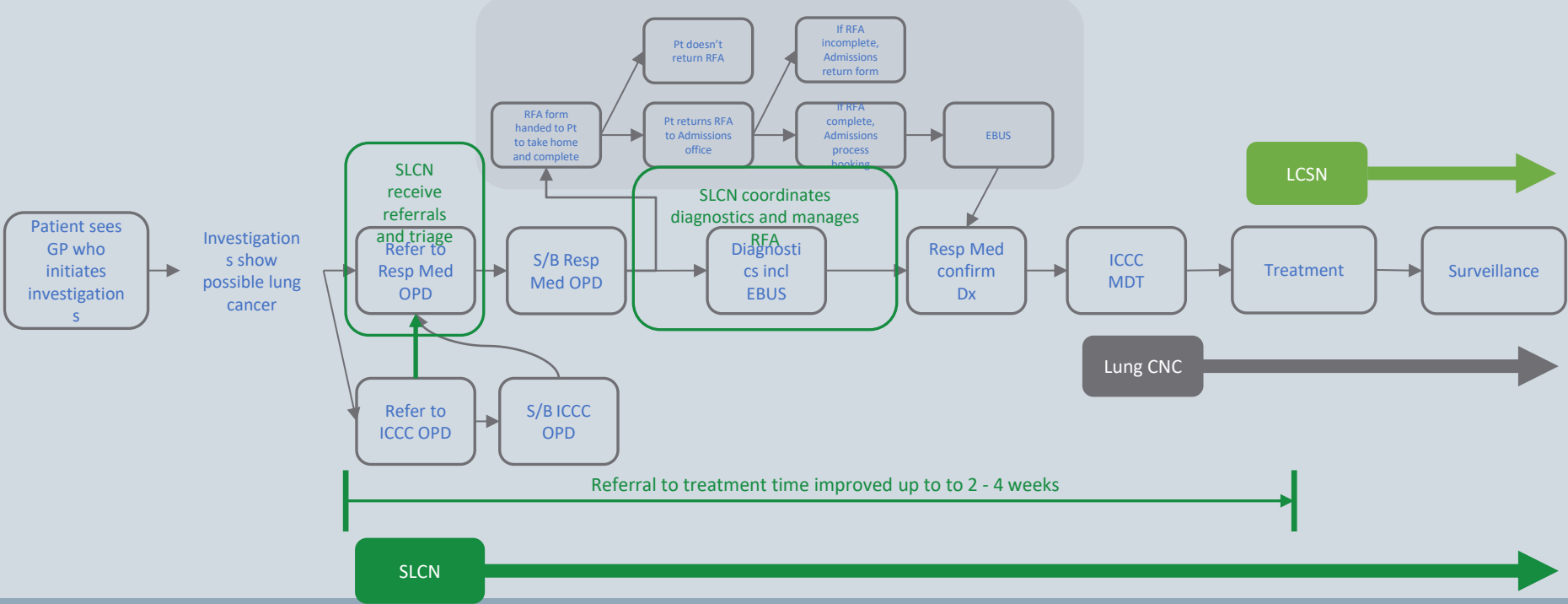
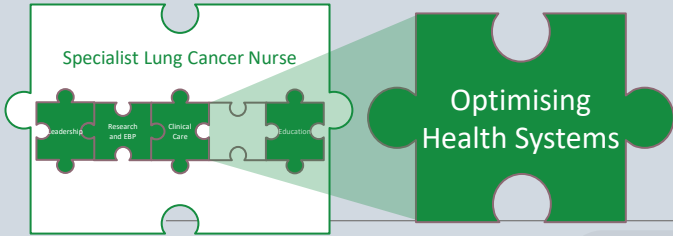


# Optimal Lung Cancer Pathway

42 Days

Step in pathway	Care point	Timeframe
Presentation, initial investigations and referral	Signs and symptoms	Presenting symptoms should be promptly and clinically triaged with a health professional
	Initial investigations initiated by GP	Patients should be provided with test results <b>within 1 week</b> of presenting to their GP
	Referral to specialist	The specialist (linked to a lung cancer multidisciplinary team) appointment should take place <b>within 2 weeks</b> of the GP referral
Diagnosis, staging and treatment planning	Diagnosis and staging	Diagnostic tests should be completed <b>within 2 weeks</b> of the first specialist appointment
	Multidisciplinary team meeting and treatment planning	All newly diagnosed patients should be discussed in an MDM, usually <b>before treatment begins</b>
Treatment	Surgery	Treatment should begin <b>within 6 weeks</b> of specialist referral Medical emergencies should follow guidelines
	Radiation therapy	
	Local ablative therapies	
	Systemic therapy	

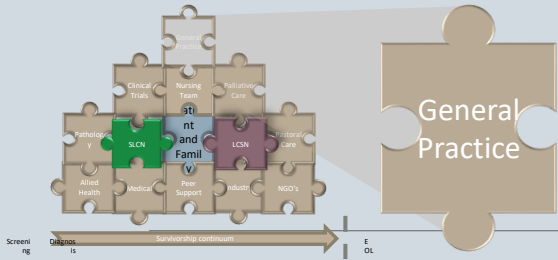




# Specialist Lung Cancer Nurses

- 🌿 **Improve access, timeliness, equity & care** for those with a suspected or confirmed thoracic malignancy & ensure people diagnosed with a thoracic malignancy receive care & treatment in line with the principles of the Optimal Care Pathway (OCP) for people living with lung cancer
- 🌿 **Provide information & education** to patients & families about treatment, symptom management, tx side effects & potential complications.
- 🌿 Expand service reach through **Lung Foundation Australia's Lung Cancer Support Nurse Telehealth Service** for patients requiring additional information, connection & support, particularly those in regional, rural & remote areas.
- 🌿 **Be a resource and primary contact person for patients**, carers and the multi-disciplinary members involved in their care improving lines of communication
- 🌿 Streamline and direct incoming referrals to improve clinic efficiency and productivity through the coordination of investigations and follow up





General Practice

# IN THE LOOP

ALL THE LATEST HEALTH NEWS IN SOUTH EASTERN NSW



November 2022

Top stories:

- **COORDINARE - South Eastern NSW PHN CEO update**
- **COVID-19 vaccine in vulnerable communities grant**
- **headspace Yass official opening**
- **GP Psychiatry Support Line**

## • COORDINARE PHN South Eastern NSW

- Promotion
- Referral pathways
- Education

Have a patient with confirmed or suspected

# LUNG CANCER?

GET IN TOUCH WITH OUR SPECIALIST LUNG CANCER NURSES

WOLLONGONG HOSPITAL - SHELLHARBOUR HOSPITAL - SHOALHAVEN HOSPITAL  
RESPIRATORY MEDICINE DEPARTMENT  
ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

### WHAT WE DO

- Improve access, timeliness, equity & care for those with a suspected or confirmed thoracic malignancy
- Ensure people diagnosed with a thoracic malignancy receive care & treatment in line with the principles of the Optimal Care Pathway for people with lung cancer
- Provide information & education to patients & families about treatment, symptom management, side effects & potential complications
- Utilise Lung Foundation Australia (LFA) Lung Cancer support Nurse Telehealth Service for patients requiring additional information, connection & support, particularly for those in regional, rural & remote areas.

**Contact us:**  
 Wollongong: 0499 942 189 & 0499 942 186  
 Shellharbour: 0499 790 826  
 Shoalhaven: 0499 789 849

ISLHD-SLCN@HEALTH.NSW.GOV.AU LFA Free call: 1800 654 301

# Summary

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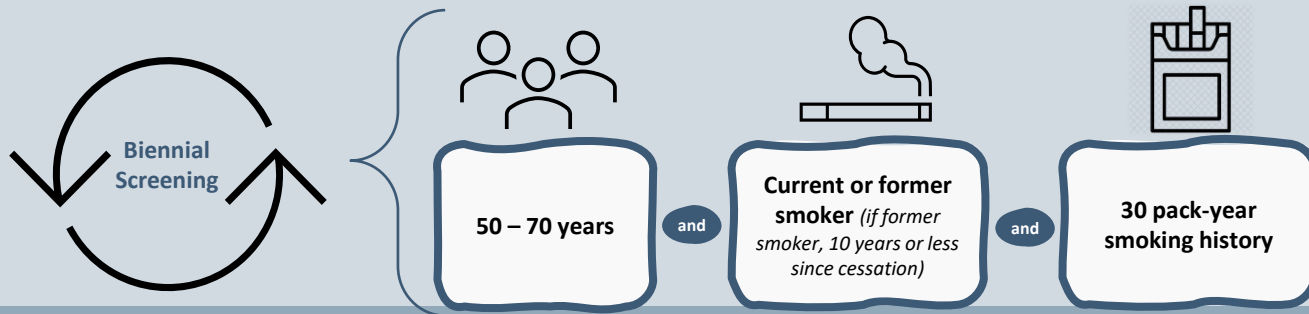
Lung cancer is common, outcomes are poor

Low threshold to investigate for lung cancer in at risk populations

Lung cancer screening is coming

- GPs are going to be the key to success

Early referral to Respiratory Specialist for work-up



# Contact us

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## Wollongong

- 🏠 Respiratory Medicine Department phone: 4253 4138, Fax: 42534141
- 🏠 SLCN: 0499942189 and 0499 790 826
- 🏠 Email: [isld-slc@health.nsw.gov.au](mailto:isld-slc@health.nsw.gov.au)
- 🏠 COORDINARE Digital Health Team 1300 369 002 or [digitalhealth@coordinare.org.au](mailto:digitalhealth@coordinare.org.au) Electronic Referrals | COORDINARE - South Eastern NSW PHN
- 🏠 Healthlink (SmartForms) support 1800 125 036 or [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

## Shoalhaven

- 🏠 Respiratory Medicine Department: phone:44239587 fax:44287621
- 🏠 Dr Burke, Respiratory Physician- ph:44223433, fax 44223885
- 🏠 SLCN Shoalhaven-0499789849Call: 0499942189 (TWH), 0499789849 (SDMH)
- 🏠 Email: [isld-slc@health.nsw.gov.au](mailto:isld-slc@health.nsw.gov.au)



# SCREEN SMART: Cancer Screening Updates

HPV CST screening

Bowel screening

Accessing NCSR from practice software

# National cervical screening program update: The self-collection option



- Current national campaign. Aim to eliminate cervical cancer by 2035
- >70% diagnosed with cervical cancer are under/never screened
- Self-collection is available to all women and people with a cervix aged 25-74
- Specific focus to target under/never screened groups including:
  - Aboriginal & Torres Strait Islanders
  - People living with disability
  - Culturally and linguistically diverse patients
  - LGBTQI people
  - People living in rural and remote communities

[Self-collection: A game changer for cervical screening | National Cancer Screening Register \(ncsr.gov.au\)](#)

[Self-collection key messages | Cancer Institute NSW](#)



# National cervical screening program update: The self-collection option



## Eligible

Routine cervical screening participants, including:

- Pregnant, immune deficiency, only same sex partners
- On screening pathway where only an HPV test is required including :
  - At the 12-month follow-up after an intermediate risk result (HPV non 16/18)
  - At the 12-month follow-up after normal or CIN1 colposcopy

## Not Eligible

- Symptomatic
- Test of Cure surveillance\* or treated for Cervical adenocarcinoma in situ
- Total hysterectomy with history of HSIL
  - These patients all require a co-test (HPV and LBC).*

*\*may change in 2024*





# National cervical screening program update: The self-collection option



- Strong evidence that self-collection as sensitive for detection of HPV and CIN2/adenocarcinoma in situ as clinician-collected CST
- **Patient supervision not required.**
- Mostly collected at a health service, but can occur at a location that practitioner believes is appropriate including a patient's home
- Since policy change (July 2022):
  - Approx 30% of all CST were self-collected (Q1 2024)
  - Increase in self-collection greatest for 70-74 yrs cohort, NT (47%), rural & remote, and disadvantaged groups
  - Self-collection rates Q3 2022 to Q4 2023: Never screened increased 13% - 33% and under-screened increased 14% – 40%.
  - Pilot studies show that most participants will return for follow up after a positive sample



# National bowel screening program update: Lowering of eligible age



- From 1 July 2024, eligible age for bowel screening lowered from 50 years to 45
- **People aged 45 to 49 can request a first kit**
- People aged 50-74 continue to receive a kit every 2 years
- Medicare card and either Australian citizen, permanent migrant or DVA, + an Australian mailing address.
- Patient needs to request first kit then they will be added to the register for 2 yearly kits
- Patient calls NCSR **1800 627 701** or orders online [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest)
- Or GP can **issue a kit** by using their integrated clinical software or the **alternative access model** to bulk order National bowel cancer screening kits and give them directly to your patients.



**NATIONAL  
BOWELCANCER**  
SCREENING PROGRAM

**Free  
Home  
Test Kit**

PATHOLOGY SERVICES



4 easy steps  
that could help  
save your life.



scan for  
more info

[health.gov.au/nbcsp](http://health.gov.au/nbcsp)

# Using the integrated National Cancer Screening Register (NCSR)

There are 3 ways to use the NCSR to obtain patient information on bowel and cervical screening:

1. Using the Healthcare provider portal (via PRODA)- require a PRODA account
2. Integration with Best Practice, Medical Director or Communicare. Register your organisation for Clinical System Integration and enable NCSR Hub functionality within your software
3. NCSR Contact Centre call 1800 627 701



 Info sheet



## How to access and update patient information on the National Cancer Screening Register (NCSR)

It is now easier to access the National Cancer Screening Register (NCSR) to obtain, update and submit participant information for the National Cervical Screening Program (NCSP) and National Bowel Cancer Screening Program (NBCSP). The changes also reduce paper, fax and phone calls.

# Accessing the NCSR from your software: BP



The screenshot shows a medical software interface with a 'View' menu open. The 'NCSR Hub' option is highlighted. The main window displays patient information for a 2m 15s female patient, including birth date, sex, and ethnicity. A 'Reason' section contains text: 'There is no record of any cervical screening for this patient!', 'A smoking history should be recorded!', and 'There are no recorded bowel screenings for this patient.'. The interface includes a left-hand navigation pane with categories like 'Today's notes', 'Past visits', and 'Immunisations'. A right-hand pane shows a list of medical specialties such as 'General', 'Cardiovascular', and 'Respiratory'. The bottom status bar shows the date and time: 'Saturday 13/07/2024 03:21:25 PM'.

# Accessing the NCSR from your software:BP



File Open Request Clinical View Utilities My Health Record Bp Comms Help

Best Practice - NCSR Hub

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Medical: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Blood Group: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Patient Medicare No.: \_\_\_\_\_ Choose a Form

Program	Alerts	Status	Last Screening Date	Screening Action
Bowel		Actively Screening	19/03/2024	Eligible on 17 Mar 2026
Cervical		Actively Screening	29/07/2020	29 Jul 2025

Patient NCSR History

Show:  Bowel  Cervical  Correspondence

Program	Date	Description	Outcome	Action	Status
Cervical	13/07/2024	Cervical Screening History		<a href="#">Open</a> <a href="#">Delete</a>	
Bowel	19/03/2024	NBCSP - FOBT Results and Summary	Negative	<a href="#">Open</a> <a href="#">Delete</a>	
Bowel	6/12/2021	NBCSP Participant Details		<a href="#">Open</a> <a href="#">Delete</a>	
Bowel	30/11/2021	NBCSP - FOBT Results and Summary	Negative	<a href="#">Open</a> <a href="#">Delete</a>	
Cervical	29/07/2020	NCSPP - Cytology and HPV Coding	Negative	<a href="#">Open</a> <a href="#">Delete</a>	
Cervical	22/03/2017	NCSPP - Migration Cytology	N Negative	<a href="#">Open</a> <a href="#">Delete</a>	
Cervical	21/10/2015	NCSPP - Migration Cytology	N Negative	<a href="#">Open</a> <a href="#">Delete</a>	
Cervical	1/06/2013	NCSPP - Migration Cytology	N Negative	<a href="#">Open</a> <a href="#">Delete</a>	

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[Contact NCSR](#)

Cervical screening  
 Enhanced Primary Care

# Accessing the NCSR from your software: BP



Cervical Screening History

Date	Test	Test Reason	Site	Other	Result/Recommendation
29 Jul 2020	HPV	Primary screening HPV test	Cervical	<b>Collection Method:</b> Practitioner-collected sample <b>HPV Test Type:</b> Seegene Anyplex <b>Sample Type:</b> PreservCyt Solution	<b>Primary Result:</b> Oncogenic HPV not detected <b>Recommendation:</b> Rescreen in 5 years
22 Mar 2017	Cytology		Cervical	<b>Specimen Type:</b> Conventional smear	<b>Squamous:</b> Cell numbers and preservation satisfactory. No abnormality or only reactive changes. <b>Endocervical:</b> No endocervical component <b>Other/non-cervical:</b> No other abnormal cells <b>Recommendation:</b> Repeat smear 2 years
21 Oct 2015	Cytology		Cervical	<b>Specimen Type:</b> Conventional smear	<b>Squamous:</b> Cell numbers and preservation satisfactory. No abnormality or only reactive changes. <b>Endocervical:</b> Endocervical component present. No abnormality or only reactive changes <b>Other/non-cervical:</b> No other abnormal cells <b>Recommendation:</b> Repeat smear 2 years
01 Jun 2013	Cytology		Cervical	<b>Specimen Type:</b> Conventional smear	<b>Squamous:</b> Cell numbers and preservation

(a) AIMW codes are used for cytology & HPV results.  
 (b) SICRID CT codes are used for histology results for the renewed cervical program.  
 (c) Colposcopy data dated before 1/12/2017 may not indicate abnormality separately and has been mapped to High Grade or Cancer

# Entering a cervical screening result: BP



File Open Request Clinical View Utilities My Health Record Bp Comms Help

Family members: [dropdown] [Jump] [Open]

Name: [text] D.O.B.: [text] Age: 52 yrs Birth Sex: Female 5m 40s [Finalise visit] [My Health Record]

Address: [text] Phone: [text] Email: [text]

Medicare: [text] Pension No.: [text] Comment: [text]

Occupation: [text] Tobacco: Non smoker Alcohol: [text] Elite sports: [text] Ethnicity: Not provided

Blood Group: [text] Parity: [text] Pregnant: No Advance Care Directive: [text]

BreastFeeding: [text]

Allergies / Adverse Drug Reactions: [text] Reactions: [table]

Item	Reaction	Severity
Not recorded		

Notifications: [table]

Type	Due	Reason
Preventive health	13/07/2024	There is no record of any cervical screening for this patient!
Preventive health	13/07/2024	There are no recorded bowel screenings for this patient.

Expand Collapse

Add Edit Delete Print

No longer requires cervical screening  Opt out of cervical screening Reason: [dropdown]

**Pap Smears**

Screen Date	Smear Result	Endocervical cells	HPV changes	Performed by	Comment
-------------	--------------	--------------------	-------------	--------------	---------

**Cervical Screening Tests**

Screen Date	HPV 16	HPV 18	HPV Other	LBC Result	Risk Category	Endocervical cells	Performed by
-------------	--------	--------	-----------	------------	---------------	--------------------	--------------

Today's notes  
Past visits  
Current Rx  
Past history  
Active  
Inactive  
Immunisations  
Investigation reports  
Correspondence In  
Correspondence Out  
Past prescriptions  
Observations  
Family/Social history  
Clinical images  
Obstetric history  
Cervical screening  
Enhanced Primary Care

# Entering a cervical screening result: BP



**Cervical screening result**

No longer requires cervical screening     Opt out of cervical screening    Reason

**Pap Smears**

Screen Date	Smear Result	Endocervical cells
-------------	--------------	--------------------

Date performed: 29/07/2020   

Performed by: Not performed here     Include inactive providers

Cervical Screening Test     Pap smear

Unsatisfactory specimen

HPV PCR:

HPV 16     Detected     Not detected

HPV 18     Detected     Not detected

HPV not 16/18     Detected     Not detected

LBC Result:

Endocervical cells present

Risk Category:

Other information:

Low risk  
Intermediate risk  
Higher risk  
Yet to be determined (Self Collected)

**Cervical Screening Tests**

Screen Date	HPV 16	HPV 18	HPV Other	LBC Result	Risk Category	Endocervical cells	Performed by	Comment
-------------	--------	--------	-----------	------------	---------------	--------------------	--------------	---------



# Entering the CST result from holding file: BP



File Edit Utilities View Help

Adams, Felix  
05/10/2006 ED-GLYCOSYLATED HB A1C

Ahern, Jason  
09/03/2011 SE\_ROUTINE CHEMISTRY

Allen, David  
20/11/2009 SE\_ROUTINE CHEMISTRY  
27/10/2008 SE\_PSA  
27/10/2008 \_THYROID FUNCT. TEST

Allen, Fay  
20/10/2003 MODIFIED RAST

Allen, Janelle  
02/12/2009 CST result  
15/10/2009 CI-COAG

Outstanding requests - tick if returned:

Comment:

This result is:  
 Normal  
 Abnormal  
 Stable  
 Acceptable  
 Unacceptable  
 Being treated  
 Under specialist care

Action to be taken:  
 No action  
 Reception to advise  
 Nurse to advise  
 Doctor to advise  
 Send routine reminder  
 Non-urgent appointment  
 Urgent appointment

Store result in:  
 Investigations  
 Correspondence in  
 Clinical Images

Store for location: Main surgery  
 Include header

Add Reminder Add Past History Add INR Graph

Add Action Add CST result

< Previous Next > Skip Finish

ALLEN, JANELLE  
2-4 KIRKSWAY PLACE, PATHLAND, 4000  
Birthdate: 24/01/1965 Sex: F Medicare Number:  
Your Reference: Lab Reference: 11873811-F-P600  
Laboratory: SONIC PATHOLOGY  
Addressee: DR FREDERICK FINDACURE Referred by: MRS SANDY BURTON  
Name of Test: CST  
Requested: 02/12/2009 Collected: 02/12/2009 Reported: 26/08/2011 16:24

Cervical screening result

Date performed: 12/2009 [Lookup lx]

Performed by: Dr Frederick Findacure  Include inactive providers

Cervical Screening Test  Pap smear

Unsatisfactory specimen

HPV PCR: HPV 16  Detected  Not detected  
HPV 18  Detected  Not detected  
HPV not 16/18  Detected  Not detected

LBC Result: [dropdown]  
 Endocervical cells present

Risk Category: [dropdown]

Other information: [text area]

Add reminder Save Cancel

# Accessing the NCSR from your software: MD Clinical NCSR Hub widget



MedicalDirector Clinical 4.1 (DEV) - [Skye Purcell (64yrs 11mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Messenger Window Help

Go MDReference

Skye Purcell (64yrs 11mths) | DOB: 01/08/1959 | Gender: Female | Occupation: | 7m 21s

72 Black Range Road, Reedy Swamp, NSW 2550 | Ph: | Record No: | ATSI: |

Allergies & Adverse Reactions: 7 Allergies/Adverse Reactions | Pension No: | Ethnicity: |

Warnings: | Smoking Hx: 7 Smoker | IHI No: | MyHealthRecord: | Recalls

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Cervical Screening | Obstetric | Correspondence | MDExchange | HealthLink

#	Drug name	Strength	Dose	Freq	Instructions	Route	Unusual Dose	Note to pharmacist	R. Int.	Qty	Rpts	Elapse	\$	Reg 24	Script Owing	MyHealthRecor...	Include bra
---	-----------	----------	------	------	--------------	-------	--------------	--------------------	---------	-----	------	--------	----	--------	--------------	------------------	-------------

Script date: 30/07/2024 |  Not taking any medications | Red - Overdue | Blue - Almost due

Website | Feedback | Help | Medical Certificate | Letter Template #2 | Letter Template #3 | Custom #1 | Custom #2

Dr A Practitioner (MedicalDirector Samples Database) | MD Sample Data - TH-SCD129C816\HCNSQL0\ Tuesday, 30 July 2024 | 12:33:24 PM

**Sidebar**

**NCSR Hub**

**PURCELL, Skye (Female)** [Patient register details](#)

Medicare No: 4789114590 | DOB: 1 August 1959

Patient Alerts:

Program	Status	Last Screening	Next Action
Bowel	Overdue for Screening		Over Due (never screened)
Cervical	Actively	15/03/2023	OVERDUE (15 Mar 2024)

**NCSR History** [Choose Form & Report](#)

Bowel  Cervical  Correspondence

Search by document name:

Program	Date	Description	Outcome
Correspondence	30/08/2027	<a href="#">Correspondence</a>	
Cervical	30/07/2024	<a href="#">Cervical Screening History</a>	
Bowel	30/07/2024	<a href="#">NBCSP - Print Re-Print AAM Participant Details Form</a>	
Bowel	4/07/2024	<a href="#">NBCSP - GP Assessment Report</a>	Referred For Colonoscopy
Correspondence	17/04/2024	<a href="#">Correspondence</a>	
Bowel	20/03/2024	<a href="#">NBCSP - GP Assessment Report</a>	Referred For Colonoscopy
Cervical	29/02/2024	<a href="#">NBCSP - Colposcopy Data Collection Form Deleted on 29 Feb 2024</a>	
Cervical	29/02/2024	<a href="#">NBCSP - Colposcopy Data Collection Form</a>	Impression: HxII
Cervical	27/02/2024	<a href="#">NBCSP - Colposcopy Data Collection Form Deleted on 29 Feb 2024</a>	
Correspondence	21/02/2024	<a href="#">Correspondence</a>	

Showing 1 to 10 of 28 | < 1 of 3 >

Records shown are those that have been processed and included in the

[Contact NCSR](#) | NCSR Widget Version: 0.0.71

# Entering a cervical screening result: MD



Select the [Cervical Screening tab](#) in the patient's [clinical record](#).

The screenshot shows a software interface with a top navigation bar containing tabs: Summary, Current Rx, Progress, Past history, Results, Letters, Acupuncture, Correspondence, MDExchange, SAT, HealthLink, Documents, Old scripts, Imm., Cervical Screening, and Obstetric. The 'Cervical Screening' tab is active, displaying a table of screening results. The table has columns for Date, Result, EndoCx cells., HPV, and Comment. The row for 02/07/2013 is highlighted in blue. Below the table, there is a 'Last result date' field with the value '22/08/2012' and a checked checkbox labeled 'Exclude this patient from future cervical screening prompts / recalls'.

Date	Result	EndoCx cells.	HPV	Comment
20/01/1997	Negative	Yes	No	
27/08/2008	Negative	Yes	No	
27/08/2010	Negative	Yes	No	
22/08/2012	Negative	Yes	No	
02/07/2013	Endocervical adenocarcinoma in situ (AIS)	Yes	Yes	

Last result date:   Exclude this patient from future cervical screening prompts / recalls

Either,

- Click **+**
- Press **F3**
- Right-click within the list of recorded screens and select **New Item** from the menu that appears

# Entering a cervical screening result: MD



The **Record Cervical Screening Result** window appears.

**Record Cervical Screening Result**

Jennifer ANDREWS  
DOB: 20/04/1970      Record No:

Screening Result

Date: 31/10/2017      Result: Negative

Endocervical cells present?       HPV changes present?

Comment:

[View AMBS 2004 Comparison Table](#)           

**Record Cervical Screening Result**

Penny ANDERSON  
DOB: 04/07/1992      Record No:

Screening Result

Date: 3/11/2017      Result: **Negative**

Endocervical cells present?

Comment:

[View AMBS 2004 Comparison Table](#)

- Negative
- Low Risk
- Intermediate Risk
- Higher Risk
- Unsatisfactory
- Atrophic
- Possible low-grade squamous intraepithelial lesion
- Low-grade squamous intraepithelial lesion (LSIL)
- Possible high-grade squamous intraepithelial lesion
- High grade squamous intraepithelial lesion (HSIL)
- Squamous cell carcinoma (SCC)
- Atypical endocervical cells of undetermined significance
- Atypical glandular cells of undetermined significance
- Possible high-grade glandular lesion
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Adenocarcinoma - endocervical
- Adenocarcinoma - endometrial

# Alternative Access Model - issuing a FOBT kit : MD



The screenshot displays the MedicalDirector Clinical 4.1 (MDV) interface for patient Skya Purcell (DOB: 01/08/1955). The main window shows patient demographics and a list of NCDSP programs. A sidebar on the right provides a detailed view of the NCDSP Risk for Skya Purcell, including a table of screening programs and a list of available forms and reports.

Program	Status	Last Screening	Next Action
Bowel	Overdue for screening		Over Due (over screened)
Cervical	Actively Screening	15/05/2023	OVERDUE (15 Mar 2024)

**NCDSP History** | **Choose Form & Report**

**Bowel** |  **Cervical**

Program	Description
Bowel	<a href="#">NCDSP - Alternative Access Model (Issue Fo-Boat Kit)</a>
Bowel	<a href="#">NCDSP - Defer Bowel Program</a>
Bowel	<a href="#">NCDSP - Opt Out Bowel Program</a>
Bowel	<a href="#">NCDSP - Replacement FOBT Kit Request</a>
Bowel	<a href="#">NCDSP - Adverse Events Report</a>
Bowel	<a href="#">NCDSP - Replacement Participant Details Form Request</a>
Bowel	<a href="#">NCDSP - Helicobacter pylori Form</a>
Bowel	<a href="#">NCDSP - Colonoscopy Report</a>
Bowel	<a href="#">NCDSP - GP Assessment Report</a>
Bowel	<a href="#">NCDSP - Alternative Access Model (Issue Fo-Boat Kit)</a>

Showing 1 to 10 of 27 (Filtered from 45 total entries)

Records shown are those that have been processed and included in the National Cancer Screening Register at the date accessed. Information is sourced from various third parties, including healthcare professionals, pathology laboratories and State, Territory and Commonwealth government departments. If you have any queries about the accuracy or currency of any record, please contact the NCDSP Contact Centre on 1800 627 701.

# Alternative Access Model – issuing a FOBT kit: MD



The screenshot displays a medical software interface with a patient record for Skye Purcell (DOB: 01/08/1959) and a form titled "Alternative Access Model" for issuing a FOBT kit. The form includes instructions and a section for entering kit details.

**Alternative Access Model**

This form should be used when you are handing a test kit directly to a participant.

It is important that the NCSR has the correct contact and demographic details for your patient. Please update these details in the relevant sections first before completing this form.

After submitting this form to the NCSR, navigate to the NCSR History table and open the "NBCSP - Print/Re-Print AAM Participant Details Form" and print the form for the participant. Advise the participant that they are required to fill in some questions and return it with their two completed samples.

Only Healthcare Providers registered to use the NCSR Portal will receive electronic notifications for their patients. These notifications are triggered if the participants do not return the kit or receive inconclusive test results.

Enter kit details below.

Please select a reason for issuing an initial/replacement kit? (Required) \*

- Initial Kit
- Kit was damaged
- Kit was not received by mail
- Kit was incorrectly completed or not completed on time
- Kit was lost or expired
- Other

Does the participant live in an area  Yes  No

Submit Form





# SCREEN SMART: Cancer Screening Updates

Lymphoma pathway



## Lymphoma Pathway - Southern NSW

- SNSW services mapped against the Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas published by the Cancer Council
- The optimal care pathways describe the standard of care that should be available to all cancer patients treated in Australia
- Provide clear guidelines for diagnostic workup and referrals.
- Improve timeliness of investigations, referrals and treatment.
- Strengthened partnership between SNSWLHD, COORDINARE and Canberra Hospital cancer Services.

Available on HealthPathways:

<https://actsnsw.communityhealthpathways.org/66706.htm>

Optimal care pathway for people with  
Hodgkin and diffuse large B-cell lymphomas

SECOND EDITION



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- ACT and SNSW Pathways
- Aboriginal and Torres Strait Islander Health
- Acute Services
- Community Health and Allied Health Services
- Child and Youth Health
- Investigations
- Lifestyle and Preventive Care
- Medical
- Mental Health
- Older Adults' Health
- Pharmacology
- Public Health
- Reproductive Health
- Specific Populations
- Surgical
- Women's Health
- Our Health System

**Health Alert**  
 (ACT Alerts / NSW Alerts)

---

Mpox (monkeypox) 2 August 2024: ACT, NSW

JEV: ACT, NSW, NSW Health vaccination toolkit

COVID-19: ACT, NSW

### Latest News

9 February

**Subscribe to our newsletter**

Keep up to date with the latest pathway changes and program activities for the ACT and Southern NSW HealthPathways program with our [monthly subscriber newsletter](#).

1 March

**Therapeutic Goods Administration (TGA)**

- Current medicine shortages
- System for Australian Recall Actions (SARA)
- Safety Alerts

2 August

**Shortage of Intravenous (IV) Fluids**

There are shortages of multiple intravenous (IV) fluid products from all Australian suppliers across the country.

The DoHAC has approved the importation and supply of substitute overseas-registered IV fluids. See the [TGA](#) website for more information.

24 May

**GP Psychiatry Support Line**

[GP Psychiatry Support Line](#) – Free service for GPs looking for expert psychiatric advice regarding mental health treatment for patients. See [Psychiatry Services and Support](#).

25 March

**SNSWLHD Surgical Directory**

### Pathway Updates

- NEW – 31 July**  
Lymphoma  
*Updated – 30 July*  
Elective Procedures and Diabetes
  - Updated – 29 July*  
Rabies and Australian Bat Lyssavirus (ABLV)
  - NEW – 24 July**  
Herpes Zoster (Shingles) and Postherpetic Neuralgia (PHN)  
*Updated – 22 July*  
Liver Imaging Referrals
- [VIEW MORE UPDATES...](#)

### About HealthPathways

- What is HealthPathways?
- How do I use HealthPathways?
- How do I send feedback on a pathway?

- USEFUL WEBSITES
- RACGP CLINICAL GUIDELINES
- MBS ONLINE
- GPLO
- NHSD
- INTERPRETER SERVICES
- GP COLLEAGUE REFERRALS
- EDUCATION AND EVENTS





## Surgical Services Directories

- Illawarra Shoalhaven surgical services – See ISLHD website  
<https://www.islhd.health.nsw.gov.au/services-clinics/surgery>
- ACT Southern NSW surgical services directory  
HealthPathways search term 'hospitals'  
<https://actsnsw.communityhealthpathways.org/819378.htm>

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- Pharmacology
- Public Health
- Reproductive Health
- Specific Populations
- Surgical
- Women's Health
- Our Health System

**Health Alert**  
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  - GP COLLEAGUE REFERRALS
  - EDUCATION AND EVENTS



## 6.1 Queanbeyan Health Service Surgeries

Doctor	Queanbeyan Services/Procedures	Referrals
<b>6.1.1 Orthopaedics</b>		
Dr Igor Policinski	Hands Carpal Tunnel Cubital Tunnel Syndrome Rotator Cuff Tears Osteoarthritis of Hand, Shoulder and Wrist	Queanbeyan Health Service Orthopaedic Outpatient Clinic Community Health corner Collette and Erin Street, Queanbeyan Fax: 1300 797 331 Ph: 1800 999 880 Email: <a href="mailto:snswlhd-communityintake@health.nsw.gov.au">snswlhd-communityintake@health.nsw.gov.au</a>
Dr Joe Smith	Knee Surgery Shoulder Surgery ACL Reconstruction	
Dr Joe Lau	Lower Limb: Hip, Knee, Foot, Ankle	
Dr Asher Livingston	Shoulder Knee	Livingston Orthopaedics Suite 7 The Calvary Clinic 40 Mary Potter Circuit Bruce ACT 2617 Fax: (02) 6152 8233 Ph: (02) 6152 8222 Email: <a href="mailto:admin@livingstonortho.com.au">admin@livingstonortho.com.au</a>

# Health Pathways logins



## Illawarra Shoalhaven HealthPathways

Username: **connected**

Password: **2pathways**

<https://illawarrashoalhaven.communityhealthpathways.org/>

## ACT Southern NSW HealthPathways

Username: **together**

Password: **forhealth**

<https://actsnsw.communityhealthpathways.org/>

# Rare Cancers Australia

Redefining cancer support so no one is left behind or feels alone. Everyone is given the best possible chance to live beyond cancer.



RCA's mission is to improve the lives and health outcomes of Australians living with rare, less common and complex cancers.



We offer a free telehealth service to address identified gaps and unmet needs in support, treatment and advocacy compared to what is available for more common cancers.



Registered National charity. Free-of-charge services. Headquarters in Bowral, NSW, but has a national reach.



[www.rarecancers.org.au](http://www.rarecancers.org.au)

## A rare cancer moonshot CANFORUM24

20.08.2024

REGISTER ONLINE



Developing a GP learning module in partnership with the Victorian Comprehensive Cancer Centre Alliance: looking for a GP with an interest in rare cancers to join a working group – scan this QR code to submit your interest.



# Multicultural and Refugee Health Event



## 1 in 10 patients

in general practice come from a culturally diverse background.

Equip yourself with the latest information and best skills to support your culturally diverse patients.

Join us at the Multicultural and Refugee Health Event in Shellharbour.

**Date:** Saturday, 24 August 2024

**Time:** 9.30AM - 2PM

**Location:** Shellharbour Civic Centre, Shellharbour

**CPD:** This event is an RACGP CPD Approved Activity in the 2023-25 triennium. Activity No.: 943695 (1.0 hour Educational Activities (EA), 2.0 hours Reviewing Performance (RP)).

**Registration:** Register your spot at <https://tinyurl.com/3t6k2wrđ>

**Cost:** Free of charge but registration required before August 19th for catering purposes.

### What to expect

- Hear from keynote speaker Dr Mitchell Smith, Director of NSW Refugee Health Services
- Expert presentations on refugee and multicultural health
- Lived experience stories from refugee and migrant communities
- Interactive workshops for both clinical and non-clinical staff
- Develop practical skills through case studies and activities
- Immunisation recommendations and guidelines
- Learn referral pathways to free local providers

Lunch and refreshments provided

Empower your practice team to deliver culturally appropriate care. Share this event with your colleagues.

### Register at

<https://tinyurl.com/3t6k2wrđ>  
or via the QR code before the 19th of August to secure your spot







- Thank you for participating- thanks again to our presenter Dr Sundar.
- Evaluation forms for this evening's webinar have been emailed to you and should be in your inbox now. Please complete them promptly and COORDINARE will communicate your attendance with the RACGP for CPD accreditation.
- A recording of this presentation will be sent with links included in the chat, normally within 7 days.