Australian Government

NATIONAL CANCER SCREENING REGISTER

Monitoring of self-collection in the National Cervical Screening Program

Summary pack

QUARTERLY REPORT – Q3 2026

Professor Dorota Gertig, NCSR Medical Director

Dr. Farhana Sultana, Epidemiologist

Jack Davies, Business and Data Analyst

November 2026

Australian Government | NATIONAL CANCER SCREENING REGISTER

EXECUTIVE SUMMARY

Self-collection appears to be targeting more vulnerable groups, including those under-screened

National SC Uptake: Increased to 54%, despite declining HPV test volumes

By Age: Uptake rose across all age groups, highest in 70–74 years at almost 58%

By State/Territory: Uptake also increased across all S&T; highest in Tasmania at 65%

By SEIFA Quintile: Uptake increased across all quintiles; highest in Quintile 1 (lowest) at 56%

By Remoteness (ARIA): Uptake rose in all areas; highest in very remote areas at 68%

Never/Under screened (30–74 yrs): Increased uptake in the hard-to-reach groups with the uptake being slightly higher in under-screened at 68%

HPV Positivity Rate: Remains higher for self-collected (SC) samples compared to clinician collected (CC) samples

Follow-Up After HPV 16/18: 81% had colposcopy within 6 months of HPV 16/18 positive result and it was similar in CC & SC

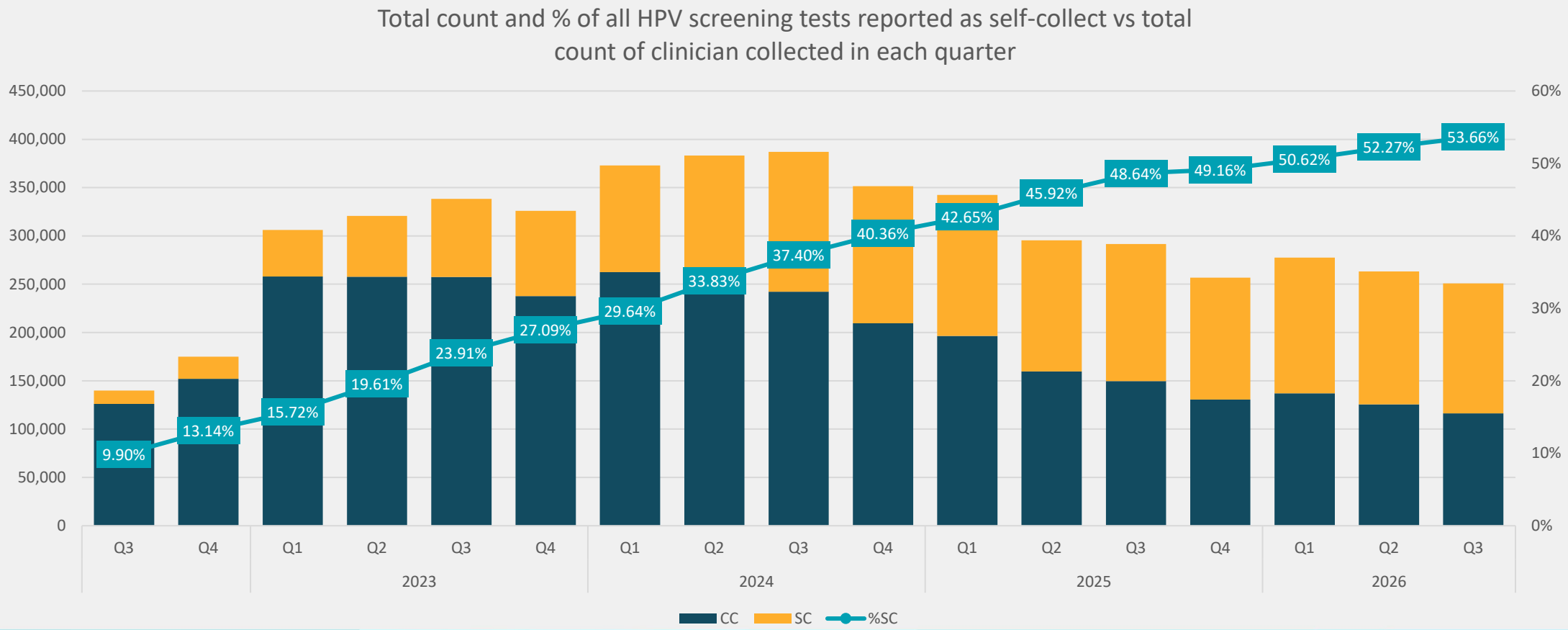
LBC Follow-Up (SC non-16/18): 84% had an LBC after a SC HPV non-16/18 positive result

Switching to SC: 42.0% of people who screened in Q1, Q2 and Q3 2026 switched from CC to SC

Australian Government | NATIONAL CANCER SCREENING REGISTER

SELF-COLLECT UPTAKE - SCEE PERIOD

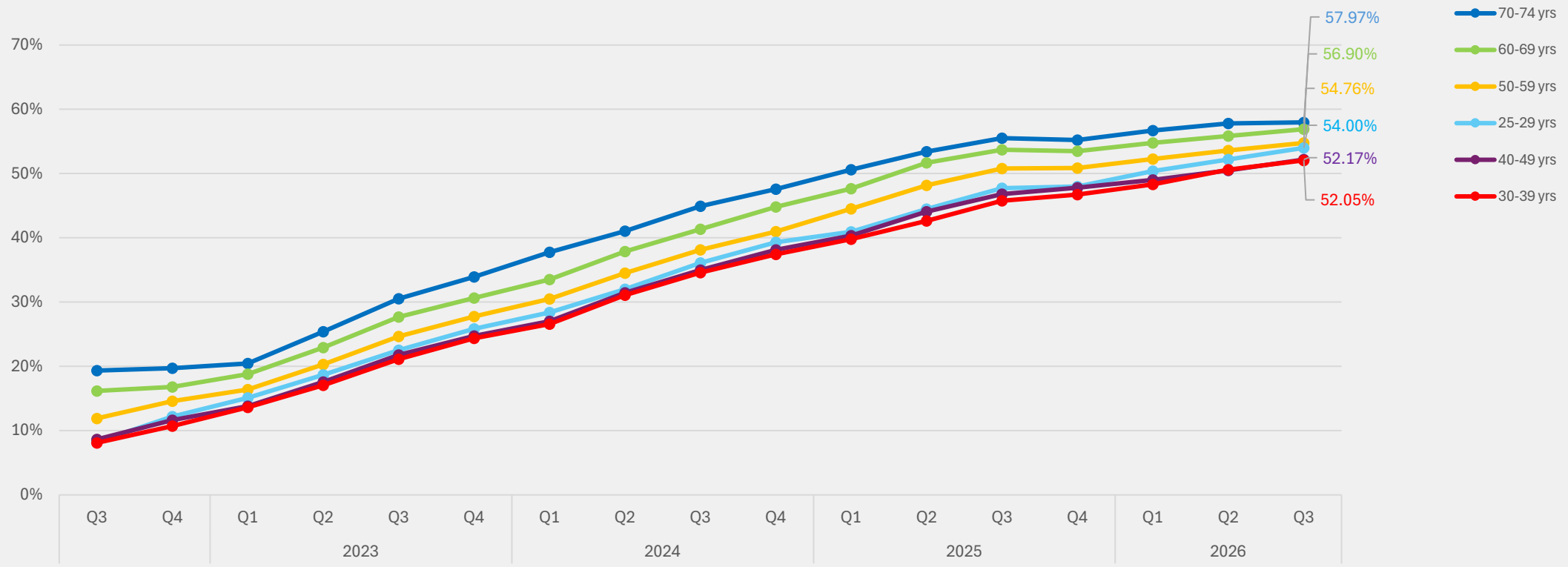
Since the Self-Collection Eligibility Expansion (SCEE) in July 2022, the proportion of self-collected HPV tests has steadily increased each quarter.



Australian Government | NATIONAL CANCER SCREENING REGISTER

SELF-COLLECT BY AGE GROUP - SCEE PERIOD

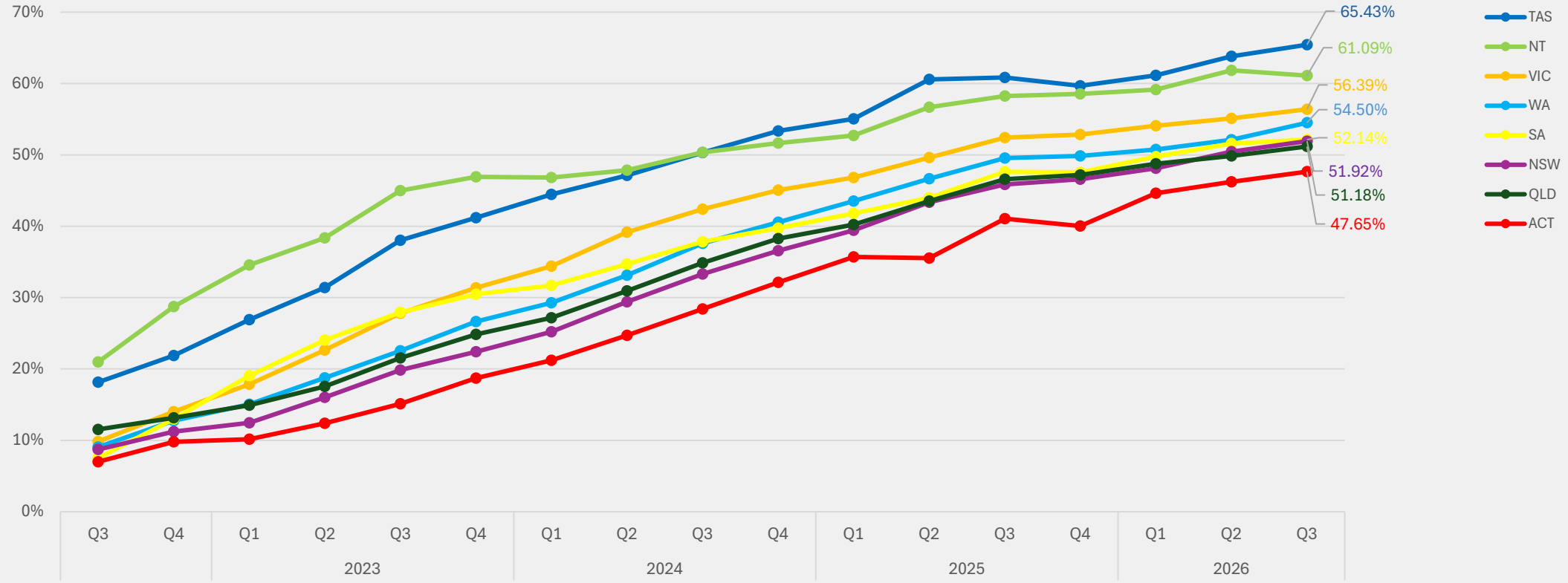
The proportion of tests that were self-collected continued to rise across all age groups, highest in the 70-74 years age group.



Australian Government | NATIONAL CANCER SCREENING REGISTER

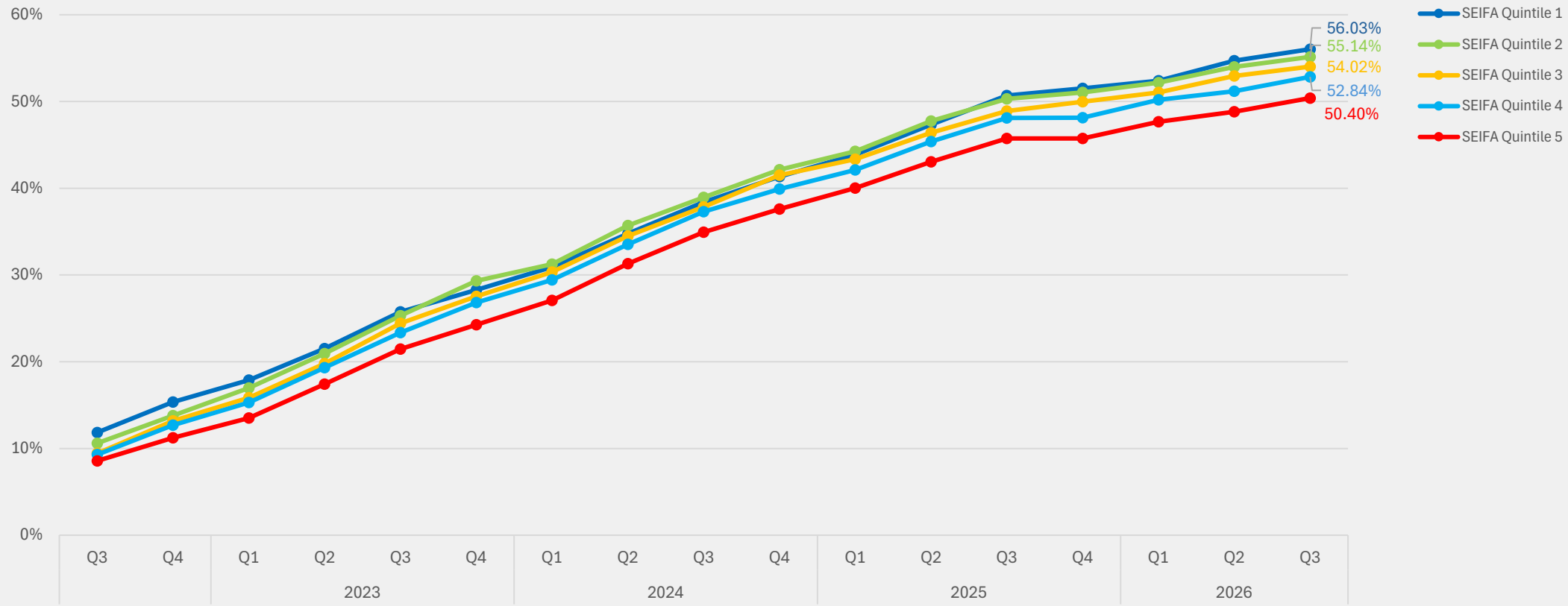
SELF-COLLECT BY STATE OR TERRITORY - SCEE PERIOD

The proportion of tests that were self-collected continued to rise across most states, highest in Tasmania.



SELF-COLLECT BY SEIFA QUINTILE - SCEE PERIOD

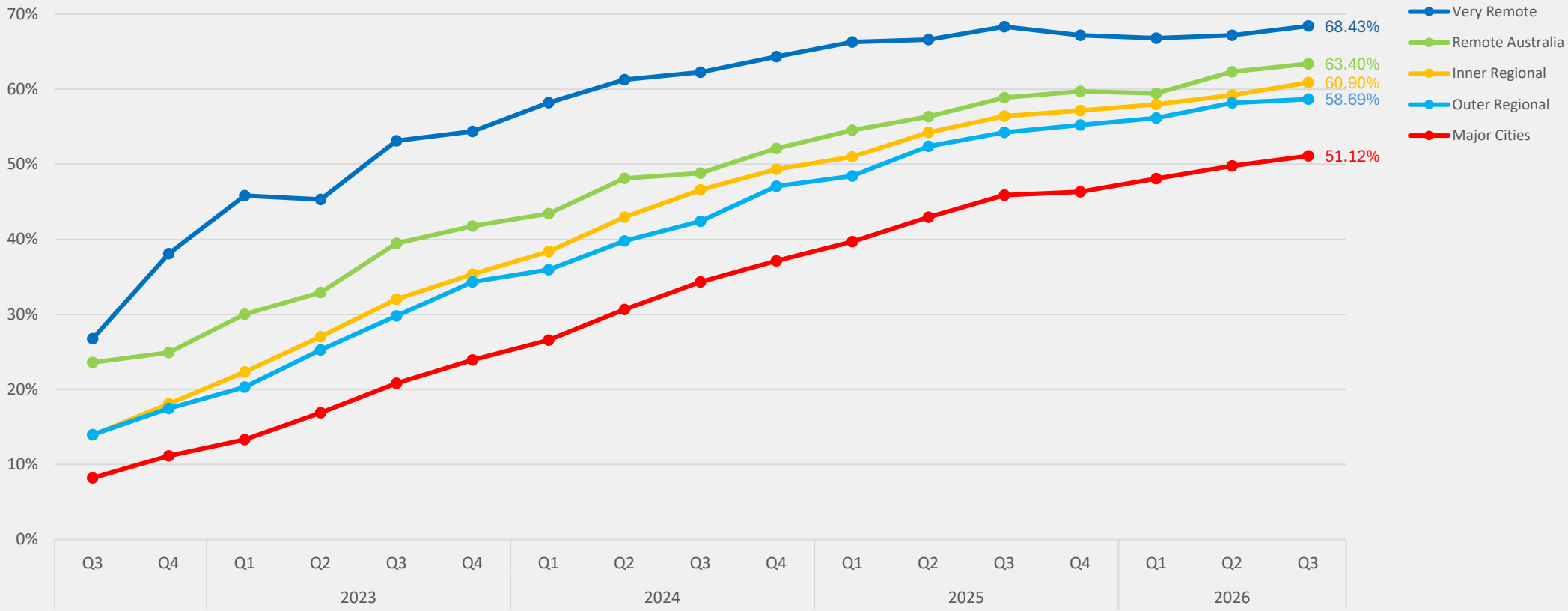
The proportion of tests that were self-collected continued to rise across all quintiles; highest in SEIFA quintile 1.



A small number of geocodes are unknown and being resolved so numbers may change slightly.

SELF-COLLECT BY ARIA REMOTENESS INDEX - SCEE PERIOD

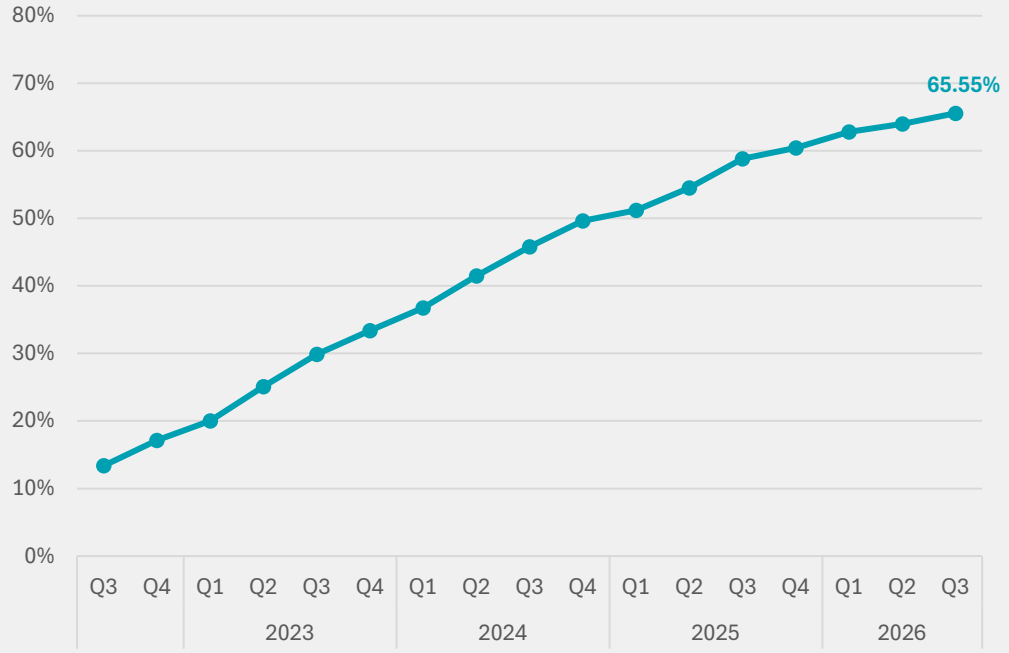
The proportion of tests that were self-collected continued to rise for all remoteness areas; highest uptake in very remote areas.



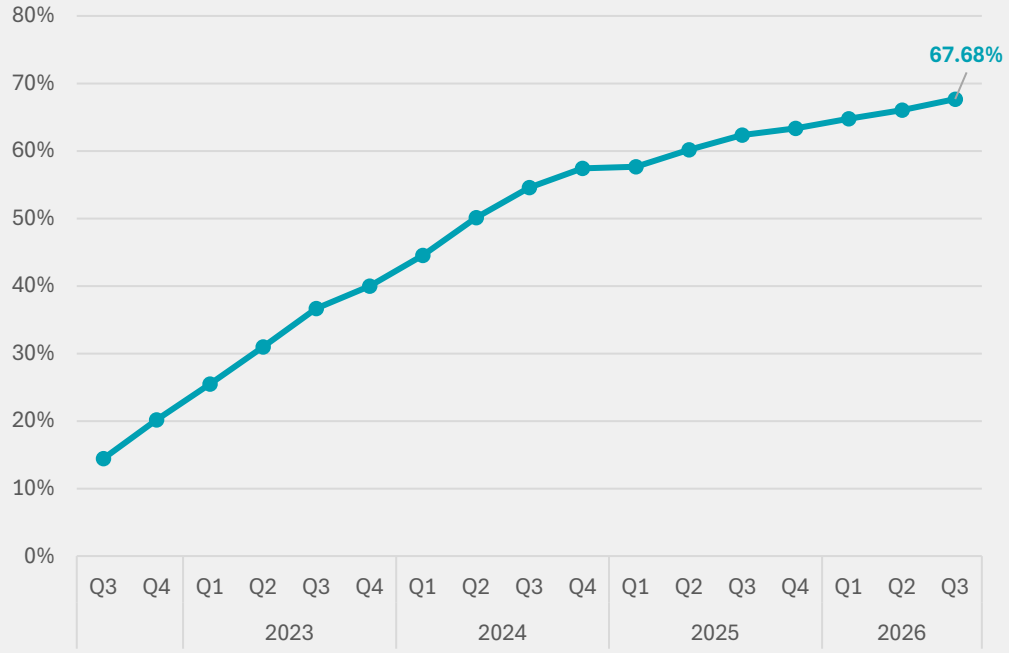
A small number of geocodes are unknown and being resolved so numbers may change slightly.

SELF-COLLECT BY SCREENING HISTORY - SCEE PERIOD

Never screened:
No prior screening test and aged 30-74 years



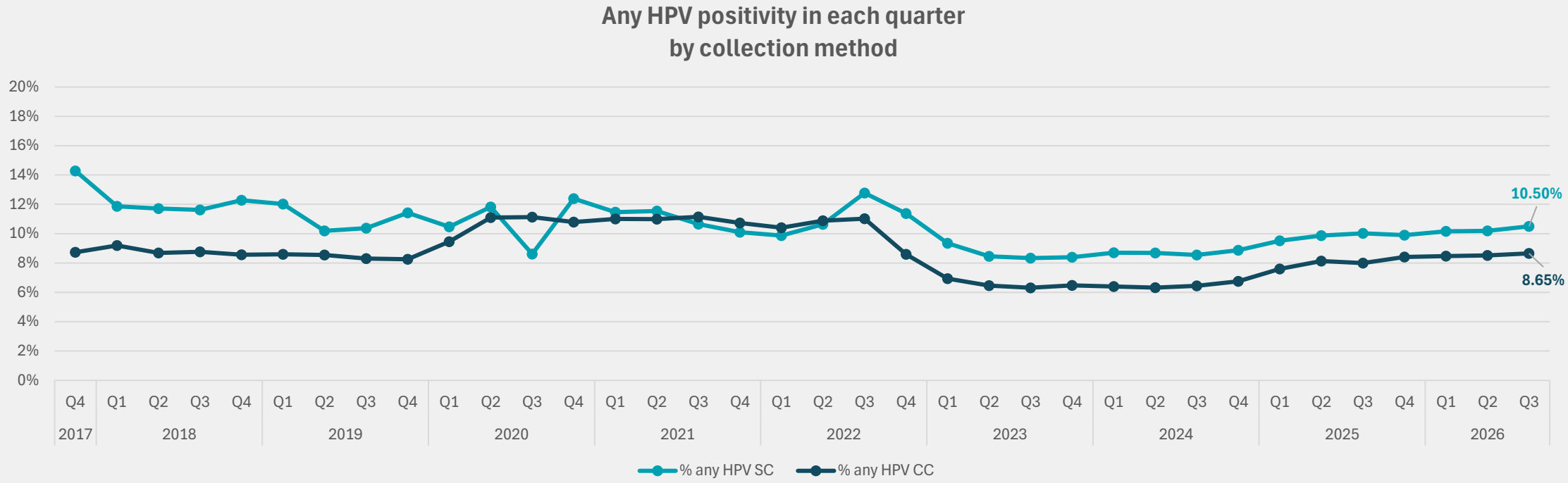
Under screened:
>2 years overdue and aged 30-74 years



There was a consistent increase in uptake in both never-screened and under-screened individuals; higher uptake in under-screened.

ANY HPV POSITIVITY BY COLLECTION METHOD - FULL PERIOD

- HPV positivity rates for clinician-collected samples rose from ~8% to 11% in 2020, then declined and stabilised at ~6% from Q2 2022, likely due to routine screeners testing negative again. The rates increased slightly after Q4 2024 to ~8.6% in Q3 2026.
- Self-collected samples showed a similar downward trend from late 2022, though rates were higher in self-collected samples compared to Clinician-collected samples.
- A slight increase in HPV positivity was observed across both collection methods from early 2025.



1ST COLPOSCOPY AFTER PRIMARY HPV 16/18 POSITIVE RESULT BY COLLECTION METHOD – SCEE PERIOD

Collection method	First HPV16/18 positive result on a primary screening test (1 Jul 2022 – 31 Mar 2026) (n)	Colposcopy within 6 months of 16/18 pos result (n, %)	Colposcopy by 30 Sep 2026 after 16/18 pos result (n, %)
Clinician-collected	28,742	23,090 (80.3%)	26,797 (93.2%)
Self-collected	26,233	21,238 (80.9%)	24,081 (91.8%)
Total	54,975	44,328 (80.6%)	50,878 (92.6%)

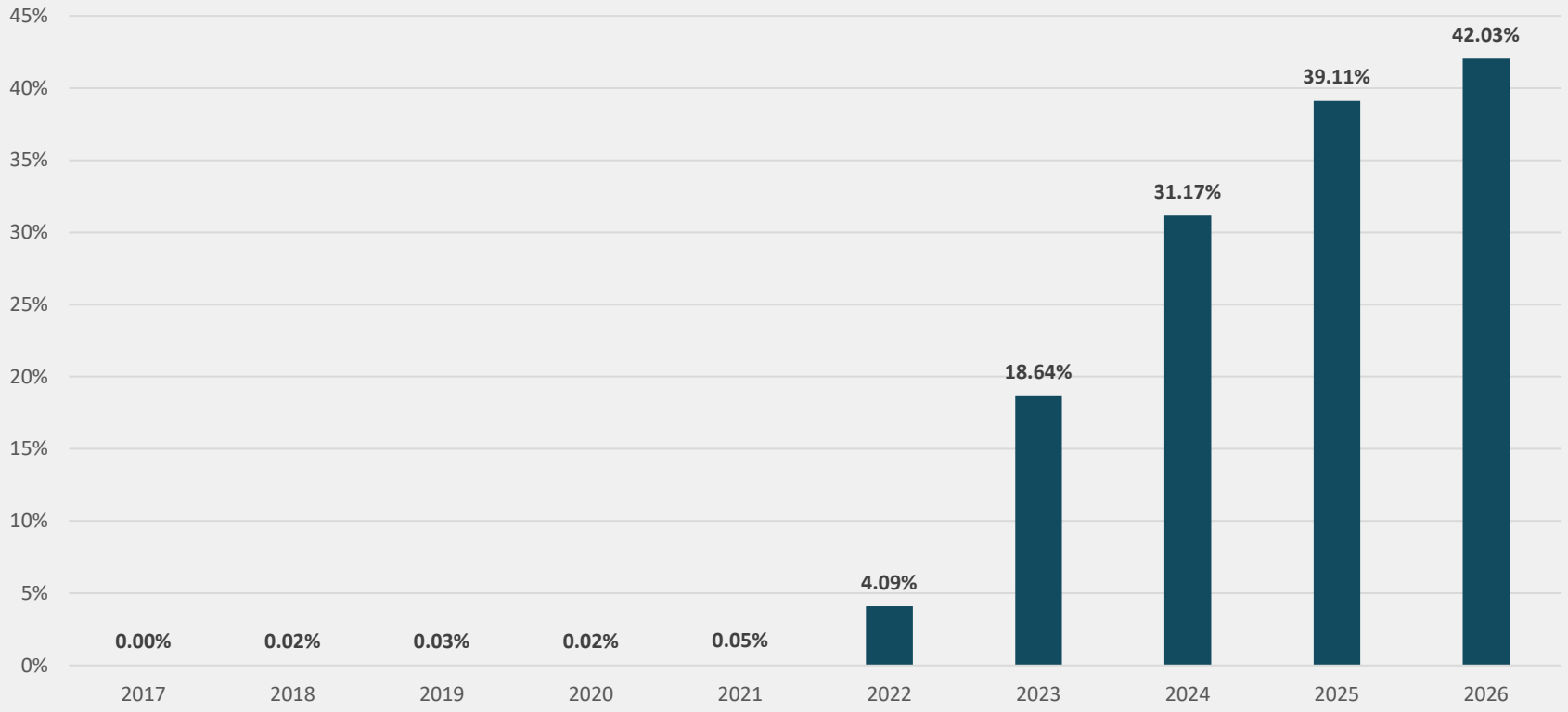
- 81% had a colposcopy follow-up within 6 months of an HPV 16/18 positive result.
- Colposcopy follow-up was similar for CC and SC at 6 months (80.3% vs 80.9%; p=0.065) but significantly higher in CC compared to SC by 30 Sep 2026 (93.2% vs 91.8%; p<0.001).

1ST LBC FOLLOW-UP AFTER PRIMARY SELF-COLLECT HPV NOT 16/18 POSITIVE RESULT – SCEE PERIOD

Collection method	First HPV not 16/18 positive result on a primary screening test (1 Jul 2022 – 31 Mar 2026) (n)	Any LBC (all reasons included) within 6 months (n, %)	Any LBC (all reasons included) by 30 Sep 2026 (n, %)
Self-collected	101,634	84,864 (83.5%)	90,902 (89.4%)

- Around 83.5% had an LBC within 6 months of the self-collect HPV non-16/18 result
- There was a modest increase to 89.4% by 30 Sep 2026

SWITCH FROM CLINICIAN-COLLECTION TO SELF-COLLECTION FOR EACH CALENDAR YEAR



The proportion of participants with at least two HPV screening tests where a switch was made from clinician-collected to self-collected increased from 4% in 2022 to 42% in 2026*.

2017* includes only December 2017
2026* includes only Q1, Q2 and Q3 2026

Denominator: Count of all participants with two HPV screening tests with the more recent HPV test reported in the year that it was performed.
Numerator: Count of all participants with two HPV screening tests where the collection method in the most recent HPV test was SC and the collection method in the prior screening test was CC.