phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Nurse Skill Share – Let's talk cancer screening: putting prevention into practice

Thursday 05 November 2026

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

Housekeeping



Sign in

- Please ensure you have signed in using the sheet at the door.



Emergency Exits

- In the event of an emergency alarm will be activated BEEP BEEP BEEP we will stand by for further instructions.



Kitchenette

- Help yourself to water, tea, and coffee in the kitchenette



Toilets

- Follow the signs

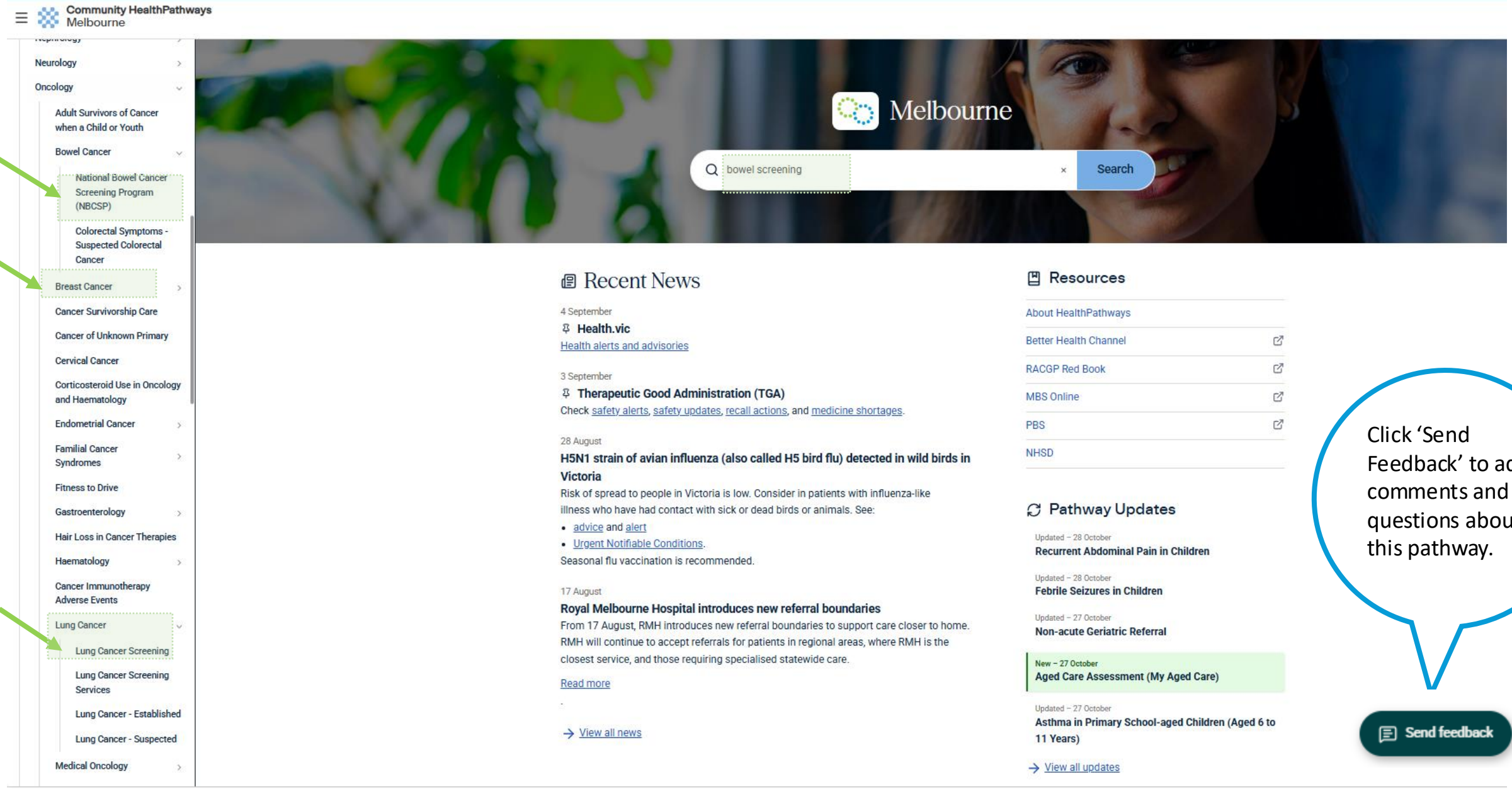
Please do not enter the main office area and keep to training rooms and kitchens.

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

HealthPathways- Cancer Screening Pathways



Cervical Screening

Red flags

- Visible suspicious cervical mass

Background

About cervical screening

About cervical screening

- Nearly all cases of cervical cancer are caused by persistent infection with oncogenic subtypes of human papillomavirus (HPV).
- 70 to 80% of cases are associated with HPV 16 and 18.
- The majority of HPV infections are spontaneously cleared but, if persistent, may cause cancerous change over an extended period (usually 10 to 15 years.)
- Cervical cancer is the third most common gynaecological malignancy in Australia, after uterine and ovarian cancer, with an estimated 1030 women diagnosed in 2024. [1]
- More than 70% of women diagnosed with invasive cervical cancer have never been screened or were underscreened. [2]
- The National Cervical Screening Program (NCSP) invites women and people with a cervix aged 25 to 74 years to have a Cervical Screening Test (a primary HPV DNA test with partial genotyping and liquid-based cytology (LBC) triage) every 5 years. HPV testing with partial genotyping allows separate detection of certain high-risk HPV genotypes.
- Patients are managed according to their risk of developing significant cervical abnormalities, which is determined by their HPV test result and subsequent LBC result, if indicated.
- The National Cancer Screening Register has replaced state and territory registers.

Assessment

Breast Cancer Screening

This pathway is about breast screening of asymptomatic patients. See also Breast Symptoms and Suspected Breast Cancer.

Background

About breast cancer screening

About breast cancer screening

Breast cancer is the most common cancer diagnosed in women in Australia (approximately 20,000 new cases per year). One in seven women will be diagnosed with breast cancer in their lifetime.

Breast cancer screening aims to detect cancers early and to improve survival.

- Mammography is proven to be effective in reducing morbidity and mortality in women aged 50 to 74. The efficacy of mammography in other age groups is not proven and there are different risks and benefits of mammography for women aged 40 to 49 and 75 and over.
- Ultrasound is not recommended for breast screening as it has not been proven to reduce breast cancer morbidity and mortality.
- MRI is not recommended as a population screening tool due to its high false positive rate.

BreastScreen: [1]

- provides free 2-yearly screening mammograms for women aged ≥ 40 years with no breast symptoms.
- provides free annual screening for women with increased risk factors.
- does not offer diagnostic mammograms for women with breast symptoms.

For every 1000 women who have a mammogram through BreastScreen, only 6 women will be found to have breast cancer.

For every 1000 women aged 50 to 74 years who attend for a screening mammogram at BreastScreen, 45 will be called back for further tests.

Assessment

National Bowel Cancer Screening Program (NBCSP)

Background

About the National Bowel Cancer Screening Program (NBCSP)

About the National Bowel Cancer Screening Program (NBCSP)

- A faecal occult blood test (FOBT) should be used for average or slightly above average risk patients as the first measure to screen for bowel cancer.
- If any abnormalities are detected through a FOBT, further diagnostic assessment is indicated.
- The NBCSP is offered to all Australians aged 45 to 74 years every two years, as most bowel cancers are diagnosed in people aged > 45 years.
- It is not designed to test and screen higher risk population groups: patients with symptoms, positive family history, previous bowel polyps, colorectal cancer (CRC), IBD, or other pre-disposing conditions.
- Currently, colonoscopy after a NBCSP FOBT positive test result detects advanced adenomas in 6.1% and colorectal cancer in 2.5% of patients. 47% of bowel cancers in Australia are detected early. [1]

Assessment

Practice point

Do not use NBCSP for high-risk testing

The NBCSP is not designed to replace targeted testing and screening of higher-risk population groups e.g., patients with symptoms, positive family history and/or previous bowel polyps.

The faecal occult blood test (iFOBT) for screening

Lung Cancer Screening

See also:

- Lung Cancer Screening Services
- Lung Cancer – Suspected
- Smoking and Vaping Cessation

Background

About lung cancer screening

About lung cancer screening

- Lung cancer is the leading cause of cancer death, and the fifth most commonly diagnosed cancer in Australia.
- Lung cancer disproportionately affects priority populations such as Aboriginal and Torres Strait Islander peoples, who also experience significantly worse lung cancer outcomes.
- Tobacco use is the single greatest avoidable risk factor for lung cancer.
- The National Lung Cancer Screening Program aims to detect lung cancer at an earlier stage in high-risk people without any signs or symptoms. It recommends screening of high-risk people with a bulk-billed low-dose CT scan every 2 years.

Assessment

1. Take a history. If any signs or symptoms suggestive of lung cancer, follow the Lung Cancer – Suspected pathway.
2. Consider potentially underscreened priority populations.
3. Be aware of possible stigma attached to smoking and ensure that the consultation is not influenced by it.
4. Assess the patient's eligibility for baseline (first) lung cancer screening.
5. Check previous lung cancer screening history.
6. If eligible for screening, assess the patient's suitability for low-dose CT scan of the chest.

HealthPathways – Relevant and Related Pathways

Cervical cancer screening relevant and related pathways

- Cervical Screening
- Cervical Cancer
- Endometrial Cancer
- Ovarian Cancer – Established
- Ovarian Cancer Follow-up

Breast screening

- Breast Cancer Screening
- Breast Symptoms and Suspected Breast Cancer

Bowel cancer screening-relevant and related pathways

- National Bowel Cancer Screening Program (NBCSP)
- Bowel Cancer
- Bowel Cancer Risk Categories and Screening

Lung Cancer screening

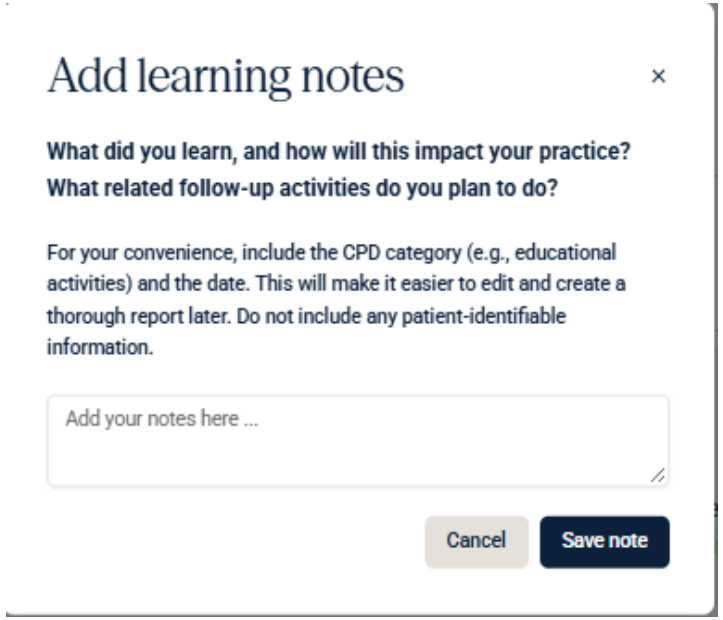
- Lung Cancer Screening
- Lung Cancer Screening Services

Record Your CPD Today: Start with HealthPathways



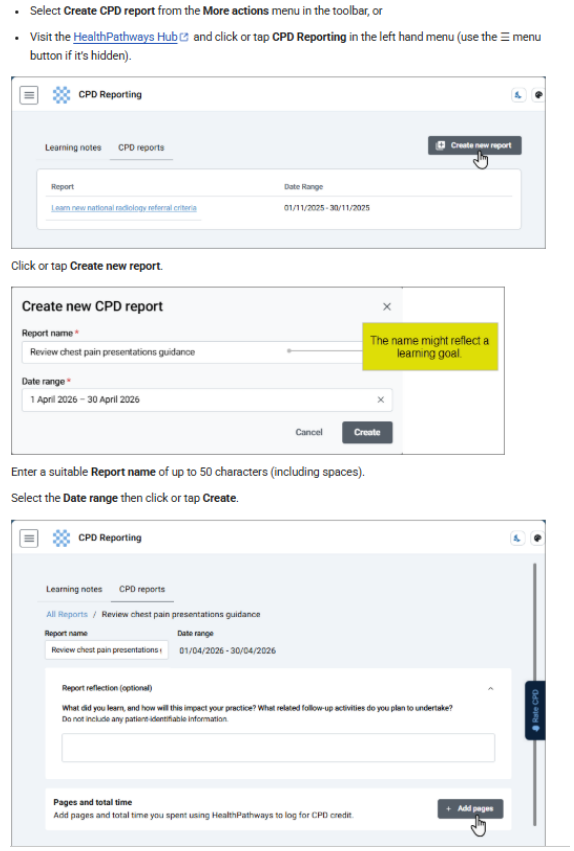
Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click **"Add CPD note"** to begin tracking your CPD activity.



Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.



Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

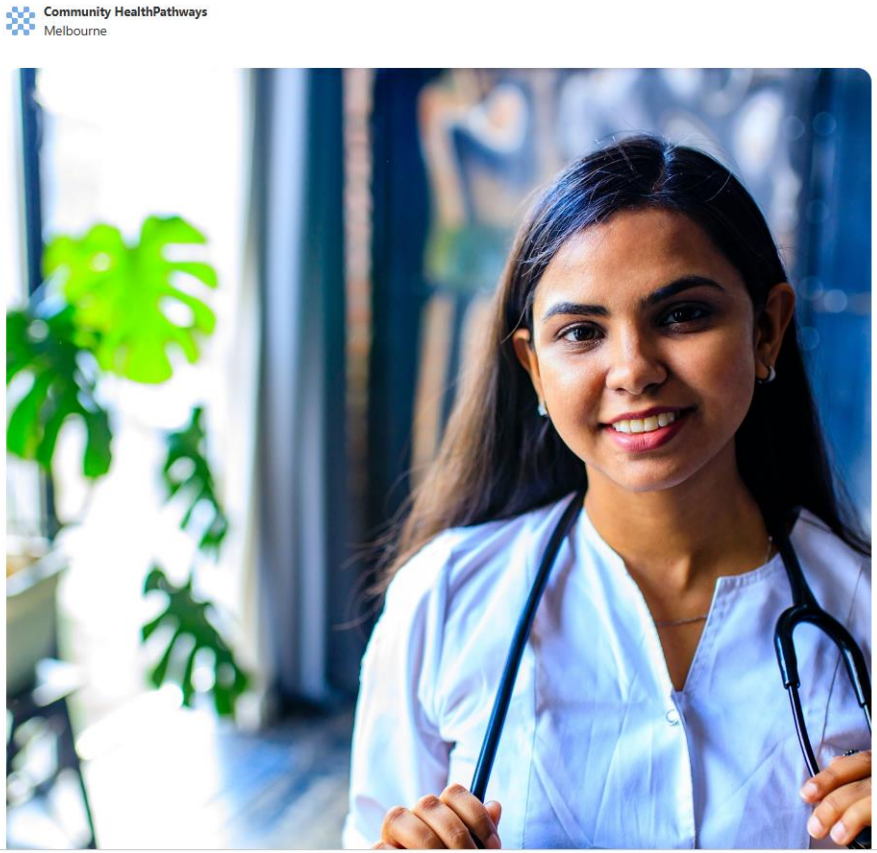
For further information on the CPD reporting tool, please see these videos:

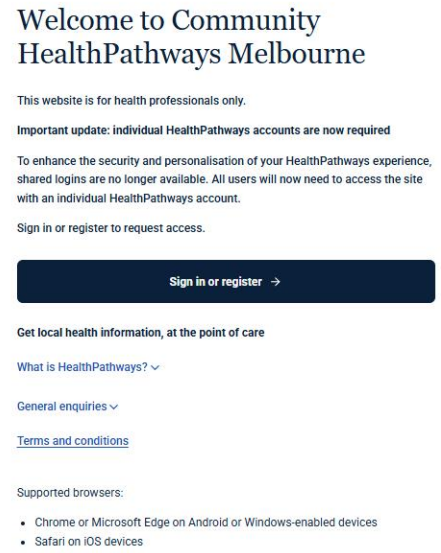
- How to create a CPD report
- How to add learning notes

Access Now: Sign In or Scan to Register

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au





Clinical referral pathways across Southern Alliance PHNs

PHN region	Clinical referral pathway platform	Link
Eastern Melbourne PHN + North Western Melbourne PHN	HealthPathways Melbourne	Open platform
Gippsland PHN	Gippsland Pathways	Open platform
Murray PHN	HealthPathways Murray	Open platform
South Eastern Melbourne PHN	The Clinical and Referral Guidance Hub (the Hub)	Open the Hub
Tasmania PHN (Primary Health Tasmania)	HealthPathways Tasmania	Open platform
Western Victoria PHN	HealthPathways Western Victoria	Open platform
Country SA PHN + Adelaide PHN	HealthPathways South Australia	Open platform

Not sure which PHN applies? Use the Australian Government PHN locator map

Sustainable nurse led clinics: a development program for general practices

Information session

Time: 1:00 pm – 1:45 pm
Date: Tuesday 10 November 2026
Location: Online via Microsoft Teams

- NWMPHN is funding up to eight eligible general practices.
- The program starts on 23 February 2027.
- Join this information session to learn how to bring your practice team's nurse clinic idea to life!

Click here for more information and to register your attendance.

Speakers

Kate Flynn is the Clinical Education Lead at the Australian Centre for the Prevention of Cervical Cancer. Kate is a registered nurse and nurse cervical screening provider, with clinical experience in gynaecology and oncology.

Michelle Cornelius is a registered nurse with 20 years of experience in health care, specialising in sexual and reproductive health and has extensive experience as a nurse cervical screening provider, clinical educator and clinical manager.

Nurse Skill Share

Let’s talk cancer screening: putting prevention into practice

Kate Flynn and Michelle Cornelius

Cancer Council

Australian Centre for the Prevention of Cervical Cancer

Acknowledgement of Country



We have an important role to play

- Identifying people who are due or overdue
- Starting proactive screening conversations
- Providing clear, trusted information
- Addressing individual barriers to participation
- Supporting access to and completion of screening
- Using recalls, reminders and follow-up
- Reaching under and never screening populations
- Embedding screening into everyday preventative care
- A recommendation from a trusted healthcare provider is key!

Screening

- Screening is testing for diseases before symptoms occur.
- Screening tests can find diseases early, when they're easier to treat.
- When someone has symptoms, they need to be investigated, not screened.
- Screening is for asymptomatic clients.

This presentation provides a high-level overview of the four screening programs.

National Cancer Screening Register (NCSR)

- A single electronic record for the bowel, cervical and lung cancer screening programs.
- The NCSR supports some of the programs by inviting and reminding eligible people to screen and creates a safety net by prompting participants to take the next steps on their screening journey.
- Nurses can access the NCSR as a delegate of a colleague with a Medicare Provider Number.

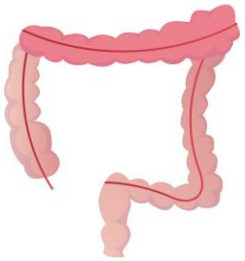


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National Bowel Cancer Screening Program

- Anatomy = bowel
- Test = immunochemical faecal occult blood test (iFOBT)
- Testing for = blood in stool
- How its done =
  - Kit sent in mail
  - Person takes two samples from two different poos
  - Mail to pathology lab for testing





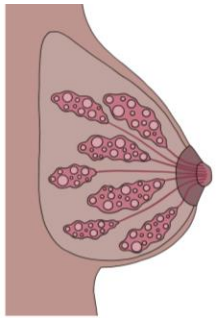
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National Bowel Cancer Screening Program

Eligibility	Anyone aged 50-70 Aged 45-49 = order own test
Routine screening interval	2 years
Symptoms to check	• Rectal bleeding, • Persistent change in bowel habit, • Iron-deficiency anaemia *Some people should be having regular surveillance / colonoscopies based on personal / family medical history
Additional information	Mail-out model or by request from the NCSR Alterative access model
Follow-up	Results through primary care Negative = next test in 2 years Positive = referral to colonoscopy
Program guidelines	https://www.cancer.org.au/clinical-guidelines/bowel-cancer/colorectal-cancer

BreastScreen Australia



- Anatomy = breast
- Test = mammogram
- Testing for = early signs of breast cancer
- How its done =
  - Invitation to screen from State / Territory BreastScreen
  - Two images (specialised x-rays) taken of each breast
  - Two+ radiologists review images independently



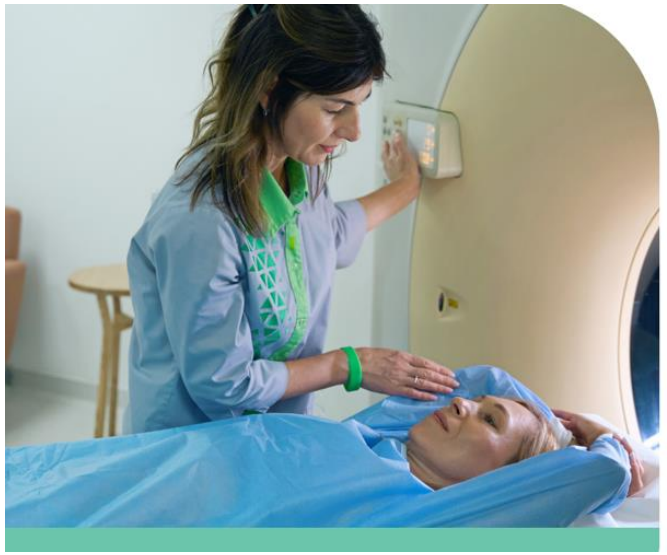
BreastScreen Australia

Eligibility	Women, trans men and gender diverse people aged 50 – 74 Available from age 40
Routine screening interval	Every 2 years
Symptoms to check	Changes in appearance or texture, a new lump, nipple discharge, unusual pain
Additional information	Breast density reporting has commenced in some States including Victoria Find out more: https://www.breastscreen.org.au/health-professionals/breast-density-information-for-gps/
Follow-up	Results sent via mail 1. Rescreen in 2 years, or 2. Recalled for an assessment visit

National Lung Cancer Screening Program



- Anatomy: lungs
- Test: low dose CT scan
- Testing for: early signs of lung cancer
- How its done:
  - See GP, NP or medical specialist for referral
  - Images taken of lungs at CT
  - Radiologist reviews images



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National Lung Cancer Screening Program

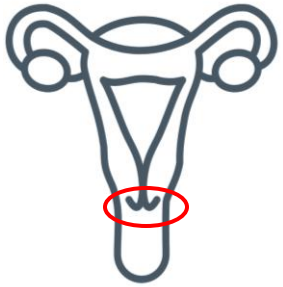
Eligibility	Aged 50 -70
Routine screening interval	Every 2 years
Symptoms to check	• A new or changed cough • Coughing up blood • Being short of breath for no reason • Getting very tired or unexplained weight loss • Chest or shoulder pain that does not go away.
Additional information	Must be: • A current smoker or have quit within the past 10 years • Smoking history of at least 30 pack years
Follow-up	• Follow-up scans may be needed in 3 months, 6 months, 12 months, or continue screening every 2 years. • Referral to a respiratory physician or other specialists for further investigation.
Program guidelines	https://www.health.gov.au/sites/default/files/2026-01/national-lung-cancer-screening-program-guidelines_0.pdf

Calculating pack years

- **Pack-years = (Packs smoked per day) × (Years smoked)**
    - 1 pack a day for 30 years: 1 pack × 30 years = 30 pack-years
    - 2 packs a day for 15 years: 2 packs × 15 years = 30 pack-years
    - 1.5 packs a day for 20 years: 1.5 packs × 20 years = 30 pack-years
- A pack is 20 cigarettes

National Cervical Screening Program

- Anatomy: cervix
- Test: Primary Human Papillomavirus (HPV) with partial genotyping +/- Liquid Based Cytology
- Testing for: HPV +/- cervical cell changes
- How its done:
  - Reminder to screen via NCSR
  - Attend primary care for consultation
  - Self-collection or clinician-collection
  - Sample sent to pathology for testing

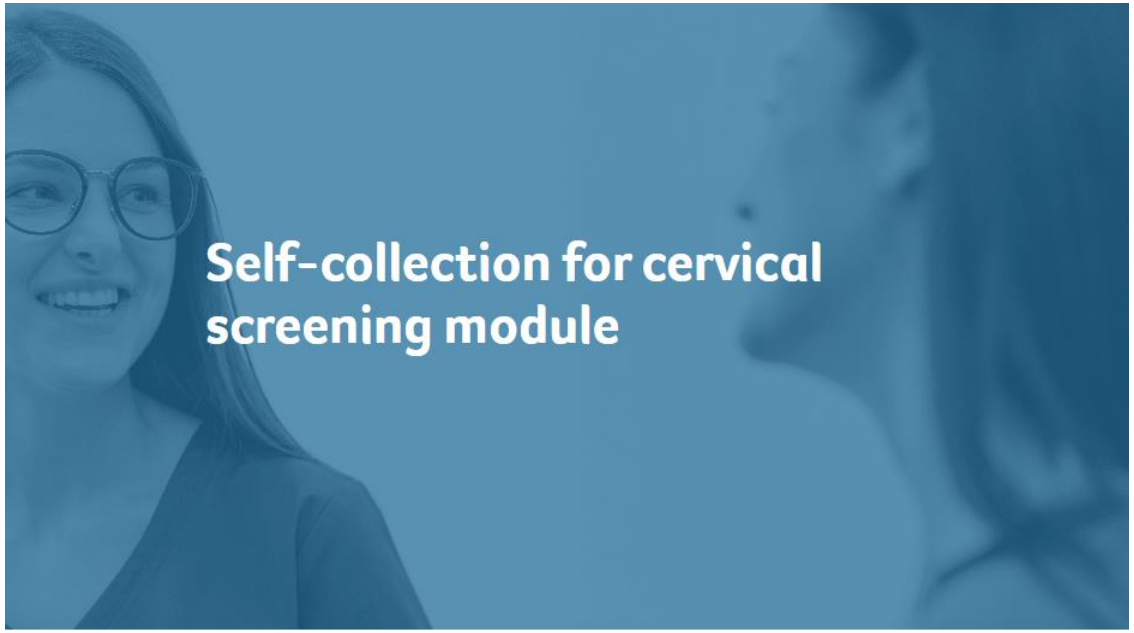




National Cervical Screening Program

Eligibility	Women and people with a cervix aged 25 – 74
Routine screening interval	Every 5 years
Symptoms to check	• Post coital bleeding, unexplained intermenstrual bleeding, any post menopausal bleeding • Persistent unexplained unusual vaginal discharge
Additional information	Importance of choice
Follow-up	• HPV not detected = test again in 5 years • HPV detected = either return in 12-months or be referred to colposcopy
Program guidelines	https://www.cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening

New module available!



Cancer Council Victoria

Australian Centre for the Prevention of Cervical Cancer

Cancer Council

Australian Centre for the Prevention of Cervical Cancer

Resources

- Cancer Screening Hub
  https://screeningresources.cancervic.org.au/

- Clinical Resource Hub
  https://acpcc.org.au/practitioners/clinical-resources/





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Thank you for attending. What's next?

After this session you will receive:

1. *Slides and resources from this session within the week*
2. *Attendance certificate will be received within 4-6 weeks.*
3.
   - ***Register for more education sessions here:*** *nwmphn.org.au/resources-events/events*
   - ***Past education sessions can be found here:*** *nwmphn.org.au/resources-events/resources*
   - ***Survey link***

   https://www.surveymonkey.com/r/L6BFQX7

Feedback - QR code

We welcome your feedback. Let us know if you got what you needed from this session.