

07 July 2023

MSAC Secretariat (through HTA Team)  
Australian Government Department of Health  
MDP 960  
GPO Box 9848  
Canberra ACT 2601



Sent by email: [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au)

To whom it may concern

**Re: MSAC Application 1752 Anal human papillomavirus and cytology testing in high-risk populations**

We are writing in support of **MSAC Application 1752** to provide anal HPV cytology testing to high-risk populations, including members of our communities.

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives. Since 2014 ACON has been building a program of work around cancer prevention and screening to increase awareness among the LGBTQ+ and to improve LGBTQ+ inclusion in cancer-related health services.

ACON is committed to improving health outcomes for people in our communities, and increasing access to cancer screening, especially for preventable cancers like anal and cervical cancer, is a critical way to improve health equity for LGBTQ+ people and people living with HIV, who currently face poorer health outcomes due to disproportionate screening rates, and barriers to good health including experiences of stigma and discrimination.

We are supportive of any intervention that seeks to increase access to Human Papillomavirus (HPV) testing for high-risk populations. We note that anal cancer is among the limited number of cancer types, including cervical and colon cancer, that are potentially preventable through the treatment of known cancer precursors. Anal cancer has typically been associated with gay and bisexual men, especially those living with HIV, however, it is also increasing in other populations in Australia.

The application notes that persisting high-risk HPV infection can lead to the development of High Grade Squamous Intraepithelial Lesions (HSIL) and that HIV co-infection markedly increases the risk of HPV-associated squamous cell carcinoma of the anus (SCCA), particularly for those with low CD4 counts. This evidence indicates, from our perspective, a clear and demonstrable need for expanding these MBS items to include anal cytology testing, as there are currently no publicly funded options to screen for this preventable form of cancer.

We commend the application's efforts to reduce the risk of anal cancer in high-risk populations, including gay and bisexual men and people living with HIV, however, we do wish to note that these categories may exclude other high-risk members of our communities from screening. Unprotected anal sex is a risk factor for developing HPV, and within our communities, that practice is not restricted to gay and bisexual men only. Consideration must be given to all people who engage in these practices, including trans and gender diverse people and cisgender women.

**SYDNEY**

414 Elizabeth Street,  
Surry Hills NSW 2010  
+61 2 9206 2000  
acon@acon.org.au

**NORTHERN RIVERS**

Suite 4P Conway Court,  
17 Conway St, Lismore 2480  
+61 2 6622 1555  
northernrivers@acon.org.au

**HUNTER**

129 Maitland Rd,  
Islington NSW 2296  
+61 2 4962 7700  
hunter@acon.org.au

**REGIONAL OUTREACH,  
SOUTHERN & FAR WEST**

+61 2 9206 2114  
regionaloutreach@acon.org.au

**ACON.ORG.AU**

ABN 38 136 883 915  
Authority to Fundraise  
CFN/21473

We do acknowledge that determining eligibility for screening based on practices that may not be disclosed to a health practitioner will mean that there are high-risk individuals who will not be flagged in the system. However, we believe there is a role for community organisations to play in increasing health literacy and driving demand for preventative health practices such as anal cancer screening.

Through our Can We brand and communication platform, ACON has an ongoing conversation with the LGBTQ+ community about cancer through targeted campaigns, a dedicated website and social media channels. Between 2021-2023 [canwe.org.au](http://canwe.org.au) had more than 75,000 users viewing more than 250,000 pages. Our recent *Own It* cervical screening campaign had nearly 300,000 video views, and 56% of the target audience (young people 25-35 years with a cervix) recalled the campaign. Our campaigns are co-designed with our communities to ensure they represent our communities and campaign messages are authentic and relatable.

Because of the role community organisations such as ours play in providing communities with valuable information about cancer risks and cancer screening practices, we'd also be supportive of any efforts to standardise screening methods and eligibility thresholds between testing for anal and cervical HPV in order to simplify messaging. HPV and the related risk for cancers are relevant to all members of LGBTQ+ communities, and this information needs to be communicated effectively.

The proposed guidelines create discrepancies in screening eligibility – that is, cervical screening is recommended from age 25, while anal screening is recommended from age 35 – and we believe that to remove barriers and create clear and effective health promotion messaging for all LGBTQ+ people (and indeed all people) about their risk of HPV and associated cancers, these eligibility thresholds should be standardised.

We firmly believe that developing guidelines that make anal cytology as accessible to target populations as possible is essential to reducing significant barriers to screening for our communities. These guidelines should build on learnings from cervical screening and HIV/sexual health testing, including self-collection, peer-led approaches, testing alongside other related services, and testing by a broader range of health professionals such as sexual health nurses.

While we do acknowledge that this expansion of these MBS items is novel and most welcome, we do hope that due consideration will be given to standardise the eligibility threshold and collection methods across cervical and anal screening options, as this will have a significant impact on creating inclusive preventative health and effective health promotion messaging for our communities.

We welcome any opportunity to work with the Department of Health on communicating messaging about these changes to our communities, especially gay and bisexual men and people living with HIV. If you require further information about our submission, please do not hesitate to contact Nicolas Parkhill AM, CEO, at [nparkhill@acon.org.au](mailto:nparkhill@acon.org.au) or on 02 9206 2122.

Kind regards,



Nicolas Parkhill AM  
**Chief Executive Officer**



