

Cervical screening
in Australia
1997–1998

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Cervical screening in Australia 1997–1998

The Australian Institute of Health and Welfare
and the
Commonwealth Department of Health and Aged Care
National Cervical Screening Program
National Cervical Screening Program

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Preface

Cervical Screening in Australia 1997–1998 is the second national report for the National Cervical Program. The report is a joint project between the Australian Institute of Health and Welfare, the National Cervical Screening Program and the Commonwealth Department of Health and Aged Care.

The report provides information on key areas of the Program performance including participation in cervical screening programs, early rescreening, pre-cancerous abnormalities detected, incidence and mortality. In addition to updating information presented in the previous report, this report includes three new periodic indicators that broaden the scope of the report. These are incidence and mortality by location (rural, remote and metropolitan) and mortality by Indigenous status.

In the spirit of cooperation between agencies, State and Territory cervical screening programs have been involved in all steps of the report production. Individual members of the National Advisory Committee and others have commented on the draft of this report. The content of the report, however, remains the responsibility of the Australian Institute of Health and Welfare.

This publication will add substantially to the information available on cervical screening in Australia.

Richard Madden

Director

Australian Institute of Health and Welfare

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Summary

- Increasing participation in cervical screening is important in reducing the number of women who present with cervical cancer and the number that ultimately die from the disease. Participation rates of the target population (women aged 20 to 69 years) increased from 62% in 1996–1997 to 64% in 1997–1998.
- Overall, 2,721,650 women were screened for cervical abnormalities in the 1997–1998 period.
- When a woman has had an abnormal result from their Pap smear or when a woman has had one or more abnormal smears followed by a negative smear, repeat testing is recommended within a 2-year interval. The programs run efficiently if they comply with the recommended screening interval. In 1997–1998, 47% of women had one or more additional smear test following a negative smear.
- In 1997–1998, the cervical screening programs detected 10,704 women with high-grade abnormalities (CIN1/2, CIN 2, CIN 3 or adenocarcinoma in situ). This was much higher in the younger age groups: in the 20-29 age group the rate of CIN was over 14 per 1,000 women screened whereas it was less than 2 per 1,000 in women aged 50-69 years.
- There were 923 new cases of cervical cancer in Australia in 1996. Cervical cancer is one of the few cancers where screening can detect pre-cancerous lesions, thereby preventing a large proportion of these pre-cancerous lesions progressing to cancer.
- Cervical cancer is the 14th most common cause of cancer death in women, accounting for 269 deaths in 1998. The death rate from cervical cancer declined in all age groups between the years 1989 and 1998.
- In the period between 1995–1997 there were 19 deaths (an age-standardised death rate of 27.6 per 100,000 women) from cervical cancer among Indigenous women. This is over nine times more deaths than in the non-Indigenous women (3.0 per 100,000 women).
- Performance standards for laboratories that report Pap smears became mandatory from 1 July 1999 and now form part of the laboratory accreditation scheme.
- Recruitment campaigns using television advertising and print media were implemented between June and November 1998 and again in 1999. These campaigns are aimed at increasing the awareness of cervical screening among women, and the importance of screening at the recommended 2-yearly intervals.

National Cervical Screening Program

Screening to detect abnormalities of the cervix early has been available for Australian women since the 1960s. Until the early 1990s screening was largely opportunistic but, as in many other countries, it has become progressively more structured since that time. In 1995 the program became known as the National Cervical Screening Program.

Key elements of the more structured approach of the 1990s have included:

- the adoption of a national policy of a 2-year screening interval;
- recruitment programs to encourage high levels of participation by Australian women;
- special initiatives to promote high participation levels among underscreened groups including older women, women from culturally and linguistically diverse backgrounds, women from Aboriginal and Torres Strait Islander backgrounds, women of low socioeconomic status and women who live in rural and remote areas;
- the establishment of cervical cytology registries in all States and Territories. These registries promote the regular participation of women and the follow-up of women with abnormal Pap smears, assist with the accurate reporting of Pap smears by pathology laboratories and facilitate the evaluation and monitoring of the program; and
- the heightened awareness of the importance of the quality assurance cycle in a screening program, including the development of performance measures for laboratories that report Pap smears.

The National Cervical Screening Program has both national and State and Territory components. While policy is predominantly decided at a national level, coordination mainly occurs at a State and Territory level. A National Advisory Committee which includes representatives from the Commonwealth, the States and Territories and persons having expertise in areas of relevance to the Program (for example pathology, gynaecology, general practice, health economics and epidemiology) is supported by a secretariat based in Canberra. The National Advisory Committee meets twice each year, with much of the work of the Committee performed by the Policy and Cost Effectiveness, Quality Assurance, Recruitment, Education and Communication Working Groups and New Technologies.

In implementing the Program each State and Territory has established State coordination units with statewide responsibility for the Program. For example, in New South Wales a group located at Westmead Hospital has statewide responsibility for coordinating cervical screening on a contractual basis. Most States and Territories have program responsibilities held within their respective health departments.

During the current triennium, 1998 to 2000, the National Cervical Screening Program has determined that its main work areas will include the following:

- Review of policy

Given that the National Cervical Screening Program is now mature, a substantial review of policy is planned during 1999–2000. Particular interest is centred on the appropriateness of the age range and the screening interval. To facilitate an evidence-based approach to the policy review, two areas have been identified for research in 1999: cost-effectiveness modelling of a variety of age ranges and screening intervals, and research into the factors that promote early re-screening.

- Improved quality assurance measures

Performance standards for laboratories that report Pap smears were developed and pilot tested during the mid-1990s. The standards became mandatory from 1 July 1999 and form part of laboratory accreditation. The standards cover the profile of reports issued by the laboratory's, the positive predictive value of a cytology report of a high-grade intraepithelial lesion, the laboratory false negative rate among women with histologically confirmed carcinoma in situ, and the laboratory's turnaround time in processing smears.

A project to assess and, if necessary, improve the standards of reporting of cervical histopathology has commenced. Given the large number of women who have cervical biopsies, it is considered important to maximise the quality of the reporting in this area.

- Further recruitment initiatives

Between June and November 1998, the Commonwealth and States and Territories implemented a major recruitment campaign using television advertising, print media and initiatives aimed at raising the awareness of service providers about their role in encouraging women to be screened in conformity with the 2-yearly interval. A further campaign was implemented during mid-1999.

- Monitoring the role of new technologies

The Australian Health Ministers' Advisory Council evaluation of new technologies was released in late 1998. Careful scrutiny by the New Technologies Working Group of the international research on emerging technologies is in progress. These technologies include fluid-based sampling, computer-assisted screening, human papilloma virus testing and other physical or chemical testing systems designed to detect pre-malignant lesions of the cervix.

This second annual report of key performance indicators for the National Cervical Screening Program is particularly welcomed. It provides an important resource for policy formation and review, to assist in comparison with programs in other countries, and as a means of promoting due accountability to the community, to health professionals and to Government.

Dr Heather Mitchell
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