

Part 2—Cervical Screening in Australia 1999–2000

Part 2: Contents

- List of tables 86
- List of figures 89
- Acknowledgments..... 90
- Summary 91
- National cervical screening monitoring indicators 93
- Participation 97
 - Indicator 1: Participation rate for cervical screening..... 99
- Early re-screening 103
 - Indicator 2: Early re-screening..... 104
- Low-grade abnormalities 106
 - Indicator 3: Low-grade abnormality detection..... 107
- High-grade abnormalities 109
 - Indicator 4: High-grade abnormality detection 110
- Incidence 113
 - Indicator 5: Incidence of micro-invasive cervical cancer 114
 - Indicator 6: Incidence of invasive squamous, adenocarcinoma, adeno-squamous and other cervical cancer..... 116
 - Indicator 8: Incidence by location 120
- Mortality..... 122
 - Indicator 7: Mortality 123
 - Indicator 9: Mortality by location..... 127
 - Indicator 10: Indigenous mortality..... 129
- Tables..... 131

List of tables

Table A:	Structure of the Rural, Remote and Metropolitan Areas classification	95
Table 1a:	Number of women participating in the National Cervical Screening Program, by age, states and territories, 1998–1999	131
Table 1b:	Proportion of women participating in the National Cervical Screening Program, by age, states and territories, 1998–1999	132
Table 2a:	Number of women participating in the National Cervical Screening Program, by age, states and territories, 1999–2000	133
Table 2b:	Proportion of women participating in the National Cervical Screening Program, by age, states and territories, 1999–2000	134
Table 3:	Number of women with repeat screenings in the 21 months following a negative Pap smear in February 1999, states and territories, and Australia, 1999–2000	135
Table 4:	Percentage of women with repeat screenings in the 21 months following a negative smear in February 1999, states and territories, and Australia, 1999–2000	135
Table 5a:	Number of low- and high-grade abnormalities on histology for women aged 20–69 years, states and territories, 1999	136
Table 5b:	Number of low- and high-grade abnormalities on histology for women aged 20–69 years, states and territories, 2000	136
Table 6a:	Rate of histologically confirmed high-grade abnormalities per 1,000 women screened, by age, states and territories, 1999	137
Table 6b:	Rate of histologically confirmed high-grade abnormalities per 1,000 women screened, by age, states and territories, 2000	138
Table 7a:	Number of histologically confirmed high-grade abnormalities, by age, states and territories, 1999	139
Table 7b:	Number of histologically confirmed high-grade abnormalities, by age, states and territories, 2000	140
Table 8a:	Number of women screened, by age, states and territories, 1999	141
Table 8b:	Number of women screened, by age, states and territories, 2000	142
Table 9a:	Age-standardised high-grade abnormality rate on histology per 1,000 women screened aged 20–69 years, states and territories, 1999	143
Table 9b:	Age-standardised high-grade abnormality rate on histology per 1,000 women screened aged 20–69 years, states and territories, 2000	143
Table 10:	New cases of micro-invasive cervical cancer, by age, Australia, 1988–1999	144
Table 11:	Age-specific and age-standardised rates of micro-invasive cervical cancer, by age, Australia, 1988–1999	145

Table 12:	New cases of cervical cancer, by age, Australia, 1988–1999	146
Table 13:	Age-specific and age-standardised incidence rates of cervical cancer, by age, Australia, 1988–1999	147
Table 14a:	Number of new cases of cervical cancer by age, states and territories, 1995–1998.....	148
Table 14b:	Age-specific rates of cervical cancer, by age, states and territories, 1995–1998.....	149
Table 15a:	Number of new cases of cervical cancer, by age, states and territories, 1996–1999.....	150
Table 15b:	Age-specific rates of cervical cancer, by age, states and territories, 1996–1999.....	151
Table 16a:	Number of new cases of cervical cancer, by histological type for women aged 20–69 years, Australia, 1988–1999.....	152
Table 16b:	Age-standardised incidence rates for cervical cancer, by histological type for women aged 20–69 years, Australia, 1988–1999	152
Table 17a:	Number of new cases of cervical cancer, by histological type for women, all ages, Australia, 1988–1999	153
Table 17b:	Age-standardised incidence rates for cervical cancer, by histological type for women, all ages, Australia, 1988–1999	153
Table 18:	Number of new cases of cervical cancer, by age and location, 1995–1998 and 1996–1999	154
Table 19:	Age-specific and age-standardised incidence rates for cervical cancer, by age and location, 1995–1998 and 1996–1999.....	155
Table 20:	Number of deaths from cervical cancer, by age, Australia, 1981–2000	156
Table 21:	Age-specific and age-standardised death rates for cervical cancer, by age, Australia, 1981–2000.....	157
Table 22:	Number of deaths from cervical cancer, by age, states and territories, 1993–1996.....	158
Table 23:	Age-specific and age-standardised death rates for cervical cancer, by age, states and territories, 1993–1996.....	159
Table 24:	Number of deaths from cervical cancer, by age, states and territories, 1997–2000.....	160
Table 25:	Age-specific and age-standardised death rates for cervical cancer, by age, states and territories, 1997–2000.....	161
Table 26:	Number of deaths from cervical cancer, by age and location, 1993–1996 and 1997–2000	162
Table 27:	Age-specific and age-standardised death rates for cervical cancer, by age and location, 1993–1996 and 1997–2000	163

Table 28:	Number of deaths from cervical cancer, by age and Indigenous status, 1995–1998, 1996–1999 and 1997–2000	164
Table 29:	Age-specific and age-standardised death rates for cervical cancer, by age and Indigenous status, 1995–1998, 1996–1999 and 1997–2000	165

List of figures

Figure 1:	Participation rates in the National Cervical Screening Program, by age group, Australia, 1998–1999 and 1999–2000	99
Figure 2:	Participation (age-standardised) in the National Cervical Screening Program by women aged 20–69 years, states and territories, 1998–1999 and 1999–2000 ..	101
Figure 3:	Proportion of women re-screened, by number of screens during the 21-month period following a negative smear in February 1999, Australia	104
Figure 4:	Proportion of women re-screened, by number of screens during the 21-month period following a negative smear in February 1999, states and territories.....	105
Figure 5:	Ratio of low- to high-grade abnormalities, by women aged 20–69 years, states and territories, 1999 and 2000.....	107
Figure 6:	High-grade abnormalities per 1,000 women, by age group, Australia, 1999 and 2000.....	110
Figure 7:	Age-standardised rate of high-grade abnormalities per 1,000 women screened aged 20–69 years, states and territories, 1999 and 2000.....	112
Figure 8:	Age-standardised incidence rates for micro-invasive squamous cell cancer, women aged 20–69 years, Australia, 1988–1999	114
Figure 9:	Age-specific incidence rates of micro-invasive squamous cell cancer, women aged 20–69 years, Australia, 1998 and 1999	115
Figure 10:	Age-standardised incidence rates of cervical cancer, Australia, 1988–1999	116
Figure 11:	Age-specific incidence rates of cervical cancer, Australia, 1998 and 1999	117
Figure 12:	Age-standardised cervical cancer incidence rates, women aged 20–69 years, states and territories, 1995–1998 and 1996–1999	118
Figure 13:	Age-standardised incidence rates of cervical cancer by histological type, women aged 20–69 years, Australia, 1988–1999	119
Figure 14:	Age-standardised incidence rates of cervical cancer, by location, women aged 20–69 years, Australia, 1995–1998 and 1996–1999.....	120
Figure 15:	Age-standardised death rates from cervical cancer, Australia, 1981–2000.....	123
Figure 16:	Age-specific cervical cancer death rates, by age group, Australia, 1987–1990 and 1997–2000.....	124
Figure 17:	Age-standardised cervical cancer death rates, women aged 20–69 years, states and territories, 1993–1996 and 1997–2000.....	125
Figure 18:	Age-standardised cervical cancer death rates, by location, women aged 20–69 years, 1993–1996 and 1997–2000	127
Figure 19:	Age-standardised cervical cancer mortality rates, by Indigenous status, women aged 20–69 years, 1995–1998, 1996–1999 and 1997–2000.....	129

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National Cervical Screening Program

New South Wales

Ms Jayne Ross
Mr Hassan Mamoon
Ms Jennifer Mitchell

Victoria

Dr Heather Mitchell
Ms Vicky Higgins
Ms Cathy Burrows
Mr Rory Wilby
Ms Helen Farrugia

Queensland

Ms Jennifer Muller
Mr Stephen Heim

Western Australia

Ms Gloria Sutherland
Ms Nerida Steel

South Australia

Ms Sue Gilchrist
Ms Penny Iosifidis

Tasmania

Ms Valerie Gardner
Mr Paul Chandler

Australian Capital Territory

Ms Alice Jones
Mr Peter Couvee
Ms Coral Swan

Northern Territory

Ms Karen Finch
Ms Sarah Steele

Commonwealth

Ms Sarah Major
Ms Andriana Koukari
Ms Vicki Shaw

Summary

- The total number of women who participated in cervical screening in 1999–2000 was 3,314,787 of whom 3,244,329 (98%) were in the screening program target age group of 20–69 years.
- Between the periods 1998–1999 and 1999–2000 the proportion of women in the target population (women aged 20 to 69 years) participating in cervical screening declined from 64.8% to 62.6%.
- Participation in screening declined in all 5-year age groups within the target population between 1998–1999 and 1999–2000. The largest decline was in younger age groups – decreasing from 66.0% to 62.4% for women aged 25–29 years and from 52.0% to 49.5% for women aged 20–24 years.
- The recommended screening interval is 2 years following a negative smear. Of a cohort of women screened in February 1999 who had a negative Pap smear result, 32% screened again within 21 months. It is not known what proportion of this early re-screening is justified on clinical grounds.
- A low-grade abnormality includes atypia, warty atypia, possible CIN, equivocal CIN, and CIN 1, while a high-grade abnormality is defined to include CIN 1/2, CIN 2 and CIN 3 or adenocarcinoma in situ. The ratio of histologically confirmed low-grade abnormalities to high-grade abnormalities was 1.4 for Australia in 2000, the same as for 1999. The 1999 ratio does not include data for Queensland.
- In 2000, the National Cervical Screening Program detected 13,851 women in the target age group 20–69 years with high-grade abnormalities. The number of high-grade abnormalities was highest in the younger age groups. In the age groups 35–39 years or less the rate of high-grade abnormalities was over 10 per 1,000 women screened whereas it was less than 2 per 1,000 in women in the age groups 50–54 years and over.
- The number of new cases of cervical cancer declined in Australia in recent years. There were 787 new cases in Australia in 1999 compared with 1,066 new cases detected in 1988.
- Cervical cancer is the 15th most common cause of cancer mortality in women, accounting for 267 deaths in 2000. The age-standardised mortality rate from cervical cancer in the target age group, although fluctuating, declined over time from 5.0 per 100,000 women to 2.5 per 100,000 women between the years 1981 and 2000. During the same period the age-standardised cervical cancer mortality rate for all ages also declined from 6.2 per 100,000 women to 3.5 per 100,000 women.
- Women in the target age group from remote locations experienced a relatively high mortality rate from cervical cancer – 3.7 deaths per 100,000 women compared with 2.4 deaths per 100,000 women in metropolitan and rural locations. However, between the periods 1993–1996 and 1997–2000, the age-standardised cervical cancer mortality rate declined in all regions (metropolitan, rural and remote).
- Prior to 1998, only Western Australia, South Australia and the Northern Territory had Indigenous mortality registration data of sufficient quality to be publishable. In 1998, Queensland's coverage of Indigenous deaths reached an acceptable level to be included in the analysis of Indigenous mortality data. For these jurisdictions, in the period 1997–2000 there were 22 deaths (an age-standardised mortality rate of 11.3 per 100,000

women) from cervical cancer among Indigenous women in the target age group. This is over five times the corresponding rate in non-Indigenous women (2.1 per 100,000 women). Compared with the 1995–1998 mortality rate for Indigenous women in the target age group, which was 17.5 per 100,000 women, there was a decline in mortality in the 1997–2000 period. However, these rates are based on relatively small numbers of cases and may be subject to large variability. Despite the relatively large size of the apparent decline in the rate, it is still within the range of variation that would be expected due to chance.