

Participation

The major objective of the National Cervical Screening Program is to reduce morbidity and mortality from cervical cancer by detecting treatable pre-cancerous abnormalities before a progression to cancer. Through increased participation, more women with pre-cancerous abnormalities can be detected and treated before progression to cervical cancer occurs, thus reducing morbidity to women. Also, increased participation will lead to the detection of more women with early stages of cancer where treatment can reduce mortality.

Through a variety of recruitment initiatives, the Program actively targets women in the age group 20-69 years. The recommended screening interval for women in the target age group 20-69 years who have ever been sexually active at any stage in their lives is two years. Pap smears may cease at the age of 70 years for women who have had two normal Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

Some women in the target population are unlikely to require screening, such as:

- those who have had a total hysterectomy with their cervix removed;
- those who have never been sexually active; and
- women with a previously diagnosed gynaecological cancer (this last group is monitored under a clinical arrangement) (Snider & Beauvais 1998).

In principle, the denominator and numerator should be adjusted to remove all of the above three groups from the data on participation. However, in practice, the data are adjusted to remove women who have had a hysterectomy but the latter two groups cannot be adjusted for, due to methodological difficulties.

State and Territory Programs have strategic plans in place to increase women's participation in cervical screening. Such strategies include targeting priority population groups including Indigenous women, rural and remote women, and women from culturally and linguistically diverse backgrounds.

The objective, measurement and usefulness of participation as an indicator is outlined below:

- the participation indicator measures the proportion of the target population covered by the National Cervical Screening Program and the current screening policy of a 2-yearly interval;
- this indicator is important in assessing the contribution of the National Cervical Screening Program to changes in incidence and mortality. The indicator can also be used as a means of evaluating recruitment practices, particularly if participation rates are analysed by demographic characteristics; and
- when this indicator is used in conjunction with others, it can be used to support debate relating to target groups and screening intervals.

The data presented for this indicator refer to the 2-year period 1998-1999. Data for the period 1997-1998 are included for comparison.

State- and Territory-specific issues

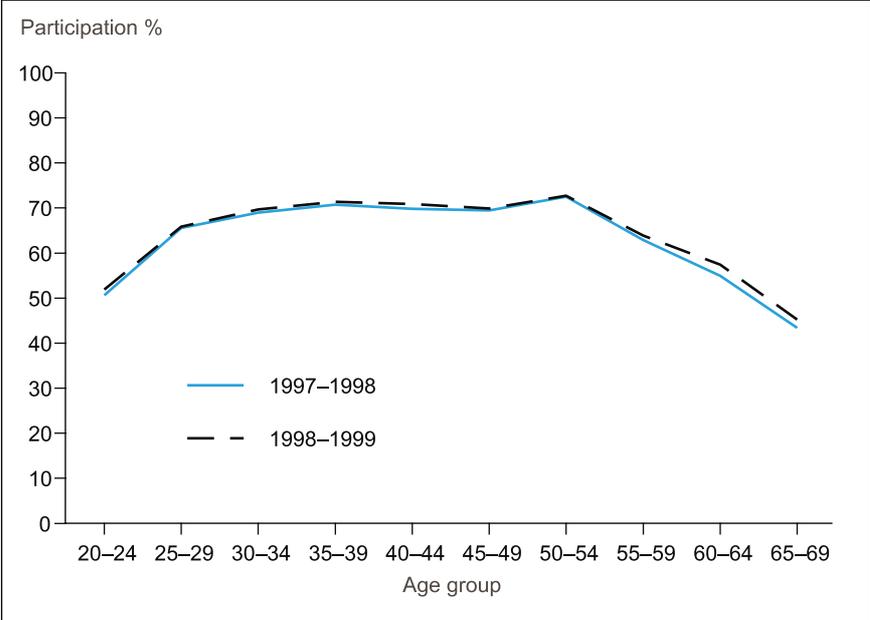
The Queensland Health Pap Smear Register began its operation in February 1999. Therefore participation data are not available for this jurisdiction. The overall rate for Australia for this indicator has been calculated excluding the Queensland population for the respective years.

Except for Western Australia and the Australian Capital Territory, the participation rates are based on all women who were screened in that State or Territory. This may lead to an overestimation of the numbers of women screened because of double counting of some women between States and Territories. This may be the result of difficulty in identifying State or Territory of residence for women in border areas and the inclusion of women resident overseas.

Indicator 1: Participation rate for cervical screening

Percentage of women screened in a 24-month period by 5-year age groups (20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+) and for the target age group (20-69 years).

The graphs and tables below refer to the data for the target age group only. For detailed data refer to Tables 1b and 2b (pages 43 and 45).



Notes

1. Participation rates have been adjusted for the estimated proportion of women who have had a hysterectomy.
2. The Queensland Health Pap Smear Register commenced February 1999, therefore no data are available for this report.

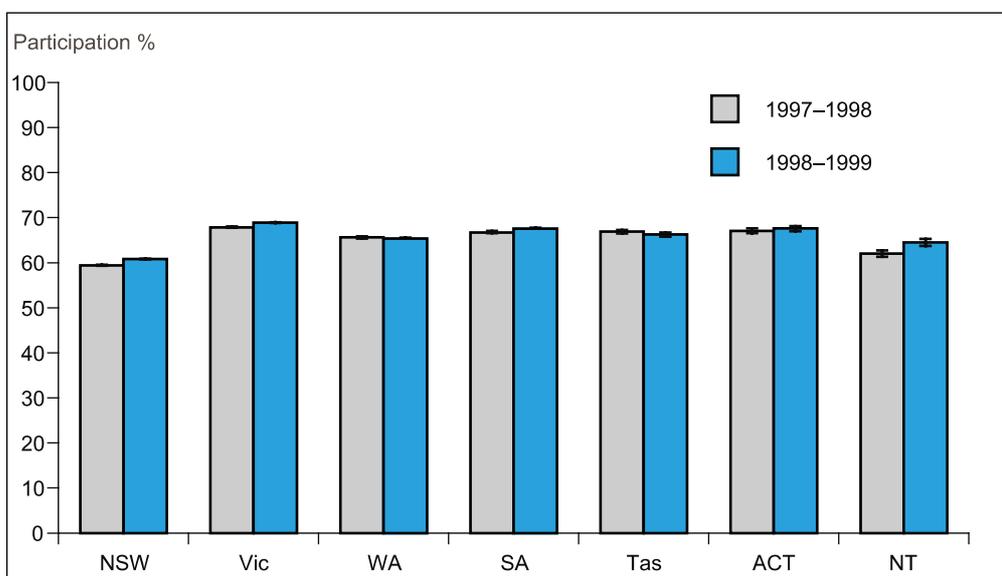
Source: AIHW analysis of State and Territory Cervical Cytology Registry data.

Figure 1: Participation rates in the National Cervical Screening Program by age group, Australia, 1997-1998 and 1998-1999

| 2-year period | Age group | | | | | | | | | | 20-69 |
|---------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | |
| | (Per cent) | | | | | | | | | | |
| 1997-1998 | 50.6 | 65.5 | 69.0 | 70.7 | 69.8 | 69.4 | 72.5 | 62.9 | 54.9 | 43.4 | 63.9 |
| 1998-1999 | 52.0 | 66.0 | 69.7 | 71.4 | 70.9 | 69.9 | 72.8 | 63.9 | 57.4 | 45.2 | 64.8 |

- The age-standardised (AS) participation rate for cervical screening (excluding Queensland) for the period January 1998 to December 1999 was 64.8% for the target population of women aged 20-69 years (Table 2b, page 45).
- During this period 2,777,324 women were screened in Australia for pre-cancerous changes to cervical cells. Of these 2,716,364 (97.8%) were in the target age group 20-69 years of age (Table 2a, page 44).

- There was considerable variation in the rate of participation of different age groups within the target age group, ranging from a peak of 73% participation in the 50-54 years age group to a low of 45% in the 65-69 years age group (Table 2b, page 45).
- There was a small increase in the participation rate in most 5-year age groups within the target age group between the two periods 1997-1998 and 1998-1999. This resulted in 62,860 more women in the target age group being screened in 1998-1999. During the same period, participation of women in the 60-64 years age group had the largest increase of approximately 4.6% (Tables 1a to 2b, pages 42-45).



Notes

1. The Queensland Health Pap Smear Register commenced February 1999, therefore no data are available for this report.
2. Rates are expressed as the percentage of the eligible female population and age standardised to the Australian 1991 population.
3. Bars on graphs represent 95% confidence intervals.

Source: AIHW analysis of State and Territory Cervical Cytology Registry data.

Figure 2: Participation (age-standardised) in the National Cervical Screening Program by women aged 20-69 years, by States and Territories, 1997-1998 and 1998-1999

| 2-year period/ rate | NSW | Vic | WA ^(a) | SA | Tas | ACT ^(a) | NT | Australia |
|------------------------|-----------|-----------|-------------------|-----------|-----------|--------------------|-----------|-----------|
| 1997-1998 | | | | | | | | |
| AS rate | 59.4 | 67.8 | 65.7 | 66.7 | 66.9 | 67.0 | 62.0 | 63.9 |
| CI | 59.3-59.5 | 67.7-68.0 | 65.4-65.9 | 66.5-67.0 | 66.5-67.3 | 66.5-67.6 | 61.3-62.7 | 63.8-63.9 |
| 1998-1999 | | | | | | | | |
| AS rate | 60.8 | 68.9 | 65.4 | 67.6 | 66.3 | 67.6 | 64.5 | 64.8 |
| CI | 60.7-60.9 | 68.8-69.0 | 65.1-65.6 | 67.3-67.8 | 65.8-66.7 | 67.0-68.1 | 63.7-65.3 | 64.8-64.9 |

(a) The WA and ACT registers only include women with a valid WA or ACT address respectively.

- The registers in New South Wales, South Australia, Tasmania and Northern Territory record Pap smears for a small number of women who live outside the State or Territory. Of these, South Australia had the highest proportion of registrations for interstate residents in 1998-1999 (1.0% of all Pap smears).
- In 1998-1999 there was considerable variation in the participation rates between States and Territories for women in the target age group 20-69 years, ranging from a high of 68.9% in Victoria to a low of 60.8% in New South Wales (Table 2b, page 45).
- The participation rate in all States and Territories except Western Australia and Tasmania increased between the two periods 1997-1998 and 1998-1999. The Northern Territory registered the largest percentage increase between the two periods (4.0%). Apart from the Australian Capital Territory, the increase in participation in these jurisdictions was greater than would have been expected by chance (Tables 1b and 2b, pages 43 and 45).

