Summary

- Between the two periods 1997-1998 and 1998-1999 cervical screening participation rates of the target population (women aged 20 to 69 years) increased from 63.9% to 64.8%.

- 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. The largest increase - of 4.6% - was in the age group 60-64 years.

- Overall, 2,777,324 women were screened for cervical abnormalities in the 1998-1999 period. This is an increase of 55,674 women screened compared with the 2,721,650 women screened during 1997-1998 period.

- Compliance with the recommended screening interval (two years following a negative smear) is crucial in maintaining the effectiveness and the cost efficiency of the Program. Of a cohort of women screened in February 1998 who had a negative Pap smear result, 43.1% were rescreened in two years or less. This is in contrast to 46.7% women who were rescreened in two years or less following a negative Pap smear in 1997.

- Of the 1998 cohort of women who had a negative Pap smear result, 35% had one additional smear, 7% had two additional smears, and less than 2% had three or more additional smears in the two years following their initial Pap smear.

- 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 1999, the same as for 1998. The 1998 ratio does not include data for the Australian Capital Territory.

- In 1999, the National Cervical Screening Program detected 11,642 women with high-grade abnormalities compared with 10,704 women with high-grade abnormalities detected in 1998. This number was much higher in the younger age groups: in the 20-29 age group the rate of high-grade abnormalities was over 17 per 1,000 women screened whereas it was less than 2 per 1,000 in women aged 55 years and over.

- The number of new cases of cervical cancer declined in Australia in recent years. There were 868 new cases in Australia in 1998 compared with 1,086 new cases detected in 1987. Cervical cancer is one of the few cancers where screening can detect pre-cancerous lesions. Treatment can prevent a large proportion of these pre-cancerous lesions progressing to cancer.

- Cervical cancer is the 18th most common cause of cancer mortality in women, accounting for 220 deaths in 1999. The age-standardised mortality rate from cervical cancer declined in the target age group from 4.7 per 100,000 women to 2.0 per 100,000 women between the years 1990 and 1999. During the same period the age-standardised mortality rate for all ages also declined from 5.0 per 100,000 women to 2.5 per 100,000 women.

- Women in the target age group from remote locations experienced a relatively high mortality rate from cervical cancer (4.7 per 100,000 women); this compared with 2.4 deaths per 100,000 women for metropolitan and rural locations. However, between the periods 1996-1998 and 1997-1999, the age-standardised cervical cancer mortality rate declined in all locations (metropolitan, rural and remote).

- Only Western Australia, South Australia and the Northern Territory have Indigenous mortality registration data of sufficient quality to be publishable. For these jurisdictions, in the period from 1997-1999 there were 13 deaths (an age-standardised mortality rate of 15.8 per 100,000

women) from cervical cancer among Indigenous women in the target age group. This is over seven times the corresponding rate in non-Indigenous women (2.2 per 100,000 women). It does indicate a decline in mortality compared with the 1996-1998 mortality rate for Indigenous women in the target age group, which was 19.0 per 100,000 women. 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, that is, it is not statistically significant.