Low-grade abnormalities

The Pap smear test is able to identify a range of abnormalities in cervical cells. Some of these abnormalities (the so-called high-grade abnormalities) have a greater chance of becoming malignant, and are therefore treated aggressively. The chance of low-grade abnormalities progressing to malignant change is very much less. However, once they are identified on biopsy the option of active treatment is available.

In this report a low-grade intraepithelial abnormality includes:

- atypia;
- warty atypia (human papilloma virus (HPV) effect);
- possible cervical intraepithelial neoplasia (CIN) (see Glossary);
- equivocal CIN;
- CIN 1; or
- endocervical dysplasia not otherwise specified (NOS).

The indicator is measured as the ratio of histologically verified low-grade intraepithelial abnormalities detected to histologically verified high-grade intraepithelial abnormalities.

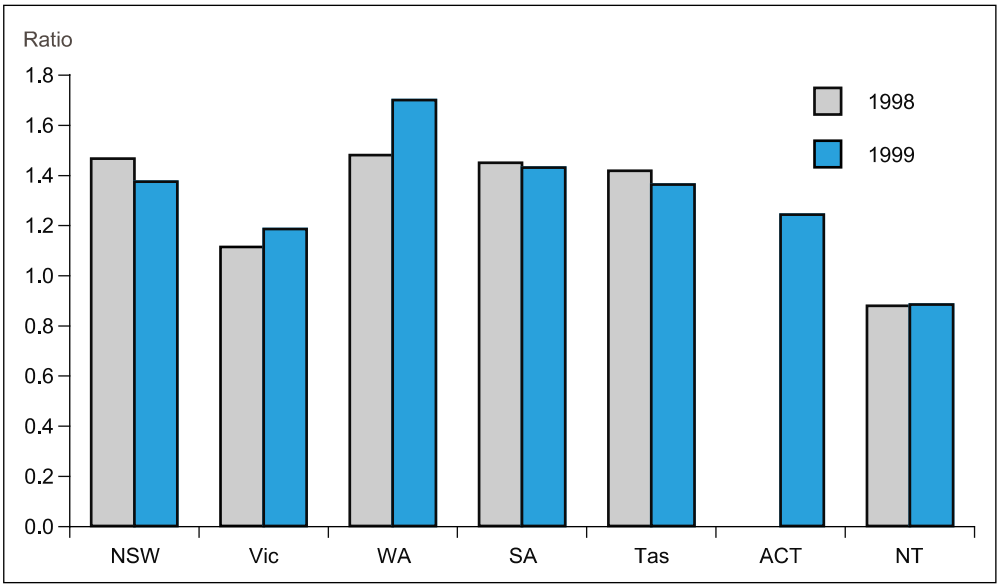
The purpose of screening is to reduce morbidity by identifying pre-cancerous abnormalities. Effective treatment of these abnormalities prevents invasive cancer and hence avoids the morbidity associated with cancer treatment.

The rationale behind this indicator is to provide a broad indication of the extent to which screening exposes women taking part in the Program to the risk of adverse outcomes without an associated health benefit.

A biopsy is a relatively invasive procedure in which a piece of tissue is taken from the cervix, and represents an increased risk of morbidity for a woman compared with having a Pap smear. This indicator provides data about the number of women who have a biopsy that finds only a low-grade abnormality with a low risk of progression to invasive cancer, and compares it with the number of women who have a high-grade abnormality.

Indicator 3: Low-grade abnormality detection

Number of women with a histologically verified low-grade intraepithelial abnormality detected in a 12-month period as a ratio of the number of women with a histologically verified high-grade intraepithelial abnormality detected in the same period.



Refer to Tables 5a and 5b (page 47).

Notes

1. The ACT did not collect histology details during 1998.
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 5: Ratio of low- to high-grade abnormalities by women aged 20-69 years, by States and Territories, 1998 and 1999

Year	NSW	Vic	WA	SA	Tas	ACT	NT	Australia
				(Ratio)				
1998	1.5	1.1	1.5	1.5	1.4	n.a.	0.9	1.4
1999	1.4	1.2	1.7	1.4	1.4	1.2	0.9	1.4

- The ratio of histologically confirmed low-grade abnormalities to high-grade abnormalities was 1.4 for Australia in 1999, the same as in 1998. Note that the 1998 ratio does not include data for the Australian Capital Territory (Tables 5a and 5b, page 47).
- In 1999 there was some variation among States and Territories, with the highest ratios in Western Australia (1.7), followed by South Australia, New South Wales and Tasmania (1.4), while the Northern Territory (0.9) had the lowest ratio (Table 5b, page 47).
- Between 1998 and 1999, there were small shifts in the ratio of low-grade intraepithelial abnormalities to high-grade intraepithelial abnormalities detected within States and the Northern Territory. The ratios in New South Wales and South Australia declined, while there was a small increase in the ratio in Victoria and Western Australia (Tables 5a and 5b, page 47).