

*Cervical screening in Australia 1998–1999* is the third annual report based on key program activity, performance and outcome indicators to monitor the achievements of the National Cervical Screening Program. The report provides a comprehensive national picture of cervical screening in Australia for 1998–1999.

The report presents most recent information on participation in cervical screening, rate of early re-screening, low-grade and high-grade abnormalities detected, incidence of cervical cancer and mortality. Analysis of incidence and mortality data by location (rural, remote and metropolitan) as well as mortality by Indigenous status are also presented. Where possible, data are presented by State and Territory stratification.

This report will be relevant to anyone with an interest in women's health or cervical screening, including health planners and administrators, various health practitioners, academic researchers and the general public.

Cervical Screening in Australia 1998-1999



## Cervical Screening in Australia 1998–1999



National  
Cervical  
Screening  
Program



**Cervical Screening  
in Australia  
1998-1999**

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and wellbeing of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

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# **Cervical screening in Australia 1998-1999**

**Australian Institute of Health and Welfare  
and the  
Commonwealth Department of Health and Ageing  
for the  
National Cervical Screening Program**

Australian Institute of Health and Welfare  
Canberra

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# 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.

# National Cervical Screening Program

The National Cervical Screening Program continues to be a vibrant component of women's health in Australia. Cervical screening has been available in Australia for more than 35 years. Many women have grown up with the Program and regard a regular Pap smear as an integral aspect of their personal health care. This year we are able to show that, among women aged 20-69 years, the mortality rate from cervical cancer had declined by over 55% between 1989 and 1999. This is a remarkable achievement for any cancer over such a short time period. This achievement stands as a testimony to the commitment of women, health providers and government to the Program.

The National Advisory Committee continues to meet twice per year, with many of its members also contributing to the Working Groups. A new Working Group, the Aboriginal and Torres Strait Islander Women's Forum, was established during 2000. The incidence and mortality from cervical cancer among Aboriginal and Torres Strait Islander women continues to be unacceptably high. The Forum will allow for a more concentrated effort to reduce this burden to be made at the national level. The Chair of the Forum is Ms Patricia Kurnoth.

The other four Working Groups continue.

The Education, Communication and Recruitment Working Group is developing national resources for women and health practitioners about early rescreening. These resources will include information on underscreening. Although early rescreening is a problem in many countries, Australia is one of the first countries to tackle the issue formally. Thus our achievements in this area could have both national and international benefit. This Working Group is chaired by Ms Sue Gilchrist.

The New Technologies Working Group maintains a watching brief on research, both within Australia and internationally, into new approaches to preventing cervical cancer. Given the large policy implications of adopting new technologies, high-quality evidence will be needed before changes are made. Mr Robert Rome is the Chair.

The Policy and Cost-Effectiveness Working Group is now well advanced in reviewing the screening policy. Particular emphasis is being given to the age range and the recommended rescreening interval. A review of the National Health and Medical Research Council's 'Guidelines for the Management of Women with Screen Detected Abnormalities' is planned to begin later this year. The Chair of the Working Group is Ms Jennifer Muller.

The Quality Assurance Working Group, chaired by Dr Annabelle Farnsworth, continues work on the Performance Standards for Laboratories Reporting Cervical Cytology. Compliance with the Standards has been mandatory for laboratory accreditation since 1 July 1999. Survey instruments have been completed for a study of the quality of reporting of cervical histopathology by Australian laboratories. This study will complement our understanding of pathology laboratory services for the cervical health of women.

This third annual report of key performance indicators for the National Cervical Screening Program is particularly welcomed. The Report's usefulness to the Program and its accountability to the community, to health professionals and to Government make it a valued publication.

Dr Heather Mitchell  
Chair  
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