

Part 1—Cervical Screening in Australia 2000–2001

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Summary

This report is the fifth national report on the performance of the National Cervical Screening Program in Australia. Cervical screening services are provided as part of mainstream health services with general practitioners performing approximately 80% of Pap smears. The program is funded by Medicare, the Australian Government, and the state and territory governments.

There is a set of performance monitoring indicators agreed to by the National Advisory Committee to the program. This report presents statistics on the monitoring undertaken. The main features of the report are summarised below.

Participation

- The total number of women who participated in cervical screening in 2000–2001 was 3,314,787 of whom 3,244,329 (98%) were in the screening program target age group of 20–69 years. This represented an increase of 16,621 in the number of women screened in 1999–2000.
- Between the periods 1999–2000 and 2000–2001 the proportion of women in the target population (women aged 20–69 years) participating in cervical screening declined from 62.6% to 61.8%.
- Participation in screening declined in all 5-year age groups within the target population between 1999–2000 and 2000–2001 except for the youngest (20–24) and oldest (65–69) age groups which each showed a slight increase. The largest decline was in women in their thirties – decreasing from 67.0% to 64.9% for women aged 30–34 years and from 68.7% to 67.1% for women aged 35–39 years.

Early re-screening

- The recommended screening interval is 2 years following a negative smear. Of a cohort of women screened in February 2000 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.

Detection of abnormalities

- A low-grade abnormality includes atypia, warty atypia, possible cervical intraepithelial neoplasia (CIN), equivocal CIN, and CIN 1, and 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 1.3 for Australia in 2001, the same as in 2000. The 2001 ratio did not include data for the Northern Territory.
- In 2001, the National Cervical Screening Program detected 13,555 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. For women under 35 years of age, the rate of high-grade abnormalities was over 10 per 1,000 women screened whereas it was less than 2 per 1,000 women aged 50 years and over.

Incidence and mortality

- The number of new cases of cervical cancer in Australia has continued to decline. There were 745 new cases in Australia in 2000 compared with 1,072 detected in 1989.
- Cervical cancer is the 15th most common cause of cancer mortality in women, accounting for 262 deaths in 2001. Although there was some fluctuation from year to year, the age-standardised mortality rate from cervical cancer declined. For all women aged 20 years and over there was a decline of 5.9 per 100,000 women in 1982 to 2.8 per 100,000 in 2001. During the same period, for women in the target age group of 20–69 years the rate declined from 5.1 per 100,000 to 2.4 per 100,000. The mortality rate also declined for women aged 70 years and over from 2.7 per 100,000 in 1982 to 1.1 per 100,000 in 2001.
- Women in the target age group from remote locations experienced a relatively high mortality rate from cervical cancer – 3.0 deaths per 100,000 compared with 2.3 deaths per 100,000 women in metropolitan areas. However, between the periods 1994–1997 and 1998–2001, 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 1998–2001 there were 20 deaths from cervical cancer among Indigenous women in the target age group (an age-standardised mortality rate of 11.4 per 100,000 women). This is more than four times the corresponding rate in non-Indigenous women (2.5 per 100,000). Compared with the 1996–1999 mortality rate for Indigenous women in the target age group, which was 9.8 per 100,000, there was an increase in mortality in the 1998–2001 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 increase in the rate, it is still within the range of variation that would be expected due to chance.

