

High-grade abnormalities

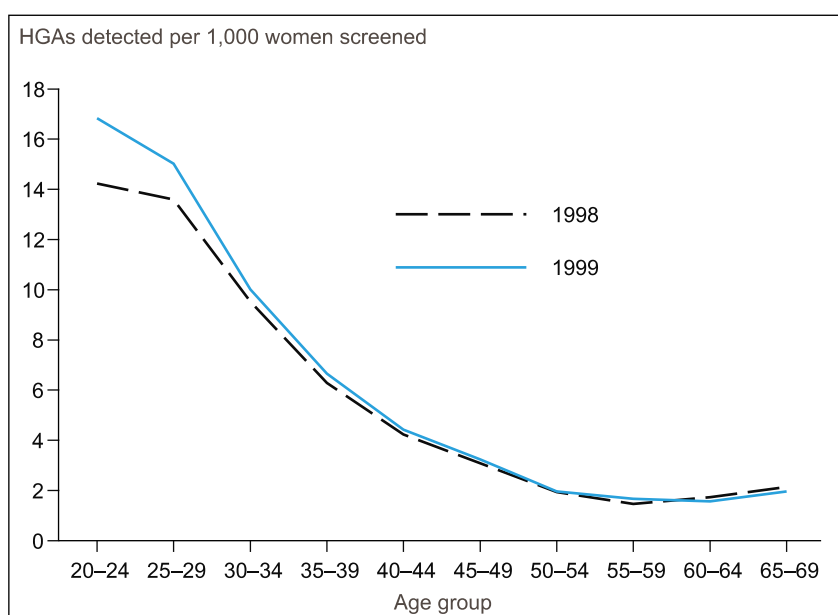
High-grade abnormalities have a greater probability of progressing to invasive cancer than low-grade abnormalities. Therefore, one of the aims of the National Cervical Screening Program is to set a screening interval which detects most of these abnormalities before they progress and become invasive. This indicator measures the frequency of this type of abnormality in the screened community. A high-grade intraepithelial abnormality is defined in this report as CIN 1/2, CIN 2, CIN 3 or adenocarcinoma in situ.

The NHMRC has produced guidelines to assist in the management of women who have low- and high-grade intraepithelial abnormalities (DHS 1994b).

Indicator 4: High-grade abnormality detection

Detection rate for histologically verified high-grade intraepithelial abnormalities per 1,000 women screened in a 12-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, age-standardised).

The graph and table below refer to the data for the target age group only. For detailed data refer to Tables 6a and 6b (pages 48 and 49).



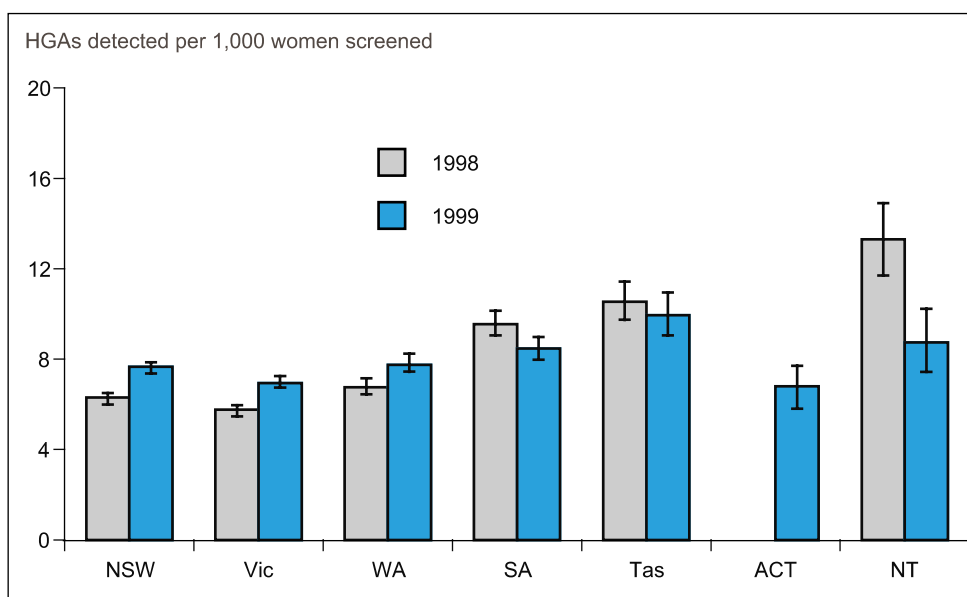
Note: The Queensland Health Pap Smear Register began in February 1999; therefore no data are available for this report.

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

Figure 6: High-grade abnormalities per 1,000 women by age group, Australia, 1998 and 1999

Age	Age group										
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	20-69
	(Number per 1,000 women)										
1998	14.3	13.9	8.8	6.3	4.1	2.6	1.9	1.6	1.7	1.0	6.7
1999	16.8	15.0	10.0	6.7	4.4	3.2	2.0	1.7	1.6	2.0	7.6

- The age-standardised detection rate for histologically verified high-grade intraepithelial abnormalities increased from 6.7 per 1,000 women screened in the target age group 20-69 years in 1998 to 7.6 per 1,000 women screened in 1999 (Tables 9a and 9b, page 54).
- In 1999, of the 1,582,012 women screened in the target age group 20-69 years in Australia, 11,686 (0.7%) histologically verified high-grade abnormalities were detected (Tables 7b and 8b, pages 51 and 53).
- The rate of histologically verified high-grade intraepithelial abnormalities was much higher in the younger age groups (Figure 6). In 1999, the rate in the 20-24 year age group was 16.8 per 1,000 women screened compared with 2 or less per 1,000 women in the age groups from 50-54 to 65-69. This age-specific distribution contrasts with patterns of cervical cancer incidence and mortality that are the inverse of this age distribution. This suggests that the malignant potential of an intraepithelial high-grade abnormality is greater with increasing age.



Refer to Tables 9a and 9b (page 54).

Notes

1. The Queensland Health Pap Smear Register began in February 1999; therefore no data are available for this report.
2. The ACT did not collect histology data during 1998.
3. Rates are standardised to the 1991 Australian total population.
4. Bars on graphs represent 95% confidence intervals.

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

Figure 7: Age-standardised rate of high-grade abnormalities per 1,000 women screened aged 20-69 years, by States and Territories, 1998 and 1999

	NSW	Vic	WA	SA	Tas	ACT	NT	Australia
AS rate 1998	6.3	5.8	6.7	9.5	10.5	n.a.	13.3	6.7
95% CI	6.1-6.5	5.5-6.0	6.4-7.1	9.0-10.1	9.7-11.4	n.a.	11.7-14.9	6.6-6.9
AS rate 1999	7.7	6.9	7.7	8.5	9.9	6.8	8.7	7.6
95% CI	7.4-7.9	6.7-7.2	7.4-8.2	8.0-9.0	9.0-10.9	5.8-7.7	7.4-10.2	7.4-7.7

- In 1998 and 1999 there was considerable variation in the State and Territory age-standardised rate of high-grade abnormalities per 1,000 women screened. In 1999, Tasmania had the highest rate at 9.9 per 1,000 women screened, and the Australian Capital Territory the lowest at 6.8 per 1,000 women in the target age group 20-69 years (Tables 9a and 9b, page 54).
- The age-standardised rate of high-grade abnormalities per 1,000 women increased in New South Wales (from 6.3 to 7.7), Victoria (from 5.8 to 6.9) and Western Australia (6.7 to 7.7) between 1998 and 1999. The increase in all three jurisdictions was statistically significant.
- A statistically significant decline in the age-standardised rate of high-grade abnormalities per 1,000 women was observed in the Northern Territory (from 13.3 to 8.7) between 1998 and 1999. During the same period, South Australia and Tasmania also showed a decrease; however, the decline was not statistically significant (Tables 9a and 9b, page 54).

