

Indicator 2: Early re-screening

Proportion of women re-screened by number of re-screens during a 21-month period following a normal smear.

The National Cervical Screening Program seeks to maximise reductions in incidence and mortality of cervical cancer within a cost-effective framework. The screening program defines two key parameters for achieving these objectives – target populations and screening intervals. Compliance with these parameters is crucial to maintaining the effectiveness of the program and cost efficiency so that resources may be used to increase population coverage. For most women who have a negative smear, the recommended interval before their next screen is two years.

An early re-screen is defined as having a repeat Pap smear within 21 months of a negative smear result. Reasons for the choice of 21 months as the timeline for reporting are discussed under 'Data issues' below.

This indicator:

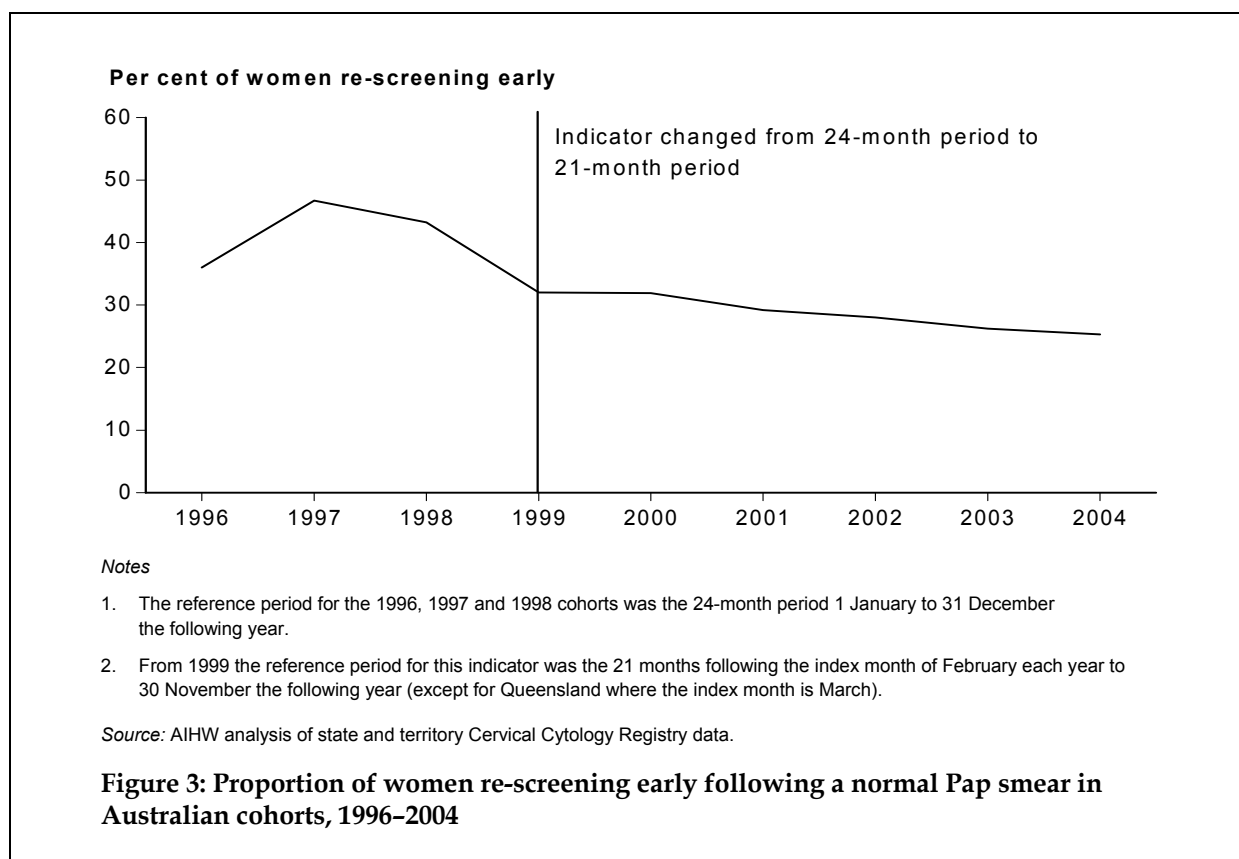
- tracks over a period of 21 months a cohort of women from all states and territories who had a negative smear result in February 2002 to determine the extent of early re-screening within the National Cervical Screening Program. The exception to this is Queensland where the index month is March. February was selected as the index month nationally because it has been shown to be a relatively stable month in terms of the number of women who are screened. This pattern has been consistent over a number of years, partly because fewer women take holidays at this time. It is also helped by the fact that February is not a month during which public holidays are nationally gazetted.
- measures the compliance with the recommended screening interval following a negative smear.
- is important in assessing screening coverage around the recommended interval, as significant differences may reduce program effectiveness.

This indicator should be interpreted with caution as some early re-screening after a negative Pap smear report is appropriate and in accordance with the National Health and Medical Research Council guidelines. Specifically, if a woman has a history of histologically proven high-grade abnormality, then annual screening is recommended. If a woman is being monitored after treatment or during the resolution phase of a low-grade abnormality, it is appropriate for her to be screened earlier than the 24 months recommended screening interval.

Data issues

The data for Indicator 2 published in reports before the *Cervical screening in Australia 1999–2000* report are not directly comparable with the data in this report as this indicator has been modified to change the follow-up period from 24 months to 21 months. This change was made because women often have their Pap smear taken at a time convenient to them, with some choosing to have their biennial screening immediately before the 24-month anniversary. Also prescriptions for oral contraceptives lapse at 22 months and some women are then likely to combine their Pap smears with their visit to the GP for renewing their scripts.

Trend in early re-screening



Proportion of women re-screening early following a normal Pap smear in Australian cohorts, by number of screens, 1996–2004

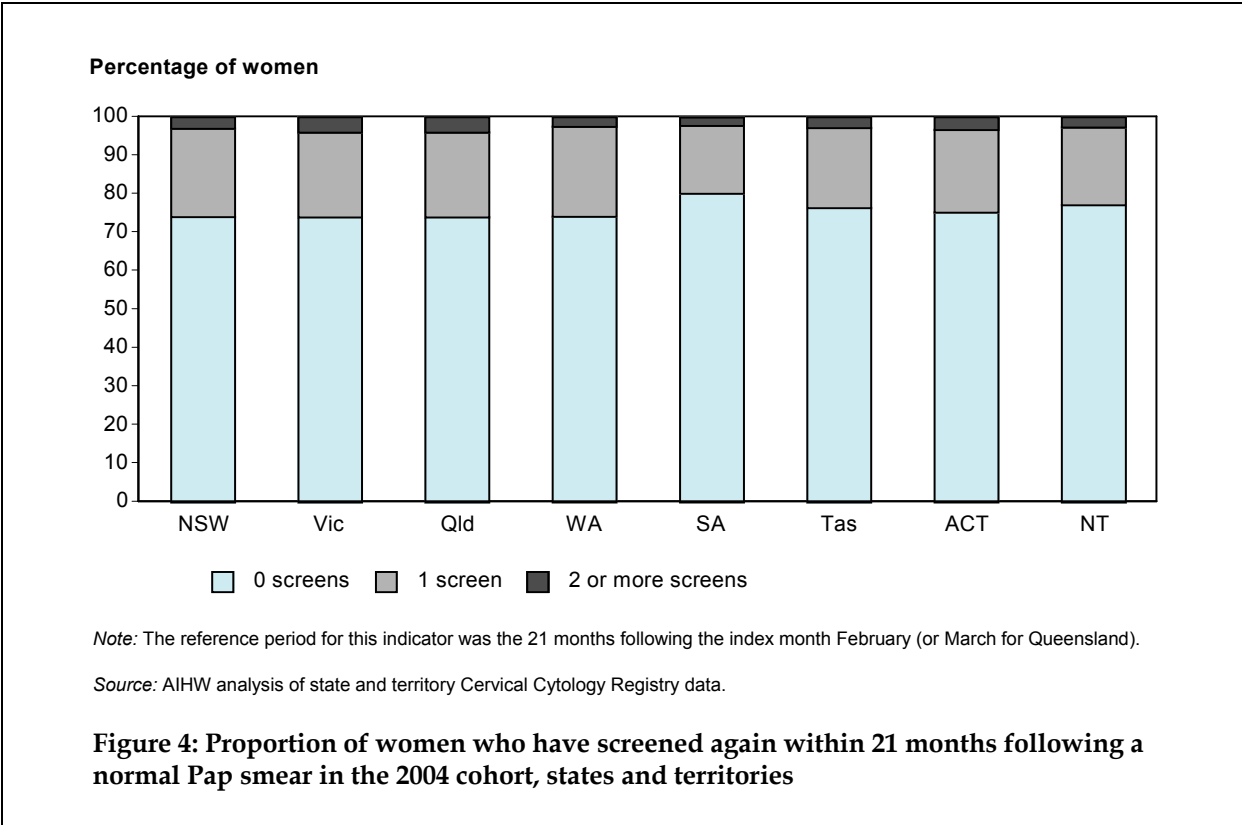
No. of screens	1996	1997	1998	1999	2000	2001	2002	2003	2004
1 screen	28.0	37.2	34.7	27.3	27.3	25.3	24.1	22.7	22.1
2 screens	6.2	7.6	6.9	3.8	3.6	3.1	3.1	2.8	2.6
3+ screens	1.8	1.9	1.5	0.9	0.9	0.8	0.8	0.7	0.6
Total	36.0	46.7	43.1	32.0	31.8	29.2	28.0	26.2	25.3

Note: The indicator reported on a 24-month period following a normal Pap smear up to and including 1998; in 1999 the indicator was changed to a 21-month interval. Therefore data up to and including 1998 are not directly comparable with data in subsequent years.

- A cohort of 166,586 women screened in February or March 2004 whose Pap smear results were normal was tracked over a 21-month period to measure the extent of early re-screening in Australia. The proportion of women being re-screened early has fallen from 32.0% in 1999 to 25.3% in 2004.

For more information, see Tables 5–8 beginning on page 39. Tables with data other than for the latest reporting period can be found on the AIHW's website at <www.aihw.gov.au>.

Early re-screening by state and territory



- In the 2004 cohort the level of early re-screening did not vary significantly among the states and territories except for South Australia where 80.2% of women did not screen again within 21 months of a normal Pap smear, compared with 74.7% nationally.
- Since the 2000 cohort, all states and territories experienced a decline in the proportion of women having additional Pap smears within the 21 months following a normal smear.

For more information, see Tables 5–8 beginning on page 39. Tables with data other than for the latest reporting period can be found on the AIHW’s website at <www.aihw.gov.au>.

Proportion of women who have or have not re-screened within 21 months following a normal Pap smear, by number of screens, states and territories, 1999–2004

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent									
1999 cohort									
0 screens	67.5	66.1	70.8	66.8	70.2	68.9	71.3	70.8	68.0
1 screen	28.3	28.3	24.7	29.1	25.4	26.6	24.0	25.0	27.3
2 or more	4.2	5.6	4.5	4.2	4.5	4.5	4.7	4.2	4.7
2000 cohort									
0 screens	68.5	65.0	69.5	67.7	73.9	69.9	70.4	76.2	68.1
1 screen	27.6	29.4	25.6	28.6	22.4	26.4	25.3	18.9	27.3
2 or more	3.9	5.6	4.9	3.7	3.7	3.7	4.4	4.9	4.5
2001 cohort									
0 screens	70.4	67.8	72.3	71.8	76.7	73.1	72.9	76.0	70.8
1 screen	26.1	27.4	23.6	25.1	20.6	23.9	23.1	20.9	25.3
2 or more	3.5	4.8	4.1	3.1	2.7	3.1	4.0	3.1	3.9
2002 cohort									
0 screens	72.0	69.5	73.3	71.9	77.3	74.9	74.1	75.1	72.0
1 screen	24.6	25.8	22.5	24.6	20.1	21.9	22.2	20.5	24.1
2 or more	3.4	4.7	4.2	3.5	2.6	3.2	3.7	4.4	3.9
2003 cohort									
0 screens	73.6	72.7	73.9	72.9	78.5	77.1	74.0	72.8	73.8
1 screen	23.2	23.1	22.1	24.0	19.4	20.3	22.4	23.3	22.7
2 or more	3.1	4.3	4.0	3.0	2.1	2.6	3.6	3.9	3.5
2004 cohort									
0 screens	74.1	74.0	74.0	74.2	80.2	76.4	75.3	77.2	74.7
1 screen	23.0	22.1	22.1	23.4	17.6	20.8	21.4	20.2	22.1
2 or more	2.9	3.9	3.9	2.5	2.1	2.8	3.3	2.6	3.2

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