



7.4 Cancer screening

Population-based cancer screening is an organised, systematic and integrated process of testing for signs of cancer or pre-cancerous conditions in populations without obvious symptoms. In Australia, there are national population-based screening programs for breast, cervical and bowel cancers. They are run through partnerships between the Australian Government and state and territory governments. The programs target particular populations and age groups where evidence shows screening is most effective at reducing cancer related morbidity and mortality.

BreastScreen Australia

BreastScreen Australia, established in 1991, provides free 2-yearly screening mammograms (see Glossary) to women aged 40 and over, and actively targets women aged 50–74.

- In 2015–2016, nearly 1.8 million women aged 50–74 participated in BreastScreen Australia—around 55% of the target population.
- Participation is lower among Aboriginal and Torres Strait Islander women, at around 37% of the Indigenous population, as well as among women living in *Very remote* areas (47%) and women from a culturally or linguistically diverse background (48%).
- More than half (59%) of all breast cancers detected through BreastScreen Australia are small (≤ 15 mm); small breast cancers are associated with more treatment options and improved survival.

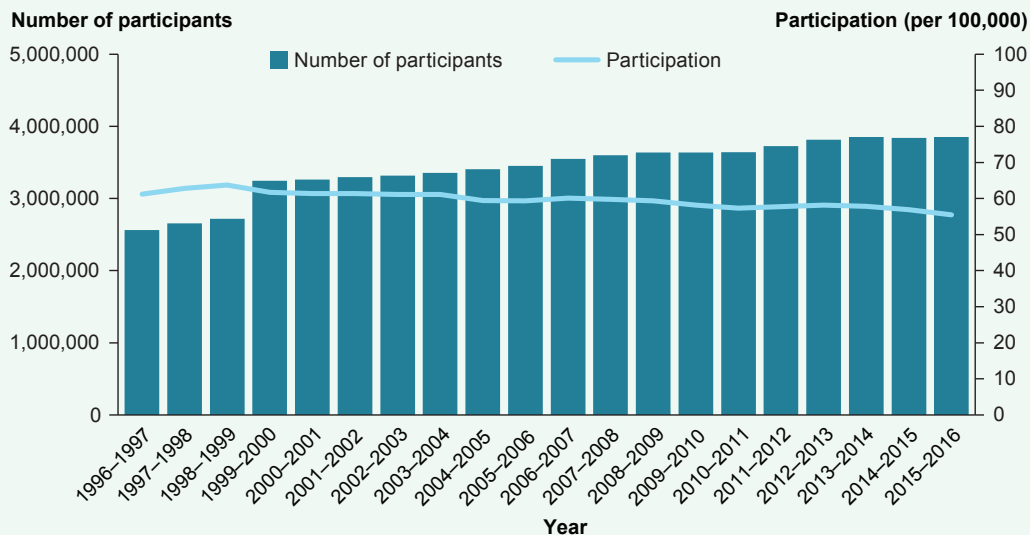
National Cervical Screening Program

Before 1 December 2017, the National Cervical Screening Program (NCSP), established in 1991, targeted women aged 20–69 for a 2-yearly Papanicolaou smear, or 'Pap test' (see Glossary).

- In 2015–2016, more than 3.8 million women aged 20–69 participated in the NCSP—around 55% of the target population. This equates to an age-standardised rate of 56%. This rate was a slight fall on what had been a relatively steady rate since 2004–2005—around 58–60% (Figure 7.4.1).
- Participation varies across remoteness areas. It is highest in *Inner regional* areas (57%) and lowest in *Very remote* locations (46%); it increases with increasing socioeconomic position (from 50% in the lowest socioeconomic area to 62% in the highest area).
- For every 1,000 women screened, around 7 have a high-grade abnormality detected, providing an opportunity for treatment before possible progression to cervical cancer.



Figure 7.4.1: Number of participants and age-standardised participation rate (per cent) of women aged 20–69 in the NCSP, 1996–1997 to 2015–2016



Note: Rates from 1996–1997 to 2003–2004 are not directly comparable with rates from 2004–2005 onwards, because a different source of hysterectomy fractions was used to adjust the population.

Source: AIHW analysis of state and territory cervical screening register data; Table S7.4.1.

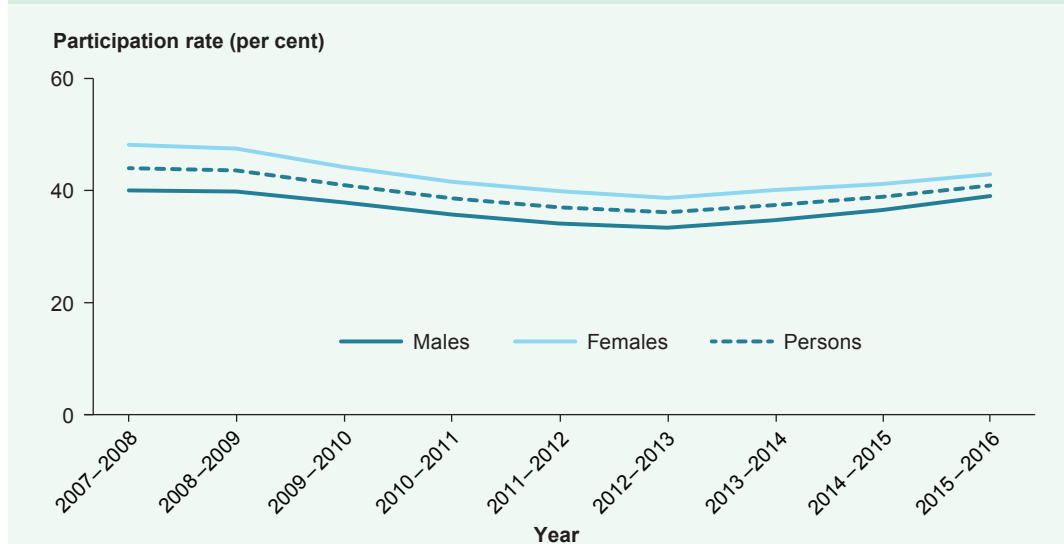
National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program (NBCSP) was established in 2006. In 2014, the Australian Government announced that it would be expanded and, once fully implemented in 2020, would offer free 2-yearly screening for all Australians aged 50–74. The program currently targets men and women turning 50, 54, 58, 60, 62, 64, 66, 68, 70, 72 and 74, and invites them to screen for bowel cancer using a free immunochemical faecal occult blood test (iFOBT) (see Glossary). In 2015–2016, nearly 3.2 million people were invited to participate in the program. Of these:

- about 1.3 million returned a completed iFOBT kit for analysis—a participation rate of 41%. Participation was higher among women (43% of all women invited) than men (39%) (Figure 7.4.2)
- of participants who underwent a colonoscopy in 2016 after a positive screen, 1 in 29 (3.8%) were diagnosed with a confirmed or suspected bowel cancer, and 1 in 17 (6.0%) were diagnosed with an advanced adenoma (pre-cancerous tumour)
- the participation rate has remained relatively stable for men and women combined over time; it started at 44% in 2007–2008, decreased to 36% in 2012–2013 then increased to 41% in 2015–2016 (Figure 7.4.2).



Figure 7.4.2: Participation rate (per cent), National Bowel Screening Program, 2007–2008 to 2015–2016



Notes

1. Data presented are for rolling 2-year participation periods.
2. Trend data use the performance indicator specifications retrospectively on previous years' data.

Source: NBCSP Register, as at 30 June 2017; Table S7.4.2.

What is missing from the picture?

National cancer data do not reveal if a new case of cancer was identified through screening. This information can currently only be collated using probabilistic data linkage. Participation in cervical screening cannot be measured nationally for Indigenous women because Indigenous status is not included on all pathology forms in all states and territories (the only source of information for cervical screening registers). However, available evidence on participation in cervical screening by Indigenous women suggests that Indigenous women are under-screened.

Where do I go for more information?

The *BreastScreen Australia monitoring report 2014–2015*, *Cervical screening in Australia, 2018*, and *National Bowel Cancer Screening Program: monitoring report 2018* are available for free download.