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 five-year age groups for women aged 20 years and over and for the target age group 20–69 years.

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

The National Health and Medical Research Council (NHMRC) produced guidelines in 1994 to assist in the management of women who have low-grade and high-grade intraepithelial abnormalities (DHSH 1994a). These guidelines were used for the management of women with screen-detected cervical abnormalities until July 2005 and are summarised in Appendix G. The next report, *Cervical screening in Australia 2005–2006*, will report on data based on changes approved by the NHMRC in 2005 for the management of asymptomatic women with screen-detected abnormalities. These changes are summarised in Appendix G.



Trend in high-grade abnormalities detected

	1997	1998	1999	2000	2001	2002	2003	2004	2005
Rates	6.4	6.2	6.9	6.9	6.9	7.5	7.5	7.4	7.5
95% CI	6.2–6.5	6.1–6.3	6.8–7.1	6.8–7.0	6.8–7.0	7.4–7.6	7.4–7.6	7.3–7.5	7.3–7.6

Note: Rates are the number of histologically verified high-grade abnormalities detected per 1,000 women screened and age-standardised to the Australian 2001 population.

• For women aged 20–69 years the age-standardised number of high-grade abnormalities detected per 1,000 women screened increased significantly over the period 1997 to 2005, from 6.4 to 7.5.

For more information, see Tables 11–16 beginning on page 42. Tables with data other than for the latest reporting period can be found on the AIHW's website at <www.aihw.gov.au>.



High-grade abnormalities detected by age

Notes

1. The reference period for this indicator is from January to December.

- 2. The Queensland Health Pap Smear Register began operations in February 1999; therefore no data are available for this report.
- 3. Australian Capital Territory data were unavailable for 1997.

4. Northern Territory data were unavailable for 2001.

Source: AIHW analysis of state and territory Cervical Cytology Registry data.

Figure 9: Rate of histologically verified high-grade abnormalities detected per 1,000 women screened, by age group, 1997 and 2005

	Age group											
Year	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	Rate 20-69*	
	Number per 1,000 women											
1997	14.2	13.6	9.5	6.3	4.2	3.1	1.9	1.5	1.7	2.1	6.4 (6.2–6.5)	
1998	14.3	13.9	8.8	6.3	4.1	2.6	1.9	1.6	1.7	1.0	6.2 (6.1–6.3)	
1999	16.8	15.0	10.0	6.7	4.4	3.2	2.0	1.7	1.6	2.0	6.9 (6.8–7.1)	
2000	16.3	15.5	10.3	6.5	4.5	3.0	1.9	1.5	1.5	1.7	6.9 (6.8–7.0)	
2001	16.3	15.6	10.1	6.6	4.4	3.0	1.8	1.5	1.5	1.6	6.9 (6.8–7.0)	
2002	18.9	16.7	11.3	6.9	4.8	3.0	2.0	1.7	1.3	1.4	7.5 (7.4–7.6)	
2003	18.5	16.9	11.0	6.9	5.0	3.2	1.8	1.5	1.6	1.4	7.5 (7.4–7.6)	
2004	19.4	16.8	11.3	6.8	4.4	2.9	1.7	1.4	1.2	1.0	7.4 (7.3–7.5)	
2005	19.2	17.3	11.3	6.9	4.3	2.9	1.6	1.5	1.3	1.0	7.5 (7.3–7.6)	

* Age-standardised rates for women aged 20-69 years (standardised to the Australian 2001 population) with 95% confidence intervals.

Notes

- 1. The Queensland Health Pap Smear Register began operations in February 1999; therefore no data are available for this report.
- 2. Australian Capital Territory data were unavailable for 1997 and 1998.

3. Northern Territory data were unavailable for 2001.

For more information, see Tables 11–16 beginning on page 42. Tables with data other than for the latest reporting period can be found on the AIHW's website at <www.aihw.gov.au>.

- In 2005, there were 14,756 histologically verified high-grade abnormalities detected in 1,930,435 women screened aged 20–69 years, a detection rate of 0.8%.
- The age-standardised detection rate for histologically verified high-grade intraepithelial abnormalities increased significantly for women aged 20–69 years, from 6.4 per 1,000 women screened in 1997 to 7.5 in 2005.
- The detection rate for high-grade abnormalities was much higher in the younger age groups. In 2005, the rate for women aged 20–24 years was 19.2 per 1,000 women screened compared with less than 2 per 1,000 women in women aged 50–69 years.

For more information, see Tables 11–16 beginning on page 42. Tables with data other than for the latest reporting period can be found on the AIHW's website at <www.aihw.gov.au>.

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1997 rate	5.5	6.3		6.7	8.3	7.7	n.a.	11.0	6.4
95% CI	5.4–5.7	6.1–6.5		6.4–7.1	7.8–8.8	7.0–8.5	n.a.	9.4–12.7	6.2–6.5
1998 rate	5.8	5.3		6.2	8.9	9.6	n.a.	12.5	6.2
95% CI	5.6–6.0	5.1–5.5		5.9–6.5	8.4–9.4	8.8–10.5	n.a.	11.0–14.1	6.1–6.3
1999 rate	7.0	6.3		7.1	7.9	9.1	6.4	8.3	6.9
95% CI	6.8–7.2	6.1–6.6		6.7–7.5	7.5–8.3	8.3–10.0	5.6-7.4	6.9–9.8	6.8–7.1
2000 rate	7.0	5.6	8.6	5.9	6.7	9.7	6.4	12.0	6.9
95% CI	6.8–7.2	5.4–5.8	8.3–8.9	5.6–6.3	6.3–7.1	8.9–10.7	5.5–7.3	10.4–13.6	6.8–7.0
2001 rate	7.1	5.4	8.2	7.4	6.3	9.5	7.0	n.a.	6.9
95% CI	6.9–7.3	5.2–5.6	7.9–8.6	7.0–7.8	5.9–6.8	8.6–10.4	6.2–8.0	n.a.	6.8–7.0
2002 rate	7.9	6.3	8.7	7.9	6.2	8.9	7.1	10.6	7.5
95% CI	7.7–8.1	6.1–6.5	8.4–9.0	7.5–8.3	5.8–6.6	8.1–9.8	6.3–8.1	9.1–12.1	7.4–7.6
2003 rate	7.2	7.1	8.5	7.8	6.3	7.5	9.3	10.7	7.5
95% CI	7.0–7.4	6.8–7.3	8.2–8.8	7.4–8.2	5.9–6.7	6.7–8.3	8.3–10.5	9.3–12.3	7.4–7.6
2004 rate	8.3	6.2	7.8	7.7	5.8	9.4	8.5	9.0	7.4
95% CI	8.0-8.5	6.0–6.4	7.5–8.1	7.3–8.1	5.4–6.2	8.5–10.3	7.5–9.5	7.7–10.4	7.3–7.5
2005 rate	8.3	6.2	7.6	7.1	7.1	10.5	9.3	11.5	7.5
95% CI	8.0-8.5	6.0–6.4	7.3–7.9	6.7–7.4	6.6–7.5	9.6–11.5	8.4–10.4	10.0–13.2	7.3–7.6

High-grade abnormalities detected, states and territories

... Not applicable

n.a. Not available.

Notes

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

2. Australian Capital Territory data were unavailable for 1997 and 1998.

3. Northern Territory data were unavailable for 2001.

- Among the states and territories, the Northern Territory had the highest rate of highgrade abnormalities detected in most years from 1997 to 2005.
- In New South Wales there was an increase in high-grade abnormalities detected, from 5.5 per 1,000 women screened in 1997 to 8.3 in 2004 and 2005. There was also an overall increase over time for Tasmania, from 7.7 per 1,000 women screened in 1997 to 10.5 in 2005.
- In South Australia there was a decrease in high-grade abnormalities detected, from 8.9 per 1,000 women screened in 1998 to 5.8 in 2004 and 7.1 in 2005. There was also a decrease in high-grade abnormalities detected in Queensland, from 8.6 per 1,000 women screened in 2000 (the earliest year Queensland provided data for this indicator) to 7.6 in 2005.

For more information, see Tables 11–16 beginning on page 42. Tables with data other than for the latest reporting period can be found on the AIHW's website at <www.aihw.gov.au>.