

Low-grade abnormalities

The Pap smear test is able to identify a range of abnormalities in cervical cells. Some of these abnormalities (the so-called high-grade abnormalities) have a greater chance of becoming malignant, and are therefore treated aggressively. The chance of low-grade abnormalities progressing to malignant change is very much less.

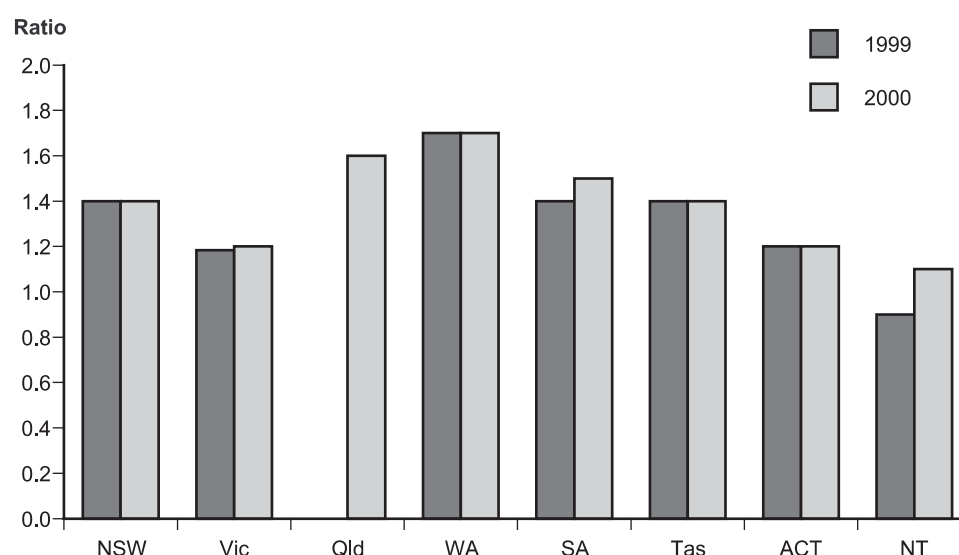
In this report a low-grade intraepithelial abnormality includes:

- atypia;
- warty atypia (human papilloma virus (HPV) effect);
- possible cervical intraepithelial neoplasia (CIN) (see Glossary);
- equivocal CIN;
- CIN 1; and
- endocervical dysplasia not otherwise specified (NOS).

The indicator is measured as the ratio of histologically verified low-grade intraepithelial abnormalities detected to histologically verified high-grade intraepithelial abnormalities.

Indicator 3: Low-grade abnormality detection

Number of women with a histologically verified low-grade intraepithelial abnormality detected in a 12-month period as a ratio of the number of women with a histologically verified high-grade intraepithelial abnormality detected in the same period.



Refer to Tables 5a and 5b (p. 44).

Note: Data for Queensland were incomplete for 1999 as the Queensland register began in February 1999.

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

Figure 5: Ratio of low- to high-grade abnormalities, by women aged 20-69 years, states and territories, 1999 and 2000

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(Ratio)								
1999	1.4	1.2	n.a.	1.7	1.4	1.4	1.2	0.9	1.4
2000	1.4	1.2	1.6	1.7	1.5	1.4	1.2	1.1	1.4

- The ratio of histologically confirmed low-grade intraepithelial abnormalities to high-grade intraepithelial abnormalities in Australia in 2000 was 1.4, which was the same as for 1999 (1.4). Excluding Queensland from the 2000 data for a valid comparison, the ratio still remains at 1.4.
- The ratio of low-grade to high-grade abnormalities in 2000 varied from 1.1 in the Northern Territory to 1.7 in Western Australia. The younger age structure of the female population in the Northern Territory is partly responsible for this result as the rate of high-grade abnormalities found is much higher in women less than 35 years of age (see Indicator 4).

- Between the two periods 1999 and 2000, the ratios of low-grade to high-grade abnormalities increased in South Australia, and in the Northern Territory. In the Northern Territory, in 1999, there were more cases of high-grade than low-grade abnormalities detected but the reverse was true in 2000.