

# High-grade abnormalities

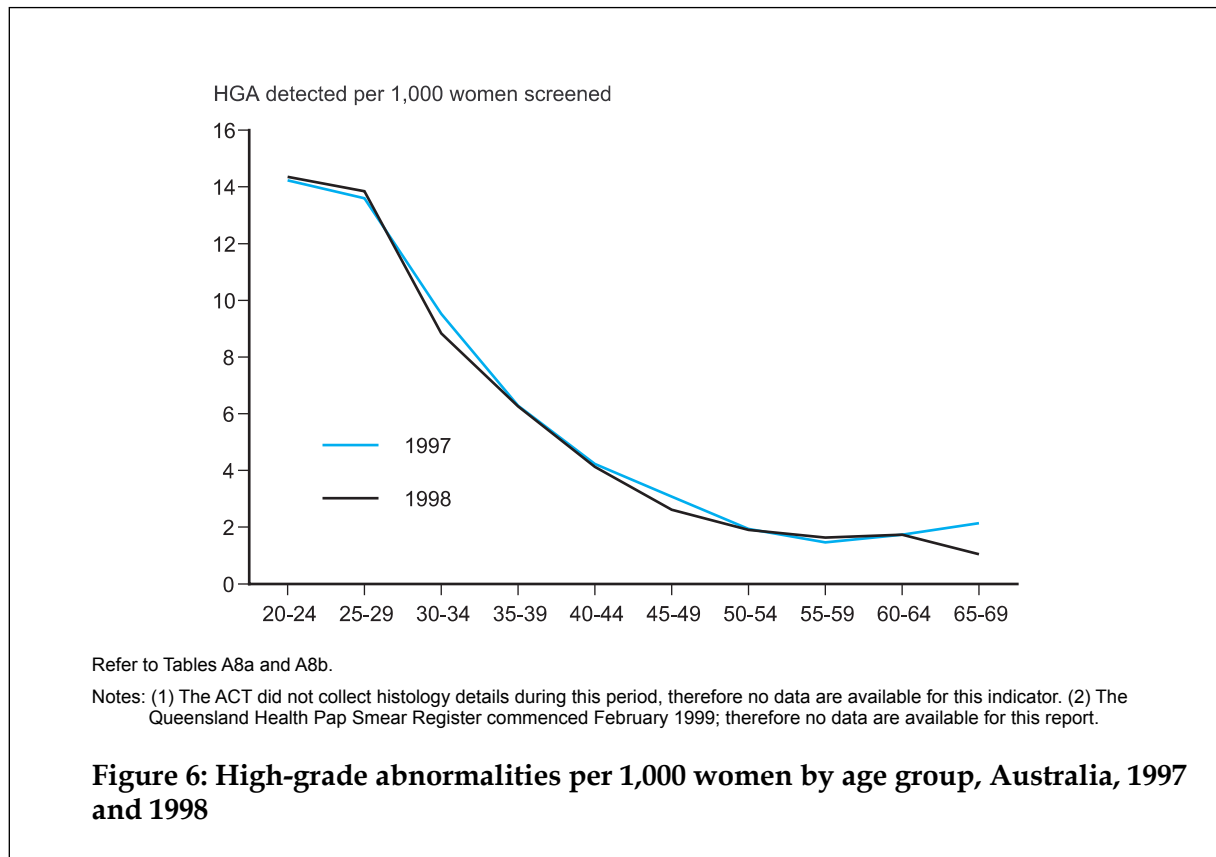
High-grade lesions have a greater probability of progressing to invasive cancer than low-grade lesions. Therefore one of the aims of the National Cervical Screening Program is to set a screening interval which detects most of these lesions before they progress and become invasive. This indicator measures 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 National Health and Medical Research Council has produced guidelines distributed by the National Cervical Screening Program to assist in the management of women who have low- and high-grade intraepithelial abnormalities. The National Health and Medical Research Council guidelines also highlight the need for follow-up after confirmation of a CIN lesion primarily because of the greater risk of developing invasive cancer (DHS 1994b).

The recommended management of CIN 2 and CIN 3 is treatment by a gynaecologist with appropriate expertise. Management varies if an abnormality is found during pregnancy; the recommended management then is to refer for colposcopy during the first trimester to initially exclude invasive disease. If a high-grade abnormality is confirmed it is recommended that a colposcopy be repeated during mid-trimester to exclude progression, and the lesion should be reassessed at 8 weeks post-partum (DHS 1994b). It is also recommended that women who have had a hysterectomy and who have a past history of CIN should continue to have smears taken at least yearly. If a lesion is completely excised at hysterectomy the woman should continue to have smears taken from the vaginal vault annually for 5 years, and 2-yearly thereafter (DHS 1994b).

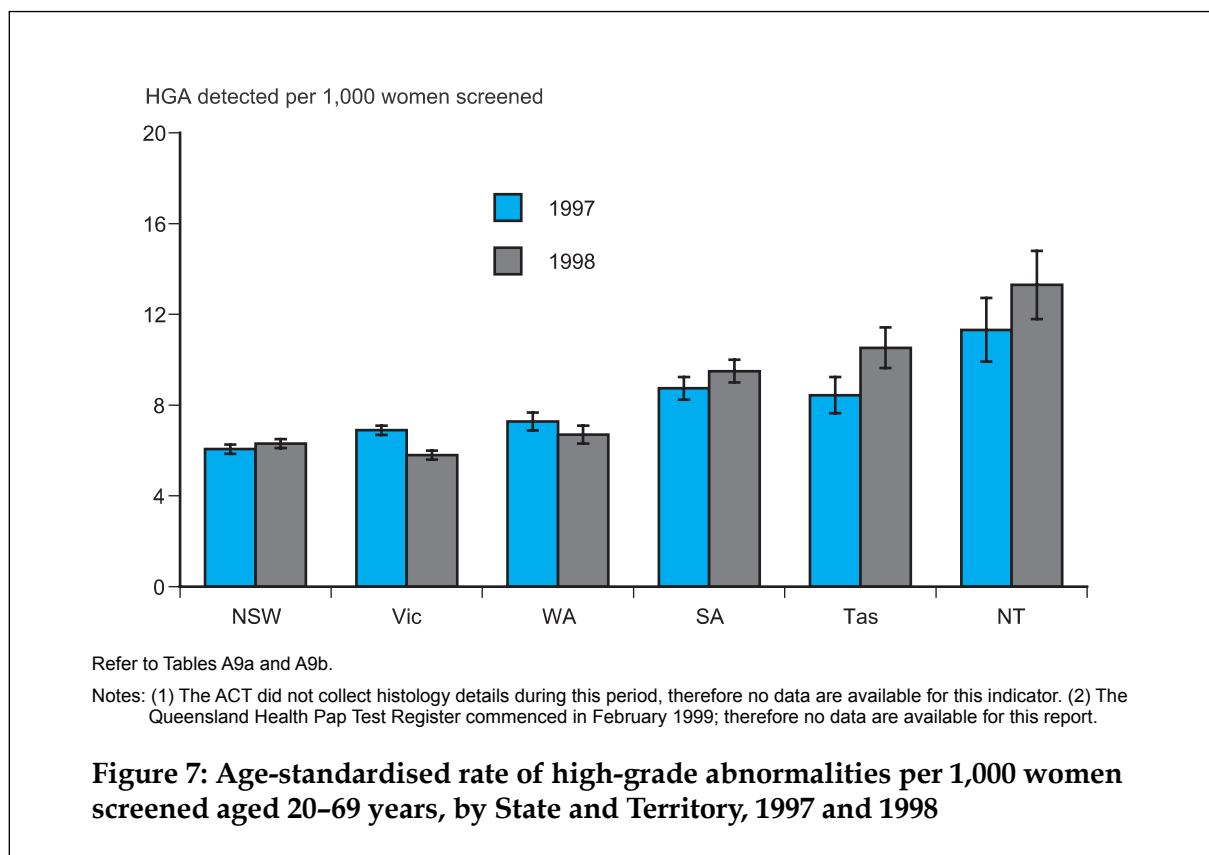
## Indicator 4: High-grade abnormality detection

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 age-standardised detection rate for histologically verified high-grade intraepithelial abnormalities declined from 6.9 per 1,000 women screened in the target age group 20–69 years in 1997 to 6.7 per 1,000 women screened in 1998 (Tables A9a and A9b).
- This indicator does not include data from Queensland and the Australian Capital Territory because the Queensland Health Pap Smear Register was not operational in the two time periods represented, and the Australian Capital Territory did not routinely collect histology data during these periods.
- In 1998, 10,704 histologically verified high-grade abnormalities were detected in 1,557,556 women screened in the target age group 20–69 years in Australia (0.7%) (Tables A6b and A7b).
- Figure 6 shows that the rate of histologically verified high-grade intraepithelial abnormalities was much higher in the younger age groups. In the 20–29-year age group the rate was more than 13.9 per 1,000 women screened compared with less than 2 per 1,000 in women aged 50–69 years. This age-specific distribution contrasts with patterns of cervical cancer incidence and mortality that are the inverse of this age distribution, suggesting that the malignant potential of an intraepithelial high-grade abnormality is greater with increasing age. It is not ethically acceptable to observe the malignant potential for women with high-grade intraepithelial abnormalities; however, data from

the National Women’s Hospital in New Zealand found evidence in this regard (McInroe et al. 1984).



- In 1997 and 1998 there was considerable variation in the State and Territory age-standardised rate of high-grade abnormalities per 1,000 women screened. In 1998, Northern Territory had the highest rate at 13.3 per 1,000 women screened, and Victoria the lowest at 5.8 for women in the target age group 20–69 years (Tables A9a and A9b).
- The age-standardised rate of high-grade abnormalities per 1,000 women increased in New South Wales (from 6.1 to 6.3), South Australia (from 8.8 to 9.5), Tasmania (8.5 to 10.5) and Northern Territory (11.3 to 13.3) between 1997 and 1998. However, only Tasmania’s increase was statistically significant.
- Statistically significant decline in the age-standardised rate of high-grade abnormalities per 1,000 women was observed in Victoria (6.9 to 5.8) between 1997 and 1998. During the same period, Western Australia also showed a decrease (from 7.3 to 6.7) however, the decline was not statistically significant (Tables A9a and A9b).