

## **Part 2—Cervical Screening in Australia 1999–2000**



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# Summary

- The total number of women who participated in cervical screening in 1999–2000 was 3,314,787 of whom 3,244,329 (98%) were in the screening program target age group of 20–69 years.
- Between the periods 1998–1999 and 1999–2000 the proportion of women in the target population (women aged 20 to 69 years) participating in cervical screening declined from 64.8% to 62.6%.
- Participation in screening declined in all 5-year age groups within the target population between 1998–1999 and 1999–2000. The largest decline was in younger age groups – decreasing from 66.0% to 62.4% for women aged 25–29 years and from 52.0% to 49.5% for women aged 20–24 years.
- The recommended screening interval is 2 years following a negative smear. Of a cohort of women screened in February 1999 who had a negative Pap smear result, 32% screened again within 21 months. It is not known what proportion of this early re-screening is justified on clinical grounds.
- A low-grade abnormality includes atypia, warty atypia, possible CIN, equivocal CIN, and CIN 1, while a high-grade abnormality is defined to include CIN 1/2, CIN 2 and CIN 3 or adenocarcinoma in situ. The ratio of histologically confirmed low-grade abnormalities to high-grade abnormalities was 1.4 for Australia in 2000, the same as for 1999. The 1999 ratio does not include data for Queensland.
- In 2000, the National Cervical Screening Program detected 13,851 women in the target age group 20–69 years with high-grade abnormalities. The number of high-grade abnormalities was highest in the younger age groups. In the age groups 35–39 years or less the rate of high-grade abnormalities was over 10 per 1,000 women screened whereas it was less than 2 per 1,000 in women in the age groups 50–54 years and over.
- The number of new cases of cervical cancer declined in Australia in recent years. There were 787 new cases in Australia in 1999 compared with 1,066 new cases detected in 1988.
- Cervical cancer is the 15th most common cause of cancer mortality in women, accounting for 267 deaths in 2000. The age-standardised mortality rate from cervical cancer in the target age group, although fluctuating, declined over time from 5.0 per 100,000 women to 2.5 per 100,000 women between the years 1981 and 2000. During the same period the age-standardised cervical cancer mortality rate for all ages also declined from 6.2 per 100,000 women to 3.5 per 100,000 women.
- Women in the target age group from remote locations experienced a relatively high mortality rate from cervical cancer – 3.7 deaths per 100,000 women compared with 2.4 deaths per 100,000 women in metropolitan and rural locations. However, between the periods 1993–1996 and 1997–2000, the age-standardised cervical cancer mortality rate declined in all regions (metropolitan, rural and remote).
- Prior to 1998, only Western Australia, South Australia and the Northern Territory had Indigenous mortality registration data of sufficient quality to be publishable. In 1998, Queensland's coverage of Indigenous deaths reached an acceptable level to be included in the analysis of Indigenous mortality data. For these jurisdictions, in the period 1997–2000 there were 22 deaths (an age-standardised mortality rate of 11.3 per 100,000

women) from cervical cancer among Indigenous women in the target age group. This is over five times the corresponding rate in non-Indigenous women (2.1 per 100,000 women). Compared with the 1995–1998 mortality rate for Indigenous women in the target age group, which was 17.5 per 100,000 women, there was a decline in mortality in the 1997–2000 period. However, these rates are based on relatively small numbers of cases and may be subject to large variability. Despite the relatively large size of the apparent decline in the rate, it is still within the range of variation that would be expected due to chance.