

# Cervical screening

In 1986 the World Health Organization and the International Agency for Research on Cancer published guidelines outlining essential features of cervical cancer screening programs. These guidelines were subsequently used as a basis for a review of existing cervical screening in Australia. Between 1988 and 1990 a program evaluation was undertaken by the Cervical Screening Evaluation Steering Committee at the then Australian Institute of Health on behalf of Australian Health Ministers' Advisory Council (AHMAC).

The evaluation found that, because of the fragmented approach to the provision of cervical screening services over a 25-year period, there were deficiencies in the delivery and outcomes of the services. For instance, there was no agreement on the age group of women to be screened or the interval between screens, no fail-safe system for women with abnormal Pap smears and no formal system to monitor the status of treated women (AHMAC 1991). In its report to AHMAC, the committee recommended the introduction of an organised approach to cervical screening including the establishment of State and Territory registries to provide the infrastructure for this process. A major recommendation was that registries should:

- remind women to attend for screening;
- provide a fail-safe system to ensure the follow-up of women with significantly abnormal Pap smears;
- provide individual women's cervical screening histories to laboratories and clinicians to aid reporting and management; and
- monitor the effects of initiatives to improve participation by women in screening (AHMAC 1991).

The current Australian recommendation is for all women who have been sexually active at any stage in their lives to have a Pap smear every 2 years until age 70 years. Pap smears may cease at the age of 70 years for women who have had two normal Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

The program seeks to reduce morbidity and mortality from cervical cancer by:

- maximising participation by eligible women in routine 2-yearly screening;
- encouraging practitioners to collect cervical smears containing adequate samples of cervical cells;
- instituting a uniform and reliable reporting system;
- developing appropriate evaluation and management protocols for women with screen-detected abnormalities; and
- promoting effective treatment and follow-up for women with screen-detected abnormalities of significant malignant potential (DHS 1994a).

## Recruitment

States and Territories actively recruit women in the target age group 20–69 years by a range of strategies including health promotion activities and direct mailouts based on local electoral rolls. Other mechanisms include providing reminder services for women who do not otherwise attend for re-screening, and providing a back-up service encouraging women with significantly abnormal smears to be followed up. This work is facilitated by State-and Territory-based cervical cytology registers.

## Cervical cytology registers

Cervical cytology registers operate in all States and Territories, maintaining information about women and their screening history on a confidential basis. In all jurisdictions, cervical cytology registers are covered by State and Territory legislation. Registration on cervical cytology registers is voluntary, and there is an opt-off option. Doctors or health workers are required to advise women about information sent to the cervical cytology register.

If the woman does not object, her demographic details together with a summary of the smear report are forwarded by the pathology laboratory to the cervical cytology register located in the State or Territory. If a woman has chosen to opt-off, her data are still included on the register in some States for statistical purposes but are unidentified, and by definition no follow-up is possible. It is estimated that 1–3% of women choose not to be included on the register.

## Reminders

A Pap smear is assessed by a cytologist. Where the cytologist finds no abnormal cells and the report is negative, the national screening policy recommends a repeat smear in 2 years. A reminder notice is sent to women if they have not attended for screening after 2 years, however, the time at which the reminder notice from the cervical cytology register is dispatched varies from 27 to 36 months across the States and Territories. If a woman's Pap smear is abnormal, the registries observe follow-up protocols to assist women in being notified of the abnormality and the recommended course of action. In some instances doctors and laboratories send out reminder notices based on results from previous Pap smears.

**Table 1: State and Territory registry commencement dates**

State or Territory	Commencement date
New South Wales Pap Test Register	July 1996
Victorian Cervical Cytology Registry	November 1989
Queensland Health Pap Smear Register	February 1999
Cervical Cytology Registry of Western Australia	July 1992
South Australian Cervix Screening Program	June 1993
Tasmanian Cervical Cytology Register	May 1994
Australian Capital Territory Cervical Cytology Register	March 1995
Northern Territory Pap Smear Register	March 1996