

Early rescreening

The National Cervical Screening Program seeks to maximise reductions in incidence and mortality given available resources. The design of the screening program defines two key parameters to achieve these objectives – target populations and screening intervals.

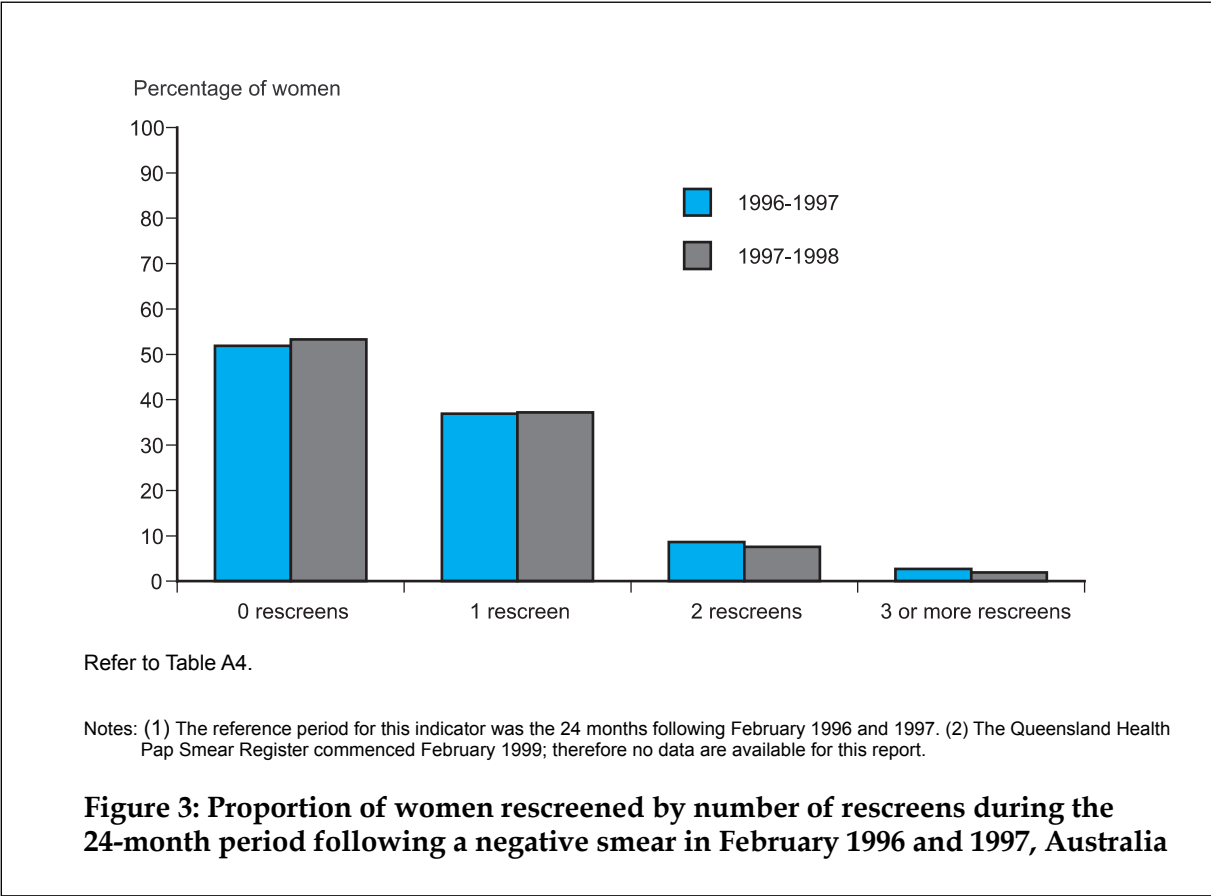
Compliance with these parameters is crucial in maintaining the effectiveness of the program and in measuring cost efficiency in order that resources may be used to increase population coverage. Where women have an abnormal result (e.g. cervical intraepithelial neoplasia (CIN) from their Pap smear, repeat testing is recommended within the 2-year interval. Another example of when rescreening may legitimately be recommended is when a women has had one or more abnormal smears followed by a negative smear.

This indicator:

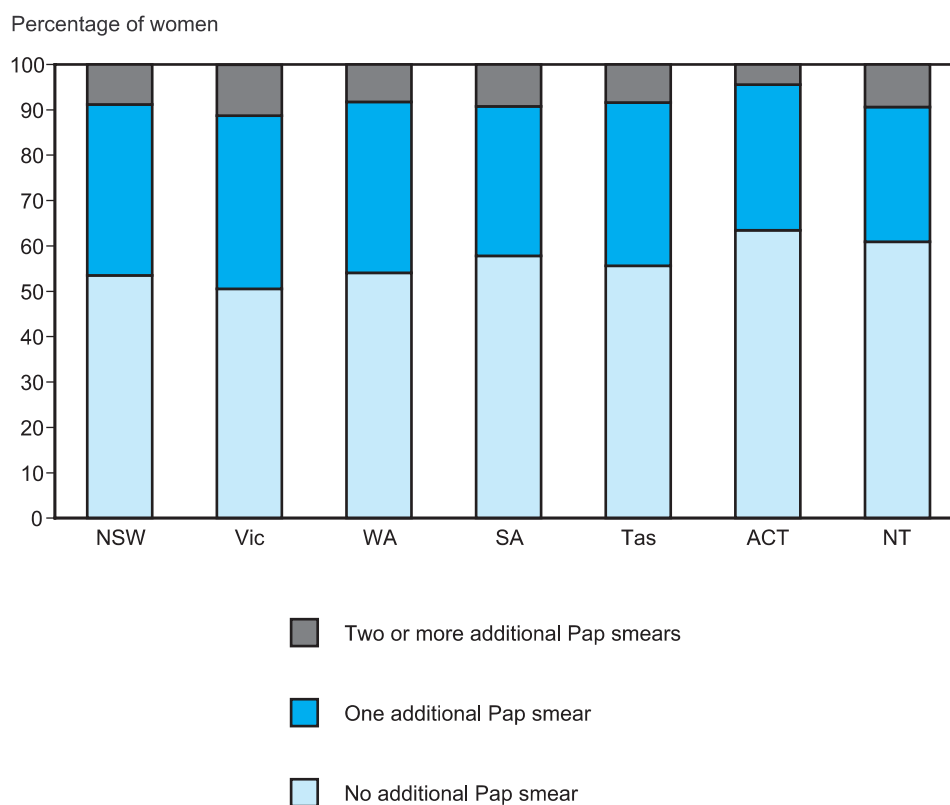
- measures the compliance with the recommended screening interval following a negative smear, and the range of screening practices around it; and
- is important in assessing screening coverage around the recommended interval, as significant differences may reduce program effectiveness.

Indicator 2: Early rescreening

Proportion of women rescreened by number of rescreens during a 24-month period following a negative smear.



- A cohort of 143,722 women from all States and Territories, except Queensland, who had a negative smear result in February 1997 was tracked during a period of 24 months to determine the extent of early rescreening within the National Cervical Screening Program. February was selected as the index month because it has been shown to be a relatively stable month in terms of the number of women who are screened. This pattern has been consistent over a number of years, possibly because less women take holidays at this time (Table A3).
- Approximately 53% of women who had a Pap smear in February 1997 were not rescreened in the following 2 years. However, 37% of all screened women had one additional smear, 8% had two additional smears, and less than 2% had three or more additional smears (Table A4).
- Overall, the percentage of women who did not have any additional smears following a negative smear increased by 2.7% between 1996-1997 (51.9%) and 1997-1998 (53.3%). Between these two periods, there was a substantial decline in the proportion of women who had additional smears. The percentage of women who had two additional smears in 1997-1998 period declined by 11.6% while the percentage of women who had three or more smears declined by 29.6%. There was a less than one per cent (0.8%) increase in the proportion of women who had one additional smear following a negative smear between the two periods 1996-1997 and 1997-1998 (Table A4).



Refer to Table A4.

Notes: (1) The reference period for this indicator was the 24 months following February 1997. (2) The Queensland Health Pap Smear Register commenced February 1999; therefore no data are available for this report.

Figure 4: Proportion of women screened by number of rescreens during the 24-month period following a negative smear in February 1997, by State and Territory

- There was some variation in the proportion of early rescreens by State and Territory. More than 60% of women from the Australian Capital Territory and the Northern Territory, who had a negative screen in February 1997, had no further screens in the following 24 months. The percentage of women who had one repeat smear ranged from 29.7% (Northern Territory) to 38.2% (Victoria) (Table A4).
- Over 11% of women had two or more repeat screens in Victoria, while in the remaining States and Territories this was less than 10%.
- There was some variation between States and Territories. For example, in Victoria, South Australia and the Northern Territory around 9% of women who had a negative screen in February 1997 had two or more additional screens during the following 24-month period. In the Australian Capital Territory, in contrast, only 4.5% had two or more additional screens in the 24 months following a negative smear (Table A4).