

Early rescreening

The National Cervical Screening Program seeks to maximise reductions in incidence of and mortality from cervical cancer. The design of the 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 maintaining cost efficiency in order that resources may be used to increase coverage of the population. For most women who have a negative smear, the recommended interval until their next Pap smear is two years.

This indicator:

- tracks over a period of 24 months a cohort of women from all States and Territories, except Queensland, who had a negative smear result in February 1998, to determine the extent of early rescreening within the 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 fewer women take holidays at this time; and
- measures the compliance with the recommended screening interval following a negative smear, and the range of screening practices around it.

The indicator is important in assessing screening coverage around the recommended interval, as significant differences may reduce the Program's effectiveness.

The results presented here are based on data for the 2-year period from February 1998. For comparison, data from February 1997 are also presented.

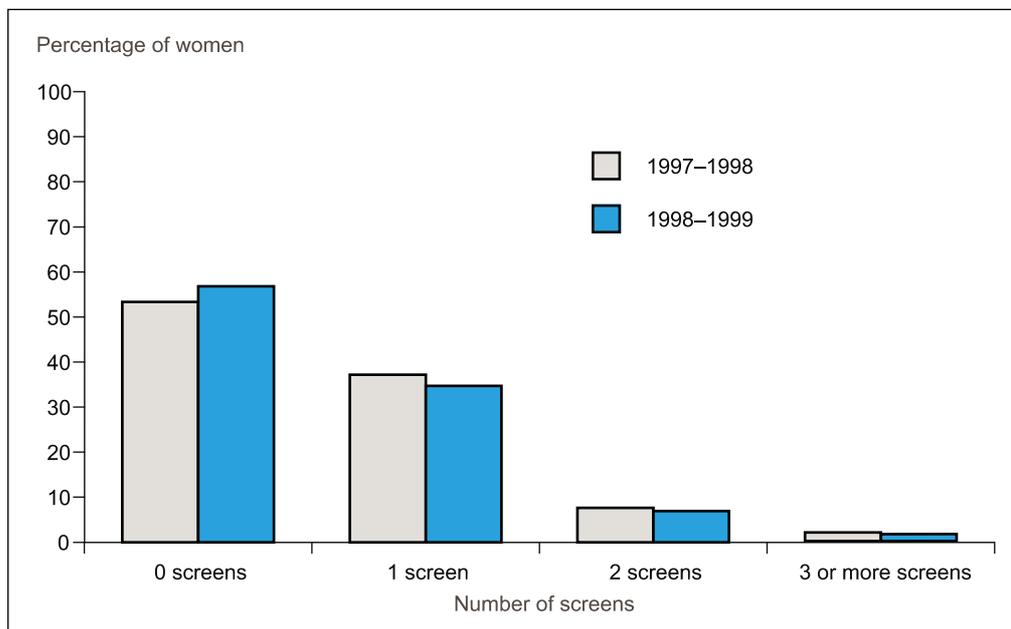
This indicator should be interpreted with caution as:

- women attending for a 2-year rescreen will do so at a time convenient to them. Often this can be combined with a visit to a general practitioner in the period immediately before the 2-year anniversary. Some prescriptions for oral contraceptives will lapse at 22 months and often the appointment for a new script is combined with a Pap smear; and
- some early rescreening after a negative Pap smear report is appropriate and in accordance with the guidelines of the National Health and Medical Research Council (NHMRC). Specifically, if a woman has a history of histologically proven high-grade abnormality, annual screening is recommended. If a woman is being monitored after treatment or during the resolution phase of a low-grade abnormality, it is appropriate for her to be screened earlier than the 24-month interval.

In light of these points, this indicator is currently under review and may change in future.

Indicator 2: Early rescreening

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



Refer to Table 4 (page 46).

Notes

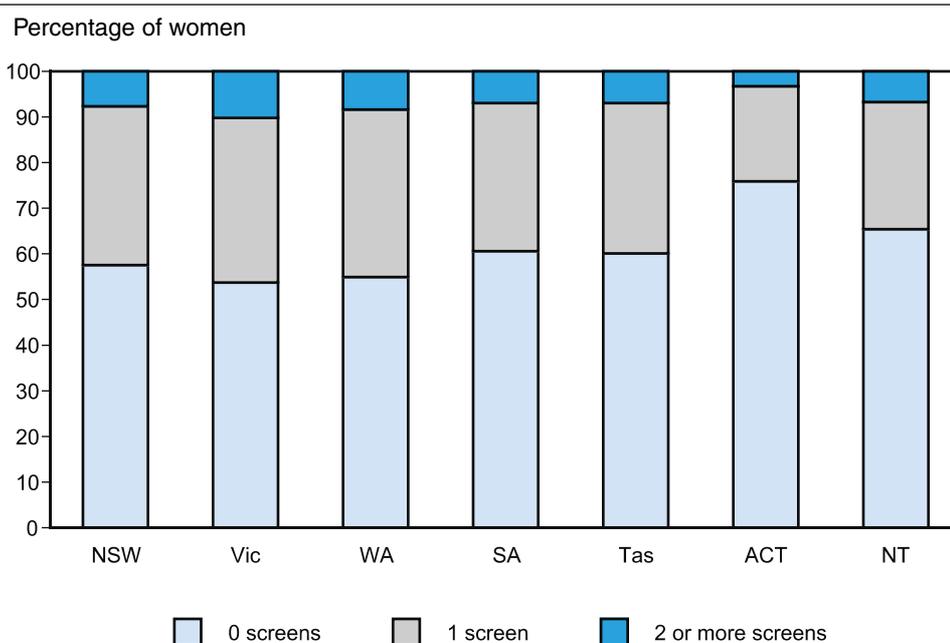
1. The reference period for this indicator was the 24 months following February 1998.
2. The Queensland Health Pap Smear Register commenced February 1999, therefore no data are available for this report.

Source: AIHW analysis of State and Territory Cervical Cytology Registry data.

Figure 3: Proportion of women rescreened by number of screens during the 24-month period following a negative smear in February 1997 and 1998, Australia

2-year period	0 screens	1 screen	2 screens	3+ screens
	(Per cent)			
1997-1998	53.3	37.2	7.6	1.9
1998-1999	56.8	34.7	6.9	1.5

- In this indicator, a cohort of 138,490 women from all States and Territories, except Queensland, who had a negative smear result in February 1998, was tracked over a period of 24 months (Table 3, page 46).
- Approximately 57% of women who had a Pap smear in February 1998 were not rescreened in the following two years. However, 35% of all screened women had one additional smear, 7% had two additional smears, and less than 2% had three or more additional smears (Table 4, page 46).
- Overall, the percentage of women who did not have any additional smears following a negative smear increased by 6.6% between the 1997 (53.3%) and 1998 (56.8%) cohorts. The percentage of women who had one additional smear declined by 6.7%; for two additional smears the reduction was 9.2%. The percentage of women who had three or more smears declined by 21.0% (Table 4, page 46).



Refer to Table 4 (page 46).

Notes

1. The reference period for this indicator was the 24 months following February 1998.
2. The Queensland Health Pap Smear Register commenced February 1999, therefore no data are available for this report.

Source: AIHW analysis of State and Territory Cervical Cytology Registry data.

Figure 4: Proportion of women rescreened by number of screens during the 24-month period following a negative smear in February 1998, by States and Territories

No. of screens	NSW	Vic	WA	SA	Tas	ACT	NT	Australia
(Per cent)								
0 screens	57.5	53.7	54.9	60.6	60.1	75.9	65.4	56.8
1 screen	34.8	36.0	36.7	32.5	32.9	20.8	27.8	34.7
2 or more	7.7	10.3	8.4	7.0	7.0	3.4	6.8	8.4

- More than 60% of women from South Australia, Tasmania, the Australian Capital Territory and the Northern Territory, who had a negative screen in February 1998, had no further screens in the following 24 months (Table 4, page 46).
- There was some variation in the proportion of early rescreens by State and Territory. The percentage of women who had one repeat smear ranged from 20.8% (Australian Capital Territory) to 36.7% (Western Australia). The proportion of women who had two or more repeat screens varied between States and Territories, from 3.4% in the Australian Capital Territory to 10.3% in Victoria (Table 4, page 46).

