Low-grade abnormalities

The Pap smear test is able to identify a range of abnormalities in cells lining the cervix. Some of these cells (high grade) have a strong chance of becoming malignant, and are therefore treated aggressively. The chances of low-grade abnormalities showing malignant change is significantly less, and therefore investigation and treatment in the same manner as high-grade abnormality is not required.

In this report a low-grade intraepithelial abnormality includes:

- atypia;
- warty atypia (human papilloma virus (HPV) effect);
- possible CIN (*see* glossary);
- equivocal CIN;
- CIN 1; or
- endocervical dysplasia not otherwise specified (NOS).

The rationale behind this indicator is to provide a broad indication about the extent of morbidity caused to women taking part in the screening program, and in particular data about the number of women who have a biopsy. A biopsy is an invasive procedure in which a piece of tissue is taken from the cervix, and represents a significant event for a woman compared with having a Pap smear.

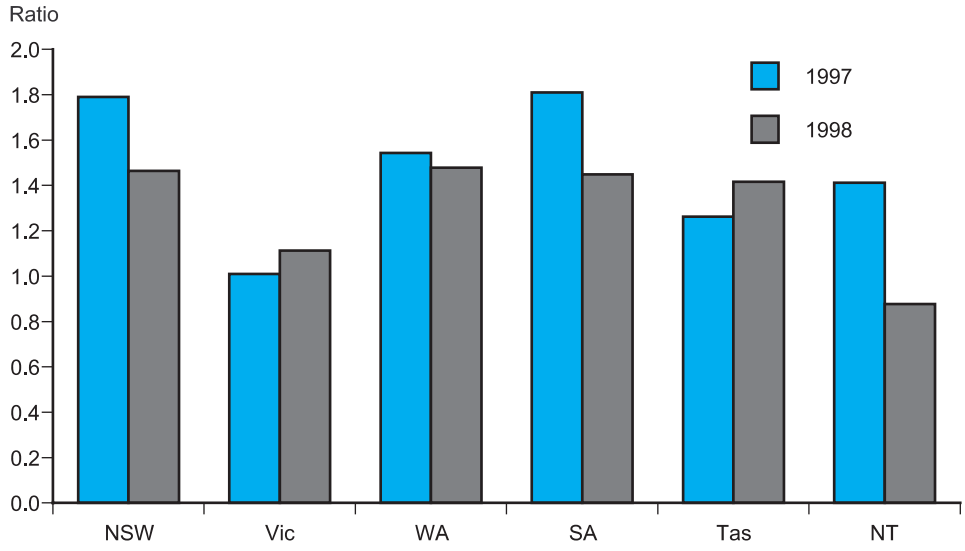
The indicator is measured as the ratio of histologically verified **low-grade** intraepithelial abnormalities detected to histologically verified **high-grade** intraepithelial abnormalities.

State-and Territory-specific issues

During the first half of 1998 the Tasmanian Pap Smear Register noted an increase in the percentage of smears reported as abnormal. Subsequently, all degrees of abnormality (excluding HPV) increased and were broadly confirmed by increased abnormalities reported on histology. Although CIN 2 and CIN 3 showed significant increases, the biggest increase was in CIN 1. The proportion of all non-specialist smears reported as CIN 1 approximately doubled during this period. Laboratories confirmed that the increase in reports of abnormal smears was not due to a change in laboratory methods. During the latter part of 1998 reported abnormalities are more like those of previous levels. The Tasmanian Pap Smear Register has investigated possible reasons for the increase in abnormal smears, and to date has found no plausible explanation.

Indicator 3: Low-grade abnormality detection

Number of women with a histologically verified low-grade intraepithelial abnormality detected in a 12-month period as a ratio of the number of women with a histologically verified high-grade intraepithelial abnormality detected in the same period.



Refer to Tables A5a and A5b.

Notes: (1) The ACT did not collect histology details during this period, therefore no data are available for this indicator. (2) The Queensland Health Pap Smear Register commenced February 1999; therefore no data are available for this report.

Figure 5: Ratio of low- to high-grade abnormalities by women aged 20–69 years, by State and Territory, 1997 and 1998

- The ratio of histologically confirmed low-grade abnormalities to high-grade abnormalities was 1.35 for Australia in 1998, a reduction on the ratio for 1997 which was 1.47 (Tables A5a and A5b).
- Both these ratios do 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, and the Australian Capital Territory did not routinely collect histology data during these periods.
- In 1998 there was some variation between States and the Northern Territory with the highest rates evident in New South Wales and Western Australia (1.5), followed by South Australia and Tasmania (1.4), while Victoria (1.1) and the Northern Territory (0.9) had the lowest ratios (Table A5b).
- There were small shifts in the interstate ratio of low-grade intraepithelial abnormalities to high-grade intraepithelial abnormalities detected between 1997 and 1998 within States and the Northern Territory. The ratios in New South Wales, Western Australia, South Australia and the Northern Territory declined, while there was a small increase in the ratio in Victoria and Tasmania (Tables A5a and A5b).