

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2013-14, 20 November 2013

Question: E13-001

OUTCOME: 1 – Population Health

Topic: Timing Guidelines for Pap Smears

Type of Question: Written Question on Notice

Senator: Xenophon

Question:

- a) What is the current advice regarding timing of PAP smear tests for women? Is two years considered best practice?
- b) Is this guidance being reconsidered? If so, why?

Answer:

- a) The current National Cervical Screening Program (NCSP) promotes routine screening with Pap smears every two years for women between the ages of 18 (or two years after first sexual intercourse, whichever is later) and 69 years. This interval is intensive compared with cervical screening programs in other developed countries and with the interval recommended by the International Agency for Research on Cancer.
- b) A renewal of the NCSP commenced in November 2011.

The science of cancer is one of the most rapidly changing areas in health and while the success of the NCSP cannot be disputed, the environment in which the program operates has changed. Since the introduction of the NCSP in 1991, there is new evidence about the optimal screening age range and interval; the human papillomavirus (HPV) vaccine has become available; and there have been developments in new technologies for the early detection of cervical cancer. The National Health and Medical Research Council recommended a review of the cervical screening age range and interval in Australia, as part of its approval of the 2005 Guidelines for the management of asymptomatic women with screen detected abnormalities.

The aim of the Renewal of the NCSP is to ensure that all Australian women, HPV vaccinated and unvaccinated, have access to a cervical screening program that is acceptable, effective, efficient and based on current evidence.

The Renewal is:

- Assessing the evidence for screening tests and pathways, the screening interval, age range and commencement for both HPV vaccinated and non-vaccinated women;
- Determining a cost-effective screening pathway and program model;
- Investigating options for improved national data collection systems and registry functions to enable policy, planning, service delivery and quality management; and
- Assessing the feasibility and acceptability of the renewed program for women.