Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2013-14, 20 November 2013

Question: E13-002

OUTCOME: 1 – Population Health

Topic: Timing Guidelines for Pap Smears

Type of Question: Written Question on Notice

Senator: Xenophon

Question:

There have been reports that the recommended timing will be extended to three years.

a) Are these reports correct?
b) What is the basis for this reconsideration? Is it a cost-saving measure for Medicare?
c) Has research been done about the possible health outcomes? If so, please provide any documents regarding such research.
d) Is this likely to result in a decrease in the detection of more aggressive forms of cancer?
e) I have a constituent in Adelaide who is suffering from a very aggressive form of cervical cancer, which was only picked up in time for treatment because she followed the two-year guideline. If she had waited another year, the cancer would have progressed beyond the treatable.

Answer:

a) A renewal of the National Cervical Screening Program (NCSP) commenced in November 2011 and is reviewing the cervical screening interval, age range and screening tests and pathways. Recommendations have not yet been made.

b) 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 (NHMRC) 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:

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

The inter-jurisdictional Standing Committee on Screening of Australian Health Ministers' Advisory Council is overseeing the Renewal and a Renewal Steering Committee is guiding the process. The Renewal Steering Committee is comprised of cervical screening experts in the fields of gynaecological oncology, pathology, cytology, epidemiology, general practice and nursing as well as Commonwealth and state and territory government representatives and a consumer advocate.

c) The evidence and economic reports regarding potential changes to the long-standing cervical screening pathway were undertaken by the NHMRC Clinical Trials Group of the University Sydney and the Lowy Institute.

These reports were considered by the Medical Services Advisory Committee (MSAC) on 28 November 2013. A final recommendation will be made by MSAC at its April 2014 meeting and the reports will be publicly released thereafter.

d) and e)

There are multiple different types of cervical cancer, named after the appearance of the cells under the microscope. The most common type is squamous cell cancer, accounting for 80-85 per cent of all cervical cancers. The second most common is adenocarcinoma, which accounts for 15-20 per cent of all cervical cancer. HPV associated squamous and adenocarcinomas of the cervix have pre-cancerous lesions that can be detected by screening tests. Progression from an initial pre-cancerous abnormality to squamous cell carcinomas or adenocarcinomas of the cervix usually takes about 15 years.

Neuroendocrine cancers account for less than 2 per cent of all cervical cancers and are a rare and aggressive disease. Neuroendocrine cancers are composed of cells which have features of both the endocrine (hormonal) as well as the nervous system. These cancers can originate from many different sites in the body, including the cervix. They appear to have no pre-invasive phase and there is no effective population screening test, including the current Pap test. Future changes to the National Cervical Screening Program are unlikely to alter the detection of neuroendocrine cancers of the cervix.