



## College Statement

---

Title	<b>Screening for the prevention of cervical cancer</b>
Statement No.	<b>C-Gyn 5</b>
Date of this document	<b>July 2004</b>
First endorsed by Council	<b>July 1991</b>
Next review due:	<b>July 2006</b>

---

### Statement

The Cervical Screening Programs of Australia and New Zealand aim to reduce incidence and death from cervical cancer, in a cost effective manner, through a more organised approach to cervical screening. Policy in both countries is similar but not identical.

Current national policy in Australia is:

- (a) Routine screening with Pap smears should be carried out every two years for women who have no symptoms or history suggestive of abnormal cytology.
- (b) All women who have ever been sexually active should commence having a pap smear between the ages of 18 and 20 years, or one or two years after first intercourse, whichever is the later. In some cases it may be appropriate to start screening before 18 years of age.
- (c) Pap smears may cease at the age of 70 years for women who have had two normal pap smears within the last five years. Women over 70 years who have never had a smear or who request a Pap smear should be screened.

Current national policy in New Zealand is:

- (a) All women who have ever had intercourse should be offered a three yearly cervical smear test from age 20 to age 69. If it is a woman's first smear or there is a gap of five or more years since her last one the second smear should be taken in one years time.
- (b) Regular screening should commence at age 20 years, for women who have had sexual intercourse
- (c) At age 70 years women with normal smear results may cease to have cervical smears.

Note: the above national policies apply to women in both heterosexual and same-sex relationships.

In both Australia and New Zealand guidelines are available for the Management of Women with Screen Detected Abnormalities:

- New Zealand National Cervical Screening Programme Guidelines For The Management Of Women With Abnormal Cervical Smears  
[http://www.nzgg.org.nz/guidelines/0070/Mgmt\\_Abnormal\\_Smears.pdf](http://www.nzgg.org.nz/guidelines/0070/Mgmt_Abnormal_Smears.pdf)
- NHMRC Guidelines for the Management of Women with Screen Detected Abnormalities  
<http://www.cervicalscreen.health.gov.au/professionals/guidelines.html>  
\*Please note that this is the 1994 version and it is currently under review.

An Evaluation of the National Cervical Screening Program in Australia was completed in 1995. It was subsequently recommended that the program should continue to improve strategies aimed at:

- Recruiting unscreened and underscreened women to the programme
- Improving quality along the screening pathway
- Ensuring that accurate information is communicated to women about the benefits and limitations of cervical screening.

#### *Links to other related College Statements*

[C-Gyn 6 Guidelines for referral of investigation of intermenstrual and postcoital bleeding](#)

[C-Gyn 8 Pap smears after hysterectomy](#)

[C-Gyn 9 Management of the menopause](#)

[C-Gyn 13 RANZCOG/RACGP Joint statement on Pap smears](#)

#### *Patient Resources*

NSW - <http://www.csp.nsw.gov.au/>

VIC - <http://www.papscreen.org/index.htm>

SA - <http://www.health.sa.gov.au/pehs/branches/branch-cervix.htm>

QLD - <http://www.health.qld.gov.au/PapSmearRegistry/>

NZ – <http://www.healthed.govt.nz/details/content.cfm?id=418>

#### *Publications*

<http://www.aihw.gov.au/publications/can/csa99-00/index.html>

#### **Disclaimer:**

This college statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.