

Achieving equity in cervical screening

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Following the introduction of the National Cervical Screening Programme (NCSP) in 1990, a marked decrease in the incidence of cervical cancer occurred as the number of women having regular cervical smears increased. The mortality rate of cervical cancer declined even more rapidly, reflecting both improvements in cancer treatment as well as the fall in incidence.

Incidence

The incidence of cervical cancer among Māori women remains higher than that among non Māori women, but the gap is closing. In 1996, the first year for which reliable ethnic data is available, the difference in cervical cancer incidence between Māori and total population rates was 10.2 per 100,000 women (adjusting for age). By 2003, this difference had fallen to only 3.6 per 100,000. (Table 1, Figure 1).

Table 1 Trends in cervical cancer registrations, by ethnicity, numbers and rates 1996 – 2003

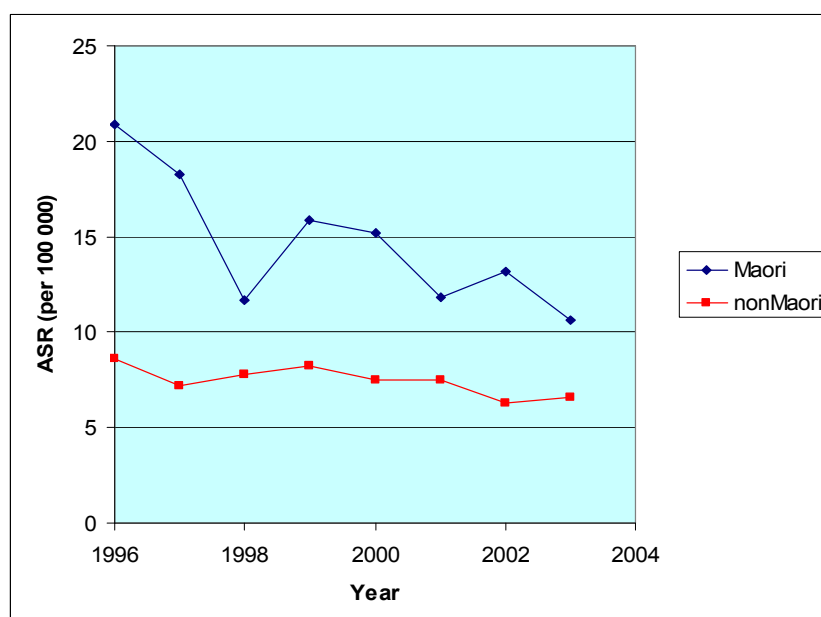
| Year | Maori | | Pacific | | Total | |
|------|--------|------|---------|------|--------|-----|
| | Number | ASR | Number | ASR | Number | ASR |
| 1996 | 41 | 19.9 | 15 | 22.3 | 211 | 9.7 |
| 1997 | 45 | 18.9 | 10 | 15.8 | 205 | 8.4 |
| 1998 | 31 | 12.6 | 13 | 17.4 | 200 | 8.2 |
| 1999 | 40 | 16.0 | 5 | 5.2 | 220 | 9.1 |
| 2000 | 38 | 13.8 | 6 | 6.8 | 204 | 8.5 |
| 2001 | 31 | 11.8 | 7 | 9.1 | 189 | 7.9 |
| 2002 | 34 | 13.2 | 8 | 8.4 | 181 | 6.9 |
| 2003 | 29 | 10.6 | 12 | 12.9 | 177 | 7.0 |

Source: NZHIS June 2006; data for 2003 provisional; ASR: rates per 100,000 age standardised to Segi's world population

NCSP target is 8.0 per 100,000 by 2006 and 7.5 per 100,000 by 2011 for all women

Pacific rates are unstable because of small numbers

Figure 1: Cervical cancer registrations by ethnicity, 1996 - 2003



Source: NZHIS 2006.

Mortality

Māori women continue to experience higher mortality from cervical cancer than non Māori (or all New Zealand women). As with incidence, however, the gap is closing. From 1996 to 2003 the Māori total population mortality gap narrowed dramatically from 7.9 per 100,000 women to just 1.3 per 100,000. (Table 2, Figure 2)

Table 2: Cervical cancer deaths (numbers and age standardised rates) by ethnicity 1996 - 2003

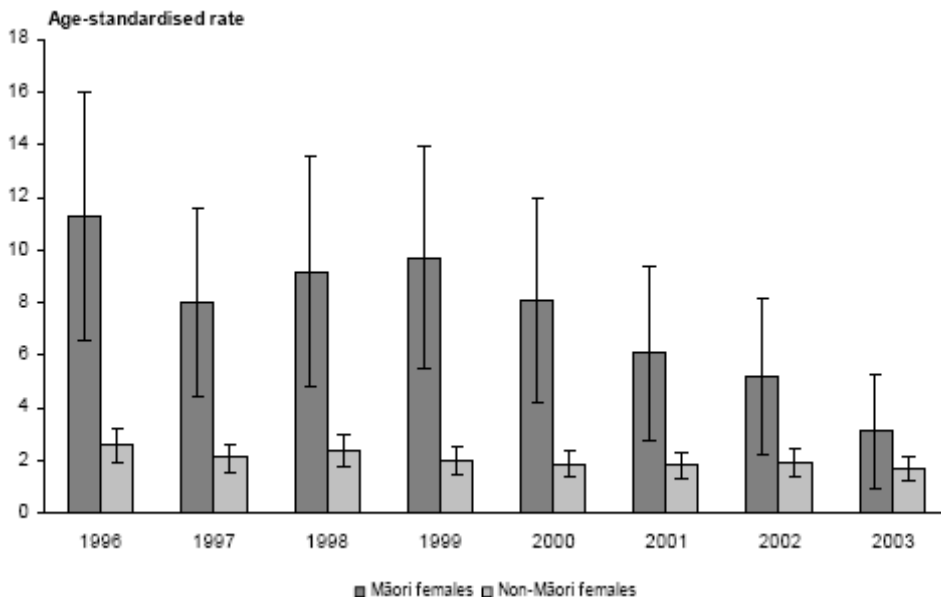
| | Maori | | Pacific | | Other | Total | |
|-------------|--------|------|---------|-----|--------|--------|-----|
| | number | ASR | number | ASR | number | number | ASR |
| 1996 | 22 | 11.3 | 3 | 4.1 | 58 | 83 | 3.4 |
| 1997 | 19 | 8.0 | 2 | 1.6 | 52 | 73 | 2.8 |
| 1998 | 18 | 9.7 | 4 | 5.7 | 55 | 77 | 2.9 |
| 1999 | 20 | 9.7 | 7 | 9.6 | 44 | 71 | 2.7 |
| 2000 | 17 | 8.1 | 3 | 3.1 | 46 | 66 | 2.5 |
| 2001 | 13 | 6.1 | 1 | 1.2 | 49 | 63 | 2.1 |
| 2002 | 12 | 5.2 | 2 | 1.2 | 51 | 65 | 2.2 |
| 2003 | 8 | 3.1 | 5 | 4.8 | 45 | 58 | 1.8 |

Source: NZHIS 2006; data for 2003 provisional; ASR: rates per 100,000 age standardised to Segi's world population

NCSP target is 2.5 per 100,000 for all women by 2006 and 2.0 by 2011

Pacific rates are unstable because of small numbers

Figure 2: Death rates from cervical cancer by ethnicity, 1996 - 2003



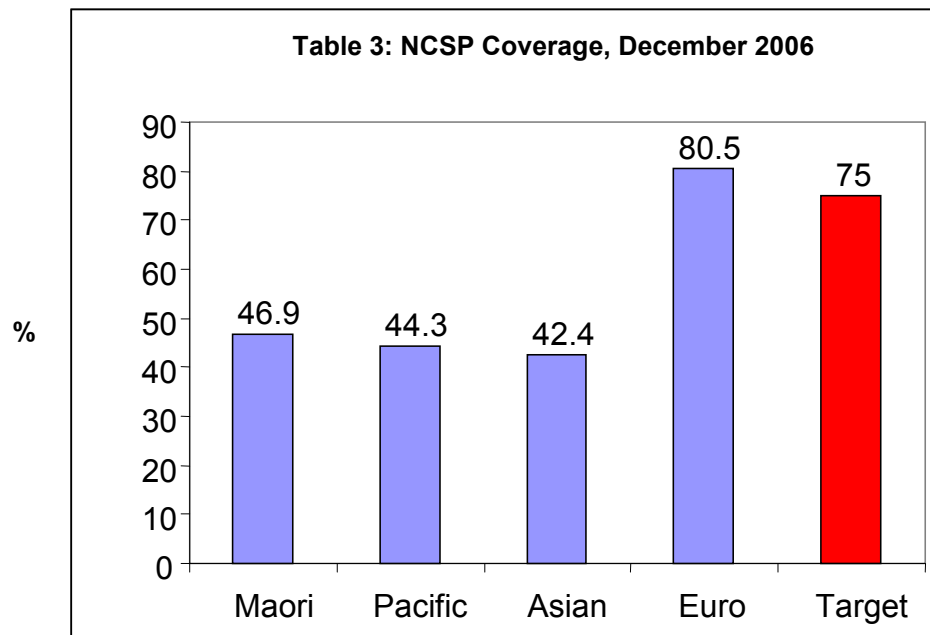
Source: NZHIS 2006. Mortality and Demographic Data, 2002, 2003

Note: wide 95% confidence intervals for Māori

Coverage

Participating regularly in cervical screening can reduce a woman's risk of cervical cancer by up to 90 percent. NCSP coverage statistics refer to women who have

been enrolled in the programme and have had a smear in the past three years. Data on coverage in the NCSP is collected on a monthly basis. The data shows that while inequalities in outcomes are narrowing, there is still much scope for increasing the number of Maori, Pacific and Asian women enrolled in the programme. (Table 3)



Source: NCSP-R, December 2006

The NCSP supports a range of initiatives aimed at achieving equity in cervical screening, including contracting regional health promotion, targeted screening by regional services and development of PHO indicators. The programme will continue to monitor inequalities in incidence, mortality and coverage and regularly report on progress.