

newsletter

November 2007

The past eighteen months have been an extremely busy time for the Registry. In July 2006, the new NHMRC 'Guidelines for the Management of Asymptomatic Women with Screen-detected Abnormalities', were successfully implemented throughout Australia. The changeover to the new NHMRC Guidelines involved a substantial amount of work for the Registry to incorporate the new national cytology coding schedule and adapt our Follow-up and Reminder Protocol in line with the new Guidelines. We thank you for your patience while we have been implementing these changes.

VCCR Follow-up and Reminder Program

As you will be aware, the Registry now bases its Follow-up and Reminder Protocol on the new Guidelines to determine the appropriate screening interval for women. You will also have noticed that the Registry is sending an increased number of questionnaires to practitioners requesting information about the follow-up of low grade abnormalities and we are conscious of the extra work that this may entail for your staff. These questionnaires are an essential mechanism for the Registry to determine the timing of reminders and are a continuation of our policy to always first contact you, the practitioner, in relation to abnormal tests.

Occasionally, the laboratory recommendation for follow up of a smear result may differ from that in the NHMRC Guidelines and therefore from the Registry reminder protocol. As the Registry sends out more than 250,000 reminder letters a year in our role as a safety net, we must have a standard protocol to follow, which is based on the NHMRC guidelines. We appreciate that a different follow-up interval could be indicated on clinical grounds of which we are unaware. The feedback which you provide on our questionnaires is therefore very helpful as it enables us to alter the timing of our reminder to the woman if necessary. It has also assisted with the fine tuning of our Follow-up and Reminder Protocol. A copy of the VCCR Follow-up and Reminder Protocol can be requested on the enclosed Resource Order Form.

In addition to the questionnaires and repeat Pap test reminders that we send to practitioners, the Registry also mails between 5,000 and 6,000 reminders directly to women each week, in our role as a safety net for Victorian women. These reminders are printed, collated, processed through a mail machine and lodged with Australia Post, twice weekly by Registry staff. Each reminder is accompanied by a brochure, the content of which varies according to the woman's screening history. Brochures can be requested on the enclosed Resource Order Form.

During 2006, almost 258,000 follow-up and reminder letters were sent to women and practitioners.

Reminder Service Lists and PIP lists

Reminder Service Lists

These lists are available on request and provide details of women whose last Pap test was negative and who the Registry will be reminding in the next few months; a woman is included on a practitioner's list if her last test was registered as having been collected by that practitioner. If you would like to receive these lists, which are generated every four months, and have not already requested them, please contact the Registry.

PIP (Practice Incentive Program) Lists

From November 2001, increased remuneration has been available from the Commonwealth to General Practitioners who collect Pap tests from woman who are four or more years since their last test. To assist General Practitioners identify these women, the Registry provides to practices, lists of women who are aged between 20 and 69 years and have not had a Pap test in the last four years. These lists are automatically posted every quarter to the practice where the last Pap test was collected.

The Registry offers the secure transmission of Reminder Service and PIP lists electronically, using the eClinic Secure Client application. If you have not already done so, please contact the Registry by email at registry@vccr.org to register your interest in receiving lists electronically for Practitioners at your Practice.

HPV testing

The new NHMRC Guidelines recommend the use of HPV DNA testing as part of a 'test of cure' for women who have ever been treated for biopsy-proven high grade squamous abnormalities. The cost of an HPV test is rebatable under Medicare when the test is performed under these circumstances. The HPV DNA test looks for the presence of 'high risk' HPV types which are associated with the development of high grade lesions and cervical cancer. Women with a history of biopsy-proven high-grade squamous abnormalities, no matter how long ago, are recommended to have six tests using three modalities over a two year time period (see table below). If all these tests are negative, it is recommended that these women return to two year screening. Previously, these women would have been recommended to have annual Pap tests for the rest of their lives. The NHMRC Guidelines are available at <http://www.nhmrc.gov.au/publications/synopses/wh39syn.htm>

Time since treatment	Pap test	Colposcopy	HPV typing
4-6 months	Negative	Normal	
12 months	Negative		Negative
24 months	Negative		Negative

VCCR 2006 Statistical Report

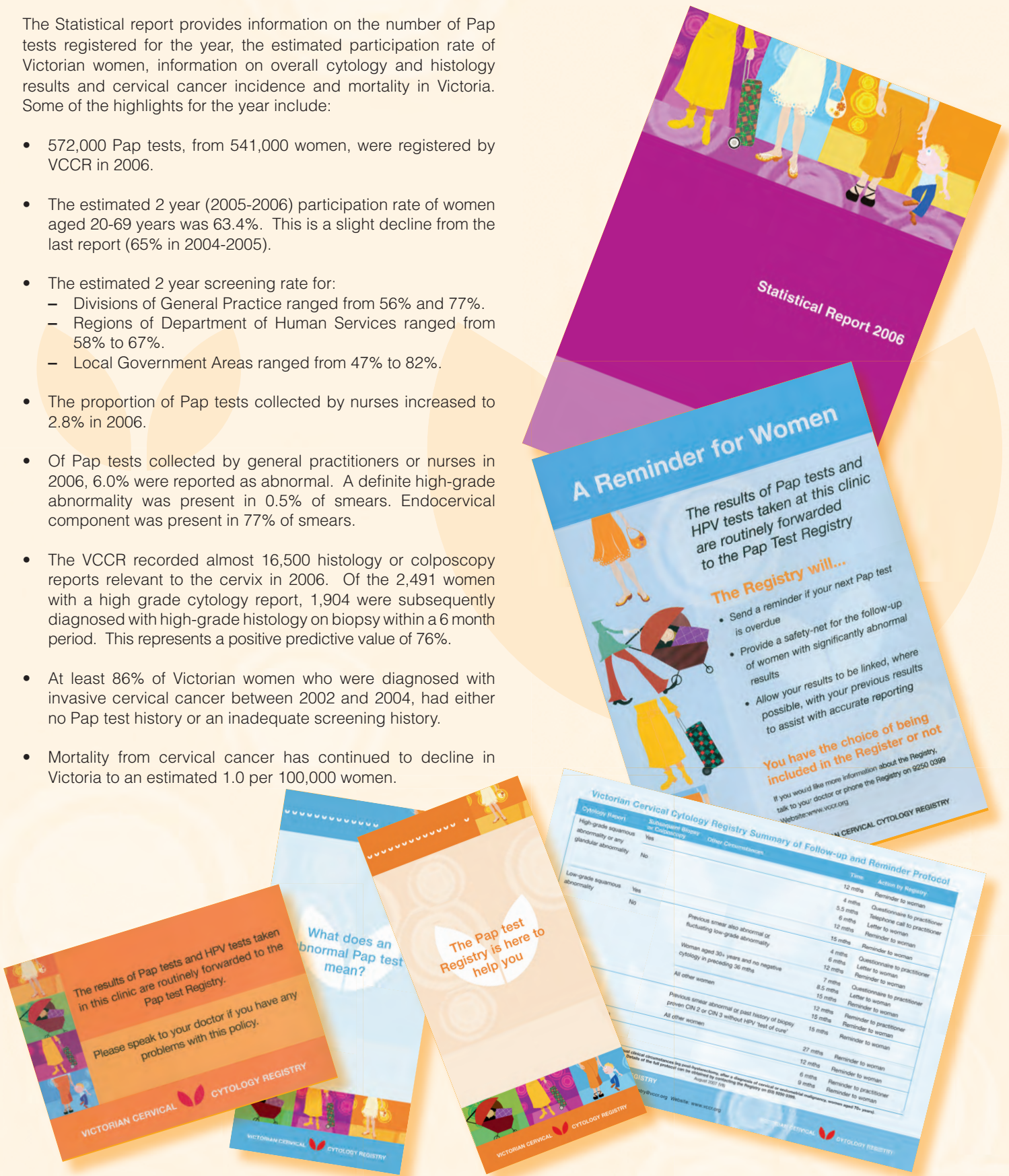
The VCCR 2006 Statistical Report is now available and can be requested on the enclosed Resource Order Form or downloaded from our website www.vccr.org/stats.html

The Statistical report provides information on the number of Pap tests registered for the year, the estimated participation rate of Victorian women, information on overall cytology and histology results and cervical cancer incidence and mortality in Victoria. Some of the highlights for the year include:

- 572,000 Pap tests, from 541,000 women, were registered by VCCR in 2006.
- The estimated 2 year (2005-2006) participation rate of women aged 20-69 years was 63.4%. This is a slight decline from the last report (65% in 2004-2005).
- The estimated 2 year screening rate for:
 - Divisions of General Practice ranged from 56% and 77%.
 - Regions of Department of Human Services ranged from 58% to 67%.
 - Local Government Areas ranged from 47% to 82%.
- The proportion of Pap tests collected by nurses increased to 2.8% in 2006.
- Of Pap tests collected by general practitioners or nurses in 2006, 6.0% were reported as abnormal. A definite high-grade abnormality was present in 0.5% of smears. Endocervical component was present in 77% of smears.
- The VCCR recorded almost 16,500 histology or colposcopy reports relevant to the cervix in 2006. Of the 2,491 women with a high grade cytology report, 1,904 were subsequently diagnosed with high-grade histology on biopsy within a 6 month period. This represents a positive predictive value of 76%.
- At least 86% of Victorian women who were diagnosed with invasive cervical cancer between 2002 and 2004, had either no Pap test history or an inadequate screening history.
- Mortality from cervical cancer has continued to decline in Victoria to an estimated 1.0 per 100,000 women.

Resource Orders

The Registry has a range of resources available free of charge. Either complete the enclosed order form or use the on-line facility at our website www.vccr.org/practitioners.html



Cytology Report	Subsequent Biopsy or Colposcopy	Other Circumstances	Time	Action by Registry
High-grade squamous abnormality or any glandular abnormality	Yes		12 mths	Reminder to woman
	No		4 mths	Questionnaire to practitioner
		Previous smear also abnormal or fluctuating low-grade abnormality	6 mths	Telephone call to practitioner
			12 mths	Letter to woman
Low-grade squamous abnormality	Yes		15 mths	Reminder to woman
	No		4 mths	Reminder to woman
		Women aged 30+ years and no negative cytology in preceding 36 mths	6 mths	Questionnaire to practitioner
			12 mths	Letter to woman
		All other women	7 mths	Reminder to woman
			8.5 mths	Questionnaire to practitioner
		Pap smear abnormal or past history of biopsy proven CIN 2 or CIN 3 without HPV 'test of cure'	12 mths	Letter to woman
			15 mths	Reminder to woman
		All other women	15 mths	Reminder to practitioner
			15 mths	Reminder to woman
			27 mths	Reminder to woman
			12 mths	Reminder to woman
			6 mths	Reminder to woman
			9 mths	Reminder to practitioner
			9 mths	Reminder to woman

