

National Cervical Screening Programme: Targets for 2006 and 2011

Cervical screening can prevent cervical cancer and contribute to preventing deaths from cervical cancer. Since the National Cervical Screening Programme (NCSP) began in 1991, cervical cancer incidence has fallen by approximately 40 percent and deaths by 60 percent. There is nevertheless still room for further improvement, especially in improving Programme coverage of eligible women, and particularly eligible Māori and Pacific women.

Setting realistic targets for cervical cancer incidence and mortality and the level of coverage needed to reach these targets is an important way to assess the performance of the Programme and the impact it is having on women's health.¹

The NCSP has had targets for incidence and mortality but these were due to expire in 2005.² Accordingly the NCSP requested the Public Health Intelligence Unit (PHI) of the Ministry of Health to set new targets. The report, "Setting Outcome Targets for the NCSP" published on the NCSP website, presents the modelling work done by PHI, in response to this request.³

The PHI report provides very detailed targets by age and ethnic group for both squamous cervical cancer and all cervical cancers, with and without adjustments for women who have had hysterectomies.

These detailed targets will be useful for internal planning and evaluation processes within the NCSP. For external reporting purposes however, a smaller set of targets is needed. The NCSP consulted externally and internationally with experts and internally with its own Advisory Groups about these targets.

Feedback from the consultation was:

- Select targets for all cervical cancers (not squamous alone)
- Express targets as age standardised rates (incidence and mortality, ages 0 – 100+) using Segi's as the standard population (to allow international comparison)
- Focus on incidence and mortality targets without hysterectomy adjustment (for international comparisons and avoiding potential error)
- Use the same target for Māori as for non Māori women, despite different starting positions.

The NCSP has accepted this advice. Additionally, by the time the consultation round was completed, further data on incidence and mortality became available. Based on this, PHI has slightly amended the targets to make them slightly more challenging especially for 2006.

The final targets are set out below together with the level of coverage estimated by PHI to be necessary to attain them.

Comparison of accepted NCSP targets, previous targets, and most recent observed rates

	Current observed rates 1999-2003	Previous target 2005	Accepted target 2006	Accepted target 2011
Incidence (ASR)	8.5	8.6	8.0	7.5
Mortality (ASR)	2.8	2.5	2.5	2.0
Coverage (% eligible)	73	-	75	80

Notes:

- Incidence and mortality rates are for all cervical cancer, for all ages (standardised to Segi), for all ethnic groups and not hysterectomy adjusted.
- Incidence and mortality targets have been developed in order to be comparable with earlier targets, as well as internationally
- Coverage rates are for eligible women (ages 20 – 69, hysterectomy adjusted)
- Coverage targets are more realistic than those set previously, and more comparable with coverage rates internationally.⁴

The method used by PHI in setting these targets is based on three modelling scenarios:

- what would have happened had there not been a screening programme
- what would happen over the next decade if the Programme continued in the same way as it is today ('business as usual')
- what would happen over the next decade under optimal circumstances (the 'optimal scenario')

Targets were then set approximately halfway between the 'business as usual' and 'optimal scenarios'.

The impact that the Programme will have in future will be dependent on maintaining (and continuing to improve) quality at all stages of the screening pathway. Most importantly however, the Programme must increase coverage, so that at least 80% of eligible women, irrespective of age, ethnicity or geographic location within the country, receive necessary smears on time.



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References

- 1 Ministry of Health. National Screening Unit. Strategic Plan 2003-2008. November 2003.
- 2 Ministry of Health. Public Health Intelligence. Setting Outcome Targets for the National Cervical Screening Programme. A Report for the National Screening Unit. November 2003.
- 3 University of Otago. Hugh Adam Cancer Epidemiology Unit. Monitoring Plan for the National Cervical Screening Programme. Technical Report No. 29
- 4 Linos A, Riza E. Comparisons of cervical cancer screening programmes in the European Union. *European Journal of Cancer* 36 2000. 2260-2265.