

Cervical Cancer Screening

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1. The AMA affirms the value of preventive medicine and of national screening programs for the early detection of diseases, where well controlled trials have shown long term reduction in morbidity and mortality from the diseases concerned. The AMA strongly supports any public educational program aimed at increasing the numbers of women who participate in cervical cancer screening.
2. In recognition of the Commonwealth's National Cervical Cancer Screening Program, the AMA endorses the National Cervical Cancer Screening Policy, viz:

Routine screening with Papanicolaou smears should be carried out every two years for women who have no symptoms or history suggestive of abnormal cervical pathology.

All women who have ever been sexually active should commence having Pap smears between the ages of 18 to 20 years, or one to two years after first sexual intercourse, whichever is later. In some cases it may be appropriate to commence screening before 18 years of age. Pap smears may cease at the age of 70 years for women who have had two normal smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear should be screened.

3. All general practitioners have received training in women's health problems. Therefore general practitioners, with public health program support, are best situated to conduct and co-ordinate cervical screening.
4. Consultation and counselling of patients by their doctors, together with physical examination and collection of Pap smears, are integral parts of the health screening process.
5. In special circumstances, such as remote communities lacking a GP, appropriately trained and credentialed nurses or health workers may take Pap smears. The nurse or health worker should be performing this service in collaboration with a medical practitioner.
6. Some women, for cultural or personal reasons, may prefer to be examined by a female medical practitioner.
7. Although for routine screening purposes a two year interval is recommended, ultimately the decision on when and how often a Pap smear is done depends on clinical circumstances.
8. The pathologist responsible for the interpretation of the test should notify the results of cervical cancer screening to the doctor who has obtained the specimen. It is the responsibility of that doctor to ensure that the result has been obtained and communicated to the patient.
9. Pathologists should ensure, as part of their quality assurance program, that referring doctors are informed about the adequacy of the Pap smears and about the percentage and type of abnormalities discovered.

Pap Test Registers

10. Pap Test Registers are an adjunct to the Screening Program for Prevention of Cancer of the Cervix. Their function is to act as a reminder system for medical practitioners and patients and for epidemiological purposes. Both the attendance for a Pap smear and the results obtained need to be treated as confidential. The AMA recommends that a woman's consent should be obtained for inclusion of her results on Pap Registers.

Pap Smear Technology

11. The present Pap smear test is susceptible both to false positive and false negative results. A normal Pap smear does not mean that the patient can be reassured that she has no abnormality, particularly when she has symptoms eg discharge, bleeding etc. There is a place for the development of new technologies to increase the effectiveness of detection. New technologies would need to be proven within the Australian environment before being considered for widespread implementation.
12. The main reason, in Australia, for failure to detect cervical cancer is that many women never have a Pap smear. The recruitment and regular recall of women is crucial if the cervical screening program is to be successful in reducing morbidity and mortality.

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