A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

23 February 1988

49-261

Mr B. Fleming
Suite 3, Private Consulting Rooms
The Royal Melbourne Hospital
Post Office
Melbourne 3050

Dear Brian,

Thanks for your note inviting me to join the Steering Committee for the Cervical Summit. I'm delighted to do so and will look forward to hearing from you.

Yours sincerely,

Nigel Gray
Director

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Facsimile: (03) 663 3412 Telex: VCCG AA 34158

THE AUSTRALIAN CANCER SOCIETY

- 2 FEB 1988

Dear Nigel

The A.C.S. has drafted a National Strategy Document for Cancer Control responding to a request from the Australian Government. This is a baseline document which we have undertaken to continually update.

Different groups have been looking at cancer of the cervix. A.H.M.A.C. has set up working parties to investigate screening for cancer of the breast and cervix. The A.C.S. representing the state and territory cancer bodies and C.O.S.A. has a responsibility to be a public and professional advocate. To do so it must continue its study of all aspects of screening including management of detected lesions and to try and obtain national consensus.

In the past the A.C.S. has conducted two consensus conferences on breast cancer from which the National Breast Cancer Study Committee has evolved. It is proposed to run a concensus workshop on cancer of the cervix particularly to study "the screening interval" Should there be a blanket recommendation or should the interval be based on risk? The proposal and suggested invitation list is set out in a letter from Bruce Armstrong, a copy of which is enclosed.

It is proposed to hold the conference in Melbourne at the A.C.C.V. about the middle of the year. I would be grateful if you would consider joining the steering committee. The invitation has been extended to Heather Mitchell, Robert Rome and Nigel Gray.

Yours faithfully,

Bruce Fleming

Suite 3, Private Consulting Rooms
The Royal Melbourne Hospital
P.O. 3050 Victoria

...tional Health
...Medical Research Council
... University
... Western Australia

NH&MRC Research Unit in Epidemiology and Prevention Medicine

University Department of Medicine
The Queen Elizabeth II Medical Centre
Nedlands, Perth, Western Australia 6009
Facsimile No. (09) 389 3648
Telegrams Uniwest Perth, Telex 93446
Telephone (09) 389 3333 Ext. 3134

MEMO TO : Dr M Coppleson
Mr WB Fleming
Mr L Wright

FROM : Prof B Armstrong

RE : Consensus conference on frequency of screening for cancer of the cervix.

I would like to propose the following:

1. The meeting be held as early as is feasible in 1988 in Melbourne.

2. A local organising committee be constituted consisting of Brian Fleming, Heather Mitchell and Robert Rome.

3. The organisations listed in the attached letter be invited to nominate one participant each and that the only other participants be the organizers (representing the Australian Cancer Society) and selected experts who will be invited to present the data relevant to the issue.

4. Other aspects of the programme be as outlined in paragraph 3 of the attached letter.

5. An "independent" chairperson be sought for the consensus development sessions. I would like to suggest Professor David Skegg from Dunedin who chaired a New Zealand committee that reported on this subject.

6. An approach be made to the Commonwealth in the terms of the enclosed letter for funds to support the conference. I have been led to believe that such an approach has prospects of success.

May I suggest that we try to fit in a brief telephone conference on 23rd December (organised by Lawrie Wright) to discuss these and other relevant matters in the hope that we might be able to:

1. Agree on broad policy for the conference;

2. Agree on a letter to go to the Commonwealth;

DRAFT LETTER

Dr N Blewett
Minister for Community Services and Health
Parliament House
CANBERRA ACT 2600

Dear Dr Blewett,

As you will know, there has been debate recently in Australia and elsewhere over the optimal frequency of screening asymptomatic women for cervical cancer. At present, the recommended interval varies from one year (the Royal Australian College of Obstetricians and Gynaecologists) to not more than three years (NH & MRC).

As you will be aware, the interval chosen has both economic and health implications. While a short interval between smears would increase the cost of an effective cytology programme substantially, a long interval could lead to an unacceptably high frequency of failure to detect cervical cancer in its curable stages. Moreover, lack of an agreed interval presents difficulties both in educating women and in the delivery of cancer screening services.

In an endeavour to resolve this matter, the Australian Cancer Society plans to convene a "consensus development conference" on the optimal interval for cervical cancer screening in Melbourne early in 1988. At this two-day conference, both health and economic data bearing on a decision regarding the optimal interval will be reviewed and recommendations formulated regarding both the optimal interval and its relationship to the age and other characteristics of women. By involving all major groups with an interest in cervical cancer screening, it is hoped that the consensus developed at the conference will receive widespread support and form the basis of future public and professional education and planning of cervical cancer screening services.

It is planned to invite each of the following organizations to nominate one person to attend the conference and participate in development of the consensus:

Australasian Epidemiological Association; ✓

Australian Health Ministers Advisory Council (2 nominees representing State and Territory Health Departments);

Australian Institute of Health;

Australian Society of Cervical Pathology and Colposcopy;

COSA.

Australian Society of Cytologists;

Australian Society of Gynaecological Oncologists;

Commonwealth Department of Community Services and Health

Consumers Health Forum;

Gynaecological Section of COSA;

Health Economists Group;

National Health and Medical Research Council;

Public Health Association of Australia and New Zealand;

Royal Australian College of General Practitioners;

Royal Australian College of Obstetricians and Gynaecologists;

Royal College of Pathologists of Australasia.

To ensure that it will be possible for all of these organisations to participate in the conference, we would like to be able to offer to cover the cost of attendance of their nominees. In most instances this will require provision of an economy class air ticket and one night's accommodation. The estimated amount required to meet these costs is $.

I would be grateful if you would consider making a grant of $ to the Australian Cancer Society for this purpose.

Yours sincerely,

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 22, 1988

40-624

Dr. R. King
Honorary Secretary
The Royal Australasian College of Physicians
RACS Building, Spring Street
Melbourne 3000

Dear Dr. King,

Thanks for your note inviting me to take part in a meeting on preventive medicine on November 10.

I expect to be available at that time and would be happy to participate.

I note you have given me the title of "Prevention by Screening" - the two big avoidable diseases are breast cancer and cervical cancer. Heather Mitchell then has the title of "Breast and cervical cancer" in a session which is about prevention. My comment would be that these titles are really very close to being synonymous. Of course, I recognise that some discussion of early detection of bowel cancer and lung cancer, as well as skin cancer, could be presented but think it likely that both papers would be very similar in their bastic thrust.

You might like to consider a title such as "How practical is prevention?". This would dovetail quite well with the Armstrong and Leeder titles.

The alternative is to delete me from the program as I think that Bruce Armstrong, Stephen Leeder and Heather Mitchell will have covered things quite well.

I will be happy to do whatever you like.

Yours sincerely

Nigel Gray
Director

(fax to Prof McNeil, 529-8580)

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
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THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS
OFFICE OF THE VICTORIAN STATE COMMITTEE
R.A.C.S. BUILDING, SPRING STREET,
MELBOURNE, VICTORIA 3000

TELEPHONE: 662-1307

letter done

23 December, 1987

Dr. N. Gray,
Anti-Cancer Council,
1 Rathdowne Street,
CARLTON VIC. 3053

- 4 JAN 1988

Dear Dr. Gray,

Re: Meeting : Prospects for Preventive Medicine
November 10th, 11th, 1988
Royal College of Surgeons, Melbourne

I am writing on behalf of the Victorian State Committee of the College of Physicians to invite you to take part in a meeting on preventive medicine to be held in Melbourne on 10th and 11th of November 1988. The meeting is being co-sponsored by the Baker Medical Research Institute and the Department of Social and Preventive Medicine, Monash University. It is directed towards both medical practitioners and others involved in health promotion and aims to bring them up to date with advances in this field.

The meeting is the third of a highly successful series which have been sponsored on a biennial basis by the College of Physicians in conjunction with other bodies. It will be held in the Main Hall of the Royal College of Surgeons which is located near the centre of Melbourne in close proximity to many major hotels. A provisional program showing your proposed participation is enclosed.

We would very much value your participation. If you are able to take part I would be grateful if you could notify me by January 31st, 1988. I will contact you soon afterwards to provide you with more detailed information.

With best wishes.

Yours sincerely,

R King

Dr. R. King,
Hon. Secretary.

prosprev 2

"PROSPECTS FOR PREVENTIVE MEDICINE"

SESSION 1	Welcome and Introduction.	
	Chairman : Prof. A. Clarke.	
9 - 9.15	Opening address	Mr. D. White
9.15 - 9.45	Keynote lecture:	
	Morbidity and Mortality in Australia : How much is preventable?	Prof. B. Armstrong
9.45 - 10.15	Keynote lecture:	
	Strategies for prevention	Prof. S. Leeder
10.15 - 10.30	Discussion.	

10.30 - 11.00 Morning Tea

SESSION 2	Cancer Prevention.	
	Chairman : Prof. M. Wahlqvist.	
11 - 11.30	Prevention by screening : an overview	Dr. N. Gray
11.30 - 12.00	Breast and cervical cancer	Dr. H. Mitchell
12.10 - 1.00	Discussion.	

1.00 - 2.00 Lunch

SESSION 3	Infectious Disease Control.	
	Chairman : Dr. G. Rouch.	
2 - 2.30	Perspectives on immunisation	Prof. A. Clarke
2.30 - 2.50	Hepatitis	Prof. I. Gust
2.50 - 3.10	AIDS	Prof. T. Basten
3.10 - 3.30	Malaria	Dr. G. Brown
3.30 - 3.40	Discussion	

3.40 - 4.00 Afternoon Tea

SESSION 4 PERSONAL HAZARDS

Chairman : Prof. P. Korner

4.00 - 4.30	Alcohol and Public Health	Dr. R. Smallwood
4.30 - 5.00	Smoking : active and passive	Prof. B. Armstrong
5.00 - 5.30	Prevention and the law	Dr. P. Gerber

DAY 2

SESSION 5 CARDIOVASCULAR

Chairman : Prof. P. Kincaid-Smith

9.00 - 9.30	Keynote Lecture: "Basic research into risk factors"	Prof. P. Korner
9.40 - 10.00	Declining cardiovascular mortality: lessons for preventive medicine	Prof. R. Heller
10.10-10.20	Prospects for the non-pharmacological control of hypertension	Dr. G. Jennings
10.20-10.40	Hypertension : what have the large-scale trials taught us?	Prof. A. E. Doyle
10.40-11.00	Discussion.	

11.00 - 11.30 Morning Tea

SESSION 6 : METABOLIC DISEASES

Chairman : Prof. W. J. Louis

11.30-11.55	Large scale trials of lipid lowering therapy - an overview	Dr. S. McMahon
11.55-12.20	Obesity	Prof. M. Wahlqvist
12.20-12.45	Osteoporosis	Prof. R. Larkins
12.45-1.00	Discussion	

1.00 - 2.00 Lunch

SESSION 7

Chairman : Dr. S. Morey

2.00 - 2.40	Keynote Lecture : Current directions in Public Health and Preventive Medicine	Prof. A. J. McMichael
2.40 - 3.00	The economics of prevention	Dr. S. Sax
3.00 - 3.30	The role of behavioural science in preventive medicine	Prof. R. Sanson-Fisher
3.30 - 4.00	The role of advertising in preventive medicine	Mr. Philip Rubenstein
4.00 - 4.05	Concluding remarks.	President of Victorian State Committee RACP

Cervical Box.

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA
Anti-Cancer Council of Victoria

14 August 1987

CX-CRM-04/mr/1

Nigel Gray
Anti-Cancer Council of Victoria

Dear Nigel

The Anti-Cancer Council of Victoria commissioned a working party on cervical cancer comprising a variety of persons reflecting an interest in cervical cancer in Victoria. Over a series of meetings and discussions, a document was produced which comprised a consensus of views on mass-screening for cervical cancer.

I enclose a copy of the recommendations of the working party showing the terms of reference and the members. I have not enclosed the full body of the document, but I would be pleased to send this to you on request.

Mass-screening is becoming a topic of interest for many groups around Australia and the world at present. I think it is important for all those interested people to know what the others are doing and that is the reason I am sending you this document.

The working party would be pleased to receive any feedback on this document. Please do not hesitate to get in touch with me if you have any comments or criticisms to make. I look forward to hearing from you.

Yours sincerely

Robin Marks (Dr)
Director of Education

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Facsimile: (03) 663 3412 Telex: VCCG AA 34158

index,address,salutation

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Ms Newby

2.
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Dr Mead

3.
Senator The Hon Susan M Ryan
Department of the Prime Minister
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CANBERRA ACT 2600
Senator Ryan

4.
The Hon Dr Neal Blewett
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16.
Di Surgeon
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Di Surgeon

17.
Health Sharing Women

18.
Prof Bruce Armstrong
NH&MRC, Research Unit in Epidemiology
& Preventive Medicine
University Dept of Medicine
The Queen Elizabeth II Medical Centre
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Bruce

19.
Nigel Gray
Anti-Cancer Council of Victoria
Nigel

20.
The Honorable David White MP
Minister of Health
Health Department Victoria
GPO 4057
MELBOURNE 3001
Minister

21.
Christine Giles
Director
Women's Health Policy Unit
Health Department Victoria
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Christine Giles

22.
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26.
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500 George Street
SYDNEY 2000
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27.
Mr Dace Shugg
Director
Tasmanian Cancer Committee
c/o GPO Box 191B
HOBART TAS 7000
Dace

28.

REPORT

OF

THE ANTI-CANCER COUNCIL OF VICTORIA

WORKING PARTY ON

MASS SCREENING FOR CERVICAL CANCER

AUGUST 1987

MEMBERS

Robin Marks, MBBS, MPH, FRACP, FACD,
Chairman,

Director of Education,
Anti-Cancer Council of Victoria

Elisabeth Banks MBBS, FRACGP, Dip Obs RCOG

State Director,
Family Medicine Program,
Royal Australian College
of General Practitioners

William Chanen MBBS, DGO, FRCSE, FRACS, FRCOG, FRACOG

Convener,
Cervical Cancer Subcommittee,
Gynaecological Oncology Group
of Victoria
Head, Gynaecologic Oncology;
Head, Dysplasia and Colposcopy Units,
Royal Women's Hospital

Sandy Gifford, MPH, PhD

Senior Policy Advisor,
Women's Health Policy Unit,
Health Department, Victoria

David Hill, MA, PhD, MAPsS

Director,
Centre for Behavioural Research
in Cancer,
Anti-Cancer Council of Victoria

Sheila Hirst, B App Sci (Ad. Nursing), RN

Education Officer,
Anti-Cancer Council of Victoria

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Epidemiologist,
Victorian Cytology (Gynaecology) Service

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SCREENING FOR CERVICAL CANCER IN VICTORIA

INTRODUCTION

Cancer of the cervix is an important cause of death in women in Victoria. Around 250 women develop it and almost 100 women die of it each year.

With the widespread availability of the Papanicolaou smear test and appropriate local treatment, invasive cancer of the cervix could be virtually eliminated if the services were used by all eligible women.

A working party reflecting those sections of the Victorian Community interested in cervical cancer has been convened by the Anti-Cancer Council of Victoria. The following terms of reference related to mass screening to prevent cancer of the cervix have been considered.

TERMS OF REFERENCE

1. Screening policy
    a. Age of commencement and cessation of screening
    b. Frequency of screening (the screening interval)
    c. Call and recall procedures
    d. Quality control for cervical smears
2. Medical management of abnormal smears
3. Development of a statewide data base for cervical cancer screening
4. Public education programs and evaluation
5. Professional education programs and evaluation
6. Role of community health providers and consumers in policy and program development.

RECOMMENDATIONS

RECOMMENDATIONS

The recommendations of the working party are as follows:

1. **Screening policies**

   a. Screening should commence within 12 months of initial sexual intercourse. It can be ceased at 70 years of age if previous regular smears are negative.

   b. There is no upper age limit for screening women who have never had a smear or who have had an irregular screening history.

   c. The screening interval recommended by the Victorian Cytology (Gynaecology) Service (VC(G)S) and Anti-Cancer Council of Victoria (ACCV) is two years. However, in order to obtain concensus on an optimal screening interval in Australia, a national meeting of organisations dealing with cervical cancer should be convened.

   d. There should be a formally organised updateable list of women in the eligible target population from which a personal invitation can be issued at the regular screening interval. The responsibility for ensuring that abnormal results are followed up and acted upon should rest with the pathology service which issued the abnormal report.

   e. Quality control should be routine in all pathology services analysing Pap smears. There should be an independent review of the smears performed by the laboratories with Medicare rebates or other funding sources being conditional upon participation in such quality control procedures.

   f. There is a need to increase the facilities for analysing Pap smears to cope with the increased demand produced by screening programs.

2. **Medical management of abnormal smears**

a. Colposcopy is essential for visualisation of the cervix and management of the lesion following any report in which the cytologist suspects the possibility of underlying precancerous or cancerous lesion.

b. Superficial ablative therapy is suitable for the majority of precancerous dysplasia. More extensive treatment is necessary for invasive cancer.

c. Persistent reports of HPV atypia requires evaluation of the cervix. Persistent HPV cytological abnormality with no clinically apparent lesions should be followed.

d. Inflammatory change in the absence of dysplasia or warty atypia should be treated for infection and reassessed.

e. There is a need to increase the training of medical practitioners and support staff in the use of colposcopy to cope with the increased demand produced by screening programs.

3. **Development of a statewide data base**

A working group with representatives from both private and public sectors associated with cervical screening should be convened in order to develop procedures for development of a statewide database on all smears taken in Victoria. This will enable:

a. Monitoring of changing trends in incidence and mortality related to cervical cancer and precursor lesions.

b. Monitoring the effectiveness of a statewide cervical cancer screening program.

c. Adequate call and recall of both women with normal smears and women whose smears are or have been abnormal.

In the long term a national data base should be developed.

4. **Public education programs and evaluation**

   a. Public education programs are necessary to ensure participation of all eligible women in the mass screening program.

   b. Programs should be modified to address specific subgroups in the target population including lower socioeconomic, those with limited education, non-English speaking women and Aboriginal women.

   c. Evaluation of the programs should include measuring changes in knowledge of and attitudes to screening, participation rates from specific areas, and long-term monitoring of the incidence and mortality related to cervical cancer.

5. **Professional education programs and evaluation**

   a. Education programs should be developed in both undergraduate and postgraduate vocational and continuing medical training courses on the public health approach to preventing cancer of the cervix.

   b. Medical practitioners should be trained to think in terms of disease prevention and health maintenance rather merely disease treatment.

   c. There should be regular educational updates for graduates on changing trends in cervical cancer incidence and management.

   d. The feasibility of using allied health professionals apart from medical practitioners in taking cervical smears as part of a mass screening program needs to be studied.

   e. There should be liaison between all the bodies providing public and professional education on cervical cancer in Victoria.

6. **Role of community health providers and consumers in policy and program development**

   a. Facilities for taking Pap smears should be available in a range of local community agencies. Where possible, there should be active participation of both health providers and women in the development of specific programs for a given community. This should include:

      i. Consultation concerning local policy development for that particular community.

      ii. Local community representation on decision making bodies for that area.

      iii. Consumer and health provider involvement in evaluation of the screening services for specific programmes in a local area.

Cervical box

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB. BS. FRACP. FRACMA

Anti-Cancer Council of Victoria

6 August 1987

CX-CRM-02/mr/2

Dr R McLennan
Queensland Institute of Medical Research
Bramston Terrace
Herston
BRISBANE 4006

Dear Bob

Herewith the précis of the report of the ACCV Working Party on Mass Screening for Cervical Cancer. The full body of the report will follow in a couple of days.

We would be pleased if this could be sent to all members of the meeting of August 18. I am sure it will reinforce the messages necessary for a satisfactory outcome.

Kind regards

Robin Marks (Dr)
Director of Education

For the Australian Cancer Society seminar in Sydney on 18th August, 1987

Rmk.

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
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   e. There is a need to increase the training of medical practitioners and support staff in the use of colposcopy to cope with the increased demand produced by screening programs.

3. **Development of a statewide data base**

   A working group with representatives from both private and public sectors associated with cervical screening should be convened in order to develop procedures for development of a statewide database on all smears taken in Victoria. This will enable:

   a. Monitoring of changing trends in incidence and mortality related to cervical cancer and precursor lesions.

   b. Monitoring the effectiveness of a statewide cervical cancer screening program.

   c. Adequate call and recall of both women with normal smears and women whose smears are or have been abnormal.

In the long term a national data base should be developed.

4. **Public education programs and evaluation**

   a. Public education programs are necessary to ensure participation of all eligible women in the mass screening program.

   b. Programs should be modified to address specific subgroups in the target population including lower socioeconomic, those with limited education, non-English speaking women and Aboriginal women.

   c. Evaluation of the programs should include measuring changes in knowledge of and attitudes to screening, participation rates from specific areas, and long-term monitoring of the incidence and mortality related to cervical cancer.

5. **Professional education programs and evaluation**

   a. Education programs should be developed in both undergraduate and postgraduate vocational and continuing medical training courses on the public health approach to preventing cancer of the cervix.

   b. Medical practitioners should be trained to think in terms of disease prevention and health maintenance rather merely disease treatment.

   c. There should be regular educational updates for graduates on changing trends in cervical cancer incidence and management.

   d. The feasibility of using allied health professionals apart from medical practitioners in taking cervical smears as part of a mass screening program needs to be studied.

   e. There should be liaison between all the bodies providing public and professional education on cervical cancer in Victoria.

6. **Role of community health providers and consumers in policy and program development**

   a. Facilities for taking Pap smears should be available in a range of local community agencies. Where possible, there should be active participation of both health providers and women in the development of specific programs for a given community. This should include:

      i. Consultation concerning local policy development for that particular community.

      ii. Local community representation on decision making bodies for that area.

      iii. Consumer and health provider involvement in evaluation of the screening services for specific programmes in a local area.

Cervical + VC(G)S files.

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB. BS. FRACP. FRACMA

Anti-Cancer Council of Victoria

21 July 1987

CX-CRM-03/mr/1

COPY

The Honorable David White MP
Minister of Health
Health Department Victoria
GPO 4057
MELBOURNE 3001

Dear Minister

I write to keep you informed of our program for reducing cervical cancer in Victoria. Around 250 women develop it and almost 100 die of it in Victoria each year. I enclose a copy of our campaign plan for increasing screening to reduce cervical cancer which we have just commenced.

The Anti-Cancer Council of Victoria has convened a Working Party on Cervical Cancer. Members reflect the various interested groups in cervical cancer in Victoria. It includes persons from the College of Gynaecologists, the College of General Practitioners, the Women's Health Policy Unit, the Victorian Cytology Service and the Behavioural Research and Education Units of the Anti-Cancer Council of Victoria. We have addressed a number of areas which we feel are of importance to cervical screening in Victoria and a completed document with recommendations will be available in the very near future.

You will see from the enclosed campaign plan that the target of our increased screening publicity is the population of women aged 40 years and over who are currently unscreened. It is in this group that the majority of deaths from cervical cancer are occurring right now. You will also see that the campaign is a carefully controlled one to attempt to recruit all these women in Victoria over a period of two years. I have had discussions with the Director of the Victorian Cytology Service and other private cytology services on the capacity to cope with an increased load. They have agreed that at this stage, a carefully controlled program is the only way to go. There is no way that they could cope with a sudden massive increase in cervical smears for assessment. Similar discussions with the representatives of the medical practitioners performing colposcopies reveals that likewise, they would be unable to cope with a massive increase in women requiring the procedure. Colposcopy is now the management of choice for visualisation of the cervix of a woman who has had an abnormal smear report.

The ACCV Working Party on Cervical Cancer has discussed the campaign plan enclosed. They agree with the controlled approach for the moment and fully support the plan. If the facilities to cope with increased screening were upgraded, then we could increase the size of the campaign. However the training of cervical cytopathologists and medical practitioners in colposcopy does take time. Therefore we are not in a position to have a very large short-term statewide campaign to increase screening rates at the moment. Past experience has shown the grave error of widespread promotion of a professional service for which the facilities are not available at the time of the promotion.

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Facsimile (03) 663 3412 Telex VCCG AA 34158

I shall be sending the report of the Working Party on Cervical Cancer to you in the very near future. In the meantime I hope you are happy with the progress that we are making to reduce the problem related to cervical cancer in women in Victoria. I would be happy to discuss our progress with you at any time.

Yours sincerely

Robin Marks (Dr)
Director of Education

Enc

Education Unit
Cervical Screening
Campaign Plan

Background

Cervical cancer affects nearly 250 Victorian women annually and over 90 women die each year. Of these 90 women, it is estimated that 85% have never had a Pap Smear Test.

54% of cervical cancer occurs in women aged 40 - 69 whilst a further 16% occurs in women aged 70 and over. However, the majority (80%) of Smears received by the Victorian Cytology Service are from women under 50 years of age.

The women most at risk of cervical cancer are those who have either never been screened or whose screening history is outdated. An estimated 250,000 Victorian women are unscreened from an eligible population of 1.4 million.

Campaign Aim

To reduce the incidence and mortality of cervical cancer in Victorian women.

Objectives

1. To motivate all women over the age of 40 years who have never had a cervical screen or who have an outdated screening history to participate in screening.

2. To achieve this target through a carefully controlled program over two to three years; this will ensure that screening services can meet the demand generated.

3. To involve medical practitioners, other health professionals and the specific community in the public promotion on cervical screening.

4. To ensure that all public campaigns targetted at this specific risk group, does not exclude other women.

Campaign Plan

The overall strategy is to develop a carefully controlled and evaluated series of area campaigns; this will allow adaptation of the campaign in response to evaluation results and the needs of the specific area.

As the campaign becomes area-based, it is essential that local community health professionals and community groups are involved in the specific campaign planning and delivery.

A. PILOT PHASE

1. **Pilot One: April 1987**
The first pilot was held in two GP practices to trial the doctor-initiated opportunistic approach to cervical screening.

Based on the premis that 80% of women visit their doctor at least annually, doctors were encouraged to initiate cervical screening. Preliminary results showed an increase in screening although many women still fell through the net.

2. **Pilot Two: August 1987**
The second pilot in two further GP practices will again trial the opportunistic approach to cervical screening.

In this program, women visiting the GP surgery will have access to a motivational poster and brochure prior to their appointment. The acceptance of a cervical screening invitation will be compared to the results in Pilot 1.

Pilot 2 will also allow pretesting of the motivational resources.

Whilst these first two pilots trial the opportunistic approach to screening, educational resources are not targetted at women outside of the GP surgery.

3. **Pilot Three: October 1987**

This pilot program will trial community strategies in public education as well as maintaining the professional arm within medical services. Traralgon, with an estimated population of 24,000, has been selected for this pilot.

The Traralgon campaign will serve as a model for following area-based programs.

The lead up time for preparation is five-six months prior to the campaign with a further two months of evaluation following the major campaign thrust.

Plan

Phase I

Identify key health professionals, health agencies and community resouces within selected area.

Phase II

a. Preliminary notification of campaign to all GPs, health workers etc.

b. Preliminary discussions with health professionals and agencies. This will allow for joint decision-making within local community re specific campaign timing, strategies, and role of ACCV and local workers. These discussions must include liaison with support services such as local gynaecologists.

Phase III

a. Campaign preparation as a cooperative effort between local services and ACCV.

b. Identification of all appropriate women's groups for the organisation of specific educational programs.

Phase IV

a. Professional education. This will include inservice of relevant community workers and visiting all GP practices to inform them of campaign.

b. Resource supplies to all relevant community workers and groups.

c. Development of media releases.

Phase V Campaign

a. Initial high profile media campaign utilising local media.

b. Educational programs directed at target audience.

c. Initiation of screening via medical services.

Phase VI Evaluation

a. Prior to campaign:-

i. pretesting of resources as appropriate,
ii. research into specific area problems as appropriate,
iii. pre-campaign screening records.

b. Post campaign:-

i. outcome screening records,
ii. behavioural research on knowledge and attitudes etc.

The evaluation process involves both the Education Unit and the Centre for Behavioural Research in Cancer (CBRC). The evaluation details are to be defined by the CBRC.

B. MAIN CAMPAIGN

Following the completion of these pilot phases, the area campaigns will commence. The entire State will be reached over a two-three year period.

At any one time, two campaigns will be developing; the initial preparatory phases (I and II) of one will overlap the end phases (V and VI) of another.

The metropolitan health regions will be the last areas to be targetted. Because of the large populations within these areas, different strategies may need to be planned and may be dependent on the services of the VCGS at that time.

Proposed Timing of Area Campaigns

Area Number	Region	Population	Key Cities	Timing
1	Barwon	208,000	Geelong	Commence Oct 87 Campaign March 88 Evaluation/ completion May 88
2	Goulbourn	225,000	Shepparton Wodonga Wangaratta	Commence Jan 88 Campaign May/June 88 Evaluation/ completion July 88
3	South West Area Central Highlands	101,710 180,000	Warrnambool Hamilton Ballarat Horsham	Commence April 88 Campaign August 88 Evaluation/ completion Oct 88
4	Loddon-Campapse	234,000	Bendigo Mildura	Commence June 88 Campaign Oct 89 Evaluation/ completion Dec 88

-	Gippsland	253,000	Sale Bairnsdale Moe Morwell	Commence Oct 88 Campaign Mar 89 Evaluation/ completion May 89
6	Western Metropolitan	726,000		Commence Jan 89 Campaign June 89 Evaluation/ completion Aug 89
8	North-East Metropolitan	1.125 million		Commence Apr 89 Campaign Sept 89 Evaluation/ completion Nov 89
9	South-East Metropolitan	1 million		Commence Aug 89 Campaign Feb 90 Evaluation/ completion Apr 90

Note The East Central Statistical Division (Population 46,000) is not yet covered in this plan. It includes areas such as Healesville, Wonthaggi and French Island. The District will need to be incorporated into the various area programs as appropriate eg Healesville into the NE metropolitan area program.

CX-XSH-02:er
15 July 1987

Australian Health Ministers' Advisory Council

Telephone: (062) 89 7050
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Secretariat:
Commonwealth Department of Health
PO Box 100, WODEN ACT 2606

29 JUN 1987

Ref:_____

Br. Ca
Cervical Ca.

Dr Nigel Gray AM
Director
Anti-Cancer Council
of Victoria
Keogh House
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Dr Gray

Dr Tony Adams passed to me your letter of 11 June 1987 concerning the establishment by the Australian Health Ministers' Conference of a Sub-committee on Breast and Cervical Cancers.

At their recent Conference in Fremantle, Health Ministers agreed that a Commonwealth/State co-ordinating group should be established under the auspices of the Australian Health Ministers' Advisory Council (AHMAC) to provide a mechanism for the development of a national strategy for the early detection of breast cancer. At the AHMAC meeting in Hobart on 5 June members agreed that the sub-committee's terms of reference should be widened to include cancer of the cervix. The sub-committee has been asked to undertake an evaluation of screening and other programs for the early detection of breast and cervical cancers, to examine and resolve a range of issues surrounding screening techniques and report on the co-ordination of funding arrangements.

Dr Tony Adams, Chief Health Officer, New South Wales Department of Health has agreed to chair the sub-committee. The other members of the sub-committee are: Ms Liza Newby, Special Adviser on Women's Health, Commonwealth Department of Health; Mr Ian Russell, representing the Australian Cancer Society; Mr Roy Harvey from the Australian Institute of Health; Dr David Hailey, Chairman of the National Health Technology Advisory Panel; and the following AHMAC representatives: Mr Alan Bansemer, Commonwealth Department of Health; Dr Ken Donald, Queensland Department of Health and Professor Bruce Armstrong, NH&MRC Research Unit in Epidemiology and Preventive Medicine.

H2765 (4/86)

As the first meeting of the Sub-committee on Breast and Cervical Cancers has been scheduled for 17 July, I would be pleased to receive from you any material which could be bought to the attention of the first meeting and any comments you may wish to make to the sub-committee.

Yours sincerely

Roger Hughes
AHMAC Secretariat
24 June 1987

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

June 11 1987

40-376/1

Dr Tony Adams
Chief Health Officer
Department of Health - NSW
Rawson Place
Sydney 2000

Dear Dr. Adams,

Bruce Armstrong sent me a copy of a note he wrote to Bob Cumming about their suggestions that the AHMC might set up groups to look at cervical cancer and breast cancer screening.

I understand the Ministers have made some decisions and that they have set up a committee or committees in response to Bruce's request.

Would it be possible for me to know the terms of reference for the committee/-committees, and the membership? As you know, the ACS and its various member bodies, have taken quite a lot of initiatives in these fields. When I have received your reply I will write again to present some relevant comments and information.

Best wishes.

Yours sincerely

Nigel Gray
Director

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The National Health
and Medical Research Council
The University
of Western Australia

NH&MRC Research Unit in
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University Department of Medicine
The Queen Elizabeth II Medical Centre
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Telephone (09) 380 1122 ext.

→ ACCV.

Dr R Cumming
Secretary
National Health & Medical Research
Council
PO Box 100
WODEN ACT 2606

Dear Dr Cumming,

At a recent workshop organized under the auspices of the NH & MRC Public Health Research and Development Committee some discussion occurred over national coordination of policy development in relation to screening for breast and cervical cancers. Three recommendations were prepared that might be adopted either by the Australian Health Ministers Conference or by NH & MRC as a means of promoting national coordination. These resolutions were worded as follows:

1. That AHMC in association with the Australian Cancer Society and the Commonwealth, State and Territory Health Authorities establish a national coordinating committee:

   a) to develop a uniform national policy for cervical cancer screening,

   b) to make recommendations about the organization and development of cervical cancer screening services.

2. That AHMC in association with the Australian Cancer Society and the Commonwealth, State and Territory Health Authorities establish a national coordinating committee:

   a) to develop policy for breast cancer screening,

   b) to recommend funding for the coordination and evaluation of pilot studies in the public and private sectors,

   c) to coordinate the implementation of breast cancer screening services,

   d) to ensure that appropriate evaluation of these services is carried out including assessment of their quality, cost and acceptability.

3. It is recommended that membership of the committees should include persons with expertise in health economics, epidemiology, clinical care, and behavioural science and representatives of screening services, and consumer and self help groups.

Because the matter of screening for breast cancer is already on the agenda for the April meeting of the Health Ministers I have made an effort to bring this recommendation to their attention but do not yet know whether or not the effort has been successful. If it is not it would, I believe, be a good thing if NH & MRC were to consider making such a recommendation in June.

A similar opportunity did not present with respect to the recommendation of cervical cancer screening and so it would be useful if NH & MRC could consider this one also.

I see the recommendation regarding screening for breast cancer to be a matter of some urgency because of current activity around the country in developing pilot mammographic screening programmes. Thus it would be better if early Council action could be taken without the usual process of referral to Committees. The matter of cervical cancer screening is, I suppose, less urgent and might be referred to appropriate Committees given, especially, that aspects of the matter are under consideration by the Women's Health Sub-committee of the Health Care Committee.

I would be happy to provide further information on these matters should it be helpful to you.

Yours sincerely,

Bruce Armstrong
Director and Professor of Epidemiology
and Cancer Research

April 14, 1987.

The Chair in Epidemiology and Cancer Research is supported by
The Cancer Foundation of Western Australia

Women Health Pol. file

- 1 MAY 1987

Health Department Victoria

Address all mail to
P.O. Box 4057 G.P.O.
Melbourne, Victoria.
Australia 3001

Reference No.

SGAJ4/15

29 April, 1987

Dr Nigel Gray
Director,
Anti-Cancer Council of Victoria
Keogh House
1 Rathdowne Street
CARLTON SOUTH VICTORIA 3053

Dear Nigel,

I was pleased to receive your letter of 1 April, 1987. As you are aware, breast cancer and cervical cancer are two of the key issues the Women's Health Policy and Programmes Unit will address over the next three years. I welcome your interest in being involved in these above issues as the Anti-Cancer Council will be able to play a key role in the provision of information, education programmes and policy advice to the new women's health centres and to our own Unit.

Sandra Gifford is already a member of the Cervical Cancer Working Party, convened by Dr Robin Marks and has indicated that the Working Party is making good progress towards the development of a much needed policy framework for cervical screening. We are also looking forward to our continuing co-operation in the development, implementation and evaluation of the mammography screening pilot project.

I look forward to a close working relationship between my Unit and the Anti-Cancer Council of Victoria.

Yours sincerely,

Christine Giles
A/Manager,
Womens's Health Policy and Programmes Unit