

Cervical Cancer Screening in Older Women

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D.S., a 65-year-old woman, presented for a gynecologic examination stating that she wished to discontinue annual cervical cancer screening. Her physical examination was within normal limits, and a liquid-based Pap test with a broom and a cytobrush was obtained.

Her medical history was significant for stable multiple sclerosis, for which she takes glatiramer 20 mg subcutaneously daily. Her obstetrical-gynecologic history includes three pregnancies and three vaginal deliveries. Her menarche was at age 12, and menopause was at age 52. Her uterus and ovaries are intact. She was treated for external genital warts 15 years ago by cryotherapy.

She has a history of 10 pack years of tobacco use; however, she has not smoked for 25 years. She has a lifetime history of six sexual partners and has not been sexually active since the death of her husband three years ago.

Screening Guidelines

Recommendations for cervical cancer screening in older women vary. The American Cancer Society (ACS, 2005a) recommended regular cervical screening until age 70. Then, screening may be discontinued for women who have had three or more consecutive, technically satisfactory, negative (normal) Pap tests and have no history of an abnormal Pap test in the past 10 years. Women with a history of cervical cancer, diethylstilbestrol (DES) exposure in utero, HIV infection, or a weakened immune system should continue to be screened as long as they are in good health (ACS, 2005a). The U.S. Preventive Services Task Force (2005) “recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not other-

wise at high risk for cervical cancer.” The American College of Obstetricians and Gynecologists (2003) stated that not enough information is available about older women and Pap tests, so decisions regarding when and if to discontinue screening for cervical cancer should be made by clinicians based on medical history and other factors.

Screening for cervical cancer is important because early cervical changes (cervical neoplasia) can be detected prior to the development of cancer. If these early changes are treated, the disease process can be halted and cervical cancer avoided (Franco, Duarte-Franco, & Ferenczy, 2001).

Rule Out Human Papillomavirus

The major risk factors for cervical cancer are listed in Table 1. Human pap-

illomavirus (HPV) first was discovered in the 1930s, when it was linked with certain benign skin lesions in the cottontail rabbit (Shope & Hurst, 1933). In the mid-1970s, Harald zur Hausen, a virologist, hypothesized that HPV played a role in the development of cervical cancer (German Cancer Research Center, 2003). Since then, HPV has been studied extensively and more than 100 types have been identified based on DNA sequence relationships (Chen, Garcea, Godberg, Casini, & Harrison, 2000). Approximately 35 types are considered to affect the genital tissue. Of the 35, 15 types have been identified as oncogenic. Eighty percent of all genital cancers are derived from types 16, 18, 31, and 45, a proportion that is consistent throughout the world (Bosch et al., 1995). The relationship between HPV and cervical cancer is even stronger than the relationship between smoking and lung cancer

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