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Advanced & Minimally Invasive Female Surgery*

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## Screening Paps for Women over 65 years

For over 40 years, cervical cancer screening has been a successful preventative test that greatly reduced the incidence of and mortality from invasive cervical cancer. In 2002, the annual Papanicolaou (Pap) screening protocols were changed with the addition of human papilloma virus (HPV) testing to screening, which allowed longer screening intervals. In 2012, consensus guidelines supported by the American College of Obstetricians and Gynecologists, the American Cancer Society, American Society for Colposcopy and Cervical Pathology and the US Preventive Services Task Force dramatically changed screening protocols as below:

1. **Stopping cervical cytology screening for women aged older than 65 years** should occur if the following 2 criteria are met:
  - 1) Adequate Negative Screening, defined as three consecutive negative cytology results or two negative cotests (cytology plus HPV ) within the 10 years preceding screening exit, with the most recent test occurring within the past 5 years
  - 2) No cervical intraepithelial neoplasia (CIN) 2 or worse (CIN 2+) disease in the prior 20 years before exiting screening
2. Women with **known CIN 2+ disease should continue with screening for at least 20 years after treatment**, which in many cases may extend past the age of 65.
3. Women aged **older than 65 years should not reenter screening**, even in the event of a new sexual partner.

The 2012 guidelines conclude that screening in low-risk, older women may yield rare cases of CIN 2+ and likely even fewer cancers.

- Screening beyond age 65 to age 90 in low-risk women would prevent only 1.6 per 1,000 cancer cases and 0.5 per 1,000 cancer deaths.
- The down side is that screening would result in an additional 127 colposcopies per 1,000 women while extending life expectancy by less than one day per woman. Women over 65 years have a higher false-positive rate of cervical cytology screening due to atrophic, inflammatory changes. Unfortunately, false results create more unneeded procedures and emotional stress.
- Even with a new HPV infection with a new partner, most women over 65 years are likely to have similar rates of viral regression as younger cohorts do.
- Older women have a smaller transformation zone, with less susceptibility to HPV infection. In addition, cervical cancer disease progression can be as long as 20 to 25 years.

Many patients have difficulty accepting the guidelines of screening less often than every year or cessation of screening altogether. Patients can definitely request to continue with cervical cancer screening after 65 years.

- Studies since the 2012 consensus guidelines have demonstrated some benefit of screening beyond age 65 years, notably a 77% reduction in an already-low incidence of cervical cancer diagnoses.

- Despite these findings, the cost to prevent so few, rare cases of invasive cervical cancer was considered cost prohibitive and the guideline stands to stop Paps at 65 years.

Please be aware that Medicare in early 2017 stopped covering HPV tests in women over 65 totally. The cytologic Pap screen appears to still be covered by most insurances at appropriate intervals.

Do not confuse a "Pap" test with a pelvic examination or annual GYN visit. We can decide on your personal plan.

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