



(SHORT COMMUNICATION)



Cervical cancer in elderly women – Is screening cessation for every one?

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Abstract

The cervical cancer screening recommendation suggests discontinuing screening for women over 65 years of age. Given that in many countries most of these women have never participated in an adequate screening program, the aim of this manuscript is to address some possible consequences of many current guidelines.

Keywords: Cervical cancer; Screening programme; HPV; Cytology

1. Introduction

The cervical cancer screening recommendation generally justifies not screening women over age 64 with “adequate” negative screening tests performed before that age and without abnormal findings of HPV-related disease. Unfortunately, many of these women have never had a proper screening approach and are therefore at a potential risk of developing cervical cancer. The perspective that this ovulation is highly unlikely to develop the disease can only be assumed among a sample of women who have been adequately screened. This assumption is supported by the fact that the proportion that will be diagnosed with cervical cancer after the age of 64 is about 1:1,200 among those screened, while this proportion is 1:200 among those inadequately screened [1]. There is a growing trend towards the adoption of molecular tests for HPV worldwide as a substitute for Pap smears, which tend to be more protective when the woman has a negative result when compared to cytology, as these tests are more sensitive. Even so, the fact is that currently cytology is still the most used method and we must consider its peculiarities, including a relatively low sensitivity. It is known that when adopting a primary screening for HPV, the risk of cancer in the long term is lower than that assured by a negative Pap smear [2]. Given this scenario, it is possible that we are neglecting a relevant number of women who accessed cytology-based screening programs or none at all. The fact that few women acquire HPV at this point in their lives is not relevant when we already know that it is due to a previous infection, which may have occurred in previous years, which may persist and end up progressing to cancer later in their lives. Therefore, it seems important to consider that perhaps this population could benefit from another strategy, especially to rescue those women who were inadequately screened [3], especially in low- and middle-income countries, where cytology is still the choice of almost all screening programs. There are many authors who reached the conclusion that cytology, especially conventional Pap, has less efficiency in detecting lesions, mainly in postmenopausal women [4]. Therefore, HPV testing as the screening program method of choice seems to be a better way to ensure the future outcome after “normal/negative” results. The ability of a single test to detect an eventual lesion depends on its sensitivity and, even when performed correctly, cytology does not perform as well as the ideal screening test, having specificity as its strong point, thus being able to complement the evaluation of patients in a standardized algorithm in which it can work together with biomolecular methods. More than that, it is widely known that many laboratories have an ineffective quality control system, and we cannot guarantee that the Pap smear result is reliable as there are many variations in performance between different laboratories in different countries around the world. Thus, even with many international organizations endorsing

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protocols that recommend discontinuing screening for average-risk women over 65 years (with adequate negative screening as preconized at the guidelines), it should be borne in mind that these recommendations are primarily based on peculiar sociodemographic scenarios. The concept itself has to be analyzed according to all the pluralities in which women are inserted. Perhaps such recommendations would be better implemented in a setting where effective screening programs based on molecular tests were implemented years ago than in the most common scenario that we face today, where the screening programs are usually opportunistic or sometimes inaccessible throughout some women's lifetimes.

2. Conclusion

Although it is clear that there is relevant scientific support in the literature that advocates the recommendation to offer discontinuing the screening in the population of women over 65 years of age, it is mandatory to consider whether each of these women, in her peculiar reality, mainly in low or intermediate incomes countries, had access to any screening program and also to identify factors related to its quality when it does exist (as the guidelines usually properly advocate, in a plain and responsible way).

Compliance with ethical standards

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References

- [1] Castañón A, Landy R, Cuzick J, Sasieni P. Cervical screening at age 50-64 years and the risk of cervical cancer at age 65 years and older: population-based case control study. *PLoS Med* 2014; 11: e1001585.
- [2] Ronco G, Dillner J, Elfström KM, et al. International HPV screening working group. Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials. *Lancet*. 2014; 383: 524 -32.
- [3] Gilham C, Crosbie EJ, Peto J. Cervical cancer screening in older women. *BMJ*. 2021; 372: n280.
- [4] Doğan, K, Guraslan, H. Colposcopic Evaluation of Pre and Postmenopausal Women with Abnormal Cervical Cytologies. *Middle black sea journal of health science*. 2016: 2: 14.