ONE MINUTE CONSULT

BRIEF ANSWERS TO SPECIFIC CLINICAL QUESTIONS

Q: Is there an age at which we should stop performing screening Pap smears and mammography?

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A: Not necessarily. The decision to stop screening depends on several factors, including individual risk factors, previous screening history (especially with regard to Papanicolaou [Pap] smears), patient life expectancy, ability to undergo treatment if cancer is detected, and ability to cooperate with and tolerate the screening procedure.

In addition, screening guidelines do not apply to women with DES exposure, women with known increased risk for breast cancer (eg, with the *BRCA-1* or *BRCA-2* mutations), or women with histories of carcinoma-in-situ or cancer of the breast or cervix.

Mammograms are reasonable if life expectancy is at least 5 years

MAMMOGRAPHY: DIVERGENT GUIDELINES

The American Cancer Society recommends screening mammograms yearly as long as the woman is in good health, without suggesting an upper age limit.[1]

The US Preventive Services Task Force recommends screening every 1 to 2 years in women over age 70 as long as they are appropriate candidates and desire the test.[2]

The American Geriatrics Society similarly recommends that women 75 or younger receive annual or biannual mammograms, and that women over 75 receive mammograms biannually or at least every 3 years, as long as their life expectancy is 4 or more years.[3]

Although there are no published data to show that screening mammograms are effective in women over age 75, decision analysis methods suggest that mammograms (and breast cancer treatment) should decrease mortality in women as old as 85.[4] At a minimum, a life expectancy of 5 years or more would seem to be a reasonable criterion for screening.

False-positive results are common

Another important factor to discuss with patients is the risk of false-positive mammograms, which occur frequently. False-positives can be costly and also can increase anxiety, especially if the recommendations are for a second mammogram at 6 months or if a biopsy is delayed.

In fact, about 9% of mammograms in women age 65 and older are reported as positive, and only a fraction of these (approximately 8%) are truly positive. One study found that the positive predictive value for screening mammography was only 0.08 for women age 65 to 69 and 0.14 for those age 70 and older.[5]

If a woman is unable or not willing to undergo further evaluation, then she may not want to continue with screening.

CERVICAL CANCER SCREENING

Screening for cervical cancer is somewhat more complex.

As with breast cancer, the rate of cervical cancer does increase with age, from an overall incidence of 7/100,000 in women under 65 to 14.9/100,000 in women 65 and older (mortality rates are 2.1/100,000 for women under 65 and 8.7/100,000 for women 65 and older).[6] However, cervical neoplasia is a slowly evolving process with a long preclinical phase, and a history of normal Pap tests (three in a row is the current consensus) may be adequate to stop screening at some point.

The US Preventive Services Task Force recommends stopping Pap screening after age 65 in women who have had regular previous screenings[7]; the American Geriatrics Society recommends age 70.[8]

However, in the unscreened population (approximately 60% of women 65 and older have not had a Pap test in the past 3 years, and as many as 24% may have never had a Pap test[9]), an initial screening Pap test is warranted. There is little evidence to continue screening beyond age 70 *in a woman who has previously been screened and has had normal results*.

Currently, Medicare will pay for a screening Pap test every 2 years.

False-positives do occur with Pap tests, especially with yearly testing, and this possibility should be discussed with patients.[10]

Women who have had a hysterectomy may still have a cervix and should be assessed for the presence of a cervix before stopping screening. If the hysterectomy was performed for a nonmalignant condition, screening can be discontinued. Women who have a history of neoplasia (cervical, uterine, or vaginal) should be screened yearly—there are no recommendations for stopping.

A final indication for screening is if the patient asks for it. Patients may benefit from education regarding the prudence of continued screening and may be dissuaded from undergoing unnecessary tests, especially if they are informed of the possibility of working up a falsely positive result. However, screening recommendations are simply guidelines, and the wishes of individual patients should take precedence over generalized suggestions.

Pap smears can be stopped after age 70 if the patient was previously screened

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CORRECTIONS

In the January 2002 CME test, page 96, question 9, the correct infusion rate for rhAPC (Xigris) should be 24 μg/kg/hour, not 24 μg/kg/day. Thanks to Gary E. Voccio, MD of Rome, Georgia, for pointing this out.

In the March 2002 issue, in the article "Hereditary hemochromatosis: A common, often unrecognized, genetic disease" (Cleve Clin J Med 2002; 69:224–237), the correct order of the authors' names should be: McCarthy GM, Crowe J, McCarthy CJ, Eustace S, Kenny D.