

New cervical cancer screening guidelines set for women

Written by Susan Wysocki and Susan Scanlan

It's not surprising that women are confused about the recently changed recommendations for cancer screening and prevention.

New guidelines from the American College of Obstetricians and Gynecologists (ACOG)—the leading medical group that provides health care for women—say women should wait longer to begin cervical-cancer screening and they should be screened less frequently. On the heels of similar changes to breast cancer screening guidelines, it's understandable many women might see this as a step backward.

On the contrary, the new cervical cancer screening recommendations reflect advances in our understanding of this disease and in tools now available to prevent it. More importantly, they present an opportunity to educate women about the significant opportunity we have to further prevent—if not eliminate—cervical cancer.

New ACOG screening guidelines recommend women should begin getting Pap tests at age 21 (as opposed to within three years of becoming sexually active) and that, from ages 21-29, most women should have Pap tests every two years instead of annually. Additionally, screening for women 30 and older with a history of normal Pap test results now moves to every three years.

To understand the rationale for these changes, it's important to first know how the disease develops. Cervical cancer is caused by “high-risk” types of the human papillomavirus (HPV), a common sexually transmitted infection. Most women will have HPV at some point in their lives, but their immune systems will typically clear the virus without symptoms or treatment.

HPV infections that persist over time—typically many years—can cause cell changes that can potentially lead to cervical cancer. Because cervical cancer is slow-growing, it generally allows ample time for screening to detect problems that can be treated before the cancer can develop.

The majority who die of cervical cancer in the U.S. have either never been screened or have not been screened in many years.

A Pap test is the traditional means of screening for cervical cancer. It involves examining cervical cells under a microscope to detect abnormalities that can then be treated, if necessary. Since its use became widespread 60 years ago, the Pap test has helped to significantly reduce

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cervical cancer rates.

So, if the Pap test has been such a success, why change the guidelines? First, newer research shows that cervical cancer is extremely rare in women under 21. Cervical abnormalities among sexually active girls in this age group are common, but they typically go away on their own.

Newer studies, however, show treatment for these abnormalities that would most likely resolve themselves can cause later pregnancy complications, such as premature birth. This is one instance in which treatment can cause more harm than good. By delaying the start of screening, we can hopefully avoid unnecessary treatment.

The rationale for less-frequent screening is similar. Evidence shows that screening with a Pap test every year does not offer any additional benefit over screening every two or three years. Waiting longer between screenings can help avoid unnecessary treatment of abnormalities that likely will go away on their own.

Also, new technological advances offer women 30 and older—the group most at risk for cervical cancer—more protection against this disease. For these women, an HPV test is now available and uses molecular technology to determine whether HPV is present. An HPV infection that continues for years is what leads to increased risk of developing cervical cancer. If an HPV infection is found, a woman can be monitored more closely by her clinician.

A negative HPV test in tandem with a normal Pap test can give a clinician and her patient increased reassurance the woman is not at risk of developing cervical cancer for at least the next three years.

The HPV test also is used for women of all ages to help clarify inconclusive Pap test results. The HPV test is not used routinely in women under 30 because HPV is so common in this age group that a positive HPV test could lead to unnecessary treatment.

While screening is critical to preventing cervical cancer, two HPV vaccines—the first-ever vaccines to fight a cancer—are now FDA-approved and offer significant potential to help reduce

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Remember, these new screening recommendations are simply guidelines, and clinicians, in conjunction with patients, need to determine the most appropriate cervical cancer prevention approach for each woman. These new guidelines provide an opportunity for more conversation on this issue between women and their health care providers. After all, few things are better for women's health than educated and empowered patients.

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