Older Women and Cervical Cancer: Highest Risk and Not Likely to be Screened

By, Pat Camillo, PhD, CNS

Despite aggressive screening and declines in cervical cancer mortality in the United States over the past four decades, mortality rates declined only 17% among women aged 50 and older compared with 43% for women under age 50 (Mandelblatt, Schechter, Fahs, & Muller, 1991). Studies have found that not only do older women have a higher incidence of invasive cervical cancer but they are also more likely to have advanced disease at the time of diagnosis. White women aged 50 and over are seven times more likely to die of this disease than their younger counterparts. Rates for older black women are nearly triple the rate of older white women (National Cancer Institute, 1989). Reasons for this significant difference do not appear to be based on race but rather on socio-economic factors which create an inequitable distribution of health and medical resources. Additional risk factors for cervical cancer include older age, sexual intercourse at an early age, multiple sex partners and HPV infection.

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Although its usefulness in detecting premalignant changes in cervical cells was discovered in the 1940s, pap smear testing did not become a routine part of OBGYN care until the 1960s. By that time many of today's older women were beyond childbearing years and had stopped receiving reproductive care. In 1970, a national survey of women under the age of 45 who had ever been married found that approximately 10% had never had a pap test. It was twice as high in the black population. Twenty four years later these women constitute a large number of older women in the U.S.. The 1985 National Health Interview Survey reported that the time interval since the last pap increased with advancing age. Although 75% of women aged 18-29 had a pap within the previous year, the same was true for only 37% of women aged 65 and over.

The Healthy People 2000 goal for women aged 70 and older is to increase to 95% the number of women who have ever been screened and to 70% the number of women who received a pap smear within the preceding three years. Assistance in meeting this goal was provided by the Congressionally mandated extension of Medicare benefits, effective July 1, 1990, to triennial screening using pap smears. This represented the nation's first use of universal insurance entitlement to promote mass screening in older women.

Recommendations for Screening:

In the United States, guidelines established and agreed upon by the American Cancer Society, the National Cancer institute, the American Medical Society and the American College of Obstetricians and Gynecologists recommend that all women age 18 and older have an annual pap smear test and pelvic exam until three or more such tests have been negative. Thereafter the pap may be performed less frequently at the discretion of the physician. There is no upper age limit.

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The U.S. Preventive Services Task Force recommends pap smear testing every three years with discontinuation of screening at age 65 but "only if the physician can document previous pap screening in which smears have been consistently normal" (United States Preventive Service Task Force, 1989). No consensus has been reached regarding clinical screening guidelines for women over age 65. The recommended age to decrease screening is the most problematic.

Most screening strategies recommend discontinuing pap testing in women over age 65 since *de novo* development of cervical cancer in the elderly is thought to be rare. But many older women have never had pap tests.

Issues:

Evidence exists that the natural history of cervical cancer may be changing. The long term impact of HPV infection which, according to some authorities, is currently near epidemic proportions, is unknown. Future cohorts of women may require screening after age 65 as a result of this exposure. In addition, women over the age of 60 may have coitus with new sexual partners. Inherent in the recommendations for screening is the assumption that women are no longer sexually active after the age of 65. Recommendations continue to be based on data which reflects the sexual practices of a different generation This reluctance to acknowledge the continuation of sexual activity in women over 65 mirrors a society which is still entrenched in ageist and sexist beliefs.

In addition to possible causative factors for cervical cancer, research regarding the time period for development of disease from a pre-invasive state is changing. Originally thought to be 10-15 years, there is evidence that certain physiological interactions may speed up this process. It could be hypothesized that given certain conditions which are known to be contributing factors to the development of illness in older individuals, such as decreased immunity and poor nutritional status, older women may, in fact, be at higher risk for cervical cancer. Indeed, even if the time period were to remain as previously defined, there is no allowance for the fact that a woman who is currently 70 years of age may be expected to live at least another 15 years or more.

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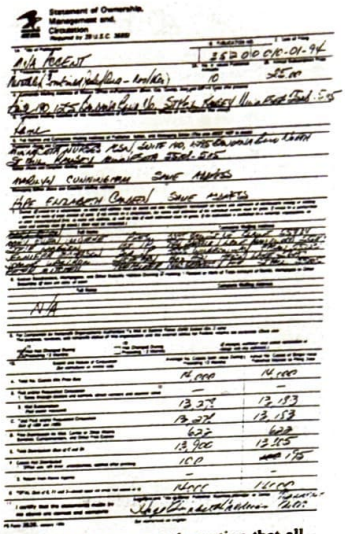
As the medical community



continues to support the notion that all menopausal and post menopausal women should take hormone replacement therapy (HRT), it is not known whether the increasing uptake of HRT will maintain the higher incidence of CIN seen in younger women by perhaps rejuvenating the cervix. An important benefit of continued cervical cancer screening is the opportunity it presents to diagnose other reproductive tract cancers during a pelvic examination.

For a woman to initiate a test, she must have knowledge that the test exists and understand of the relevance it has for her and information regarding where and from whom the test can be obtained. Nurses are often in a position where they can provide this education and demystify the beliefs that reproductive tract health is focused primarily on younger women and that older women are not sexually active.

In the final analysis, the ultimate and overriding question which needs to be addressed is not how often cervical screening should be offered or which protocol should be followed but, rather, whether we care enough about older women in our society to seriously consider their needs for preventive health care.

Reproductive Tract Cancers Summary of Minnesota Cancer Statistics 1988-1990

	Incidence	Mortality	Median Age at DX
Cervix	632 (8.1)*	140 (1.7)	44 years
Uterus	1,631 (22.1)	169 (1.8)	66 years
Ovary	1,033 (13.7)	675 (8.2)	64 years
Vulva	218 (2.3)	37 (0.4)	75 years
Total	3514	1021	

*Average annual rate per 100,000 people for all races combined, age adjusted to the 1970 U.S. Standard Population. Data from the Minnesota Department of Health Minnesota Cancer Surveillance System. February 1993.

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