



## Gynecologists likely to cut back on annual cervical cancer test

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Rochester Business Journal

April 5, 2013

The Pap smear is widely used to screen for cervical cancer, but new guidelines from the American Cancer Society recommend that testing be much less frequent.

In the 1930s, cervical cancer was the deadliest cancer in America, affecting 32 women in 100,000. But a test developed in 1943 by George Papanicolaou to detect precancerous cells has reduced the incidence of this cancer by more than 50 percent since the 1970s. Today, only eight of 100,000 women will be diagnosed with cervical cancer.

The test uses cells scraped from the cervix to identify early changes in cervical cells and the presence of the sexually transmitted human papillomavirus, the cause of 70 percent of cervical cancers.

"When I first heard about the new guidelines, I was really excited that the American Cancer Society was getting on board with the American College of Obstetricians and Gynecologists to back these guidelines," said Christy Jackson, certified nurse midwife at Madonna OB/GYN in Rochester. "There's been too much over-screening."

Traditionally, women have a first Pap test three years after becoming sexually active or at age 21, then repeat the test every year. In the late 1980s, the American Cancer Society, along with the American College of Obstetricians and Gynecologists and other organizations, amended the guidelines to recommend Pap testing be done every three years.

Now the society has amended its guidelines again, proposing an even longer testing interval: At age 30, if a woman has no history of cervical cancer and has had three normal Pap smears in a row, she does not need to be screened for five years. At age 65, if a woman has had normal results until that time, Pap tests can be stopped altogether.

"I think initially almost every gynecologist was a little apprehensive of the idea of cutting back this testing," says Megan Carmel M.D., an obstetrician and gynecologist with Unity Health System. "But then when I read the evidence-based literature, I believe it's a reliable recommendation."

The recommendation comes on the heels of the recent change in guidelines for mammograms, which also suggests lengthening the time between screenings.

The revised recommendation on Pap smears is from the U.S. Preventive Services Task Force, which reviewed several studies evidencing the benefits and harms of annual Pap testing. According to the USPSTF, the studies determined that annual Pap tests-though still the best indicator of the HPV virus-often yielded false positives, leading to unnecessary follow-up procedures. The studies indicated that these procedures are invasive and may cause women to experience unwanted side effects, difficulties with conception and future pregnancies, increased anxiety about the procedures, and an increase in time away from work or home.

"In my practice, we see abnormal Pap tests all the time, particularly in young women, who are more prone to HPV," says Jackson, and often HPV can resolve on its own. "There are just too many variables with these procedures that can have negative effects and cause possible damage (to the cervix). The new guidelines will hopefully prevent this excessive testing."

The addition of co-testing-a combination of the Pap test and molecular testing, which can identify DNA from high-risk HPV-has been approved by the U.S. Food and Drug Administration, and it is expected to aid in diagnosis and prevent excessive testing.

"When these tests are used in conjunction, I believe it will be a better prediction for cervical cancer," Carmel says.

The development of the Gardasil vaccine, now approved for HPV prevention in girls and women ages 9 to 26, also is expected to help. Since the vaccine is fairly new, however, the American College of Obstetricians and Gynecologists says data on its impact on cervical cancer rates probably will not be available for 15 to 20 years.

Carmel emphasizes that the American Cancer Society's suggestions are only guidelines. Doctors will likely make decisions on an individual basis.

"In my practice, I believe each physician will adopt the new guidelines at his/her own pace," she says.

Carmel has adopted them already herself and notes that some women who come to her office are unaware of the new guidelines. Those who know of the change welcome it.

Jessica Gaspar, 29, is one of them.

"Of course you want to put your health first and take precautions to prevent cancer and other diseases, but if the research is there to support these new guidelines, I'm fine with it," she says.

In that respect, Gaspar, who is a service adviser at Vanderstyne Toyota, says she is comfortable with the new recommendations and will not mind forgoing the Pap test for a few years.

Women who are not comfortable with waiting a few years or more to receive a Pap test can still have one. Insurance providers still cover annual Pap tests at this point, and many gynecologists are still performing them.

Regardless, Carmel believes the research exists to support the new guidelines and says the risk associated with delaying treatment or the risk of missing cervical cancer is very low.

"Even if you were to acquire HPV, it takes a decade to develop cervical cancer," she says. "If a woman is nervous about waiting (to have a Pap test done), we can offer the reassurance of co-testing."

Carmel urges that women continue with annual gynecological exams.

"Women still need to remember that an annual exam is still necessary," she says. "The Pap test is only one component of this exam."

Jackson agrees: "Change is sometimes difficult for everyone. But we need to continue to advocate for the annual exam, which is still a great opportunity to touch base on other areas of women's health issues."

*Kathi Gunio is a Rochester-area freelance writer. 4/5/13 (c) 2013 Rochester Business Journal. To obtain permission to reprint this article, call 585-546-8303 or email [service@rbj.net](mailto:service@rbj.net).*