
Trends in Cervical Cancer Screening–Associated Services in Women Over 65



A new study, authored by experts from the University of Illinois Chicago, the University of California San Francisco and the U.S. Centers for Disease Control and Prevention, found that women over the age of 65 may be undergoing unnecessary cervical cancer screenings.

The study looked at Medicare claims data between 1999 to 2019 for fee-for-service care for women over 65 years.

In 2019, more than 1.3 million women over the age of 65 undertook a cervical cancer screening-associated service. This included a Pap test, colposcopy and other cervical procedures, costing more than \$83 million.

Study co-author Dr. Hunter Holt said, “*Cervical cancer screening and other preventive services are among our most important tools for keeping people healthy throughout life, but screenings should also follow evidence-based guidelines to prevent overspending, potential complications and patient discomfort*”.

The analysis found white women were more likely to be screened after the age of 65, whereas there was a higher likelihood of Black and Latina women undergoing a diagnostic colposcopy and following cervical procedures.

In 1999, 19% of women over 65 years received at least one Pap test, but this declined to 9% in 2019 a reduction of 55%. In addition, the rates of colposcopy and cervical procedures declined by 43% and 64%.

Women aged over 80 years who underwent at least one screening associated service accounted for approximately 3% of women in this study. However, the authors expressed this may be unnecessary screening as the benefits decline and the potential harms increase for older women undergoing cancer screening.

The U.S. Task Force recommend that women of average risk stop undergoing routine screening once the age of 65 has been reached, considering that they have had adequate prior screening.

Researchers felt the high rates of screening among older women is a concern as they may be getting screened when not needed.

The decision to end cervical cancer screening at this age necessitates a review of their screening and medical history. By recommending that screening stops after the age of 65 means it must be ensured that routine cervical cancer screening is promoted to women below this age.

Overall, better data is needed to understand how screenings are being utilised among this population, and if they are being used appropriately.

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