



Key facts about cervical cancer, HPV testing and older women

Cervical cancer: a problem for older women

- In 2007, 11,150 women in the United States will be diagnosed with cervical cancer and 3,670 women will die of the disease.ⁱ Women aged 65 and older account for nearly 20% of all new cervical cancer cases and more than 36% of all cervical cancer deaths.ⁱⁱ
- Older women (age 65 and older) are nearly twice as likely to be diagnosed with cervical cancer as women younger than 65, and 3.5 times as likely to die of the disease.ⁱⁱⁱ
- This problem will increase as the population ages. By 2030, the number of Americans aged 65 and older will more than double to 71 million, comprising roughly 20% of the nation's population.^{iv}

HPV testing: an emerging standard of care

- Cervical cancer is caused by “high-risk” types of the human papillomavirus (HPV), a common sexually transmitted infection. Eighty percent (80%) of American women will have been infected with HPV by age 50.^v
- Most HPV infections go away on their own without causing any abnormality. But, if HPV stays in the cells a long time, abnormal cells may develop. These changes may progress to cervical cancer if they are not found and treated.
- HPV can stay in the cells for years and even decades and not cause any problem. But, the longer the virus persists, the greater the risk that abnormal cell changes may occur.
- Regular screening is important. Fifty percent (50%) of women diagnosed with cervical cancer had not been screened in the previous five years.^{vi}
- Pap tests help detect cellular changes caused by HPV infection. The Pap test alone is 51% to 85% accurate, depending upon the type of test used.^{vii}
- An HPV test identifies women who are infected with high-risk types of HPV that could potentially lead to cervical cancer. HPV testing in conjunction with a Pap test in women age 30 and older increases to nearly 100%^{viii} a clinician's ability to identify women who have the risk factor for cervical cancer and require diligent follow-up as long as the virus persists. In this way, cervical cancer can be prevented by finding abnormal cells that can be treated before cancer has developed.
- The American College of Obstetricians and Gynecologists and the American Cancer Society (ACS), include HPV testing in conjunction with a Pap test for women age 30 and older in their cervical cancer screening guidelines. Following these guidelines, most insurance companies and state Medicaid programs^{ix} cover HPV testing as part of routine cervical cancer screening.
- Despite its growing role in cervical cancer screening, HPV testing is not currently covered by Medicare.

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- Even with the new HPV vaccine, cervical cancer screening continues to be critically important for women of all ages. The HPV vaccine does not protect against all cervical cancers and currently it is FDA-approved solely for girls and young women ages 9-26. Even those girls and young women who receive the HPV vaccine will need to be screened regularly as they age.
- Since HPV can stay in a woman's genital skin cells for many years, older women may not even realize they may be at risk for HPV infection due to HPV they were exposed to many years earlier. This means that even women who are no longer sexually active may be at risk.
- Women who have had a hysterectomy may think they don't need cervical cancer screening, but sometimes their cervix has not been removed with the rest of the uterus, which means they should still be screened – and can still benefit from HPV testing.
- Knowing if an older woman has HPV could help determine if and how often she should continue to be screened. The ACS provisionally recommends that women age 70 and older who have tested positive for HPV should continue screening at the discretion of their clinician.^x

- i American Cancer Society, Cancer Facts & Figures 2007.
- ii Ries LAG, Melbert D, Krapcho M, et al. (eds). SEER Cancer Statistics Review, 1975-2004. National Cancer Institute. Bethesda, MD, 2007. Available: http://seer.cancer.gov/csr/1975_2004.
- iii Ries LAG, Eisner MP, Kosary CL, et al. (eds). SEER Cancer Statistics Review, 1975-2002, National Cancer Institute. Bethesda, MD, 2005. Available: http://seer.cancer.gov/csr/1975_2002/.
- iv Centers for Disease Control and Prevention and The Merck Company Foundation. The State of Aging and Health in America 2007. Available: www.cdc.gov/aging.
- v Centers for Disease Control and Prevention. Genital HPV Infection - CDC Fact Sheet. Available: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#common>. Accessed: April 25, 2007.
- vi Cervical cancer. NIH Consensus Statement 1996 Apr 1-3;14:1-38.
- vii Clavel C, Masure M, Bory JP, et al. "Human papillomavirus testing in primary screening for the detection of high-grade cervical lesions: a study of 7932 women." BR J Cancer 2001; 89(12): 1616-1623.
- viii Cuzick J, Szarewski A, Cubie H, et al. "Management of women who test positive for high-risk types of human papillomavirus: the Hart Study." The Lancet 2003; 362: 1871-1876.
- ix Women In Government, Partnering for Progress 2007: The 'State' of Cervical Cancer Prevention in America. Available: <http://www.womeningovernment.org/prevention>.
- x Saslow D, Runowicz C, Solomon D, et al. "American Cancer Society guideline for the early detection of cervical neoplasia and cancer." CA Cancer J Clin 2002;52: 342-362.



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