Opportunities Missed: Cervix Cancer Screening Failures in Women > 65

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Topic: Cervical

Objectives
Cervical cancer guidelines discontinue screening for women over 65 with adequate prior data, however, more than 20% of cervical cancer cases are diagnosed in women of this age group, often at a higher stage. We sought to leverage our large closed healthcare system to more clearly characterize the cases in this age group.

Methods
The Kaiser Permanente Southern California Region (KPSCR) was queried from 2012-2021 for patients >65 using ICD-10 and respective ICD-9 codes. Demographic, medical, screening, pathologic, follow-up and treatment data was extracted. Patients were considered to be adequately screened if they met ASCCP guidelines. Statistical analyses, including Chi-squared test and logistic regression, were used. Cancer-specific survival was estimated using the Kaplan-Meier method.

Results
Of 2175 patients screened, 231 met study criteria; 22 were excluded for atypical histology. Annual incidence rate remained stable around 6.3 per 100,000 (range 4.7-7.7). Median age was 72 (65-103), the majority were non-white (62.5%), English-speaking (78.6%), and never-smokers (61.7%). Most were diagnosed at stage II or higher (62.7%) and had squamous histology (75.7%). HPV status was unknown in 43.5% and 31.6% were positive for HPV high-risk strains. Only 23.9% of patients met ASCCP exit criteria and 41% of patients died of their disease. A membership duration >5 years was positively correlated with proper exit screening (p<0.001), however, 64% still did not meet criteria to end screening at age 65, with 42.6% of these patients having >25 physician visit opportunities to be screened. Increased number of physician visits negatively correlated with tumor stage (p=0.01). Median cancer-specific survival was significantly better in properly screened patients, 68 vs. 30 months respectively (p=0.03).

Conclusions
Most patients diagnosed with cervical cancer after age 65 within KPSCR did not meet criteria for exit screening, including patients who were members >5 years. There were many missed opportunities for screening, despite multiple provider touch-points; most patients had advanced disease and a large proportion died of cervical cancer. Our data suggests that adequate screening confers a survival benefit secondary to earlier stage at diagnosis. Further study in this age group is needed to redefine the criteria to end cervix cancer screening.