

MASSACHUSETTS

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Cervical Cancer: What Has Age Got To Do With It?

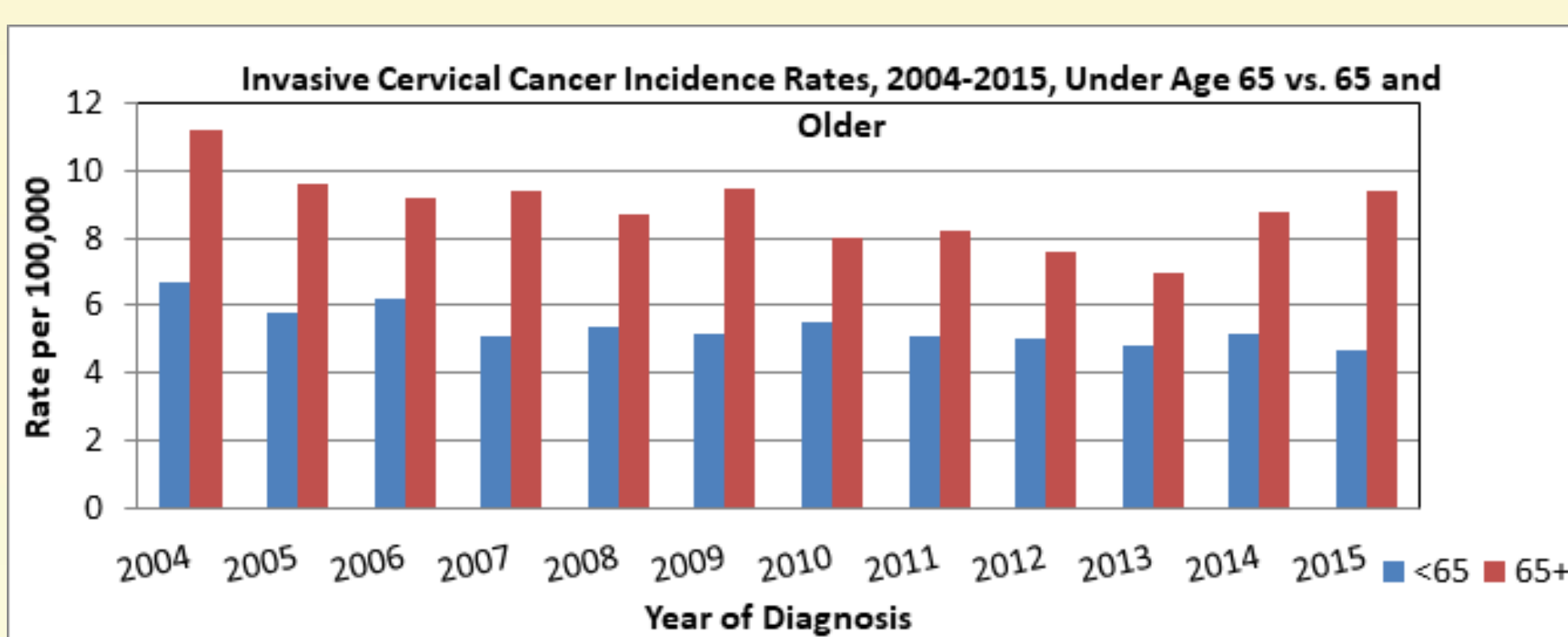
NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Massachusetts Cancer Registry (MCR) data were used to assess cervical cancer incidence from 2004 through 2015 for women under 65 years and those 65 years and older. Of the 2,418 cases of cervical cancer diagnosed during this time period, 571 (23.6%) were diagnosed among women 65 years and older. The age-specific incidence rate for women 65 years and older was 1.6 times greater than the rate for women under 65 (8.87 per 100,000 versus 5.40 per 100,000). The current American Cancer Society (ACS) and United States Preventive Services Task Force (USPSTF) cervical cancer screening guidelines recommend that women older than 65 years who have had adequate prior screening not be screened.¹ There have been other recent studies which have examined the appropriateness of the current guidelines for stopping screening for those 65 and older.² MCR has provided more current data that may be included in the body of evidence used by ACS and the USPSTF when they update their cervical cancer screening and prevention guidelines in the future.

CHALLENGE: Additional data analyses are warranted to understand cervical cancer incidence rates for women older than 65 when screening is no longer recommended. The results of these analyses can be available to organizations who may review their current screening guidelines in the future.

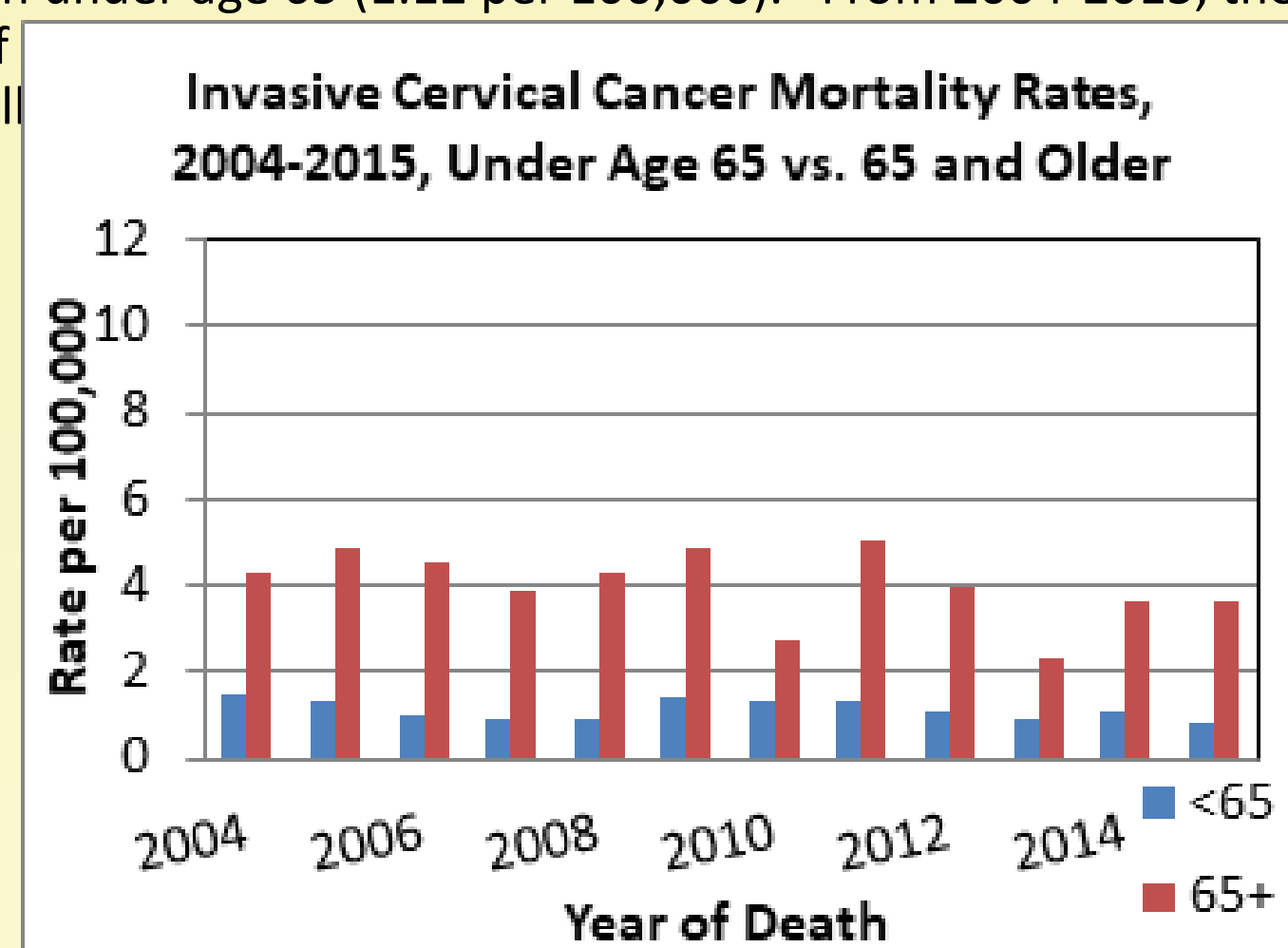
SOLUTION: Central cancer registries can partner with state cancer control programs, academic institutions, and medical centers to continue to evaluate data that drive screening recommendations. Cervical cancer incidence and mortality data can be shared with decision makers to ensure that screening recommendations are data driven.

RESULTS:



MCR cervical cancer incidence data for women less than 65 years were compared with women 65 years and older during the years 2004-2015. Of the 2,418 cases diagnosed during this period 571 (23.6%) occurred among women 65 years and older. The overall age-specific incidence rate was 1.6 times higher among women 65 years and older compared with younger women (8.87 per 100,000 vs 5.40 per 100,000, $p < .05$). Older women were more likely to be diagnosed with cancer at stage II or higher than younger women (71.8% vs 43.8%, $p < .0001$). Women 65 years and older at diagnosis were more likely to be non-Hispanic black. Annual percent change for incidence rates between 2004 through 2012 showed a decrease of -3.9% each year ($p = .0007$) for women 65 years and older; however, between 2013 and 2015 the incidence rate among women age 65 and older showed an increasing trend of 14.1% ($p = .12$).

In Massachusetts, 600 deaths due to cervical cancer occurred from 2004-2015, of which 257 (42.8%) occurred among women ages 65 and older. The overall crude mortality rate of death due to cervical cancer was 3.6 times higher among women ages 65 and older (3.99 per 100,000) compared with women under age 65 (1.12 per 100,000). From 2004-2015, the mortality rate of annual



SUSTAINING SUCCESS: The MCR will continue to collaborate with its cancer control partners, academic institutions and medical centers to monitor cervical cancer data. The Massachusetts Statewide 2017-2021 Cancer Plan⁴ has the following objectives related to cervical cancer:

Objective 9A: By 2021, increase percentage of Massachusetts women age 21-65 years who have had a Pap test within the past three years to 84%.

Objective 9B: By 2021, increase the number of Massachusetts women ages 30-65 who have had a Pap and HPV co-test within the past five years by 10%.

Objective 10: By 2021, decrease the proportion of women, especially black non-Hispanic women, diagnosed with late stage (regional and distant) cervical cancer to 2 per 100,000.

REFERENCES

1. Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology. Cervical cancer screening guidelines for the prevention and early detection of cervical cancer. *Am J Clin Pathol* 2012; 137:516-42.
2. White MC, Shoemaker ML, Benard VB. Cervical cancer screening and incidence by age: unmet needs near and after the stopping age for screening. *Am J Prev Med* 2017; 53:392-5.
3. Feldman S, Cook E, Davis Michelle, et al. (in press). Cervical Cancer Incidence Among Elderly Women in Massachusetts Compared With Younger Women. *J Low Genit Tract Dis*
4. Massachusetts Statewide 2017-2021 Cancer Plan available at: <https://www.mass.gov/2017-2021-massachusetts-cancer-plan>

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Centers for Disease Control and Prevention
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