Unrecognized Risks Associated With New Cervical Screening Guidelines for Younger Women

To the Editor—We appreciate the editorial commentary by Raymond H. Kaufman, MD, entitled “Cancer Screening in the Young Female,”1 which accompanied our article, “Follow-up Findings in Young Females With High-Grade Squamous Intraepithelial Lesion Papanicolaou Test Results,”2 in the March 2011 issue of Archives of Pathology & Laboratory Medicine. Readers may not be aware of Dr Kaufman’s untimely death in an accident that occurred on November 25, 2010.3 We agree with Dr Kaufman that extremely low cervical cancer rates in adolescents and the potential adverse effects of diagnostic excisional procedures on pregnancy outcomes support new, more restrictive screening and treatment guidelines for adolescents.4,5 The risks associated with the new guidelines, largely unappreciated in our opinion, lie not within the adolescent cohort itself but rather in the group of unscreened and untreated adolescents with high-grade precancers as these individuals age into their 20s.

Surveillance, Epidemiology, and End Results (SEER) data from 2000–2006 show that the number of cervical cancers diagnosed in women younger than 20 years increases by almost 20-fold in women 20 to 24 years of age.2,6 Because of this, we contend that the recommendations by the American College of Obstetricians and Gynecologists5 to screen women in their 20s biannually rather than annually represents an unappreciated increased risk for these young women, particularly for those women entering their 20s with undetected and untreated high-grade precancers.7,8 SEER data for 2000–2006 also show that during the previous era, during which annual screening was recommended for women in their 20s, 78.6% of cervical cancers were diagnosed in early stages IA1-IIA, a higher proportion for early-stage cervical cancer diagnoses than for any other age group.4,5 Less frequent cervical screening in general is associated with both increased rates of cervical cancers and more advanced stages at diagnosis.10,11 Rates and stages for cervical cancers diagnosed in women in their 20s should be closely monitored as we enter a new era in which screening is no longer generally recommended for adolescents. Given the limited uptake of human papillomavirus (HPV) vaccination in the ideal target group of virginal girls in the highest-risk US populations,12 in our opinion it is premature to assume that HPV vaccination alone will be able to address this challenge.

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