



Point-Counterpoint

Response to Counterpoint: Efficacy of Cervical Cancer Screening in Older Women

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We appreciate the perspective of Drs. Isidean and Franco (1). We agree with them that there are indeed costs (financial, physical, psychological) associated with cervical screening of older women, and that the decision to continue screening beyond a given age needs to weigh these costs against the benefits of screening. The purpose of our commentary (2) was to suggest that the recently formulated guidelines had not adequately considered those benefits.

There are good reasons to believe that even a series of negative screens for cervical neoplasia predicts a low risk of subsequent cervical malignancy only for so long (3–5). Contrary to Isidean and Franco's assertion (1), it is possible that precursor lesions that develop in a woman aged 65 years or older—even a woman who was previously adequately screened—can progress to cervical cancer within her remaining life expectancy. Indeed, this is the main finding from the studies documenting a reduced incidence of invasive cervical cancer associated with receipt of screening among women in this age group (3, 4, 6, 7).

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