Screening History in Women with Cervical Cancer

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Objective: To determine how cervical screening history affects the presentation of cervical cancer.

Methods: Index cases are identified in Ontario cancer registry and linked to a cervical cytology database using a patient unique identifier. Screening history data goes back to the year 2000.

Results:

2206 women were diagnosed between 2011 and 2014. Age distribution of the cohort is: **21-29**: 6%; **30-39**: 19%; **40-49**: 26%; **50-59**: 21%; **60-69**: 15%; **70+:** 13%.
Screening history prior to the diagnosis for the entire cohort follows: **2-5** years: 47%; **5-10** years: 17%; **10+ years/ never**: 36%.
Rate of being remotely screened (10+ years /never) increased with age: **21-29**: 15%; **30-39**: 19%; **40-49**: 31%; **50-59**: 41%; **60-69**: 48%; **70+**: 60%.
Stage distribution of the cohort: **IA**: 29%; **IB**: 25%; **II** 16%; **III**: 18%; **IV**: 12%.
Screening history prior to the diagnosis for all stages follows: **2-5** years: 46.5%; **5-10** years: 21%; **10+ years/never**: 37%.
Advanced disease was associated with remote screening history of 10+ years/never and is as follows by stage at diagnosis: **IA**: 27%; **IB**: 25%; **II**: 46%; **III**: 49%; **IV**: 58%.

Conclusion: Cervical screening history becomes more remote with age as well as stage of disease. This raises the possibility that screening may be protective against advanced cervical cancer. 46.5% of women with cancer had a pap within 2-5 years prior to their diagnosis; evaluation of the screen results of this group will provide insights of screening failures.