

# health

## WHY ANNUAL PAP TESTS MATTER

**LESS STRINGENT CERVICAL-CANCER SCREENING GUIDELINES COULD PUT YOUR HEALTH AT RISK**

Tamika L. Felder was an ambitious freelance television producer in Washington, D.C. She maintained a healthy diet and was diligent about getting medical checkups, including a yearly Pap test to screen for cervical cancer. Because her test results were always normal, Felder began to take them, and her gynecological health, for granted. So when a job change left Felder temporarily without health insurance, she was unconcerned. "I knew I needed to go to the gynecologist, but since I wasn't sexually active at the time, I thought I could let it slide for a while," she says.

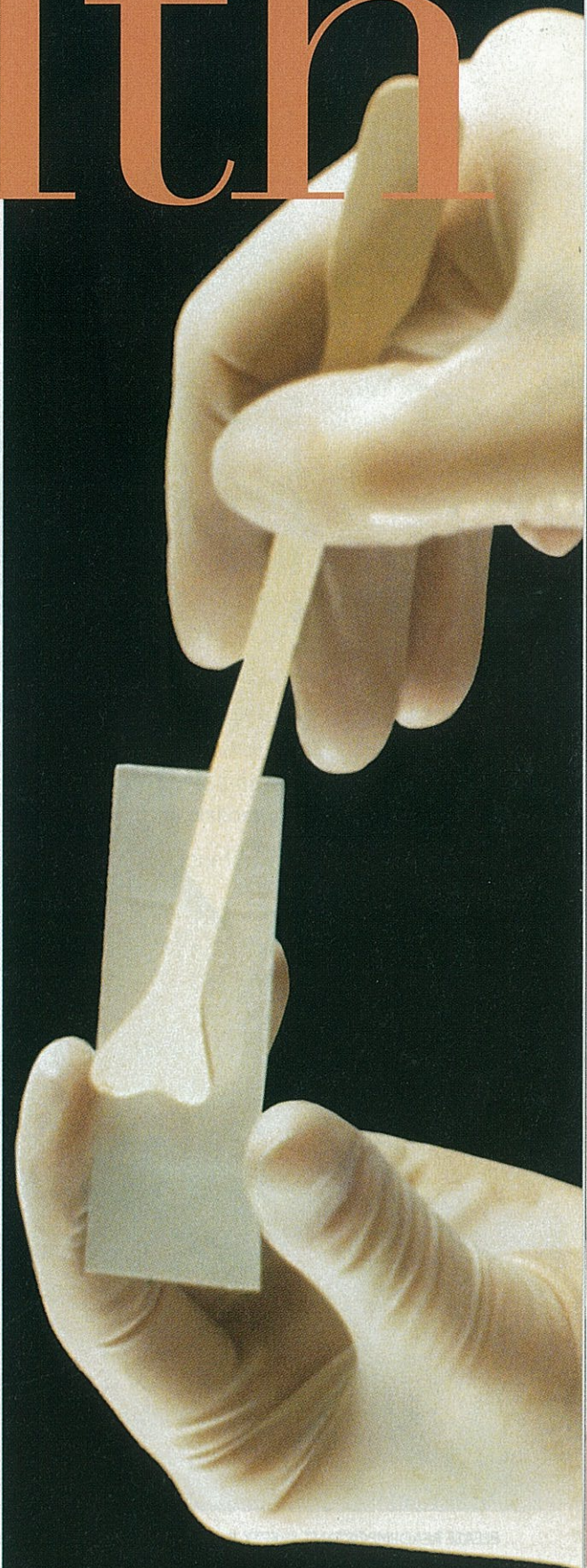
But Felder's "temporary" insurance lapse stretched to two years without a medical checkup. When she finally saw a gynecologist for a routine exam and Pap test, she was diagnosed with an aggressive form of cervical cancer. A week before her twenty-sixth birthday, Felder had to undergo a radical hysterectomy.

### THE PAP TEST CONTROVERSY

Cervical cancer is one of the most curable forms of cancer. In fact, for the general population, the five-year survival rate for the disease is 71 percent. But African-American women are more than twice as likely to die of cervical cancer as White women because far too many of us, for various reasons, don't get regular Pap tests. That's why some question the recent decision by the American Cancer Society (ACS) to relax their guidelines for how often women should get cervical-cancer screening. In effect, these new recommendations could prove to be deadly for Black women.

These new guidelines suggest that women age 30 or older who have had three consecutive normal Pap results be screened only every two to three years, and that Pap tests be done annually only if the traditional Pap evaluation method is used. If a >

BY JUDITH SPRINGER RIDDLE







Tamika Felder, 28, who had a hysterectomy after her cervical cancer went undetected, is now producing a documentary on young women and cancer.

newer, more accurate liquid-based test is used, the ACS suggests a woman be screened only every two years. Ironically, Felder fell into the latter category, because her previous tests had been normal. Yet waiting two years nearly claimed her life.

The ACS says the new guidelines were developed, in part, to reduce the number of unnecessary procedures performed on women with abnormal but inconclusive Pap results. But some doctors worry that the revised policy will cause women, particularly African-Americans, to put off getting tested—which could have alarming consequences. “The danger with the new guidelines is that they appear to be more lenient about cervical-cancer screening,” warns Robert Bristow, M.D., a gynecologist-oncologist and assistant professor at Johns Hopkins Medical Institutions in Baltimore. “Women who should be getting a Pap smear every two to three years may think they’re no longer that important and delay being tested for five or seven years.”

Hilda Hutcherson, M.D., an *ESSENCE* columnist and assistant professor of OB-GYN at Columbia Presbyterian Medical Center in New York City, goes a step further and rejects the new guidelines outright. “I continue to tell women to get cervical-cancer screening every year,” Hutcherson says.

Proponents of the new guidelines say that they are just that—guidelines—not hard-and-fast rules. “Doctors should assess each patient individually as to how often she needs a Pap smear based on her cervical-cancer risk, age, medical history, number of sexual partners and the screening tests used,” says Paula Hillard, M.D., a gynecologist who served on the ACS task force that developed the guidelines.

Today, at age 28 and cancer-free, Tamika Felder has devoted herself to educating women about cervical cancer through lectures and a self-published E-newsletter. Not surprisingly, Felder also thinks women should have yearly Pap tests. “I always wanted to have a huge family,” Felder says. “Now all I can do is wonder if having a Pap test earlier could have saved my chance to have kids.” ▸

## Making Sense of Pap Results

Doctors use these terms to describe cervical-cancer-screening results:

**Negative** There are no signs of cancer, precancerous changes or other significant abnormalities present.

**ASC** Atypical squamous cells. This reading indicates that abnormal cells are present but are not precancerous. Your doctor will run a test for human papillomavirus (HPV) and, depending on previous Pap results and the presence of other risk factors, perform a cone biopsy (the removal of a cone-shaped tissue sample from the cervix) or a colposcopy (the examination of the vagina and cervix through a lighted microscope).

**SIL** Low-grade, high-grade squamous intraepithelial lesion. Often called dysplasia, a low-grade SIL shows an early precursor to cervical cancer that frequently goes away without treatment. A high-grade SIL diagnosis, which suggests the presence of a high-grade cervical precancer, requires treatment to prevent cancer from developing. Your doctor will do a colposcopy following this result.

**AGC** Atypical glandular cells. This is an abnormality that may be associated with precancers or adenocarcinoma (a malignant tumor originating in glandular tissue). Your doctor will probably recommend a colposcopy.

“African-American women are more than twice as likely to die of cervical cancer than White women.”



# THE CERVICAL CANCER 'BUG'

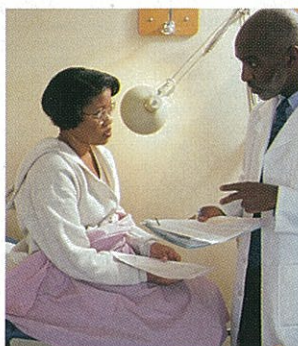
Human papillomavirus (HPV) is one of the most common sexually transmitted diseases in the United States. An estimated 5.5 million new cases occur each year in this country, and approximately 20 million Americans are currently infected, according to the Centers for Disease Control and Prevention. Unlike many other STDs, this virus does not need to be in bodily fluids to be transmitted—it can be passed through skin-to-skin contact, so condoms offer little protection. HPV can cause genital warts, flesh-colored growths that can appear on the vulva, in and around the vagina, cervix and anus, or on the penis, scrotum and around the anus in men. In addition, the virus can go away on its own, or stay with you indefinitely and pass unnoticed from person to person. More alarming, doctors now know that certain types of HPV cause more than 90 percent of all cervical cancers, though the mechanism is unclear. Yet many women are unaware of the link between HPV and cervical cancer. In one national survey, 70 percent of women didn't know what caused cervical cancer, and 76 percent had never heard of the virus.

# HPV Test

A test for the human papillomavirus (HPV) was recently approved for widespread use by the Food and Drug Administration (FDA). The test can identify 13 strains of HPV that are responsible for most cervical cancers.

**Q Who should get the HPV test?**

**A** The FDA recommends the test for women over age 30. While teenagers and



women in their 20s are more likely to get HPV because they tend to have more sexual partners, the virus usually clears up on its own. But this is less likely to happen for women over 30.

**Q How often should I be tested?**

**A** Women who opt to be tested should have it done every three years and at the same time as the Pap test.

**Q What does a positive result mean?**

**A** It means you've been exposed to HPV, but it doesn't automatically mean that you have cancer. Debbie Saslow of the American Cancer Society (ACS) says HPV is very common. In fact, ACS projects that three of every four people will get an HPV infection during their lifetime. Only relatively few strains of the virus can lead to cervical cancer; it's the persistent ones that cause concern. Testing positive once isn't necessarily alarming, says Saslow. "But testing positive two or three times in a row means a somewhat increased risk of cervical changes that have the potential to become cancer down the road."

**Q Should I still get a Pap test too?**

**A** Yes. The HPV test is not designed to take the place of the Pap test, but rather to be used in combination with it.

**Q Is there any danger if women in their 20s get tested?**

**A** There is potential for harm, says Kenneth Noller, M.D., chairman of the OB-GYN department at the Tufts-New England Medical Center in Boston. Frequent testing of younger women could lead doctors to prescribe unnecessary treatments that could cause scarring or infertility later on. —NICOLE SAUNDERS

## PROTECT YOURSELF

Researchers are developing an HPV vaccine. While early results have been encouraging, it will be at least another five to seven years before it will hit the market. Until then, here's what you can do to protect yourself:

**PRACTICE ABSTINENCE.**

**STAY MONOGAMOUS.** If abstinence is not an option for you, have sex with only one partner who has sex with only you.

**DON'T RELY ON CONDOMS.** HPV is

spread by direct skin-to-skin contact during vaginal, oral and anal sex, and condoms don't cover all genital skin. And forget over-the-counter protection. Spermicidal foams, creams, and jellies won't protect against HPV and genital warts.

**BUTT OUT.** Studies have shown that women who smoke are at increased risk of developing dysplasia (a precancerous condition) or full-blown cervical cancer if they have a "high-risk" HPV strain. ▸



## EXAM SCHEDULE

Grab your calendar and call your doctor. Now that you know how important it is to make sure you get Pap tests regularly, you may be wondering how often and when you should have crucial medical tests. The American Medical Women's Association suggests this schedule:



### DENTAL EXAM

Once every six months.

### FLU VACCINE

Yearly if you have a chronic medical problem.

### TETANUS SHOT

Once every ten years.

### BLOOD-PRESSURE CHECKS

Every one to two years or at every doctor visit.

### EYE EXAMS

Once a year if you wear glasses, contact lenses or have diabetes. Every two to four years after age 40.

### GLAUCOMA TEST

Age 50, and then annually with routine eye exams if you have a family history of the disease.

### STD TESTING

Once a year during routine pelvic exams if you're sexually active.

### HIV SCREENING

Within three to six months after potential exposure if you have unprotected sex, multiple partners, or are an intravenous drug user.

### CLINICAL BREAST EXAM

Once a year by a doctor.

### MAMMOGRAM

Baseline mammogram at age 35, then once every one to two years from ages 40 to 50 and once a year from ages 50 to 70.

### CHOLESTEROL TESTING

Periodic screening between ages 45 to 65. Frequency depends on test results and risk of heart disease.

### BLOOD GLUCOSE TEST FOR DIABETES

First test at age 40, and once a year thereafter. However, people who are at a high risk for diabetes should talk to their doctor about being tested before age 40.

### COLON-CANCER SCREENING

Once a year after age 40.

### FECAL OCCULT BLOOD TEST

Once a year after age 50.

### SIGMOIDOSCOPY

[Examination of the lower colon] Every three to five years after age 50.

### COLONOSCOPY

[Examination of the large intestine] Once every ten years after age 50.

## What exactly is a Pap test?

During a Pap exam a sample of cells and mucus is scraped from the cervix using a cotton swab or a small brush. The sample is then prepared in one of two methods.

**1** In the regular Pap test the sample is smeared onto a glass microscope slide, which is then sent to a laboratory for examination by a technician.

**2** For the newer liquid-based Pap test, the cells are first placed in a solution and filtered before being mounted on a slide. This liquid-based technique is believed to be more accurate than the traditional test.

TO FURTHER IMPROVE THE ACCURACY OF YOUR EXAM, CONSIDER THE FOLLOWING TIPS:

**Don't** get a Pap smear while you're having your period.

**Do** take the test in the middle of your menstrual cycle—the eight to 21 days after your period begins.

**Don't** douche; have sex; use tampons, birth-control foams, jellies or vaginal creams for two days before the test. □