



The US Preventive Services Task Force recommends stopping Pap screening after age 65 in women who have had regular previous screenings<sup>7</sup>; the American Geriatrics Society recommends age 70.<sup>8</sup>

However, in the unscreened population (approximately 60% of women 65 and older have not had a Pap test in the past 3 years, and as many as 24% may have never had a Pap test<sup>9</sup>), an initial screening Pap test is warranted. There is little evidence to continue screening beyond age 70 in a woman who has previously been screened and has had normal results.

Currently, Medicare will pay for a screening Pap test every 2 years.

False-positives do occur with Pap tests, especially with yearly testing, and this possibility should be discussed with patients.<sup>10</sup>

Women who have had a hysterectomy may still have a cervix and should be assessed for the presence of a cervix before stopping screening. If the hysterectomy was performed for a nonmalignant condition, screening can be discontinued. Women who have a history of neoplasia (cervical, uterine, or vaginal) should be screened yearly—there are no recommendations for stopping.

A final indication for screening is if the patient asks for it. Patients may benefit from education regarding the prudence of continued screening and may be dissuaded from undergoing unnecessary tests, especially if they are informed of the possibility of working up a falsely positive result. However, screening recommendations are simply guidelines, and the wishes of individual patients should take precedence over generalized suggestions. ■

**Pap smears can be stopped after age 70 if the patient was previously screened**

## REFERENCES

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## CORRECTIONS

In the January 2002 CME test, page 96, question 9, the correct infusion rate for rhAPC (Xigris) should be 24 µg/kg/hour, not 24 µg/kg/day. Thanks to Gary E. Voccio, MD of Rome, Georgia, for pointing this out.

In the March 2002 issue, in the article “Hereditary hemochromatosis: A common, often unrecognized, genetic disease” (*Cleve Clin J Med* 2002; 69:224–237), the correct order of the authors' names should be: McCarthy GM, Crowe J, McCarthy CJ, Eustace S, Kenny D.