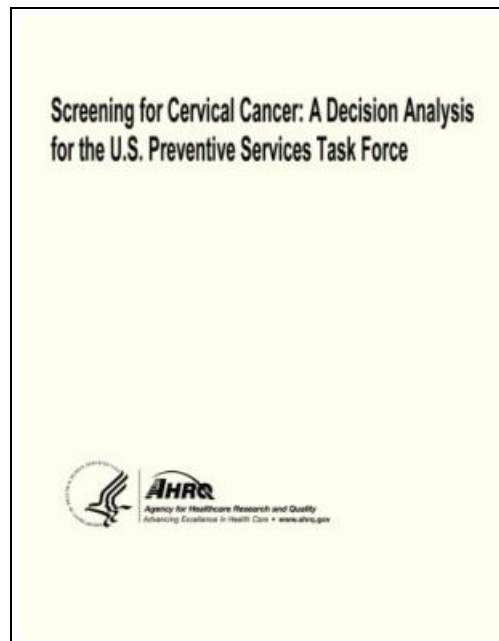


## Screening for Cervical Cancer: A Decision Analysis for the U.S. Preventive Services Task Force



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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 74 pages. Dimensions: 11.0in. x 8.5in. x 0.2in. Worldwide, carcinoma of the cervix is one of the most common malignancies in women. In the U. S. in 2010, approximately 12, 200 women were expected to be diagnosed with cervical cancer, and 4, 210 women were expected to die. Assuming no change in risk, approximately 0. 68 of women born today will be diagnosed with cervical cancer at some time during their lifetime, and the risk of dying from the disease is 0. 24. The incidence of cervical cancer and associated mortality have both decreased by over 40 since 1973. These declines are largely attributable to the success of mass screening using the Papanicolaou (Pap) cytology test to diagnose premalignant or early-stage disease. The decrease in invasive cervical cancer incidence and mortality since the introduction of this test has been so dramatic that it is one of the few interventions to receive an A recommendation from the U. S. Preventive Services Task Force (USPSTF). Despite the impact of cytology-based screening, there is still uncertainty about the details of cytology test performance, with specific concerns surrounding the poor sensitivity of cytology for detection of cervical intraepithelial neoplasia (CIN) grades 2 and 3. Efforts to improve cytology test performance have focused on reducing the number of false-negative smears; that is, cases in which premalignant or malignant cells are not diagnosed either because of sampling error (failure to place abnormal cells on the slide) or detection error (abnormal cells are misdiagnosed as normal). The human papillomavirus (HPV) deoxyribonucleic acid (DNA) test is currently recommended for use in cervical cancer screening. In the U. S. , peak incidence and prevalence of HPV infection occur among women younger than age 25 years, but most infections...



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