

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Adherence to Guidelines for Following up Low-Grade Pap Test Results by Age and Race or Ethnicity

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PEER REVIEWED

Track: Health System Change

The objective of this study was to determine if low-income and uninsured women in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) with Papanicolaou (Pap) test abnormalities of atypical squamous cells of undetermined significance (ASCUS) or low-grade squamous intraepithelial lesions (LSIL) were followed by the recommended interim guidelines for management of abnormal cervical cytology.

For this study period (July 1991 through September 2000), the National Cancer Institute's (NCI's) recommended guidelines for women with a low-grade abnormality Pap test result (ASCUS or LSIL) was follow-up by Pap tests repeated every four to six months for two years. If a second ASCUS or LSIL report occurred, the patient should have been considered for colposcopic evaluation. We analyzed data from 10,004 women in the NBCCEDP with ASCUS or LSIL followed by a second low-grade abnormality. The racial/ethnic groups included in the analysis were white, black, Asian/Pacific Islander, American Indian/Alaska Native, and Hispanic.

Using recommended guidelines, 44% of women in the NBCCEDP were followed appropriately with a colposcopy following two low-grade abnormalities. Younger women (under 30) were more likely to receive a colposcopy following two low-grade abnormalities, and older women (over 60) were more likely to receive a third Pap test. Hispanic or Latino women were more likely than other racial/ethnic groups to receive a colposcopy after two low-grade abnormalities, and American Indian or Alaska Native women were more likely than other racial/ethnic groups to receive a third Pap test.

Less than half of the women studied were followed by the recommended guidelines. Factors such as age and race/ethnicity influence the appropriate follow-up of a woman with cytological abnormalities. From this study, we are not able to determine if these differences occur at the patient or provider level. However, the national program is working with state, territorial, and tribal programs to further investigate the issue and recommend interventions to improve the level of follow-up.

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