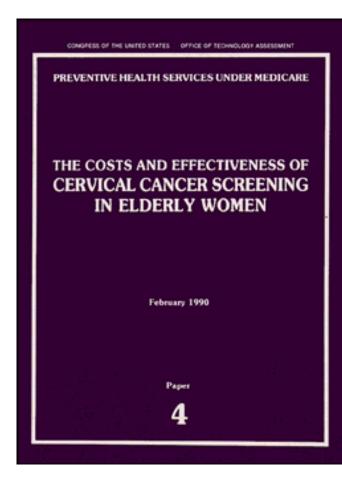
The Costs and Effectiveness of Cervical Cancer Screening in Elderly Women

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Costs and Effectiveness of Cervical Cancer Screening in Elderly Women

by

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A Background Paper in OTA's Series on Preventive Health Services Under Medicare

This paper was prepared for desk-top publishing by Karen Davis and Carol Guntow.

The views expressed in this paper do not necessarily represent those of the Technology Assessment Board, the Technology Assessment Advisory Council, or their individual members.

FOREWORD

Interest in health promotion and disease prevention strategies for the elderly has grown in the last ten years, at least partly as a result of the search for ways to moderate the rising costs of health-care in this growing segment of the population. Reflecting this interest, the House Committee on Ways and Means requested that OTA analyze the effectiveness and costs of providing selected preventive health services to the elderly under the Medicare program. The Senate Labor and Human Resources Committee has also requested that OTA provide information on the value of preventive services for the American people. This paper, *Costs and Effectiveness of Cervical Cancer Screening in Elderly Women, is* the fourth in a series of papers being prepared in response to these requests.

Cervical cancer screening with the Pap smear test is a preventive service that is routinely performed on women of all ages but that is much less common among elderly than among younger women. This paper examines what is known about the course of cervical cancer in elderly women; the effectiveness of the Pap test and its accuracy in this age group; the relative costs and effectiveness of different screening test schedules for elderly women; and the implications of these findings for Medicare.

Previous papers in this series on "Preventive Health Services Under Medicare" have assessed screening for open-angle glaucoma, the current use of preventive services by the elderly, and screening for cholesterol. Future papers will assess screening for colorectal cancer and analyze broad issues related to Medicare financing of preventive health services for the elderly.

JOHN H. GIBBONS Director