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For Immediate Release

CERVICAL CANCER DEATH RATES CONTINUE TO DECLINE WITH IMPROVED TESTING
***Updated U.S. Guidelines for Pap Screening Identify At-Risk Women More Quickly,
Leading to Faster Treatment, More Successful Outcomes***

Plainview, NY, March 2009 – More than 11,000 cases of invasive cervical cancer were diagnosed in the United States in 2008, according to the American Cancer Society (www.cancer.org), and about 3,800 women died from this disease. However, while cervical cancer was once one of the most common causes of cancer death for American women, the cervical cancer death rate has dropped significantly, by nearly 75 percent between 1955 and 1992, and by about four percent per year since. The main reason for this change is the increased use of the Pap test, a screening procedure that identifies changes in the cervix before cancer develops.

“In the United States, about 55 million Pap tests are performed yearly and about 3.5 million of those, or six percent, are abnormal and require follow-up,” says Alla Joutovsky, MD, director of Cytopathology for Acupath Laboratories, a leader in gynecologic pathology. “The Pap test, or Pap smear, examines cells collected from the cervix, or lower, narrow end of the uterus. The test is designed to find abnormal cells that may lead to cancer while also identifying noncancerous conditions like infection or inflammation.”

According to U.S. government data, most cancers of the cervix can be prevented if women have regular Pap tests. As with many types of cancer, cervical cancer is more likely to be treated successfully if it is detected early. The primary risk factor for cervical cancer is the human papillomavirus (HPV) infection; however, even women who have been vaccinated against HPV should continue to have regular Pap tests.

Dr. Joutovsky notes that Pap test guidelines have changed in recent years due to the extensive research on HPV and better understanding of etiology, and says that, according to the American College of Obstetricians and Gynecologists (ACOG), while some women need more frequent screening, an increasing number of women no longer need annual cervical cancer screening. The current recommendations are:

- Women should have their first Pap test approximately three years after first sexual intercourse or by age 21, whichever comes first.
- Women up to age 30 should undergo annual Pap testing.
- If a woman age 30 or older has negative results on three consecutive annual Pap smears, she may then have her repeat Pap tests every two-to-three years. Alternatively Pap test with an FDA-approved

test for high-risk types of HPV may be recommended. If they test negative on both tests, they may have repeat testing with the combined tests every three years. If only one of the tests is negative, however, more frequent screening will be necessary.

- More frequent cervical screening may be required for higher-risk women who are infected with HIV, are immunosuppressed (such as those receiving kidney transplants or who take immunosuppressant medication), were exposed to DES in utero or were previously diagnosed with cervical cancer.
- Physicians can determine on an individual basis when women over age 65 can stop having cervical cancer screening, based on such factors as a woman's medical and sexual history and the physician's ability to monitor the patient in the future.
- Importantly, ACOG says that regardless of how often cervical cancer screening takes place, annual gynecologic examinations, including pelvic exams, are still recommended.

“We rely on the Bethesda System to ensure that there are enough cervical cells in the specimen to make a proper evaluation,” says Dr. Joutovksy. “This requirement helps improve the quality of samples and sample collection. The Bethesda System requires a sample to be categorized as ‘satisfactory for evaluation’ or ‘unsatisfactory for evaluation.’”

“There are two new methods of collecting and analyzing samples to ensure accuracy,” she says. “The first is called liquid-based, thin-layer slide preparation, and it may make it easier to screen for abnormal cells. Cervical cells are collected with a brush or other collection instrument. The instrument is rinsed in a vial of liquid preservative. The vial is sent to a laboratory, where an automated thin-layer slide device prepares the slide for viewing. Results of this method suggest that it is comparable to, or more sensitive than, standard Pap tests for the detection of significant abnormalities. In addition, computer-automated readers are also being used to improve the reading of Pap tests. This technology uses a microscope that conveys a cellular image to a computer, which analyzes the image for the presence of abnormal cells.”

About Dr. Alla Joutovsky

Board-certified in anatomic pathology and cytopathology, Alla Joutovsky, M.D., serves as the Director of Cytopathology for Acupath Laboratories, Inc. Prior to Acupath, she held the position of surgical pathologist at Winthrop University Hospital. Dr. Joutovsky fulfilled fellowships in anatomic and clinical pathology, surgical pathology, and cytopathology at the prestigious New York University (NYU) School of Medicine. She prior completed her residencies there in anatomic and clinical pathology as well as at the University of Medicine and Dentistry of New Jersey. In addition, she served as a research technician for the Department of Pathology at the University of Pennsylvania. A member of the College of American Pathologists and the United States and Canadian Academy of Pathology, Dr. Joutovsky received her medical degree from Tyumen Medical School, Tyumen, Russia. www.acupath.com.