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Upper Age Limit for Cervical Cancer Screening

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THE GUIDELINES for cervical cancer screening issued by the European Community[1] recommend 64 years as the upper age limit of the population to be actively invited to screening.

In the Florence programme [2], an upper age limit of 59 years has been currently adopted, as we believe that women regularly attending and negative to screening up to the age of 60 years have a negligible risk of developing invasive cervical cancer subsequently. We have recently reviewed our computerised screening archives to provide evidence supporting such an assumption.

Of 242 invasive cervical cancers occurring from 1975 to 1990 in women aged 60–70 years, according to a District histological registry (1975–1985) and the Tuscany Cancer Registry (1985–1990), after exclusion of diagnostic smears, 208 cases (86%) had never been screened before, 5 (2%) had a previous positive smear but had inadequate assessment or treatment outside the screening programme, 14 (6%) had a single and negative smear performed between 50 and 60 years of age, and 8 (3%) had a single negative smear performed over the age of 60 years. Only 5 cases (2%) had two or more negative smears performed between 50 and 60 years of age.

We have also considered retrospectively a consecutive cohort of screened women who had a negative smear performed from 1980 to 1987 when they were aged 58–60 years, and another (or more) negative smear performed from 1 to 8–10 years before (after the age of 50 years). A cohort of 11 342 eligible subjects was thus selected and followed up according to the screening programme and the Tuscany Cancer Registry files until December 1990. A total of 66 322 women per year were considered (average follow-up 5.9 years, range 3–10 years). According to age specific incidence rates provided by the Tuscany Cancer Registry, 13.95 invasive cervical cancers were expected in the study period whereas only one occurred (odds ratio 0.07, 95% confidence limits 0.002–0.39). This figure is even more meaningful considering that incidence rates in the District are biased towards lower values for a screening effect[3].

Women with at least two negative smears, one at the age of 60 years and the other between 50 and 60 years of age, seem to carry a very low risk of developing invasive cervical cancer between 60 and 70 years of age. The cost-effectiveness of continuing screening until 64 years of age in regular responders should be carefully reconsidered.

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Dacarbazine, Vincristine, Bleomycin and Lomustine plus Natural Interferon-alpha for Metastatic Melanoma

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A PREVIOUS study on natural interferon-alpha (nIFN-alpha) combined with polychemotherapy reported a response rate of 62% in metastatic melanoma [1]. We report here the results of a single institution pilot study of a four-drug chemotherapy plus nIFN-alpha in patients with metastatic melanoma. One course of treatment consisted of dacarbazine 200 mg/m^2 intravenously (i.v.) days 1 to 5, vincristine 1 mg/m^2 i.v. days 1 and 4, bleomycin 15 mg i.v. days 2 and 5, and lomustine (CCNU) 80 mg day 1 orally. nIFN-alpha (Alphaferon^R, Rentschler, Germany), initiated day 8 was given 6 × 10^6 IU/d, subcutaneously for 2 weeks. Courses were repeated every 28 days. 9 patients (4 males and 5 females, aged 34–70, median 52 years) were enrolled in the study. Sites of metastatic disease were the lung (2 patients), the skin (1 patient) and the lymph nodes (1 patient). 5 patients had multiple metastatic sites. 4 patients had previously received recombinant interleukin-2 plus recombinant IFN-alpha$_{2a}$. All 9 patients were evaluable for toxicity and response. The treatment regimen was moderately toxic. WHO grade III flu-like symptoms attributable to nIFN-alpha necessitated dose reduction of IFN in 4 patients. Other side-effects included transient haematological toxicity, gastrointestinal symptoms and alopecia. WHO grade IV toxicity did not occur. After two courses of therapy, 2 patients showed stable disease lasting 2 and 3 months, respectively. 7 patients had progression of the disease, and mean survival was 4.6 months (range 3–7 months). In agreement with results reported by Vuoristo and associates [2], we conclude that the present regimen is not active in metastatic melanoma.

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