Screening Leads to Cervical Cancer Decline in the United States

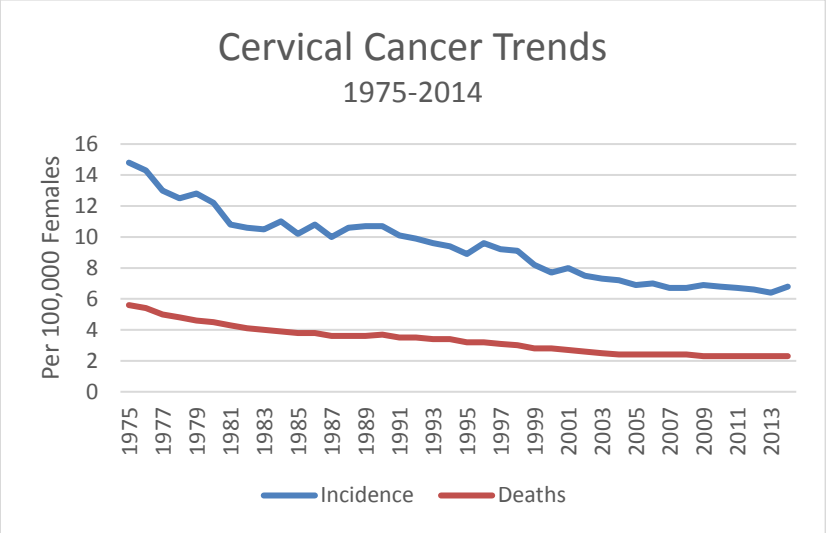
If detected early, cervical cancer is one of the most successfully treatable cancers.[1] Incidence and mortality rates of cervical cancer have declined by over 50 percent in the past 40 years, largely due to improved screening and early detection.[1] However, the rate of decline has slowed in recent years. In 2018, an estimated 13,240 women are expected to be diagnosed with cervical cancer, and 4,170 women will die from the disease.[1]

Screening for Cervical Cancer

Nearly all cervical cancers are preventable. Regular screening – using the Pap and human papillomavirus (HPV) DNA tests – can detect precancerous lesions early when survival rates are the highest.[1]

The American Cancer Society (ACS) recommends the following screening procedures for average risk women:[1]

- **Pap test** - Women aged 21-29 years should be screened every 3 years with a Pap test.
- **Pap test & HPV DNA test** - Women aged 30-65 years should be screened every 5 years with both the HPV and Pap tests (preferred), or every 3 years with the Pap test alone (acceptable). Women aged 66+ who have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years, may stop screening.



Sources: Incidence: Surveillance, Epidemiology, and End Results (SEER) Program, SEER 9 registries, National Cancer Institute, 2017. Mortality: National Center for Health Statistics, Centers for Disease Control and Prevention, 2017. Age adjusted to the 2000 US standard population; incidence rates adjusted for reporting delays.

Risk Factors of Cervical Cancer

- History of persistent infections with certain types of HPV
- Cigarette smoking
- Suppressed immune system
- High number of childbirths
- Long-term use of oral contraceptives

Trends in Screening Incidence

- Over **81 percent** of women 21 to 65 years of age are up-to-date with screening. This means that nearly **1 in 5 women are not getting tested as recommended.**[2]
- Disparities in screening rates for cervical cancer exist among women who are uninsured, those with less than 12 years of education, and who are of American Indian/Alaska Native, Asian, or Hispanic descent.[2]

Benefits of Screening – Getting screened early can save lives

When precancerous lesions are identified and removed, there is an almost 100 percent survival rate with appropriate evaluation, treatment, and follow-up care. However, when cervical cancer is detected at later stages, the 5-year survival rate drastically drops:

- Local stage diagnosis - 92 percent survival
- Regional stage diagnosis - 57 percent survival
- Distant stage diagnosis - 17 percent survival

Unfortunately, over **50 percent** of cervical cancers are detected at a regional or distant stage – most occurring among women who did not have a recent Pap test.[2]

HPV and Cervical Cancer

Approximately 31,500 men and women are diagnosed each year with cancers caused by HPV.[4] HPV infections are very common – about 79 million people in the U.S. are currently infected with HPV.[5]

Currently, Gardasil 9 is the only HPV vaccine available in the U.S. that helps prevent nearly 90 percent of HPV cancers.[6] Unfortunately, only 65 percent of girls and 56 percent of boys ages 13-17 in the U.S. initiated HPV vaccination in 2016.[7] These rates are far less than the Healthy People 2020 goal of 80 percent of adolescents receiving all recommended doses of the vaccine,[7] which could help to prevent an estimated 28,500 cases of HPV-related cancers in the U.S. each year.[4]

Improving Access to Screening

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) – Created by Congress in 1990, the NBCCEDP provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings; patient navigation; case management; diagnostic services; and public education materials. NBCCEDP has provided over 12.7 million screening exams to more than 5.3 million women, detecting over 63,200 breast cancers, over 4,300 cervical cancers, and nearly 200,000 premalignant cervical lesions.[3] Despite NBCCEDP's proven success, federal and state funding is woefully inadequate and has failed to keep pace with inflation. A general decline in federal funding over the past 5 years, on top of widespread spending reductions at the state level, have left many women unable to receive potentially lifesaving screenings. **Fewer than 1 in 10 eligible women are currently able to receive screenings through the NBCCEDP due to underfunding.**

ACS CAN's Position

Barriers to screening for cervical cancer include: lack of health insurance, reduced availability of programs like the NBCCEDP, knowledge about the screening tests, language challenges, living far from a screening center, and/or inconvenient hours available for screening services. Efforts to reduce these barriers could greatly improve cervical cancer screening rates, particularly for disparate populations.

ACS CAN supports improving screening rates by:

- Protecting and/or increasing federal and state funding for effective cancer control efforts, like the NBCCEDP.
- Promoting policies that require insurers to cover preventive services at low or no cost to the patient, including cervical cancer screenings.
- Promoting evidence-based educational efforts to improve uptake of preventive services, particularly in disparate populations.

HPV vaccines can prevent multiple types of cancers through a single tool. ACS CAN supports evidence-based educational efforts that increase the uptake of HPV vaccination and efforts to ensure that private and public insurers cover the vaccine without patient cost-sharing. This will ensure the highest possible HPV vaccination rates, consistent with the ACS's 2017 HPV Vaccination Guidelines, to prevent cervical and other HPV-related cancers in the United States.

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[1] American Cancer Society. *Cancer Facts & Figures 2018.* Atlanta: American Cancer Society; 2018.
[2] American Cancer Society. Cancer Prevention and Early Detection Facts & Figures 2017-2018. Atlanta: American Cancer Society; 2017.
[3] Centers for Disease Control and Prevention. National breast and cervical cancer early detection program. Updated on September 14, 2017. Accessed March 2018. https://www.cdc.gov/cancer/nbccedp/about.htm.
[4] Centers for Disease Control and Prevention. How many cancers are linked with HPV each year? Updated March 3, 2017. Accessed March 2018. https://www.cdc.gov/cancer/hpv/statistics/cases.htm.
[5] Centers for Disease Control and Prevention. *Genital HPV infection – fact sheet.* Updated November 16, 2017. Accessed March 2018. https://www.cdc.gov/std/hpv/stdfact-hpv.htm.
[6] Serrano B, de Sanjose S, Tous S, et al. Human papillomavirus genotype attribution for HPVs 6, 11, 16, 18, 31, 33, 45, 52 and 58 in female anogenital lesions. *Eur J Cancer.* 2015;51: 1732-1741.
[7] Walker TY, Elam-Evans LD, Singleton JA, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years – United States, 2016. *MMWR.* 2017; 66(33): 874-82.