If detected early, cervical cancer is one of the most successfully treatable cancers. Incidence and mortality rates of cervical cancer have declined by over 50 percent in the past 40 years, largely due to widespread uptake of screening with the Pap test. However, the rate of decline has slowed in recent years and cervical cancer continues to be the second leading cause of cancer death in women aged 20 to 39 years, causing 10 premature deaths per week in this age group. In 2020, an estimated 13,800 women are expected to be diagnosed with cervical cancer, and 4,290 women will die from the disease. This underscores the need for increased human papillomavirus (HPV) vaccination uptake in adolescence and adherence to screening guidelines in women.

**Screening for Cervical Cancer**

Nearly all cervical cancers are preventable. Regular screening – using the Pap and HPV DNA tests – can detect precancerous lesions early when survival rates are the highest.

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

- **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.

**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**

- **83 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**.
- Disparities in screening rates for cervical cancer exist among women who are uninsured, those without a high school diploma, and those who are of American Indian/Alaska Native, Asian, or Hispanic descent.
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 - 56 percent survival
- Distant stage diagnosis - 17 percent survival

Unfortunately, only 44 percent of cervical cancers are detected at a local stage.¹

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 13.3 million screening exams to more than 5.6 million women, detecting nearly 68,500 invasive breast cancers, over 4,700 invasive cervical cancers, and over 214,000 premalignant cervical lesions.⁴ Despite NBCCEDP’s proven success, federal and state funding is inadequate and has failed to keep pace with inflation. A general decline in federal funding over the past several 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

About half of the 600,000 cancer deaths that will occur this year could be averted through the application of existing cancer control interventions.¹ The CDC’s Division of Cancer Prevention and Control (DPCP) provides key resources to states and communities to prevent cancer. Although we have seen declines in the cancer death rate overall, progress is slowing for cancers that are amenable to early detection through screening and substantial racial and geographic disparities persist for highly preventable cancers, such as cervical cancer. Increased investment in the equitable application of existing cancer control interventions, as spearheaded by the CDC’s DCPC, will accelerate our progress in the fight against cancer by reducing barriers to screening for cervical cancer, include lack of health insurance, knowledge about the screening tests, language challenges, living far from a screening center, and/or inconvenient hours available for screening services.

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 early detection and preventive services, including the HPV vaccine, particularly in disparate populations.

⁵ Gardasil 9 is the only HPV vaccine available in the U.S. that helps prevent nearly 90 percent of HPV cancers. Unfortunately, only about 70 percent of girls and 66 percent of boys ages 13-17 in the U.S. initiated HPV vaccination in 2018.⁶ These rates are far less than the Healthy People 2020 goal of 80 percent of adolescents receiving all recommended doses of the vaccine, which could help prevent an estimated 32,100 cases of HPV-related cancers in the U.S. each year.⁵

HPV and Cervical Cancer

HPV infections are very common but are usually cleared by the body and do not cause cancer. However, persistent HPV infection causes approximately 34,800 HPV-related cancer diagnoses each year.⁵