

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 widespread uptake of screening with the Pap test.¹ 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.² In 2019, an estimated 13,170 women are expected to be diagnosed with cervical cancer, and 4,250 women will die from the disease.¹ This underscores the need for increased HPV vaccination uptake in adolescence and adherence to screening guidelines in young women.

Screening for Cervical Cancer

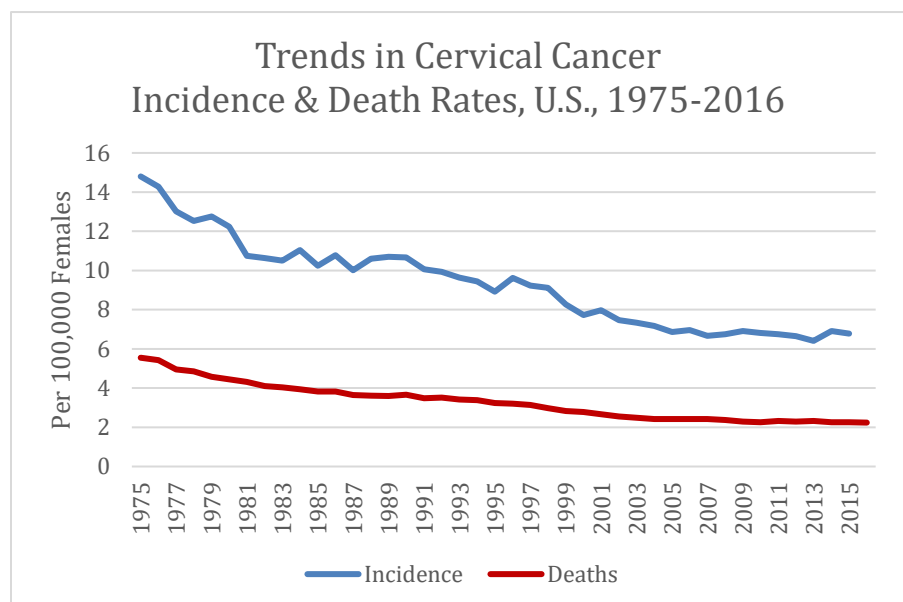
Nearly all cervical cancers are preventable. Regular screening – using the Pap and human papillomavirus (HPV) DNA tests – can detect precancerous lesions early when survival rates are the highest.¹

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.

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



Sources: Incidence: Surveillance, Epidemiology, and End Results (SEER) Program, SEER 9 registries, National Cancer Institute, 2018. Mortality: National Center for Health Statistics, Centers for Disease Control and Prevention, 2018. Age adjusted to the 2000 US standard population; incidence rates adjusted for reporting delays.

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.**³
- 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.³

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, 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.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 13.2 million screening exams to more than 5.5 million women, detecting over 67,000 breast cancers, over 4,600 cervical cancers, and over 211,000 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

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.

¹ American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta: American Cancer Society; 2019.

² Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin*. 2019;69:7-34.

³ American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2019-2020*. Atlanta: American Cancer Society; 2019.

⁴ Centers for Disease Control and Prevention. *National breast and cervical cancer early detection program*. Updated March 4, 2019. Accessed April 2019. <https://www.cdc.gov/cancer/nbccedp/about.htm>.

⁵ Centers for Disease Control and Prevention. *Cancers associated with human papillomavirus, United States—2011–2015 USCS data brief*, no. 4. Atlanta, GA: Centers for Disease Control and Prevention. 2018.

⁶ Centers for Disease Control and Prevention. *Genital HPV infection – fact sheet*. Updated November 16, 2017. Accessed April 2019. <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>.

⁷ Serrano B, de Sanjose S, Tous S, et al. Human papillomavirus genotype attribution for HPV6, 11, 16, 18, 31, 33, 45, 52 and 58 in female anogenital lesions. *Eur J Cancer*. 2015;51: 1732-1741.

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 33,700 HPV-related cancer diagnoses each year.⁵

Gardasil 9 is the only HPV vaccine available in the U.S. that helps prevent nearly 90 percent of HPV cancers.⁷ Unfortunately, only 69 percent of girls and 63 percent of boys ages 13-17 in the U.S. initiated HPV vaccination in 2017.³ 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 31,200 cases of HPV-related cancers in the U.S. each year.⁵