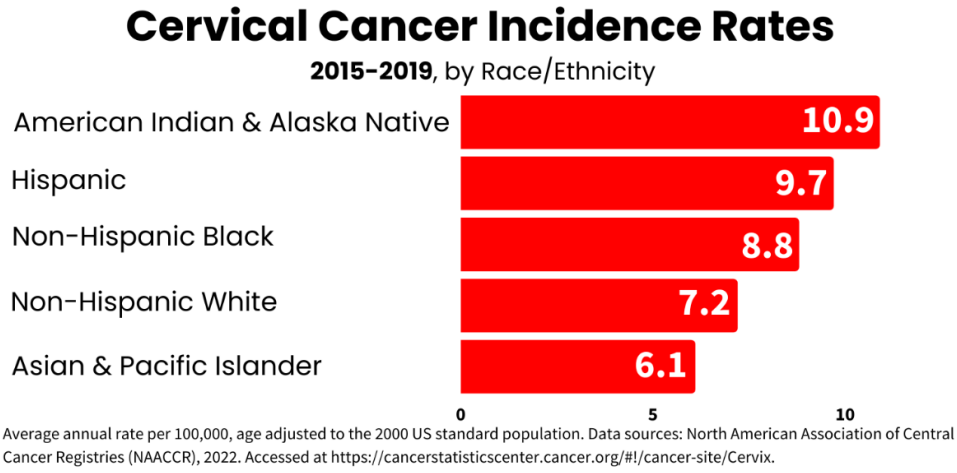
Just the Facts: Cervical Cancer Disparities

In 2024, an estimated 13,820 people in the U.S. will be diagnosed with invasive cervical cancer, and 4,360 will die from the disease.[i] Cervical cancer can affect any person with a cervix and most often is caused by certain types of human papillomavirus (HPV). Persistent HPV infection causes almost all cervical cancers but fortunately there is a safe and effective vaccine against HPV.

Preventing cervical cancer is possible because of the HPV vaccine and cervical cancer screening. HPV vaccination provides an opportunity to prevent cancer outright. The HPV vaccine protects against the types of HPV that cause 90% of cervical cancers, as well as several other cancers and diseases. In addition, screening for cervical cancer can both identify and remove precancerous abnormalities preventing cancer altogether and detect cancer earlier when treatment can be more successful.[ii]

In fact, in the U.S. cervical cancer incidence and mortality rates have declined by more than 50% over the past three decades because of access to screening, and more recently, HPV vaccination, but not all people have benefited equally from these advances. Disparities in cervical cancer across incidence, stage distribution, geography, and mortality largely reflect socioeconomic disparities and a lack of access to care, including cervical cancer screenings, and include the following categories outlined below:[iii,iv]

Incidence and Stage Distribution



Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: North American Association of Central Cancer Registries (NAACCR), 2022. Accessed at https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix.

- Over 50% of all new cervical cancer cases are among individuals who have never been screened or received screening infrequently.[v]
- Cervical cancer incidence is more than 50% higher in American Indian and Alaska Native people, more than 30% higher in Hispanic people, and more than 22% higher in Non-Hispanic Black people than in Non-Hispanic White people.[i]
- Increases in HPV vaccination among adolescents ages 13-17 has contributed to declining cervical cancer rates.[i]
- Cervical cancer incidence rates are declining for individuals of the generation who had access to the HPV vaccine (11% annually for individuals aged 20-24 since 2012), but are increasing for the older cohort of individuals, (1.7% annual for individuals aged 30-44)[i] for whom the HPV vaccine wasn't available.[vi]
- Localized-stage disease was diagnosed in 37% of Non-Hispanic Black women versus 46% of White women with cervical cancer[vii] and non-Hispanic Black people are more likely to be diagnosed with regional or distant-stage disease. [viii]

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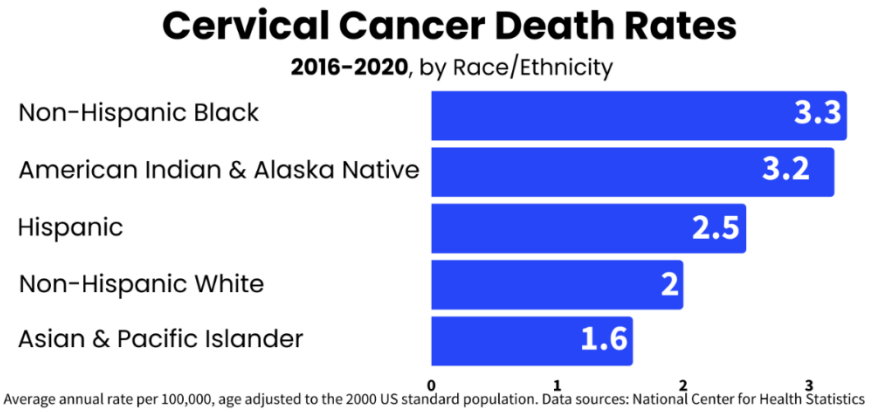
- Having access to health insurance matters. According to one study, individuals with private insurance or Medicare were more likely to be diagnosed at an earlier stage compared to those who were uninsured or insured by Medicaid. Later stage cervical cancer diagnoses can be partly due to lower screening rates and lack of timely follow-up for abnormal results.[ix]

Mortality

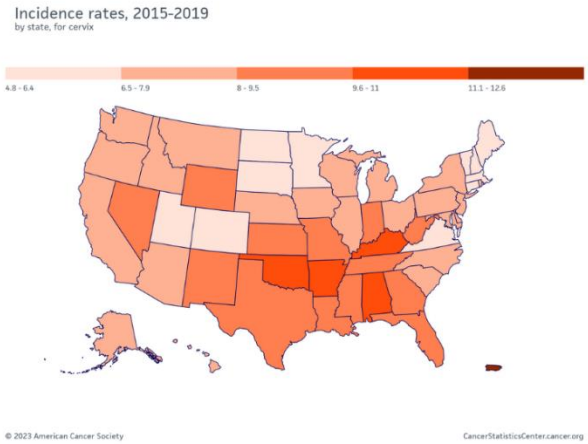
- Non-Hispanic Black people have a 65% higher mortality rate than in Non-Hispanic White people despite having a similar screening prevalence.[i]
- The 5-year relative survival rate for cervical cancer is 67% overall and 67% in Non-Hispanic White people, but 56% in Non-Hispanic Black people.[i]



Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2022. Accessed at https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix.

Geography

- Geographic disparities also exist among cervical cancer incidence and mortality. The maps below show higher cervical cancer incidence rates in some of the Midwest and parts of the South and higher cervical cancer mortality rates in the states of Louisiana, Nevada, Mississippi, and Oklahoma, as well as other parts of the South.
- In the U.S., 46 million or 14% of the U.S. population live in rural areas that may require the need to travel long distances to access health care.[x] Studies have shown there to be higher cervical cancer incidence rates among rural Non-Hispanic Black and rural Non-Hispanic White people and individuals living in rural areas are more likely to be diagnosed with later-stage cervical cancer.[i]



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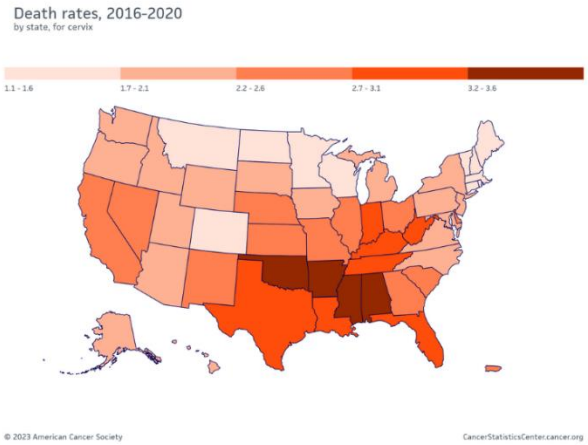
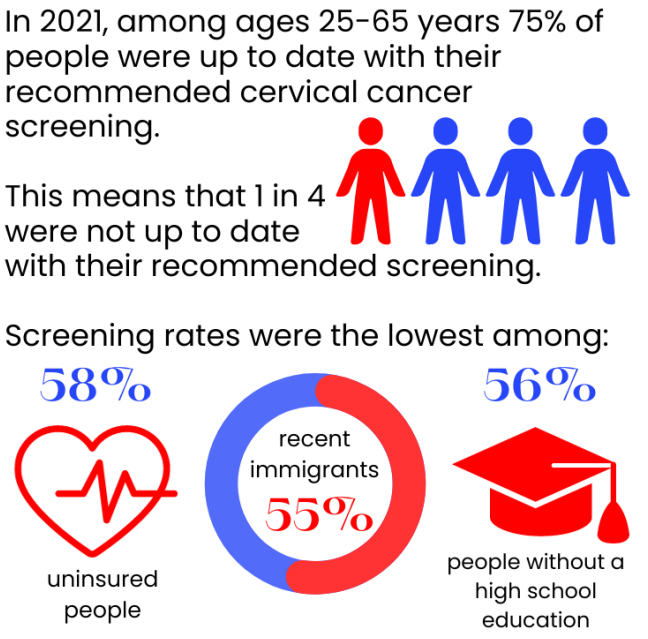


Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2022. Accessed at https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix

Trends in Cervical Cancer Screening

- In 2021, cervical cancer screening rates were lower among Asian (65%), American Indian and Alaska Native (68%) and Hispanic (68%), and higher among Non-Hispanic White (80%) and Non-Hispanic Black (76%) people.[xi]
- In 2020, up-to-date cervical cancer screening prevalence in people with health insurance ranged from 79% in Alaska to 91% in Connecticut. Whereas, among people with no health insurance, screening prevalence ranged from 61% in Hawaii and Ohio to 84% in Connecticut and Rhode Island.[i]
- Research shows that those who are uninsured and underinsured have lower cervical cancer screening rates, resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.[i]



Source: American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2023-2024.

- Although cancer registries do not collect information on sexual orientation, research suggests lesbian and bisexual women may have an increased risk of cervical cancer compared to heterosexual women.[xii,xiii] Transgender and gender diverse individuals are less likely to get screened for cervical cancer (59%) as compared to cisgender individuals (87%) which means transgender individuals may be at an increased risk for cervical cancer.[i]

Trends in HPV Vaccination

Achieving optimal HPV vaccination is a cancer prevention priority, and yet HPV vaccination rates lag behind other child and adolescent immunizations. The American Cancer Society recommends routine vaccination starting at age 9 and the Advisory Committee on Immunization Practices recommends vaccination at age 11-12, starting as early as age 9.

The COVID-19 pandemic caused significant disruption to child and adolescent vaccination. Reversing a ten-year trend of increasing rates, HPV vaccination rates stalled overall in 2022.[xiv] Annual doses of HPV vaccination administered to privately insured children decreased by 24% from 2019 to 2020.[xv] The decline in vaccination rates is concerning given the number of adolescents not starting their HPV vaccination schedule or missing doses and the time it will take to make them up. In fact, it is estimated that it could take 3-10 years to catch up on missed doses.[xvi] Additionally, existing rural disparities remain, and new disparities have emerged for children and adolescents receiving publicly-provide vaccines.

ACS CAN's Position

ACS CAN believes everyone should have the opportunity to prevent, detect, treat, and survive cancer. No one should be disadvantaged in their fight against cancer because of income, race, gender identity, sexual orientation, disability status, or where they live. That is why ACS CAN advocates for policies to reduce

disparities in cervical cancer by improving access to prevention and early detection services, patient navigation services, and insurance coverage and in-network facilities. These policies include:

Increasing access to cervical cancer screenings through increased funding for lifesaving cancer screening programs, including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Increasing uptake of the HPV vaccination.

Increasing access to all recommended cervical cancer screening and follow-up tests by ensuring that these tests are covered by insurance without cost sharing.

Access to patient navigation services to improve patient outcomes from screening through treatment.

Increasing access to health insurance coverage and provider networks by making sure that insurance plan networks are adequate to ensure reasonable access to cervical cancer screening and care.

Increasing access to health insurance by expanding Medicaid in the 10 remaining states that have not done so.

For more information on ACS CAN's advocacy work around prevention and early detection, please visit https://www.fightcancer.org/policy-resources/prevention-and-early-detection/screening.

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