

Cervical Cancer

Cervical Cancer and Screening Disparities

Background

Cervical cancer forms in the cells of the cervix, which is the lower part of the uterus.[i] Most cases are caused by sexual transmission of the Human Papillomavirus (HPV), but there are rare cases of cervical cancer where HPV is not found. Although HPV is common, it usually goes away without treatment and does not lead to severe symptoms or cervical cancer for most women.[ii] Pap smears and HPV tests are used to detect abnormal changes in cervical cells and the presence of HPV. These tests help catch pre-cancers and early-stage cancers.[iii] The American Cancer Society estimates that about there will be about 13,960 new cases of cervical cancer and 4,310 deaths from it in 2023.[iii]

Cervical cancer used to be the leading cause of cancer deaths in women, but the widespread use of early detection tools and preventive measures such as Pap smears and HPV vaccines has caused a drop in ranking. [iii] Before HPV vaccines were introduced in 2006, about 79 million people were infected with HPV, and there were 14 million new infections each year.[ii] Since the use of the vaccine, the prevalence of HPV types 6, 11, 16, and 18 has decreased by 86% among females between the ages of 14 and 19 and by 71% among females between the ages of 19 and 24.[ii] Healthcare providers recommend HPV vaccination for females and males beginning as early as age 9 until age 26. [ii] Individuals between the ages of 27 and 45 can still be vaccinated if they and their doctor decide it is best.[ii] The current HPV vaccine provides protection against 9 types of HPV, including the most common and harmful types.[ii] Since up to 15% of cervical cancers are caused by an HPV type that the vaccine does not prevent, patients still need to undergo cervical cancer screening.[ii]

Who is most affected?

Although cervical cancer is most frequently diagnosed between the ages 35 to 44, women of all ages (older than age 20) are affected.[iii] In fact, more than 20% of new cases are diagnosed in women who are ages 65 and older. [iii] Nationally, women of color are more likely to be diagnosed with and die from cervical cancer than non-Hispanic White women. Hispanic women have the highest rate of new cases of cervical cancer (8.4/100,000) followed by non-Hispanic Black(7.3) and non-Hispanic White women(6.4).[iv] Screening also differs by race and Hispanic ethnicity. Hispanic women are less likely to report having had a Pap smear within the last five years compared to White women.[v] However, during the years of 2019 to 2021, 85% of Black women ages 21-44 were screened for cervical cancer compared to 83% of non-Hispanic White women.[vi] Despite higher rates of screening, Black women have the highest risk of dying from cervical cancer. No evidence shows that Hispanic and Black women are genetically predisposed to cervical cancer; however, barriers to care lead to less screening, less follow-up care after screening, later detection, and poorer health outcomes.

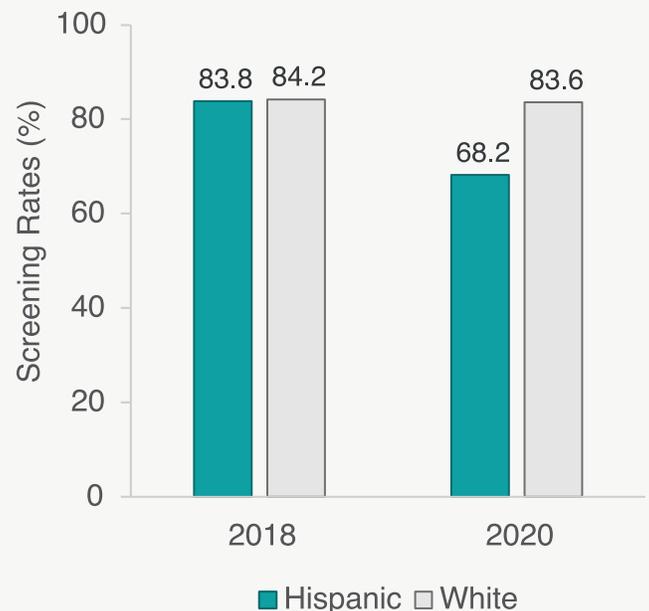


Figure 1. Percent of Rhode Island women between 21 and 44 with a recent Pap smear.

Data from CDC Chronic Disease Indicators for RI [viii]

Rhode Island

Cervical cancer rates in Rhode Island have improved over the years. Since 1995, the number of cases of invasive cervical cancer in Rhode Island has decreased significantly.[vii] Although about 80% of Rhode Island women get screened for cervical cancer regularly, there is room for improvement when it comes to race/ethnicity [viii]. Rhode Island's population is 17.7% Hispanic; 9.1% is Black or African American; and 82.8% is White.[ix] In recent years, there has been a dramatic decrease in the number of Hispanic women utilizing screening services for cervical cancer in Rhode Island. In 2018, 83.8% of Hispanic women and 84.2% of White women between the ages of 21-44 had a Pap smear within the last three years (Figure 1).[viii] In 2020, the number of Hispanic women with a recent Pap smear declined to 68.2% compared to 83.6% for White women (Figure 1). [viii] Between 2010 and 2019, Hispanic women were 40% more likely to be diagnosed with cervical cancer when compared to non-Hispanic White women.[x] Numbers have varied through the COVID-19 pandemic, but recently, around 80% of women self-report that they received a recent Pap smear, regardless of race and ethnicity. Improving rates of cervical cancer screening and treatment for Hispanic and Black women is needed to reduce the number of new cases and deaths from cervical cancer.

Recommendations

To prevent the risk of cervical cancer, people should be vaccinated for HPV and screened for cervical cancer regularly. Because Hispanic women get cervical cancer at higher rates than women of any other race/ethnicity, are less likely to get screened, and are the second largest group in Rhode Island, healthcare providers and community-based organizations should pay extra attention when reminding patients to get screened and encourage screening to those with apprehensions. They should encourage screening for anyone who might feel unsure. Healthcare providers should also make sure all health communication and patient education materials are available in English and Spanish. This approach also applies to Black women since they are more likely to die from cervical cancer if diagnosed. Barriers to cancer screening and timely, quality care should not be the reason a person dies from cervical cancer. Employers and healthcare facilities should consider providing women who are diagnosed with cancer paid time off from work, childcare services during treatments, and transportation to and from high-quality health centers. Cervical cancer is highly treatable and has a good survival rate when found early. The American Cancer Society recommends that everyone with a cervix undergo screening for cervical cancer between the ages of 25 and 65 by getting a primary HPV test every 5 years and/or a Pap test every 3 years [xi]. Individuals at higher risk of cervical cancer should follow screening recommendations set by their healthcare provider even after age 65 [xi]. This, combined with quality treatment if diagnosed, leads to more favorable health outcomes. Women in Rhode Island who are uninsured or underinsured should take advantage of the free HPV and Pap tests offered by the Rhode Island Women's Cancer Screening Program.

Call the Women's Cancer Screening Program at 401-222-4324 or visit <https://health.ri.gov/programs/womenscancerscreening/>



i What is cervical cancer? - Nci. (2022, October 13). [PdqCancerInfoSummary]. <https://www.cancer.gov/types/cervical>

ii Pinkbook | hpv | epidemiology of vaccine preventable diseases | cdc. (2022, September 21). <https://www.cdc.gov/vaccines/pubs/pinkbook/hpv.html>

iii Cervical cancer statistics | key facts about cervical cancer. (n.d.). Retrieved April 26, 2023, from <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>

iv U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2023.

v Riggs SL, Thomson CA, Jacobs E, Cutshaw CA, Ehiri JE. Hispanic Ethnicity and Cervical Cancer Precursors Among Low-Income Women in Arizona. *Int J Womens Health*. 2021;13:929-937. Published 2021 Oct 19. doi:10.2147/IJWH.S327812

vi Boitano, T. K. L., Ketch, P., Maier, J. G., Nguyen, C. T., Huh, W. K., Michael Straughn, J., & Scarinci, I. C. (2022). Increased disparities associated with black women and abnormal cervical cancer screening follow-up. *Gynecologic Oncology Reports*, 42, 101041. <https://doi.org/10.1016/j.gore.2022.101041>

vii Oh, J., Lamy, E. (2022) Cervical Precancer Among Rhode Island Women, 2018-2019: A Quick Report after the Rhode Island Cancer Surveillance Regulation Change <http://rimed.org/rimedicaljournal/2022/06/2022-06-64-health-oh.pdf>

viii Chronic disease indicators: Explore by location | dph | cdc. (n.d.). Retrieved April 7, 2023, from https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form.

ix U. S. Census bureau quickfacts: Rhode island. (n.d.). Retrieved April 26, 2023, from <https://www.census.gov/quickfacts/fact/table/RI/RHI125221>

x RI Cancer Registry using SEER*Stat software (2004-2017), Rhode Island Department of Health.

xi The American cancer society guidelines for the prevention and early detection of cervical cancer. (n.d.). Retrieved April 26, 2023, from <https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html>