



Progress in the Control of Cancer of the Cervix in Rhode Island, 1987-2000

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[Fourth in a Series]

PROFILE

In Rhode Island, about 800 women have been diagnosed with cervical cancer (837 in 1998), about 50 women are newly diagnosed with cervical cancer each year (46 in 2000), and about 10 succumb to the disease annually (11 in 1999). In Rhode Island, cervical cancer accounted for less than one percent of all newly diagnosed cancers in 2000, and only 0.4% of all cancer deaths in 1999. However, given the effectiveness of regular screening with the Pap test, any case of cervical cancer and any death from this disease must be seen as a public health failure.

CONTROL STRATEGY

Several risk factors for cancer of the uterine cervix have been identified.¹ However, the most clinically significant strategy for the reduction of cervical cancer is use of the Pap test (Pap smear), a noninvasive, inexpensive, simple screening procedure that allows physicians to find and treat precancerous dysplasias and localized tumors. The effectiveness of screening with the Pap test for the reduction of cervical cancer mortality has been demonstrated by several studies.² Although reports of high false-negative and false-positive rates have caused the accuracy of the Pap test to be questioned, the rescreeing of smears and the development of computer-based automated technology have reduced the proportion of false results.³ Aggressive use of the Pap test remains a key control strategy accompanied by multidisciplinary, state-of-the-art treatment, if necessary. The Rhode Island Cancer Control Plan,⁴ published September, 1998, recommends:

Cervical Cancer Screening

- * For women in high risk groups — women with multiple sex partners, sexually promiscuous partners, early age at first intercourse, and/or a history of a sexually transmitted disease (including human papilloma virus) — Pap smears should be performed annually.
- * For women who are HIV positive, Pap smears should be performed at least annually.
- * For asymptomatic women with a cervix and no risk factors, regular Pap smears should be performed if a woman is or has been sexually active. There is no

upper age limit for the performance of regular Pap smears.

- * If a history of past and/or present sexual activity cannot be accurately determined and a woman is 18 years of age or over, routine Pap screening should be initiated.
- * Women who have had a hysterectomy cannot be presumed to be without cervical tissue and the decision to screen them with Pap smears should be determined on a case by case basis.

Basic Treatment Infrastructure

- * Promote and support the adoption of American College of Surgeons (ACOS) approved cancer programs in all acute care hospitals in Rhode Island.
- * Assure accurate tumor staging with American Joint Committee on Cancer (AJCC) staging methodology.

2010 TARGETS

Healthy People 2010, the most recent set of health objectives for the United States,² suggests the following targets for the control of cervical cancer:

Screening

By 2010, increase the proportion of women aged 18 years and older who have ever received a Pap test to 97% (baseline = 92% in 1998), and increase the proportion of women aged 18 years and older who have received a Pap test within the preceding 3 years to 90% (baseline = 79% in 1998).

Mortality

By 2010, reduce the cervical cancer death rate to 2.0 deaths per 100,000 females (age-adjusted to the year 2000 standard population of the United States; baseline = 3.0 deaths per 100,000 females in 1998).

Trends

(Please refer to Table 1.)

Screening

The proportion of Rhode Island women of all races, aged 18 years and older, who had received a pap test within the preceding 3 years increased from 80% in 1992 to 89% in 2000. Among all the states, the median proportion of

