



January is Cervical Health Awareness Month

Dear

Approximately 80 years ago cervical cancer was the leading cause of cancer death among women in the United States.¹ Since the introduction of the Pap test in 1941, cervical cancer death rates have fallen by more than 70 percent.² Even with the introduction of the Pap test, cervical cancer continues to affect women in the United States at an alarming rate. Every hour, 1 woman is diagnosed with cervical cancer and every 2 hours 1 woman will die from this disease.³ Since 2012, cervical cancer incidence rates have been increasing in women less than 50 years old.⁴ In 2021, it is estimated that there will be approximately 14,000 new cases of cervical cancer detected and approximately 4,000 deaths.³

The good news is that cervical cancer is one of the most preventable cancers, and with regular screening at your annual well-woman exam, HPV infections and cervical cancer can be caught and treated early.⁵ There are several recommendations for cervical cancer screening based upon your age range.^{6*}

- **21-29 years old:** A Pap test alone every three years is recommended.⁶
- **30-65 years old:** Co-testing with a Pap test and high-risk HPV testing every 5 years is recommended.^{6†}
- **65 years and older:** Do not require screening after adequate prior negative screening results.⁶

Be sure to talk to your doctor to understand your prior screening history and determine which screening method is appropriate for you.

During Cervical Health Awareness Month we want women to feel empowered to take control of their health. If you have not already, reach out to your health care provider to schedule a well-woman visit for 2023. Your well-woman visit is covered by the Affordable Care Act. There may be no co-pay, deductible, or out-of-pocket cost.^{7‡}

Call today to schedule your well-woman exam!

Best regards,

* A positive HPV screening may lead to further evaluation with cytology and/or colposcopy.

† There are two additional screening methodologies also recommended in this age group. For more information, see the April 2021 ACOG Practice Advisory.

‡ Patients should consult their healthcare plans to verify coverage.

References: **1.** American Cancer Society. Cancer Statistics Center. <https://cancerstatisticscenter.cancer.org/data-analysis/5UNvg1gE>. Published 2019. Accessed October 20, 2021 **2.** American Cancer Society. Cancer Statistics Center. https://cancerstatisticscenter.cancer.org/?_ga=2.150839477.2044751383.1547156654-294386523.1544563210#. Accessed October 20, 2021 **3.** American Cancer Society. Cancer Facts & Figures 2021. Published 2021. Accessed October 20, 2021. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf> **4.** Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER Research Data, 8 Registries, Nov 2021 Sub (1975-2019). Published April 2022. **5.** CDC. Cervical Cancer is Preventable. CDC website. Updated January 6, 2020. Accessed October 20, 2021. <https://www.cdc.gov/vitalsigns/cervical-cancer/index.html> **6.** American College of Obstetricians and Gynecologist. Women's Health Care Physicians. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>. Released April 2021. Accessed October 10, 2021 **7.** Conry JA, et al. Well-Woman Task Force: Components of the Well-Woman Visit. Obstet Gynecol. 2015;126(4):697-701. doi:10.1097/AOG.0000000000001055.