

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.

The reality is:

- 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
- About 8 out of 10 women in the U.S. will contract Human Papilloma virus (HPV), the virus that can cause cervical cancer.⁵
- Black women in the U.S. die from cervical cancer more than 2x the rate of white women.⁶
- Black, Hispanic & Asian women are less likely to be up to date with screening than white women.⁷

The good news is that cervical cancer is one of the most preventable cancers. With regular screening at your annual well-woman exam, HPV infections and cervical cancer can be caught and treated early.⁸ Studies show that 95% of cervical cancers were detected with Pap + HPV (Co-testing) providing the best possible screening for women ages 30-65.^{9,10} Below are the recommendations for cervical cancer screening based upon your age range.^{11,12}

Age Group	Screening Recommendation
21-29 years	Screening with cytology alone every 3 years
30-65 years	Cytology and hrHPV testing (co-testing) every 5 years
	OR
	hrHPV alone every 5 years*
	OR
	Cytology alone every 3 years (acceptable)

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 to empower women to take control of their health and understand that cervical cancer is treatable and preventable.^{8†}

If you have not already, reach out to your health care provider to schedule a well-woman visit for 2024. Your well-woman visit is covered by the Affordable Care Act. There may be no co-pay, deductible, or out-of-pocket cost.^{13‡}

Call today to schedule your well-woman exam!

Best regards,

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

† As many as 93% of cervical cancers could be prevented by screening and the HPV vaccination.⁴

‡ 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 September 14, 2023. **2.** American Cancer Society. Cancer Statistics Center. https://cancerstatisticscenter.cancer.org/?_ga=2.150839477.2044751383.1547156654-294386523.1544563210#. Accessed September 14, 2023. **3.** American Cancer Society. Cancer Facts & Figures 2023. Published 2023. Accessed October 26, 2023. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.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.** Myers, E.R., McCrory, D.C., Nanda, K., Bastian, L., Matchar, D.B. (2000). Mathematical model for the natural history of human papillomavirus infection and cervical carcinogenesis. *Am J Epidemiol*; 151:1158–1170. **6.** Beavis, A.L., Gravitt, P.E. and Rositch, A.F. (2017). Hysterectomy corrected cervical cancer mortality rates reveal a larger racial disparity in the United States. *Cancer*, 123: 1044-1050. <https://doi.org/10.1002/cncr.30507>. **7.** MacLaughlin et al. Trends Over Time in Pap and Pap-HPV Cotesting for Cervical Cancer Screening. *J Women's Health* 2019; 28(2) 244 – 249. **8.** CDC. Cervical Cancer is Preventable. CDC website. Updated January 6, 2020. Accessed September 14, 2023. <https://www.cdc.gov/vitalsigns/cervical-cancer/index.html>. **9.** Blatt A.J, et al. Comparison of cervical cancer screening results among 256,648 women in multiple clinical practices. *Cancer Cytopathol*. 2015;123(5):282-288. doi:10.1002/cncy.21544 (Study included ThinPrep, SurePath and Hybrid Capture 2 assay). **10.** Austin RM, et al. Enhanced detection of cervical cancer and precancer through use of imaged liquid-based cytology in routine cytology and HPV co-testing. *Am J Clin Pathol*. 2018;150(5):385-392. doi:10.1093/ajcp/aqy114 (Study included the ThinPrep® Pap test, ThinPrep imaging, digene HPV, Cervista HPV and Aptima HPV). **11.** Saslow, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. *Am J Clin Pathol*. 2012;137:516-42. doi:10.1309/AJCPD94EVR5JCG. **12.** Kaufman H, et al. Contributions of Liquid-Based (Papanicolaou) Cytology and Human Papillomavirus Testing in Cotesting for Detection of Cervical Cancer and Precancer in the United States. *Am J Clin Pathol*. 2020;XX:0-0 DOI: 10.1093/AJCP/AQAA074 (Study included ThinPrep Pap test, ThinPrep imaging, SurePath Pap test, SurePath imaging, Aptima HPV and Hybrid Capture 2). **13.** CDC. Prevention Through Health Care: Preventive Service Tables. HPV. <https://www.cdc.gov/nchstp/preventionthroughhealthcare/preventiveservices/std.htm>. Updated May 2, 2018. Accessed September 12, 2023.