

The Importance of Cervical Cancer Screening

Cervical Cancer Screening Saves Lives, yet...

- 11% of United States women report that they do not have their Pap test screenings
- In the United States, About 10,000 women are diagnosed with cervical cancer each year and about 3,700 women die in the USA each year from this disease.
- Women in developing countries account for about 85 percent of both the yearly cases of cervical cancer (estimated at 473,000 cases worldwide) and the yearly deaths from cervical cancer (estimated at 253,500 deaths worldwide).
- In the majority of developing countries, cervical cancer remains the number-one cause of cancer-related deaths among women.
- A woman who does not have her three shot prevention vaccine and her regular Pap test screen and HPV test when recommended, significantly increases her chances of developing cervical cancer.
- High-Risk HPV Types are directly related to cervical cancer, yet many women are unaware of what HPV is or the relationship it has to cervical cancer.

CERVICAL CANCER AND PAP TEST INFORMATION (BY THE CDC)

Cervical cancer is nearly 100 percent preventable, yet according to the American Cancer Society, an estimated 13,000 new cases of invasive cervical cancer will be diagnosed in 2002 and about 4,100 women will die of the disease.¹ The good news is that cervical cancer is preventable and curable if it is detected early; in fact, the occurrence of deaths from cervical cancer has declined significantly over the last 20 to 30 years

Cervical cancer rates are higher among older women; however, cervical intraepithelial neoplasia (or CIN), the precursor lesion to cervical cancer, most often occurs among younger women. Screening younger women using the Papanicolaou (Pap) test is an important strategy that can actually prevent cervical cancer from developing almost 100 percent of the time.

Minority populations and persons of low socioeconomic status are affected disproportionately as well.

Studies that have identified risk factors associated with cervical cancer have shown that cervical cancer is closely linked to

- failure to receive regular Pap test screening
- human papillomavirus (HPV) infection
- certain sexual behaviors (see paragraph below)
- immunosuppressive disorders such as HIV/AIDS

Experts agree that infection with certain strains of the HPV is one of the strongest risk factors for cervical cancer. The sexual behaviors specifically associated with greater risk are intercourse at an early age, multiple male sexual partners, and sex with a male partner who has had multiple sexual partners. Experts also agree that one of the most important things women can do to reduce their risk of cervical cancer is to receive regular screening with a Pap test.

Bethesda 2001 updates the earlier Bethesda System, first published in 1989 and revised in 1991. The 2001 version reflects the most current knowledge about the biology of Pap test abnormalities and

addresses new screening technologies that appeared in the past decade. The 2001 Bethesda System does not itself include guidelines for managing these abnormalities. However, it serves as the basis for new management guidelines that appear in companion articles (i.e., 2001 Consensus Guidelines for the Management of Women With Cervical Cytological Abnormalities and 2001 Bethesda System: Terminology for Reporting Results of Cervical Cytology) in the Journal of the American Medical Association, Volume 287, No. 16, April 24, 2002. The articles can be accessed at the following Web site: <http://jama.ama-assn.org/>. The guidelines were developed under the sponsorship of the American Society for Colposcopy and Cervical Pathology (ASCCP) in tandem with the 2001 Bethesda System. For a additional information, please see links below.

The U.S. Department of Health and Human Services has in place an independent panel of experts in primary care and disease prevention called the U.S. Preventive Services Task Force (1996). This task force systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. Currently, the task force recommends routine screening for cervical cancer for all women who are or have been sexually active and who have a cervix:

- Pap testing should begin at age 21 or 3 years after onset of sexual activity.
- Pap testing should be repeated at least every 3 years.

Pap screening can be discontinued at age 70 for women with an intact cervix, who have had 3 consecutive satisfactory normal/negative pap tests, and have had no abnormal pap tests in the previous 10 years.

There is insufficient evidence to recommend for or against routine screening with cervicography, routine screening with colposcopy, and screening for human papilloma virus infection, although recommendations against such screening can be made on other grounds.

Many organizations, including the American Cancer Society, National Cancer Institute, American College of Obstetricians and Gynecologists, American Medical Association, American Academy of Family Physicians, and others also recommend that Pap testing should

- begin pap testing 3 years after onset of sexual activity or at age 21.
- for women 30 and under, test annually with conventional pap test or every 2 years if using a liquid based pap test.
- For women over 30, testing may be done every 2-3 years after 3 consecutive normal pap tests (unless DES exposed or immunosuppressed).

Women who are past menopause (change of life) still need to have regular Pap tests. However, women who have undergone a hysterectomy in which the cervix was removed do not require Pap testing, unless the hysterectomy was performed because of cervical cancer or its precursors.

1 Source: Cancer Facts and Figures 2002, American Cancer Society, 2002.

TO FIND OUT MORE ABOUT CERVICAL CANCER AND PAP TESTING, VISIT OR CALL ONE OF THE FOLLOWING ORGANIZATIONS:

American Social Health Association
(919) 361-4848

National Cancer Institute Cervical Cancer Information
(800) 4 CANCER

National Cervical Cancer Coalition
(800) 685-5531

