

CERVICAL CANCER



L.A. Care Cervical Cancer Awareness Month Presentation

Dr. Debbie Saslow & Jane Smith 1/11/2023

# **Cervical Cancer Data**

### Cervical Cancer Burden in the U.S.



Cases in the U.S. in 2022

in the U.S. in 2022

\*Average annual rate per 100,000, age adjusted to the 2000 US standard population

\*\*Average annual rate per 100,000 age adjusted to the 2000 US standard population.

### Cervical Cancer Trends

Trends in incidence rates, 1975-2018 by sex, for cervix



# Estimated New Cases and Deaths from Cervical Cancer in California in 2022

### Estimated new cases and deaths, 2022

Cervix, by state

State 🗘	Estimated New Cases, 2022 $\uparrow_{\downarrow}$	Estimated Deaths, 2022 $\uparrow_{\downarrow}$
Alabama	240	110
Alaska	Not available 🛈	Not available 🛈
Arizona	290	80
Arkansas	160	60
California	1,640	520
Colorado	190	50

# Cancer Screening and Risk Factor Prevalence in California

### CANCER SCREENING AND RISK FACTOR PREVALENCE

Cancer Screening	California	National Rank	U.S.
Up-to-date mammography, women 45 years and older, 2018	68%	25	68%
Stool test/endoscopy, 50 years and older, 2018	73%	13	70%
Pap/HPV test, women 21 to 65 years, 2018	83%	43	85%

# Screening Guideline

### Who is at Average Risk?

Risk factors that are important for cervical precancer and cancer:

1990's	2020's
Multiple sex partners	1-Ad used Mar France 1-101
Early sexual debut	HPV Infection
STIs	
Oral contraceptive use	
Smoking	

# Prior Risk Factors were a Proxy for HPV Infection... Now We Can Test for HPV



### What Test to Use



### Cervical Cancer Screening Tests



### HPV Test vs Pap Test

- Pap tests are an inferior test compared to HPV-based screening
- Pap tests are minimally effective in women who have been vaccinated
- Co-testing offers minimal benefit compared to primary HPV screening



### How Often to Test

# EVERY YEARS

# When to Start Screening



### Rationale – Disease Burden of Cervical Cancer



Source: Fontham ETH, Wolf AMD, Church TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. CA Cancer J Clin. 2020

### Rationale – Disease Burden of Cervical Cancer



Distribution of Cervical Cancer Deaths by Age at Diagnosis, 2012-2016

Source: Fontham ETH, Wolf AMD, Church TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. CA Cancer J Clin. 2020

## When to Stop Screening



### Who Does NOT Need to Be Screened



# Guideline Summarized

Under age 25	Ages 25-65	Over age 65
Screening is not recommended.	Get screened using a primary HPV test every 5 years.	Most should stop screening.
Cervical cancer is rare before age 25.	If primary HPV testing is not available, screening may be done with a co-test (both HPV and Pap) every 5 years or a Pap test every 3 years.	People who have had regular screening in the previous 10 years with negative results should stop screening.

### Common Questions

### What are the differences between ACS, ACOG, and USPSTF recommendations, and what impact will these differences have on insurance coverage?

# Planning for the Future

Co-testing or cytology testing alone are included as acceptable options for cervical cancer screening because access to primary HPV testing may be limited in some settings. As the US makes the transition to primary HPV testing, the use of cotesting or cytology alone for cervical cancer screening will be eliminated from future quidelines.

## Phasing Out

- ► Pap tests <u>will</u> be phased out
- ► Cotesting <u>will</u> be phased out





We anticipate that self-sampling will play an increasingly prominent

role in cervical cancer screening once regulatory and clinical

prerequisites are in place.



### **HPV Vaccination**

- Vaccination will permit less frequent screening
- Vaccination will permit later starting age for screening



# **Elimination and HPV Vaccination**

### Elimination of Cervical Cancer

Elimination is defined as a reduction to zero cases, or near zero, in a defined geographic area. The elimination of cervical cancer is a very real possibility if two conditions are met:

### > Routine screening and treatment for cervical pre-cancers

### Sustained 80% HPV vaccination coverage for pre-teen boys and girls

### ACS Recommendations for HPV Vaccination

1. Girls and boys should get 2 doses of the HPV vaccine at ages 9 to 12 years.

2. Children and young adults up to age 26 years who have not received the HPV vaccine should get vaccinated. Vaccination of young adults will not prevent as many cancers as vaccination of children and teens.

3. The ACS does not recommend HPV vaccination for persons older than 26 years.



# Why Emphasize Ages 9?

Initiating the HPV vaccine series at age 9 offers many benefits, including:

- 1. More adolescents start and finish the vaccine series on time
- 2. More time for completion of the series by age 13
- 3. Strong immune response to the HPV vaccine
- 4. Increased likelihood of vaccinating prior to first HPV exposure
- 5. Fewer questions about sexual activity by parents and guardians
- 6. Fewer requests for only vaccines that are "required" for school
- 7. Fewer shots per visit
- 8. Highly acceptable to systems, providers, and parents

### **Higher On-Time Vaccination Rates = Increased Numbers of Cancers Prevented**

### What About Adults?

### Catch up HPV vaccination is not recommended for adults aged older than 26 years.





### 88% Protection Against Invasive Cervical Cancer When Vaccinated Before Age 17

### Impact of Age at Vaccination

#### The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

### HPV Vaccination and the Risk of Invasive Cervical Cancer

Jiayao Lei, Ph.D., Alexander Ploner, Ph.D., K. Miriam Elfström, Ph.D., Jiangrong Wang, Ph.D., Adam Roth, M.D., Ph.D., Fang Fang, M.D., Ph.D., Karin Sundström, M.D., Ph.D., Joakim Dillner, M.D., Ph.D., and Pär Sparén, Ph.D.

AGE AT VACCINATION	EFFECTIVENESS (AGAINST CIN3+)
12-13	86%
17	51%
18-21	15%

#### Sweden, 2006-2017

- 1.7 million females ages 10-30
- 538 cancers in unvaccinated
- 19 cases in vaccinated
- 2 cases when vax age 10-16

## Impact of Age at Vaccination



### Interventions to Prevent Cervical Cancer

### Recommended Evidence-Based Interventions (EBIs) for Cervical Cancer Screening

CLIENT DIRECTED	PROVIDER DIRECTED	ACCESS TO CARE
Client reminders	Provider reminders/recall	Reduce structural barriers
One-on-one patient education	Provider assessment and feedback	
Small media	Professional education	

### Recommended EBIs for HPV Vaccination

CLIENT DIRECTED	PROVIDER DIRECTED	ACCESS TO CARE
Client reminders	Provider reminders/recall	Reduce structural barriers
Patient education	Professional education	
	Provider assessment and feedback	
	Standing orders	

# Health Equity



Health equity means that **everyone has a fair and just opportunity** to prevent, find, treat, and survive cancer. It is not the same as equality.

Equality is providing everyone with the same tools and resources. Equity is providing tools and resources based on needs that allow everyone the opportunity to be as healthy as possible.

## Incidence/Death Rates in the U.S. by Race/Ethnicity

#### Incidence rates, 2014-2018 by race and ethnicity, for cervix

American Indian and Alas	ka Nat	tive		
				10.8
Hispanic				
			9.6	
Non-Hispanic black				
			8.8	
Non-Hispanic white				
		7.2		
Asian and Pacific Islander				
	6.1			
© 2022 American Cancer Society		Cance	erStatisticsC	enter.cancer.org

### Death rates, 2015-2019 by race and ethnicity, for cervix Non-Hispanic black 3.4 American Indian and Alaska Native 3.1 Hispanic 2.5 Non-Hispanic white 2 Asian and Pacific Islander 1.7 © 2022 American Cancer Society CancerStatisticsCenter.cancer.org

# Up-to-date with Cancer Screening by Race/Ethnicity and Socioeconomic Characteristics

### Cervical Cancer Screening % Aged 21-65y, United States, 2018

Race/ethnicity		Education		Insurancestatus		Family income level		US region**						
Non-Hispanic	84.8	Some high	74.0	Aged <65 y		<100%	71.4	Northeast	86.4					
White only		school or less		Uninsured	64.9	Federal poverty		Midwest	84.2					
Non-Hispanic Black only	86.9	High	80.6	Medicaid/	81.0	100% to	78.0	South	83.0					
Non Hispanic	70.0		06.0	other public only		<200% FPL	7 010	West	82.3					
AI/AN only	79.9	college	5.5 Some	Some	Some 86.2	Some 86.2	86.2	86.2	Private (any)	86.5	<200% FPL	86.6	Total	83.7
or multiple		concge		Aged > 65 y				10101						
Non-Hispanic	74.6	College	90.1	Medicare only	74.2									
Asian only		graduate or		Medicare	NA									
Hispanic-Latino	81.7	higher		+ Medicaid/other										
				public only										

Medicare +

private supplemental 82.6

# National Breast and Cervical Cancer Early Detection Program

- Created in 1990 when Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990
- Program helps low-income, uninsured, and underinsured women gain access to timely breast and cervical cancer screening, diagnostic, and treatment services
- Patient navigation services help women overcome barriers to timely and quality care



## Cervical Cancer Screening Take-Home Messages

- > Focus efforts on unscreened women
- Frequent (annual, biennial) cervical screening leads to more harms than benefits
- > HPV screening has many advantages: "preferred" test
- > HPV screening every 5 years is extremely safe: better detection, less procedures
- > Guidelines are based on a rigorous review and achieved broad consensus

## Cervical Cancer Screening Take Home Messages Cont.

- > Support and prepare for the transition to primary HPV screening
- Support and prepare for self-testing
- > Identify cervical cancer screening clinical champions
- Support policies that provide coverage for testing up until the point of diagnosis
- Get involved with the ACS National Roundtable on Cervical Cancer at cervicalroundtable.org

# What is ACS doing in the U.S. Cervical Cancer Space?

## ACS National Roundtable on Cervical Cancer

We can eliminate a cancer for the first time in history

> 1. Berger, et al. Estimating the Natural History of Cervical Carcinogenesis Using Simulation Models: A CISNET Comparative Analysis. J Natl Cancer Inst. 2020 Sep 1;112(9):955-963.

### ACS NRTCC MILESTONES



### Launch

- Launched Website
- Launch Event October 2022
- Convened Advisory Council and Steering Committee
- Secure funders
- Conducting a national needs assessment



### Growth

- Identify RT priorities
- Engage member organizations
- Create strategic plan
- Activate priority workgroups
- Conduct annual National Meetings



### Maturity

- Support established committees & workgroups
- Implement strategic plan
- Lead the national dialogue
- Develop unique campaigns, initiatives, events
- Collaborate with global initiatives

## How You Can Help

Share the	Follow and	Bookmark the ACS
Stakeholder Survey	Share our Socials	NRTCC Website
<text><text></text></text>	Image: Section of the section of th	Cervicalroundtable.org

# Primary HPV Screening Initiative

### Initiative Goals

- Create a comprehensive implementation plan with recommendations and tools to support the transition to primary HPV screening in the United States over the coming years as described in the ACS Cervical Cancer Screening Guideline (2020)
- Determine the actors who will be responsible for implementation





# Enhanced Cervical Cancer Screening and Management Landscape



Enhanced Cervical Cancer Screening and Management Landscape

## Philosophy

Creating screening recommendations is only part of cervical cancer prevention; we see this initiative as an opportunity to ensure recommendations are implemented, screening guidelines become aligned, groups take responsibility to support guideline implementation efforts, and widespread impact is seen in cervical cancer prevention.



### 2021-2022 Year in Review





Expert volunteers and staff engaged

31 States and territories

represented

5 Workg

Workgroup and Steering Committee meetings

82

30

Deliverables currently being developed

Publications in progress

# Your ACS Cancer Support Strategic Partnership Manager – Bridget Freeley

# Questions?

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