cervical cancer

Cervical cancer death is highly preventable with regular Pap tests, which can detect abnormalities before they become cancerous. [1]

Making Progress

- The Pap test, one of the most successful of all cancer screening tests, has saved thousands of lives since it was introduced in the 1950s. [2]
- Fewer California women are getting cervical cancer. From 1988–1999, invasive cervical cancer incidence declined in each of the four major race/ethnic groups. [3]

The Battle Continues

- In the United States, 11,150 cases of invasive cervical cancer are expected to be diagnosed in 2007 and 3,670 women will die from the disease. [4]
- Between 60 percent and 80 percent of American women with newly diagnosed invasive cervical cancer have either not had a Pap test in the past five years or have never had one. [5]
- In California, approximately 1,465 women will be diagnosed with cervical cancer in 2007 and 400 women will die needlessly from the disease. [6]
- 800,000 California women (age 18 and older) who need to be routinely screened have never had a Pap test. [1]
- In national statistics that consider geographic variations, ethnic disparities, and other patterns, California consistently has higher rates of cervical cancer than other regions. [7]
- A common cancer among Asian and Hispanic women, cervical cancer is a major problem for many women who have recently immigrated to California. [6]
- The risk of developing cervical cancer is 3-10 times greater in women who have not been screened, as screening may find pre-cancerous cells that can be treated. [8]
- Uninsured women are less likely than insured women to be screened and are therefore more likely to die prematurely because of delayed diagnosis. [9]
- Women in high-poverty countries had a 71 percent higher cervical cancer mortality rate than women in low-poverty countries.[10]

Age, Income, Health Insurance Status Trends & Patterns

- Women between 50 and 55 years old are most likely to be diagnosed with the disease primarily because they are less likely to have had regular screening exams. [2]

- About one out of five uninsured, low-income women age 40 and older screened by Cancer Detection Programs: Every Woman Counts have either not had a Pap test in the past five years or have never had one. This is the group in which over 30 percent of invasive cervical cancers occur. [11]

- Approximately one out of every six uninsured women has never had a Pap test, compared to only one out of every seventeen women with health insurance. [1]

- Cervical cancer screening is increasing among lower income women. In 1999, 84 percent of lower income women reported having a Pap test in the prior three years, as compared to 76 percent in 1992. [1]

Ethnic Trends & Patterns

The risks of developing and dying from cervical cancer differ among ethnic groups, as does the frequency of getting regular cervical cancer screening.

African-American

- Less than half (46 percent) of cervical cancers diagnosed in 2003 were early stage. [6]

- From 1988-1998, the average decrease per year in cervical cancer incidence was 4.2 percent. Most of the decrease has taken place since 1992. [3]

- In 2004, 94 percent of African-American women ages 18 and older in California had a Pap test in the prior three years, compared to 86 percent in 2002. [6, 12]

Asian/Pacific Islander

- Asian/Pacific Islander women have the second highest risk for developing cervical cancer, while Latinas women have the highest risk. [3, 6]

- Forty-nine percent of cervical cancers diagnosed in 2003 in Asian/Pacific Islander women were early stage. [6]

- From 1988-1998, the average decrease per year in cervical cancer incidence was 3.5 percent. [3]

- Asian/Pacific Islander women were the least likely to report having received a Pap test in the prior three years.[1] In 2004, 78 percent of Asian/Pacific Islander women in California, ages 18 and older, had a Pap test in the prior three years, compared to 75 percent in 2002. [6, 12]

- Vietnamese women have the highest incidence rate of invasive cervical cancer, according to national statistics. [13]

Hispanic/Latinas

- Hispanic women have the highest risk for developing cervical cancer in California – more than twice as high as non-Hispanic white women. Hispanic women suffer from one-third of invasive cervical cancers diagnosed each year in California. [3]

- Forty-eight percent of cervical cancers diagnosed in 2003 among Latinas were early stage. [6]

- In 2004, 84 percent of Latinas in California, ages 18 *and older, had a Pap test in the prior three years. This number has not been changed since 2002.* [6, 12]

White (Non-Hispanic)

- Fifty percent of cervical cancers diagnosed in 2003 in White women were early stage. [6]

- From 1988-1999, cervical cancer incidence declined less among White women in California, as compared to other ethnic groups. The average decrease per year was 2 percent. [3]

- In 2004, 86 percent of White women in California, ages 18 and older, had a Pap test in the prior three year, compared to 88 percent in 2002. [6, 12]

Note: The categories "Native American" and "Rural Women" are not included in the above due to the small sample size of the available population in this category and lack of relevant data from reputable data sources.

The Importance of Early Detection

- Regular Pap tests, which detect abnormalities before they become cancerous, are essential to prevent cervical cancer. [1, 2]

- Early detection of cervical cancer improves the chances of survival. When cervical cancer is localized (early stage), 92 of every 100 women will survive for at least five years. Once the cancer has spread to other parts of the body, the five-year survival rate is 17 percent. [6]

- All women should receive annual Pap tests 3 years after they become sexually active, but no later than age 21. After a woman has had three or more consecutive normal annual examinations, the Pap test may be performed less frequently based upon discretion of the physician in collaboration with the patient. [6]

Human Papillomavirus (HPV)

What is it?

- HPV is a viral infection of the genital tract that affects women, men and rarely children.

- HPV is the most common sexually transmitted disease. It is spread through direct skin-to-skin contact during vaginal, anal and oral sex with someone who is infected. HPV can also be spread from mother to child during birth. [18]

- Any sexually active person can be infected with HPV, and most people who carry the virus do not know they are infected. HPV rarely causes symptoms, but occasionally appears as genital warts or changes in the skin of the cervix that can proceed to cancer.

- The transmission of HPV may be prevented through abstinence, the use of male or female condoms, and vaccination.

- The infection appears to be suppressed by the immune system in most cases. Genital warts can be treated by removal. Cervical cellular abnormalities identified on the Pap test are treated more specifically depending of the stage of disease progression.

- There are 30 types of HPV virus that are known to infect the genital tract. Twenty types are known to have an association with cervical cancer.

    - Seventy percent of cervical cancers are caused by HPV types 16 and 18. Types 6 and 11 cause most genital warts (condylomata) but are less frequent causes of cancer. [16]

Who should be tested for HPV?

- In addition to the Pap test, screening for specific HPV strains is recommended for certain women to rule out the presence of a type of HPV infection that poses a high risk for causing cancer.

- These women include those with many sexual partners, genital warts, Pap test results that suggest the potential for cancer to develop, and women over 30.

- The outcomes of the test will result in a spectrum of recommendations ranging from observation and more frequent Pap smears to biopsy or minor surgery.

- A consultation with your physician discussing the pros and cons of HPV screening will help you decide if testing is right for you. Insurance payment for these recommended tests is mandated by California legislation (SB 1245.)

Human Papillomavirus (HPV) Vaccine

- In June 2006, the Advisory Committee on Immunization Practices voted to recommend the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital HPV.

- The FDA approved vaccine protects against HPV types 6, 11, 16 and 18, which together cause 70 percent of cervical cancers and 90 percent of genital warts. [14, 17]

- The vaccine is recommended for young girls and women age 9-26 years old. Women who have not become sexually active will benefit most from this vaccine, as they may develop immunity prior to exposure to the virus. [14]

- Although the vaccine prevents infection from certain types HPV, it does not protect against all HPV types that cause cervical cancer. It is important for women to continue Pap testing for cervical cancer screening and preventive practices to limit transmission of the virus. [14, 15]

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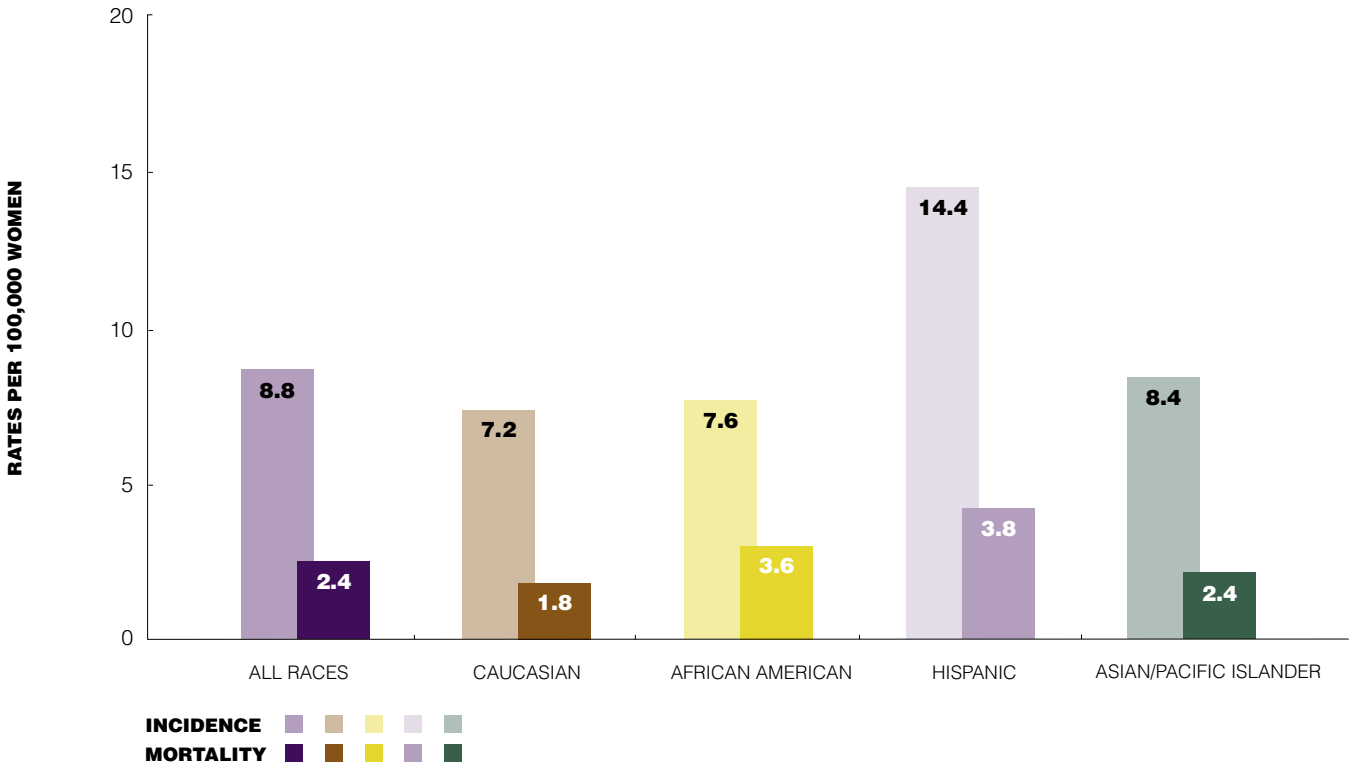
California Department of Health Services
Cancer Detection Programs: Every Woman Counts

For Your Information:
Cervical Cancer Statistics

2002 California

Invasive Cervical Cancer
by incidence and death rates*
among racial/ethnic groups



Sources: California Cancer Registry (October 2004) and DHS Center for Health Statistics Death Master Files.

*Rates per 100,000 persons by year, age-adjusted to the 2000 U.S. population. As published in: Kwong SI, Allen M, Wright We. Cancer in California: 1988–2002. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, August 2005.

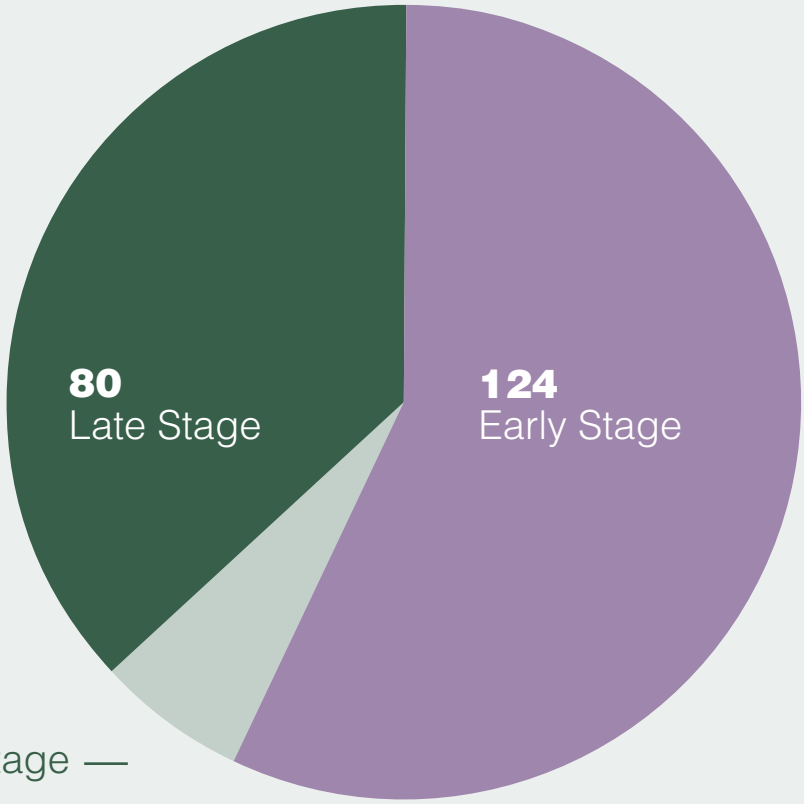
Eligibility Requirements: Women eligible for free cervical cancer screening services must be 25 or older, low income (at or below 200 percent of the federal poverty level), and have no or limited health insurance coverage.

1.800.511.2300
www.dhs.ca.gov/cancerdetection

Cervical Cancer Statistics At a Glance:

***CDP: EWC* Inception (1991) To June 30, 2005**

Women Who Received a *Cancer Detection Programs: Every Woman Counts* Cervical Cancer Screening or Diagnostic Service Who Were Subsequently Diagnosed with Cervical Cancer, by Stage at Diagnosis[2]

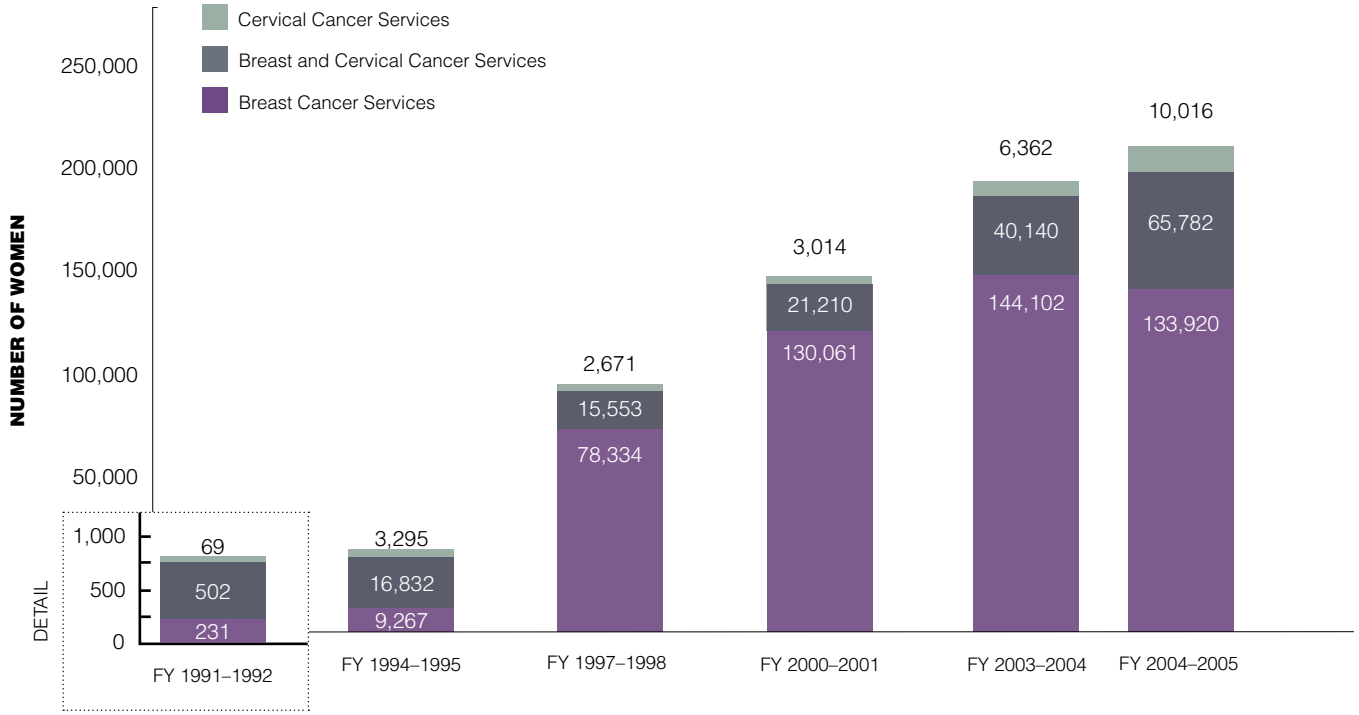


"It's a good program for people with no medical benefits; because mammograms and Pap tests are two main things women need to take care of every year."

GERALDINE
Survivor
Age 68

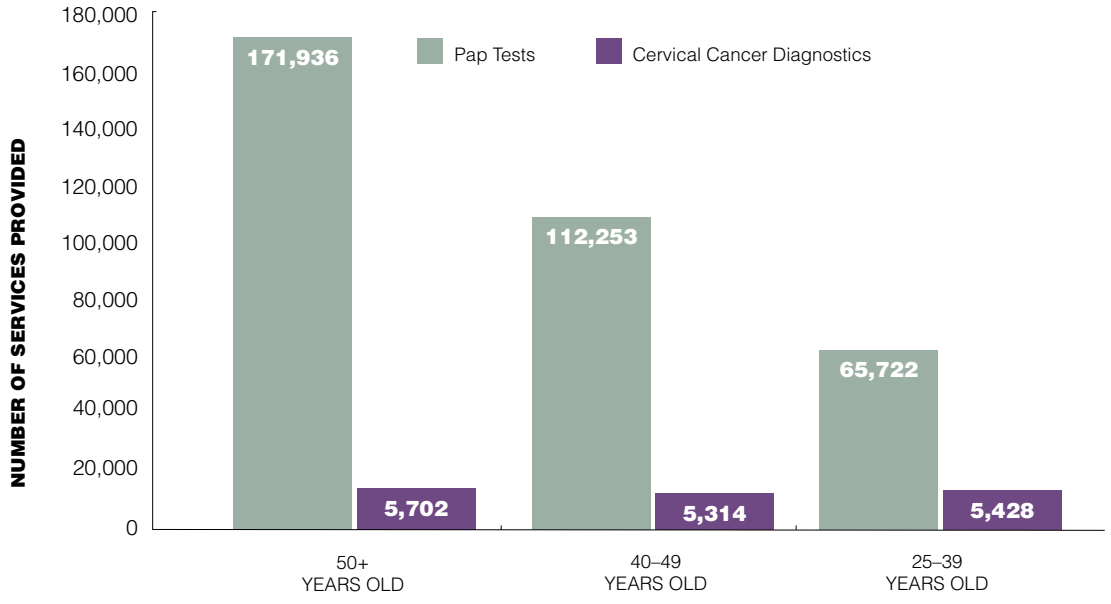
Program Growth[3]

Women Receiving Screening and Diagnostic Services



Cervical Cancer Screening and Diagnostic Services Provided[4]

***CDP: EWC* inception (1991) to June 30, 2005**



California Department of Health Services
Cancer Detection Programs: Every Woman Counts

Cervical Cancer
Statistics At a Glance:

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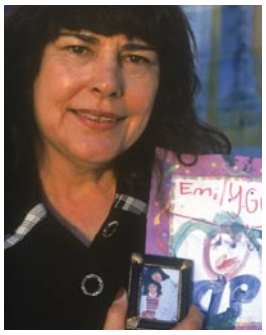
Footnotes

1. Methods: The number of women who received *CDP: EWC* services is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract2000604). Women were identified by probabilistic matching of available identifiers on the enrollment forms with identifiers in the Common Analytical File. The number and percent of women who received services is an unduplicated count of women who received services per fiscal year (e.g. 7/1/2001–6/30/2002). "Unknown" race includes Non-hispanic women who reported their race as "unknown." Cervical cancer screening and diagnostic services include pap tests, pelvic examinations, colposcopies with and without biopsy, and other clinical cervical procedures.
2. Methods: The number of women who were diagnosed with cervical cancer is based on data extracted from the May 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200605) containing clinical data submitted via claims or the internet and the January 2006 linkage between the California Cancer Registry (CCR) and CDS' Common Analytical File confirming cancer diagnosis status. Linkage was performed probabilistically based on available identifiers in both data sets. Women were counted if their date of diagnosis was later than the date of their first cervical cancer screening or diagnostic service. Cervical cancer screening and diagnostic services include pap tests, pelvic examinations, colposcopies with and without biopsy, and other clinical cervical procedures.

   Limitations: The numbers reported are estimates. The number of women diagnosed with cervical cancer reported in this chart cannot be summed to estimate the total number of women diagnosed during the time period due to duplicated cases; if a woman had more than one distinct cervical cancer diagnosed at different diagnosis stages, she will be counted in each stage at diagnosis category. Please note that the number of women diagnosed is incomplete due to a lag in reporting cancers to the California Cancer Registry (CCR). Approximately 95% of cancer cases are reported to CCR for a calendar year by approximately 18 months after the close of the year. In situ cancers are not included in the "early stage" category because reporting in situ cases to CCR is not required.
3. Methods: The number of women who received *CDP: EWC* services is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200604). Women were identified by probabilistic matching of available identifiers on the enrollment forms with identifiers in the Common Analytical File. The number of women who received services is an unduplicated count of women who received services per fiscal year (e.g. 7/1/2004–6/30/2005). Cervical cancer screening and diagnostic services include pap tests, pelvic examinations, colposcopies with and without biopsy, and other clinical cervical procedures. Breast cancer screening and diagnostic services include clinical breast exams (CBE), screening and diagnostic mammograms, surgical consults, lumpectomies, ultrasounds, fine needle aspirations, and other clinical breast procedures.

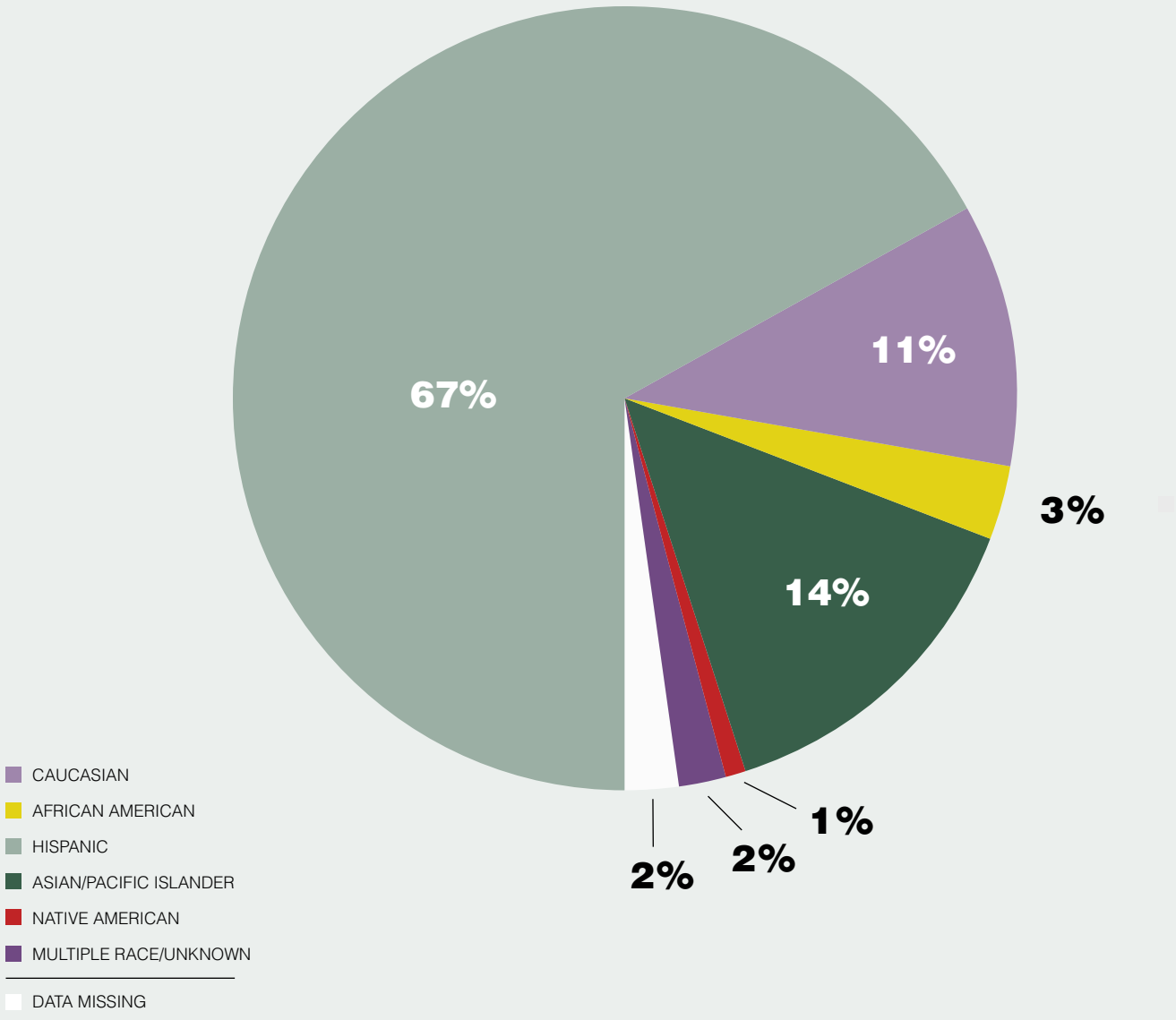
   Limitations: The number of women who received services by fiscal year cannot be summed due to duplication: the same woman could have received services in multiple fiscal year, so she would be counted in each year.
4. Methods: The number of services provided by *CDP: EWC* is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200604). The 'pap' service category includes only pap smear tests, and the cervical 'diagnostic' services include colposcopies with and without biopsy and other clinical cervical procedures.

Cervical Cancer
Statistics At a Glance:



Women Served[1]
July 1, 2004–June 30, 2005

75,797 Women received cervical cancer screening and diagnostic services from *Cancer Detection Programs: Every Woman Counts*



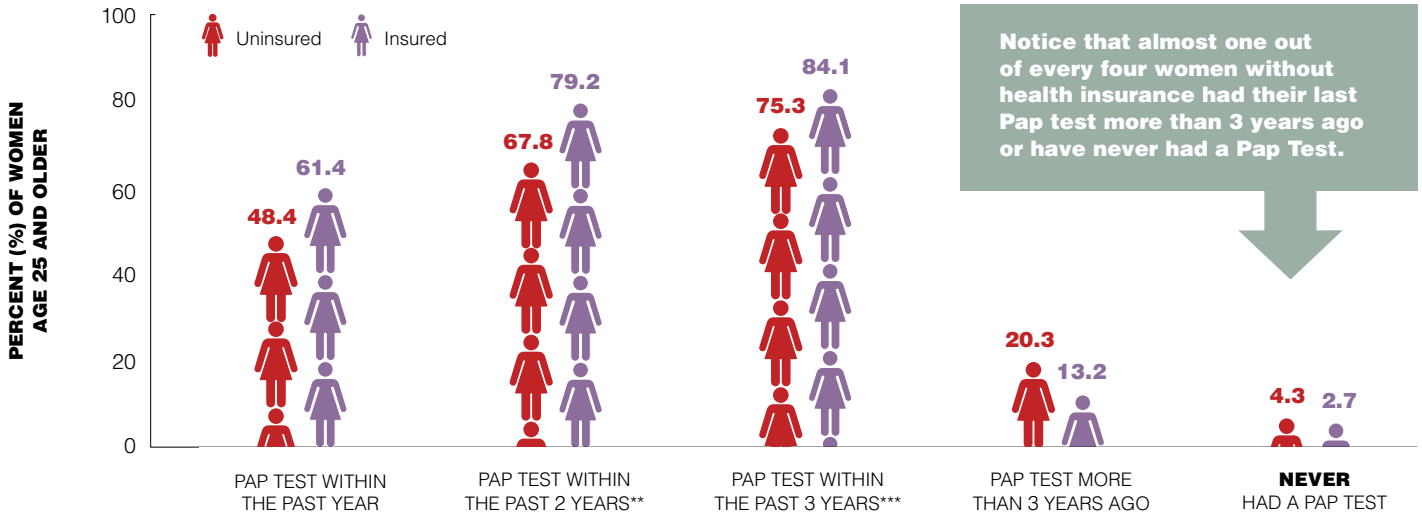
For your information: Cervical Cancer Statistics At a Glance

2005 California

Pap test use*
by health insurance

This graph shows that if a woman does not have health insurance, she is less likely to have received a recent Pap test.

Notice that almost one out of every four women without health insurance had their last Pap test more than 3 years ago or have never had a Pap Test.



Source: California Women's Health Survey 2005 data were extracted based on the California Women's Health Survey SAS Dataset Documentation and Technical Report, Survey Research Group, California Department of Health Services, 2006. Data were adjusted to the 2000 California population.

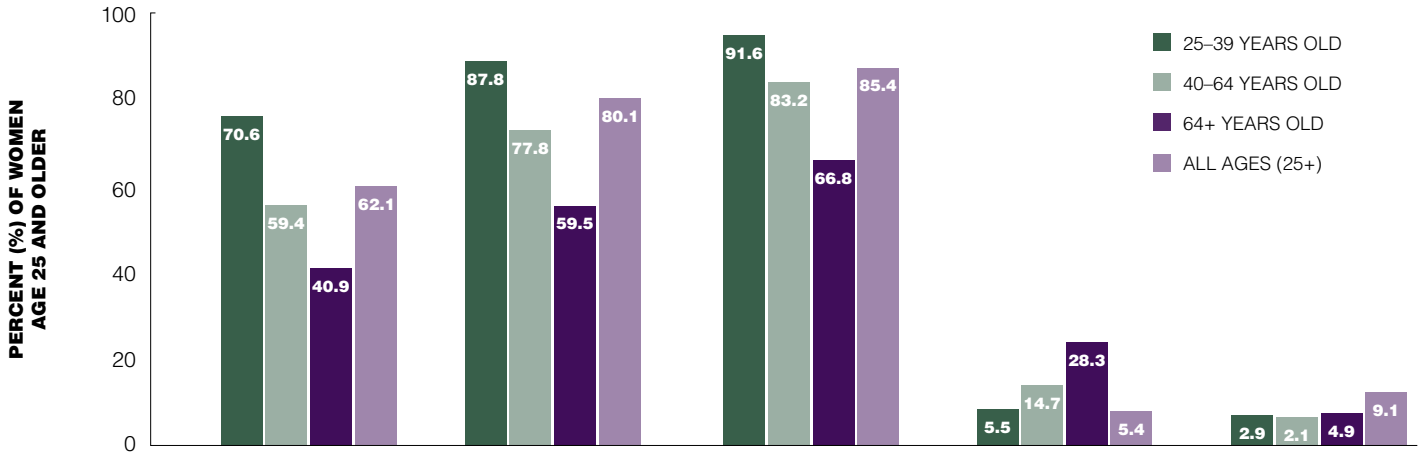
* Includes women who reported having a hysterectomy.

** "Pap test within the past 2 years" includes "pap test within the past year"

*** "Pap test within the past 3 years" includes "pap test within the past 2 years"

2005 California

Pap test use*
by age group



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