



# CLOSING GAPS IN CANCER SCREENING:

Connecting People, Communities, and Systems to Improve Equity and Access

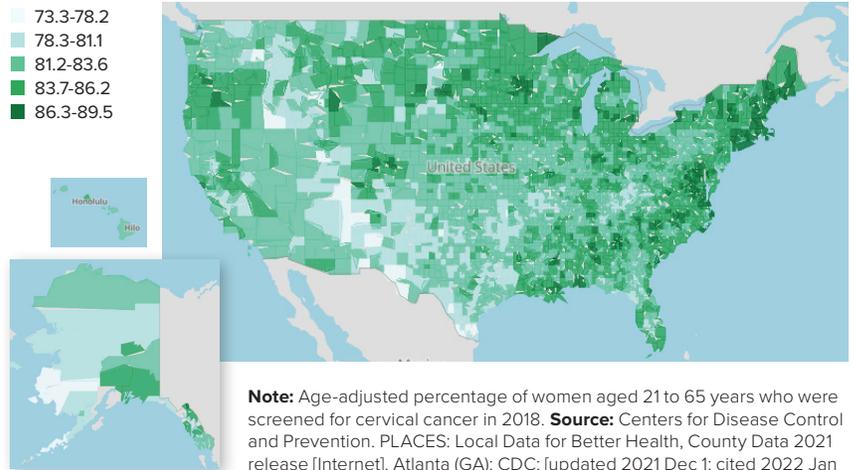
## Cervical Cancer Companion Brief

In 2020–2021, the President’s Cancer Panel held a series of meetings on the uptake of cancer screening, with a focus on breast, cervical, colorectal, and lung cancers. Cancer screening saves lives; however, gaps in screening uptake and timely receipt of follow-up care after an abnormal screening test result mean too many people are unnecessarily enduring aggressive treatment or dying from cancers that could have been prevented or detected at earlier stages. The Panel’s report, *Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access*, identifies four critical goals and related recommendations to ensure the benefits of cancer screening reach all populations. Many challenges and opportunities are common across cancer types. This companion brief summarizes issues and recommendations that are highly relevant to cervical cancer.

### FACTS & FIGURES

#### U.S. Cervical Cancer Screening Rates by County

- 73.3-78.2
- 78.3-81.1
- 81.2-83.6
- 83.7-86.2
- 86.3-89.5



**Note:** Age-adjusted percentage of women aged 21 to 65 years who were screened for cervical cancer in 2018. **Source:** Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, County Data 2021 release [Internet]. Atlanta (GA): CDC; [updated 2021 Dec 1; cited 2022 Jan 4]. Available from: <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

There were an estimated **14,480 cases** of cervical cancer and **4,290 deaths** from the disease in the United States in 2021.

**Black** and **Hispanic** women are more likely than white women to die from cervical cancer.

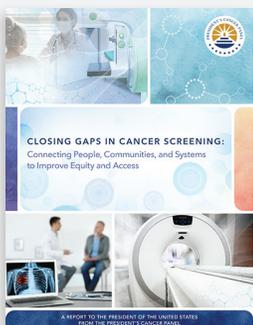
In 2019, **73.5%** of age-eligible U.S. women were screened for cervical cancer. Cervical cancer screening rates vary across the country and are lower among the **uninsured**, the **gay or lesbian** community, those with **no usual source of care**, recent **immigrants**, people with lower **educational achievement** or **income level**, and some **racial/ethnic minorities**.

Insurance coverage for screening and follow-up of abnormal results is critical. Even among the insured, eligible patients may not receive appropriate cervical cancer screening and/or follow-up care due to **lack of knowledge** of screening recommendations, **lack of provider recommendation**, **negative perceptions** of testing, **difficulties accessing and/or navigating** healthcare systems, and **logistical challenges** such as transportation and time.

### ACCESS THE FULL PRESIDENT’S CANCER PANEL REPORT AT:

<https://PresCancerPanel.cancer.gov/report/cancerscreening>

**Sources:** National Cancer Institute. Cancer stat facts: cervical cancer [Internet]. Bethesda (MD): NCI; [cited 2021 Nov 30]. Available from: <https://seer.cancer.gov/statfacts/html/cervix.html>; National Cancer Institute. Cancer Trends Progress Report: early detection [Internet]. Bethesda (MD): NCI; [cited 2021 March 9]. Available from: <https://progressreport.cancer.gov/detection>; Sabatino SA, et al. MMWR Morb Mortal Wkly Rep. 2021;70(2):29-35. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/33444294>; Fuzzell LN, et al. Prev Med. 2021;144:106400. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/33388330>



# PRESIDENT'S CANCER PANEL

## Cervical Cancer Companion Brief

### GOAL 1: IMPROVE AND ALIGN CANCER SCREENING COMMUNICATION



**Communications campaigns for cervical cancer screening are needed.** These campaigns should raise awareness, increase understanding, and empower people to be screened. Key messages should address common knowledge gaps or misperceptions about cervical cancer screening. They also should be tailored to different populations and designed to help individuals overcome identified barriers to optimal cancer screening.

**A National Roundtable with a focus on cervical cancer screening should be created to increase coordination and promotion of high-quality screening.** Membership should include organizations and individuals across numerous sectors and should represent the geographic, socioeconomic, and racial/ethnic diversity of the United States. Health equity and alignment of messaging about cancer screening, cancer screening guidelines, and the importance of follow-up after abnormal screening test results should be high priorities. The Roundtable should coordinate closely with the existing National HPV Vaccination Roundtable.

#### KEY MESSAGES

- HPV (human papillomavirus) testing is a highly effective option for cervical cancer screening.
- Cervical cancer screening should continue through age 65 and sometimes beyond.

### GOAL 2: FACILITATE EQUITABLE ACCESS TO CANCER SCREENING



**Community-oriented outreach and support services are needed to promote appropriate screening and follow-up care.** Community health workers (CHWs), who have a deep understanding of the culture and life experiences of their communities, can help address barriers to cervical cancer screening, particularly those experienced by populations less likely to be screened. This could include connecting patients with resources to overcome logistical barriers (e.g., transportation) or coordinating appropriate follow-up care in the event of an abnormal screening test result. Sustainable funding, institutional commitment, and training are essential to establish effective CHW programs.

**Self-sampling for HPV testing should be an option to expand the reach of cervical cancer screening in the United States.** Self-sampling can reach people who do not participate in regular cervical cancer screening, including those who live long distances from medical facilities, have difficulty attending appointments due to logistical challenges, or are uncomfortable in medical settings or with pelvic exams

performed by a provider. Self-sampling has been adopted as part of cervical cancer screening programs in other countries, but it has not been approved for use in the United States. HPV test manufacturers should participate in validation efforts and pursue regulatory approval for HPV self-sampling strategies, and the U.S. Food and Drug Administration (FDA) should prioritize review of the evidence supporting HPV self-sampling. If the FDA approves self-sampling, U.S. cervical cancer screening programs should use HPV self-sampling to extend their reach.

### GOAL 3: STRENGTHEN WORKFORCE COLLABORATIONS TO SUPPORT CANCER SCREENING AND RISK ASSESSMENT



**Systems and processes that support team-based care should be established.** Involving multiple members of the healthcare team—including physicians, nurses, office staff, and others—can help practices and healthcare systems identify people due for cervical cancer screening, promote screening, and ensure appropriate follow-up for abnormal screening test results. All team members should receive education and training to ensure they have the knowledge and skills to support cervical cancer screening.

### GOAL 4: CREATE HEALTH INFORMATION TECHNOLOGY THAT PROMOTES APPROPRIATE CANCER RISK ASSESSMENT AND SCREENING



**Effective clinical decision support (CDS) for cervical cancer screening and follow-up care should be created and deployed.** The availability of cervical cancer screening and management guidelines in a format that can be fully interpreted and executed by a computer would facilitate creation of health information technology that promotes broader, more equitable, and faster guideline implementation. For example, computable guidelines can be used to create CDS that helps providers and healthcare systems identify patients due for screening and integrate past screening results with guidelines to ensure the right test is performed at the right time. To be optimally effective, CDS should be included in standard electronic health record and laboratory information systems. It also should be integrated into clinical workflows and facilitate communication and hand-offs among healthcare team members and sites. The Centers for Disease Control and Prevention (CDC) has launched an initiative to translate U.S. Preventive Services Task Force guidelines for cervical cancer screening and American Society for Colposcopy and Cervical Pathology (ASCCP) Risk-Based Management Consensus Guidelines for management of abnormal screening results into a computable format that will integrate into existing electronic health record systems.