

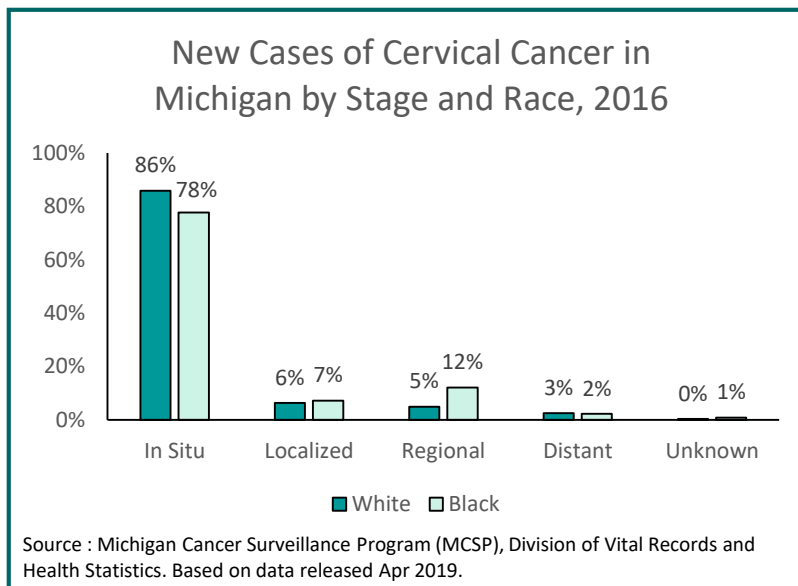
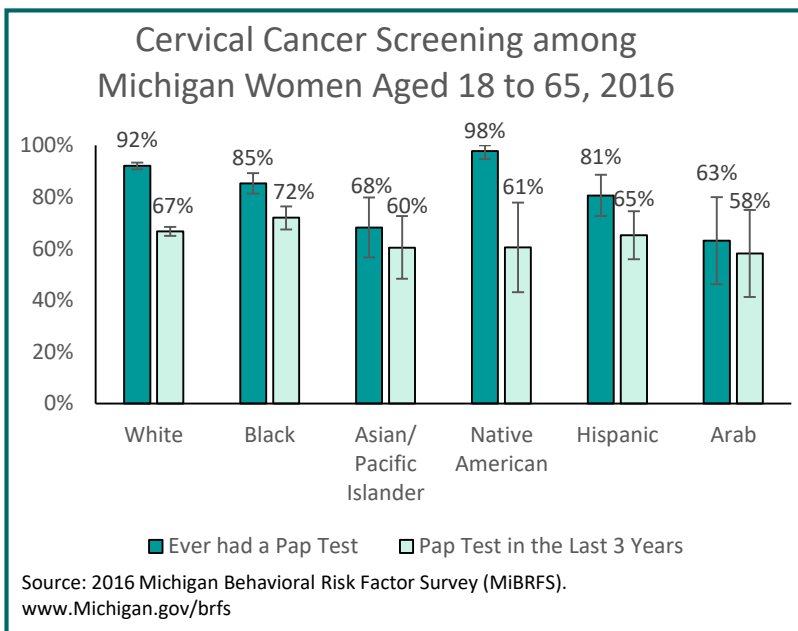
- Cervical cancer is the most commonly diagnosed cancer in women between the ages 35 and 54. <sup>1</sup>
- Cervical cancer usually has **very few to no signs or symptoms.** <sup>1</sup>
- In 2019, it is estimated that there will be **360** new cases of cervical cancer and **120 deaths** from cervical cancer in Michigan women. <sup>2</sup>

## Cervical Cancer Screening <sup>3</sup>

- Screening is recommended for women of average risk between the ages 21 to 65.
- For women aged 21 to 29, Pap tests should be administered every three years.
- For women aged 30 to 65 it is recommended to be screened every three years with a Pap test, OR every five years with high-risk human papillomavirus (hrHPV) testing alone, OR every five years with hrHPV testing in combination with a Pap test (co-testing).
- Arab Americans report lower rates for ever having a Pap test (63%) and having a Pap test in the last three years (58%) compared to other racial and ethnic groups.
- LGBT women report lower rates of ever having a Pap test (75%) compared to non-LGBT women (91%) (data not shown).

## Early Detection is Key!

- Most cases of cervical cancer in Michigan are diagnosed in situ (non-invasive) however there are significant differences in stage at diagnosis by race, with 78% of Black women being diagnosed in situ compared to 86% of White women. <sup>4</sup>
- For cases that become invasive, 92% of US women diagnosed at the local stage will survive five years, compared to only 17% of women diagnosed at the distant stage. <sup>5</sup>



## Know someone who needs help getting screened for cervical cancer or navigating the health system?

The Breast and Cervical Cancer Control Navigation Program (BCCCNP) **provides free cervical cancer screening to low-income uninsured women between the ages of 21-64.** For more information about the BCCCNP, please call toll free 844-446-8727 or visit [www.michigancancer.org/bcccp](http://www.michigancancer.org/bcccp).

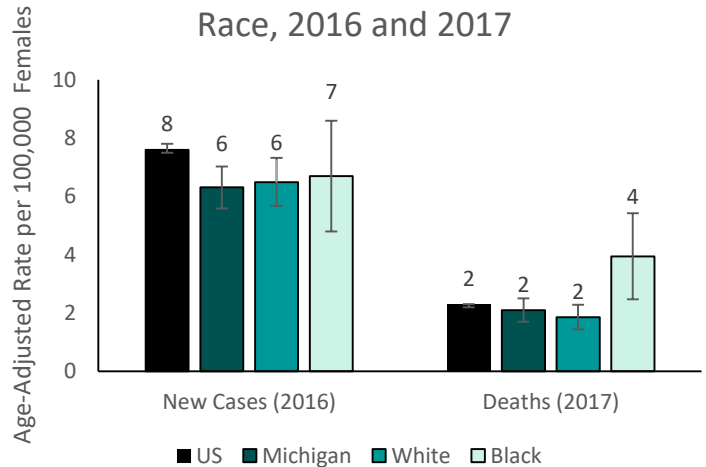
## Michigan Cervical Cancer Trends and Disparities

- New diagnoses of invasive cervical cancer have decreased by 19% since 2002.
- **New diagnoses among Black females have decreased by 41%** since 2002.
- The death rate from cervical cancer has remained stable over the last 15 years among both White and Black females.
- Despite the decreasing disparity in diagnosis rate, the death rate from cervical cancer remains significantly higher among Black females (4 per 100,000) compared to White females (2 per 100,000).

### What increases risk of cervical cancer? <sup>7,8</sup>

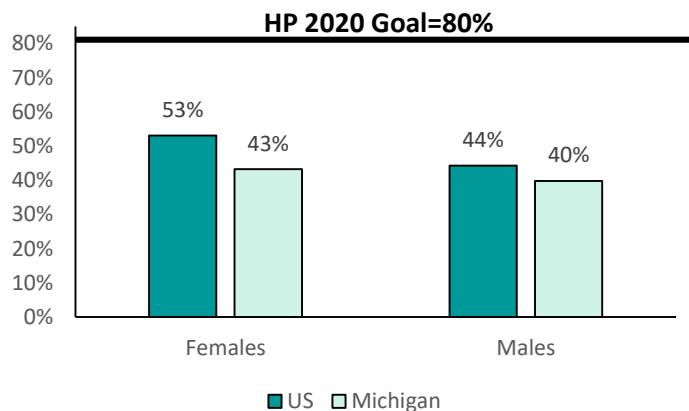
- Infection with one or more strains of **Human Papilloma Virus (HPV)** causes the greatest increased risk for cervical cancer.
  - Seven strains of HPV cause about 90% of cervical cancers.
  - The current HPV vaccination prevents infection of these seven strains of HPV.
- Risk of cervical cancer is **two times higher** in women who **smoke cigarettes** compared to women who don't (data not shown).
- Multiple sex partners (regardless of sexual orientation).
- Initiation of sex at age 16 or younger.
- First term pregnancy before age 17.
- Having three or more pregnancies.
- Not using condoms.
- Long-term use of oral contraceptives.

### Cervical Cancer New Diagnoses and Deaths in the U.S. and Michigan by Race, 2016 and 2017



Source: Michigan Cancer Surveillance Program (MCSP), Division of Vital Records and Health Statistics. Based on data released Jan 2019.

### HPV Series Completion Rate among Michigan Youth Aged 13-17, December 2018



Source: Michigan Care Improvement Registry (MCIR). Prepared by the Michigan Department of Health and Human Services.

### Human Papilloma Virus (HPV) Vaccination <sup>9</sup>

The Centers for Disease Control and Prevention recommends that girls and boys between 11 and 12 years old get the HPV vaccine. However, vaccination can start as early as 9 years old and continue to age 26, depending upon the patients risk and situation. Discuss the appropriate vaccination schedule with your healthcare provider.

References: 1) National Cancer Institute Surveillance, Epidemiology and End Results Program. Retrieved at [seer.cancer.gov/statfacts](http://seer.cancer.gov/statfacts). Accessed March 2019 2) American Cancer Society. Cancer Statistics Center: Michigan at a Glance 2018. Retrieved at: <http://cancerstatisticscenter.cancer.org/#/state/Michigan>. 3) *Final Recommendation Statement: Cervical Cancer: Screening*. U.S. Preventive Services Task Force. March 2012. 4) Michigan Cancer Surveillance Program. Invasive cervical Cancer Incidence and Mortality Trends Michigan Female Residents, 1985-2015. Michigan Department of Health & Human Services. Division of Vital Records & Health Statistics. Retrieved at: <http://www.cancer-rates.info/mi/index.php>. Accessed April 2019 5) Surveillance, Epidemiology, and End Results (SEER) Program ([www.seer.cancer.gov](http://www.seer.cancer.gov)) SEER\*Stat Database: Incidence - SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2017 Sub (2000-2015) , National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2018, based on the November 2017 submission 6) Michigan Behavioral Risk Factor Survey 2016. Retrieved at [www.Michigan.gov/brfs](http://www.Michigan.gov/brfs) 7) American Cancer Society. Cervical Cancer Causes, Risk Factors, and Prevention. Retrieved at: <https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention.html>. 8) Saraiya M et al. US Assessment of HPV Types in Cancers: Implications for Current and 9-valent HPV Vaccines. J Natl Cancer Inst. 2015 Jun; 107(6). 9) Centers for Disease Control and Prevention. Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices. Morbidity and Mortality Weekly Report. 29 August 2014. Retrieved at: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm> Accessed 30 May 2018.