

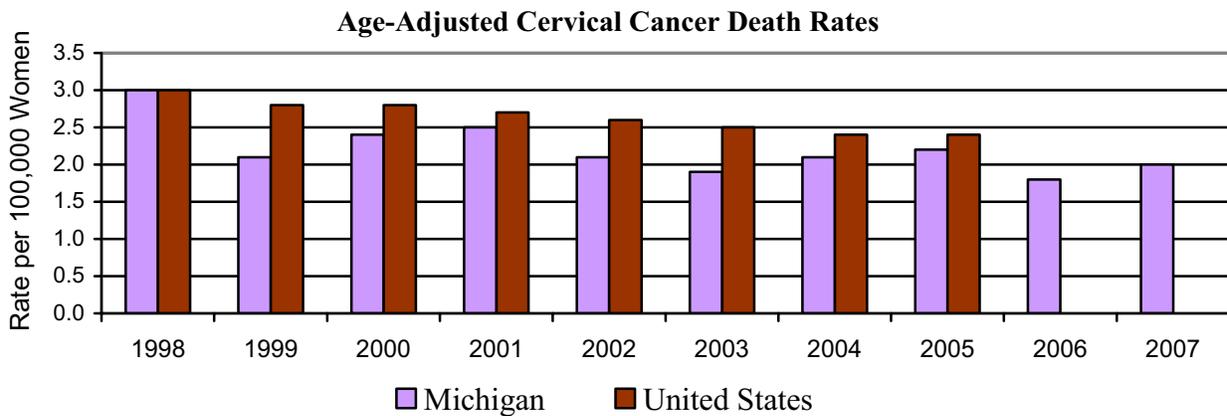


Topic: Cancer and Cancer Screening

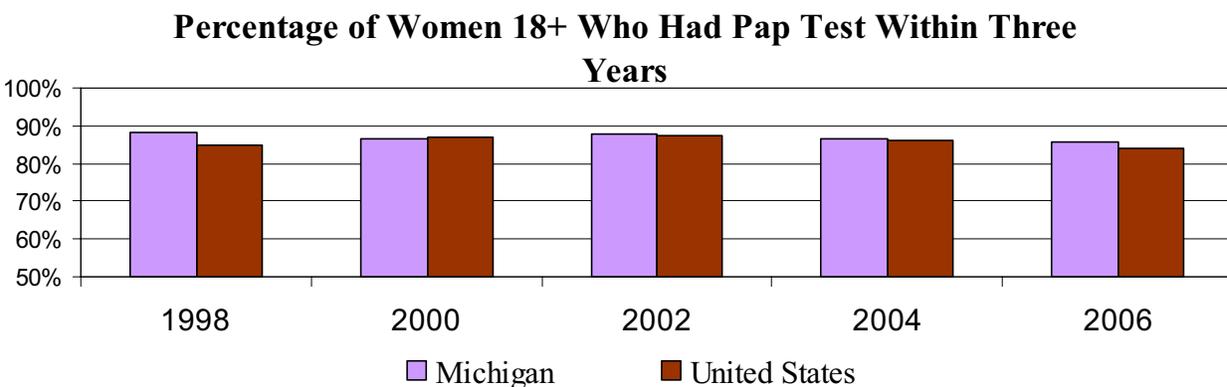
14. Cervical Cancer Deaths and Screening

In Michigan, most cases of cervical cancer are diagnosed at the in situ or localized stage (93.7% of cases diagnosed between years 2002 and 2004). However this percentage could easily be increased to 100% if all women received regular screening. With early detection and appropriate treatment virtually all deaths from this disease can be prevented. There are various risk factors for cervical cancer, the most important of which is infection with Human Papilloma Virus (HPV), a common sexually transmitted disease which also causes genital warts. Women who have had unprotected sex, especially at a young age, and women who have had many sexual partners are at an increased risk for HPV infection. Additional risk factors include smoking and HIV infection. A vaccine for HPV has been found to be effective in preventing cervical pre-cancers caused by common HPV types, however the vaccination is not a substitute for routine cervical cancer screening, and vaccinated females should have cervical cancer screening as recommended.

How are we doing?



In 2007, 399 new cases of cervical cancer were diagnosed in Michigan women and 118 women died unnecessarily from the disease. The death rate for cervical cancer was 2.0 deaths per 100,000 women. In 2005, cervical cancer accounted for an average of 25.9 Years of Potential Life Lost (YPLL) per person, which is the highest YPLL caused by any cancer site. There has been an overall declining trend in cervical cancer death rates during the past 10 years.





Cervical cancer screening rates among Michigan women have remained relatively high over the past 10 years. In 2006, 85.8% of women in Michigan reported having had a Pap test within the last three years, however there is still room for improvement.

How does Michigan compare with the U.S.?

In 2005, cervical cancer death rate in Michigan (2.2 per 100,000 women) was slightly lower than that of the general U.S. population (2.4 per 100,000 women).

In 2006, the percentage of women ages 18 years and older who have had a Pap test within the past three years was 85.8% for Michigan women, compared to 84.0% for women in the U.S. general population.

How are different populations affected?

Disparity exists in cervical cancer incidence and death rates among black and white women in Michigan. In 2004, the incidence rate among whites was 6.0 per 100,000 women compared to 10.7 per 100,000 women among blacks. In 2005, the death rate among whites was 1.7 deaths per 100,000 women compared to 5.5 deaths per 100,000 women among blacks. National data show that five-year relative survival rates for cervical cancer is lower in blacks compared to whites. This disparity in survival rate is sustained even when cervical cancer is detected at the same stage.

Nonetheless, black women in Michigan report receiving cervical cancer screening at a slightly higher rate than white women. According to the 2006 Michigan BRFSS, 87.7% of black women aged 18 years and older reported having had a Pap test within the past three years compared to 81.7% of white women for the same timeframe.

What is the Department of Community Health doing to improve this indicator?

The MDCH administers the Michigan Breast and Cervical Cancer Control Program (BCCCCP), which provides women age 40-64 screening and diagnostic services for cervical cancer. At least 20% of the women new to the BCCCCP come from a group of women known to be at high risk for cervical cancer, those who have either never had a Pap test or have not had one within the last five years. Strenuous outreach efforts continue to be directed toward identifying these women and encouraging them to be screened for cervical cancer.

In addition, the BCCCCP works with Title X/Family Planning agencies to provide indicated diagnostic testing to women under age 40 who have abnormal Pap tests indicating a possible cancer diagnosis. All women seen in the BCCCCP with abnormal Pap tests that require follow-up diagnostic testing receive Case Management. This assures they receive timely and appropriate follow-up services. If a woman is diagnosed with cervical cancer, she may be eligible for enrollment into Medicaid for all treatment services. If she is ineligible for Medicaid, for example, due to immigration status, treatment access will be made available but may require some payment from the client.

More information about the program can be found at: http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2975-13487--,00.html.

Source: The Cancer Burden in Michigan: Selected Statistics – 1990-2007; SEER Cancer Statistics Review 1975-2005.