

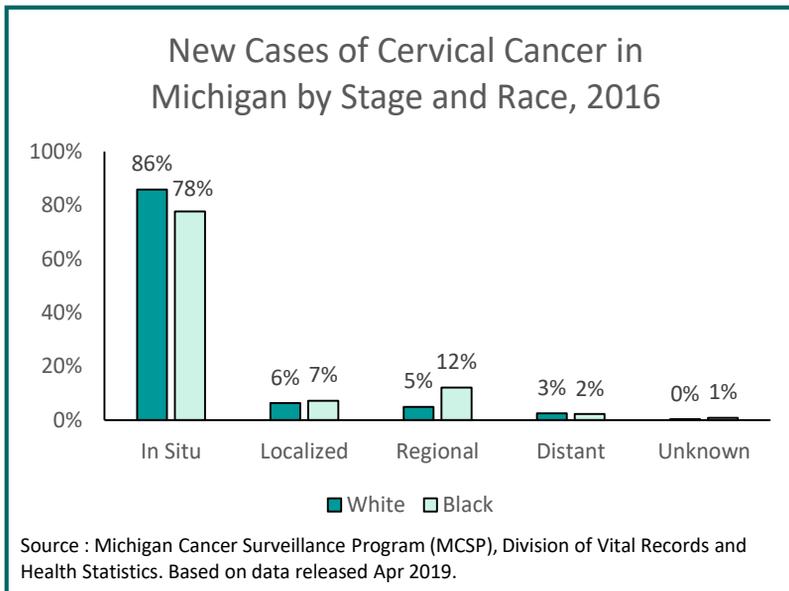
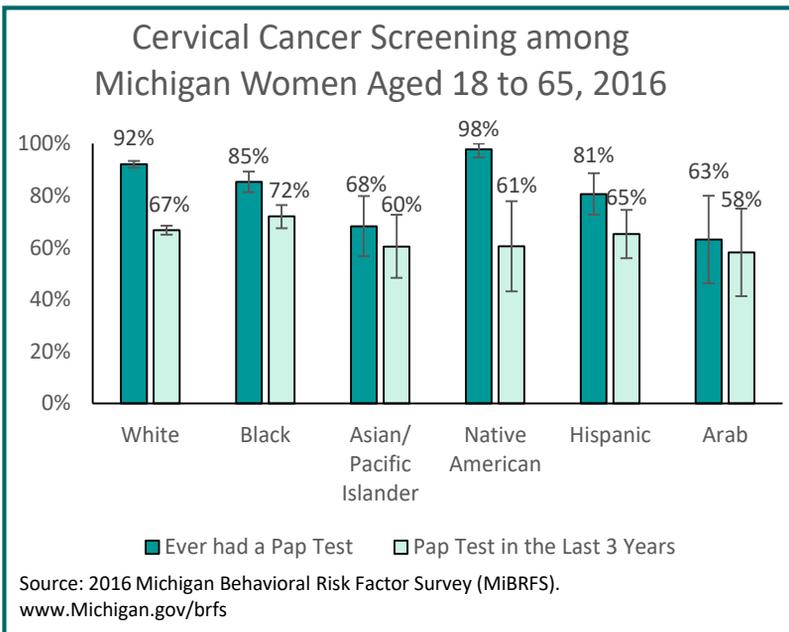
- Cervical cancer is the most commonly diagnosed cancer in women between the ages 35 and 54. ¹
- Cervical cancer usually has **very few to no signs or symptoms.** ¹
- In 2019, it is estimated that there will be **360** new cases of cervical cancer and **120 deaths** from cervical cancer in Michigan women.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

Cervical Cancer Screening ³

- 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. ⁴
- 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. ⁵



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.

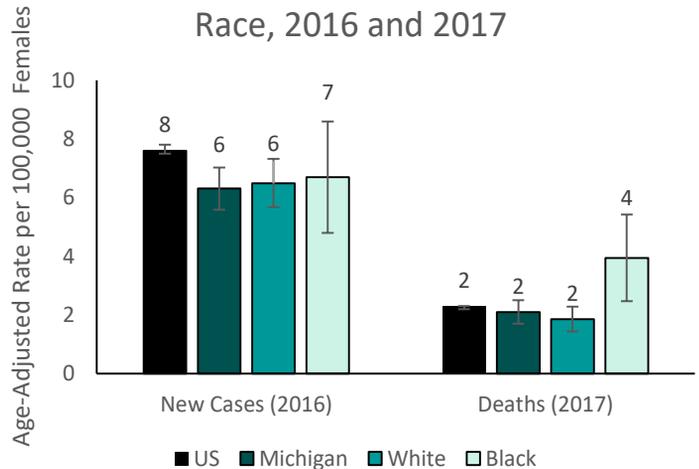
Michigan Cervical Cancer Trends and Disparities

- 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? ^{7,8}

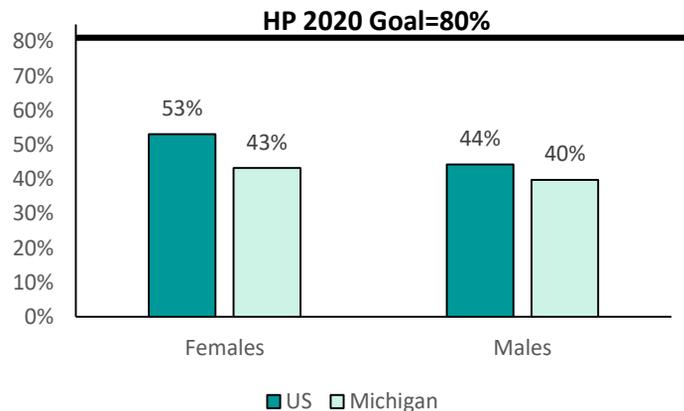
- Infection with one or more strains of **Human Papilloma Virus (HPV)** causes the greatest increased risk for cervical cancer.
 - Seven strains of HPV cause about 90% of cervical cancers.
 - The current HPV vaccination prevents infection of these seven strains of HPV.
- Risk of cervical cancer is **two 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 ⁹

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. 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) 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 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.