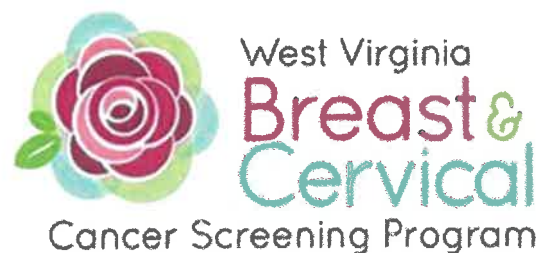


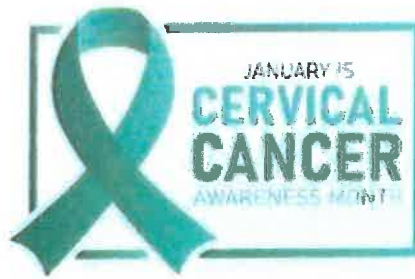
TOOLKIT



CERVICAL CANCER

Awareness Month





Cervical Cancer Awareness Month

According to the CDC, approximately 13,000 new cases of cervical cancer are diagnosed annually in the United States, resulting in about 4,000 deaths. Fortunately, cervical cancer is highly preventable through vaccination and early detection. Cervical cancer typically develops slowly, often starting as a precancerous condition called dysplasia, where abnormal cells appear in the cervical tissue. It can take years for dysplasia to develop into cervical cancer. Infection of the cervix with human papillomavirus (HPV) is the cause of 90% of cervical cancers. Women who do not regularly have testing to detect HPV or abnormal cells in the cervix are at increased risk of cervical cancer.

Routine screenings (Pap tests and HPV tests) and HPV vaccination have significantly reduced the impact of this disease, with the CDC estimating that over 90% of cases could be prevented. In West Virginia, the incidence rate of cervical cancer between 2018–2022 was 9.5 per 100,000 women, with a mortality rate of 3.1 per 100,000 women between 2019 and 2023.

Cervical cancer was once a leading cause of cancer death for women in the U.S. Today, screening and HPV vaccination have greatly reduced the impact of this form of cancer. The CDC reports that approximately 4,000 women will die from cervical cancer annually.

Screening is the key to preventing cervical cancer and early detection. The current recommendations from the U.S. Preventative Services Task Force (USPSTF) is that women who are aged 21-29 years should have a Pap test every three years, women aged 30-65 should have HPV and Pap test co-testing every 5 years or Pap test every 3 years. These recommendations are for patients with average risk. Women over the age of 65 do not need to be screened if they've had adequate prior screening and are not at high risk for cervical cancer. If caught early and treated promptly and appropriately, cervical cancer has a cure rate of more than 90%. In addition, the HPV vaccine, first introduced in 2006 for girls between 9 and 26 years old and later approved for boys as well, is nearly 100% effective at protecting against high-risk strains of HPV that cause approximately 90% of cervical cancers; and other types of cancers such as oral, anal, penile, and vulvar.

Cervical cancer screening guidelines based on selected medical organization

Population	Current Guidelines ACS/ACOG/USPSTF 2012	Prior ACS guideline 2002/2003	Prior ACOG guideline 2009	Prior USPSTF guideline 2003
Females younger than 21 yr of age	Begin screening at age 21	Begin 3 yr following the onset of vaginal intercourse, but no later than 21 yr	Begin 3 yr following the onset of vaginal intercourse, but no later than 21 yr	Begin within 3 yr of onset of sexual activity or age 21, whichever is earliest
Females age 21–29 yr	Conventional Pap or liquid based cytology alone every 3 yr	Conventional Pap: Annually; every 2–3 yr for females ≥ 30 with 3 negative cytology tests Liquid-based cytology: Every 2 yr; every 2–3 yr for females ≥ 30 yr with 3 negative cytology tests If HPV testing used: Every 3 yr if HPV negative and cytology negative	Cytology every 2 yr	Conventional Pap: At least every 3 yr Liquid-based cytology: Insufficient evidence If HPV testing used: Insufficient evidence
Females age 30–65 yr	HPV and Pap smear co-testing every 5 yr or Pap smear alone every 3 yr. Do not use HPV testing alone.		HPV and cytology co-testing every 3 yr	
Women older than 65	Stop screening if adequate prior negative screening result and women not at high risk	Stop screening in Women ≥ 70 yr with 3 or more recent, consecutive negative tests and no abnormal tests in previous 10 yr	Stop between 65 and 70 yr of age after > 3 consecutive negative cytology tests over the past 10 yr	No screening if adequate prior negative screening result and women not at high risk
Women after hysterectomy	No screening if removal of cervix and no prior high grade pre-cancer or cervical cancer	Discontinue if hysterectomy for benign reasons and no previous high-grade CIN	Stop screening	Discontinue if hysterectomy done for benign reasons
Women who were immunized with HPV	Same as non-immunized women	No vaccines recommended for use at this time period	Same as non-immunized women	No vaccines recommended for use at this time period

ACS: American Cancer Society; ACOG: American Congress of Obstetricians and Gynecologists; USPSTF: United States Preventive Services Task Force; HPV: Human papillomavirus; CIN: cervical intraepithelial neoplasia.

Why screening is important

One of the most effective methods to prevent cervical cancer is through screening tests. Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate has dropped by more than half since the mid-1970s because of prevention, screening, and early detection. Cervical cancer incidence rates fell by over 50% from the mid-1970s to the mid-2000s, primarily due to the widespread adoption of screening. Cervical cancer screening can help identify abnormal cells in the

cervix before they develop into cancer. It can also detect cancer earlier, when it is easier to treat.

Types of screening

Screening involves testing to detect conditions that could lead to cancer and to identify pre-cancerous changes before they develop into invasive cancer. The Pap test (or Pap smear) and the human papillomavirus (HPV) test are key screening tests for cervical cancer. Both tests are performed in the same way: a healthcare professional uses a special tool to gently scrape or brush the cervix to collect cells for analysis. If pre-cancerous cells are found, they can be treated to prevent the development of cervical cancer.

The HPV test detects infection by high-risk types of HPV, which are more likely to lead to pre-cancers and cancers of the cervix. Some HPV tests are approved as a primary test, while others are used as part of a co-test. The type of test you receive typically depends on what is available by your provider.

A Pap test is a procedure that collects cells from the cervix to be examined for signs of cancer or pre-cancer. Most invasive cervical cancers occur in women who have not had regular Pap tests. A Pap test can be collected during a pelvic exam.

Where should I go for screening?

Ask your healthcare provider where to go for a Pap Test and/or HPV test.

You can also call the **West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP)** at **1-800-642-8522** and ask about screening providers in your area. You may qualify for free or low-cost screening! The BCCSP eligible population includes those who are uninsured or underinsured, at or below 250% of the federal poverty level and aged 21 to 64 years for cervical cancer services.

How will I pay for a cervical cancer screening?

While most insurance agencies cover screening with no out-of-pocket costs, health coverage can vary by insurer. Many policies also have out-of-pocket costs for diagnostic or follow-up testing. If you are unsure about your coverage, you should contact your insurance agency.

If you have no insurance or have deductibles or co-pays that keep you from getting your screening services, the WVBCCSP may be able to help. Call the WVBCCSP directly at 1-800-642-8522 to find out if you are eligible for free or low-cost cancer screening services. You can also visit www.wvdhhr.org/bccsp for program information, eligibility guidelines, and a list of WVBCCSP screening providers.

Risk Factors

Risk factors you can possibly change

- HPV Infection
- Multiple sexual partners
- Smoking
- Weakened Immune system (HIV Infection)
- Chlamydia infection
- Long term use of oral contraceptives
- Multiple full-term pregnancies
- Young age at first full term pregnancy
- Economic status
- Diet low in fruits and vegetables



Risk factors you cannot change

- Exposure to diethylstilbestrol (DES)
- Family history of cervical cancer

HPV Vaccine

Human papillomavirus (HPV) is a widespread sexually transmitted infection, affecting nearly everyone in the United States at some point in their lives. The HPV vaccine is recommended to prevent infections from the HPV virus, which can lead to cervical cancer, other cancers, and genital warts. HPV is responsible for almost all cases of cervical cancer and can also lead to several other types of cancer in both men and women. The HPV vaccine became available in the U.S. in 2006, and the CDC recommends it as a routine vaccine for children aged 11 or 12 ideally before they are exposed to the virus. See additional recommendations below.

Here are the key recommendations:

1. **For Preteens (Ages 11-12):** The HPV vaccine is recommended for all boys and girls at ages 11 or 12, and can be started at age 9, as it provides the best protection when given before exposure to HPV. It is usually administered in two doses, 6-12 months apart.
2. **For Those 13-26 Years Old:** If someone missed the vaccine at the recommended age, it is still recommended for anyone between 13 and 26 years old who has not been vaccinated previously. This age group typically receives the vaccine in three doses over a period of six months.
3. **For Certain Individuals 27-45 Years Old:** The vaccine may be considered for adults aged 27 to 45 who have not been vaccinated, though it is not routinely recommended for everyone in this age group. The decision should be made in consultation with a healthcare provider, based on the individual's risk of new HPV infections.
4. **For People with Weakened Immune Systems:** People with compromised immune systems (such as those living with HIV) may need three doses of the vaccine and can receive it up to age 26, or in some cases, through age 45.

The vaccine is most effective when given before any exposure to HPV, so early vaccination is key to maximizing its protective benefits. Additionally, the HPV vaccine prevents new HPV infections but does not treat existing HPV infections or diseases.

HPV Self-Collection

The FDA approved HPV vaginal self-collection test in March 2024 for use in a healthcare setting when the patient and clinician determine it is not possible for the clinician to collect the cervical sample. Clinician collected samples are preferred and self-collected vaginal specimens are acceptable for primary HPV screening. Specific FDA labs and collection devices must be used. The two current FDA approved self-collection devices are through BD and Roche.

According to studies, the vaginal self-collected specimens and clinician collected cervical specimens perform equally when tested for HPV.

Ideal patients for self-collection include asymptomatic patients, those that are eligible for primary HPV testing, not HIV positive, no active menstrual bleeding, no history of cervical cancer, no use of vaginal products within previous two days, and no DES exposure.

Any positive result on a self-collected specimen will require follow up testing.

For additional information, visit <https://cervicalroundtable.org/wp-content/uploads/2024/10/Self-Collection-Clinician-Communication-Guide.pdf>

WV Breast and Cervical Cancer Screening Program

The West Virginia Department of Health, Bureau for Public Health, Office of Maternal, Child, and Family Health, Breast and Cervical Cancer Screening Program works to raise awareness of the important lifesaving early detection practices and resources available for West Virginia women. The purpose of the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is to decrease cancer incidence, morbidity, and mortality by focusing on populations who are underserved and who have increased cancer risk due to gaps in quality and affordability of care. The WVBCCSP aims to target efforts to disproportionately affected populations by cancer, such as having higher mortality or rate of late-stage disease.

To accomplish this, the WVBCCSP aims to increase breast and cervical cancer screening and has a focus with an emphasis that is reflected with five strategies:

1. Use of cancer and surveillance data to identify program-eligible populations and specific populations of focus who experience gaps in care.
2. Support partnerships with community-based organizations, community health workers, cancer coalitions, and other chronic disease programs to reach populations of focus and maximize access to screening.
3. Deliver breast and cervical cancer screening and diagnostic services with a prioritization on populations that experience high mortality and rates of late-stage disease at diagnosis. Also assist individuals into and through the screening and diagnostic continuum using community health workers, patient navigators, and local community partners to overcome barriers and prioritize and address community health needs.
4. Work with partner clinics providing screening and diagnostic services to implement evidence-based interventions which increase access to, delivery of, and demand for breast and cervical cancer screening.
5. Monitor program efforts and evaluate outcomes to assess program effectiveness.

The WV BCCSP eligible population includes those who are uninsured or underinsured, at or below 250% of the federal poverty level, aged 40 to 64 years for breast cancer services, and aged 21-64 years for cervical cancer services. Those who are symptomatic or high-risk under the age of 40 years and those over the age of 64 who do not have Medicare Part B may also receive services through the program.

Those who are underinsured have out-of-pocket cost sharing required by their health insurance plans that they cannot afford. These people may be eligible to receive support from BCCSP to cover their out-of-pocket expenses.

The Diagnostic and Treatment Fund

What is the D&T Fund?

The WV Breast and Cervical Cancer Diagnostic and Treatment Fund (D&T Fund) was established by the 1996 WV State Legislature through the efforts of the WV Breast and Cervical Cancer Coalition and its partners. The D&T Fund is designed to provide financial assistance for West Virginians who need diagnostic and treatment services for breast and cervical cancer. This specifically helps those who do not have health insurance and may not be able to afford the needed breast and cervical cancer services.

What services are covered by the D&T Fund?

A limited number of procedures are available for coverage through the D&T Fund. The WV BCCSP Medical Advisory Committee determines covered services based on availability of funds and data that determines the most frequently recommended procedures. A physician must refer a patient to the D&T Fund. To find out more about the services covered or how a patient can be referred to the D&T Fund, please call 304.558.5388 or toll Free in WV 800.642.8522.

Why is the donation money placed in the Greater Kanawha Valley Foundation?

The legislation set forth by the 1996 State Legislature specifically requires the WV Department of Health (formerly part of the Department of Health and Human Resources) and the WV Comprehensive Cancer Control Coalition (formerly the

WV Breast and Cervical Cancer Coalition) raise additional money to supplement the D&T Fund. Since the WV Bureau for Public Health does not accept donations, an agreement was made with the Greater Kanawha Valley Foundation to maintain donations for the D&T Fund. The Greater Kanawha Valley Foundation is a charitable community trust organization that maintains the D&T Fund. When the WV BPH needs to pay for breast or cervical cancer services from the D&T fund, the money in the Greater Kanawha Valley Foundation is transferred to the Bureau account so the bill for services can be paid. Therefore, the Greater Kanawha Valley Foundation acts as a “bank” for the WV BPH. The Greater Kanawha Valley Foundation does not receive any money for housing the D&T Fund, nor does the City of Charleston receive more money from the D&T Fund because the Greater Kanawha Valley Foundation is located there. The money raised for the WV Breast and Cervical Cancer Diagnostic and Treatment Fund is for any uninsured West Virginian who meets the eligibility guidelines. Donations can be made via check, money order, or online. All donations made by check or money order must be made out to Greater Kanawha Valley Foundation with D&T Fund in the memo line. Mail check or money order donations to:

The Greater Kanawha Valley Foundation
PO Box 304
Charleston, WV 25331

Donate online by going to the link below and updating the fund name to “West Virginia Breast & Cervical Cancer Diagnosis and Treatment”.

[GKVF Donation Link](#)



To learn more about the WVBCCSP call 1-800-642-8522 for more information or visit www.wvdhhr.org/bccsp for program information, eligibility guidelines, and a list of WVBCCSP screening providers.

