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WEBINAR 8:

Disparities in Cervical Cancer

RESOURCE GUIDE

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TABLE OF CONTENTS

Introduction to Disparities in Cervical Cancer 3

Sources of Disparities 4

Addressing Disparities 5

References 6

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Introduction to Disparities in Cervical Cancer

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Although preventable, cervical cancer ranks as the fourth most common cancer among women worldwide with an estimated 604,127 women diagnosed in 2020.[1,2] In 2021,14,480 new cervical cancer cases were reported in the US with 4,290 deaths; projections for 2022 forecast a similar trend.[3] Human papillomavirus (HPV) vaccination and screening are currently the gold standard for prevention and early detection of cervical cancer. Despite encouraging advances, striking disparities persist between racial and ethnic groups throughout the cervical cancer continuum. Recent studies demonstrated that the rate of HPV vaccination is not a driver of those inequities in minority populations. Black and Hispanic women have higher up-to-date vaccination rates (64% and 68%, respectively) compared with White women (57%), and the rate of HPV vaccination is higher in individuals living below the poverty level compared with those at or above the poverty line (57% vs 46%, respectively).[4,5] In addition, racial and ethnic disparities observed in cervical cancer incidence and/or survival cannot be attributed to screening or timely/adequate follow-up after Pap test abnormality.[6-9] Approximately 85% of Black and 80% of Hispanic women meet current United States Preventive Services Task Force guidelines (ie, Pap smear reported in the past 3 years or a Pap with or without HPV test performed within the past 5 years).[9]

The burden of disease is greater in Hispanic and Black women who have a higher incidence of cervical cancer, more advanced disease at presentation, and poorer survival compared to women of other race and ethnic groups.[10,11] Moreover, Black women are often diagnosed with regional tumors while White women are more likely to present with localized disease.[11] Hispanic and Black women are disproportionally affected by delays in time to treatment initiation compared to White women.[12] In addition, Black women are less likely to receive surgery for localized tumors compared with white women (74% vs 84%, respectively) or systemic therapy for distant tumors (58% vs 65%, respectively).[11]

Sources of Disparities

Disparities in the burden of cervical cancer stem from several complex and interrelated contributing factors. Primary factors driving racial/ethnic inequities in the cervical cancer continuum are listed below.

Socioeconomic status

- County-level poverty: cervical cancer mortality rates are higher in persistent vs non-persistent poverty counties[13]
- Individual income status: fewer women below the poverty line are up to date with cervical cancer screening compared to those above the poverty level[14]
- Heath insurance: women who do not have insurance are less likely to be screened than those who have health insurance[8]

Rurality

Women who live in rural counties have a lower rate of up-to-date Pap screening than their counterparts in urban communities which translates into a higher incidence of cervical cancer[15,16]

Geographic setting

- Variations exist among geographic regions of the US in terms of HPV vaccination, screening, incidence, and mortality rates for cervical cancer
  - HPV vaccination uptake is the highest in West North Central states and a few Northeast states, and lower rates are found along the Texas-Mexico border, in the South, and in Florida[3]
  - Screening rates are generally lower in regions of Appalachia, the central Mississippi Valley, West North Central states, Texas, Florida, New Mexico, and Utah compared with the Northeast and the Midwest.[17] This pattern correlates with differences in new cervical cancer incidence with higher rates along the Texas-Mexico border and regions of Appalachia compared with West North Central states[3]
  - Southern states with higher level of poverty (ie, New Mexico, Louisiana, Alabama, Arkansas) have lower rates of screening and higher rates of cervical cancer[18]
  - Racial and regional disparities co-exist. After correction for higher rates of hysterectomy, cervical cancer incidence and mortality are greater in Black women living in the South compared with those living in other regions[19,20]

Addressing Disparities

A call to action is greatly needed and requires multiple targeted approaches to address the determinants of cervical cancer disparities in racial and ethnic minorities.

- Developing culturally appropriate interventions to increase HPV vaccination uptake can reduce inequities in cervical cancer development

- Implement initiatives to encourage participation in screening and reinforce the importance of adequate and timely follow-up care through
  - Patient navigators and community health workers (eg, promotoras) to provide tailored patient education
  - Provider prompts to remind healthcare providers when patients are due for screening
  - HPV self-sampling as a potential additional strategy to reach underscreened women

- Community-based programs and a regular source of healthcare can improve access to high-quality care and latest recommended treatments, and can engage underserved populations in preventive services

- Implement recovery strategies to mitigate COVID-19 care disruptions to screening[21,22]

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