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Cervical Cancer

Prevention is now possible

Cervical cancer isn't one of the top 10 cancers. Yet it still claims the lives of over 4,000 women each year.¹ And, that's 4,000 women too many because we have effective vaccines, good screening tests, professional organization and government support, and the financial means.

Vaccines

HPV vaccines have been available for 6 years now. The vaccine protects against HPV high-risk types 16 and 18. It is given as a series of 3 shots spread out over 6 months. It's safe and effective and can prevent 70% of cervical cancer cases.²

The vaccines are licensed for use in young people aged 9 to 26 years. The CDC recommends boys and girls get vaccinated when they are 11 or 12 years old, before they start having sex.^{2,3} This is because the vaccine is more effective before exposure to HPV. Also, the vaccine produces higher antibody titers in the younger-aged people. The CDC recommends the vaccine for all young people, regardless of gender and sexual orientation.

Screening

Screening can detect precancerous tissue that can be removed, preventing progression to cancer. It can also detect cancer early and reduce mortality. And, the tools are better than ever.

Experts still view the Pap test (cytology) as the core test for cervical cancer screening. But experts also support use of HPV testing in women 30 and older. HPV tests have a higher sensitivity and specificity than the Pap test.⁴

There are 2 types of HPV tests: HPV DNA and mRNA. The mRNA test measures mRNA expression of the E6 and E7 proteins found in high-risk HPV types. These proteins are involved in cervical cancer development. Studies have shown that HPV E6/E7 mRNA has similar sensitivity as HPV DNA. The specificity, however, is better.^{5,6} This may lead to an improved positive predictive value and a decrease in unnecessary invasive procedures.

We have the tools; now we need to make it happen.



Cervical cancer screening recommendations^{7,8}

- <21 years of age: no screening
- 21–29 years of age: Pap test every 3 years
- 30–65 years of age: Pap + HPV every 5 years (preferred) or Pap test every 3 years
- >65 years of age: no screening if low cancer risk

Reimbursement options

- Private insurance: Most insurance companies will pay for the vaccine, Pap test, and HPV test at no charge to the patient (no copay, coinsurance, or deductible) per the Affordable Care Act.
- Vaccines for Children (VFC): this program gives vaccines at no cost to doctors who serve Medicaid-eligible and other eligible children.
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP): provides access to cervical cancer screening (Pap test) and diagnostic services to low-income, uninsured, and underserved women.
- Medicare Part B: covers Pap tests every 24 months for all women and every 12 months for those at high risk.

Other parts of the Affordable Care Act will also improve access to these services:

- Everyone will be required to have health insurance.
- There will be a sliding scale to minimize cost of insurance for those in financial need.
- Young people up to age 26 can be covered under their parent's insurance plan.

What you can do to make it happen

Be proactive in the fight against cervical cancer. Tell your patients cervical cancer

- Is caused by a sexually transmitted virus called HPV
- Can be reduced by doing all these things:
 - Using condoms
 - Getting vaccinated
 - Following the guidelines for screening
 - Reducing weight if overweight or obese
 - Stopping cigarette smoking

Tell your patients the HPV vaccine

- Can protect against 70% of cervical cancers
- Is for boys, girls, men, and women aged 9 to 26 years
- Is for people of all sexual orientations
- Is best received when the person is 11 to 12 years old
- Protects best when the person gets all 3 shots in the series

Tell your patients cervical cancer screening

- Is for all women aged 21 to 65 years old and for some older women
- Should be done every 3 to 5 years
- Can identify abnormal cells before they become cancerous
- Can identify cervical cancer early
- Can save lives

You might want to consider making HPV vaccination an “opt out,” not an “opt in,” procedure in your office. That is, plan on giving the vaccine unless the patient or his/her parent declines it. Proactively remind your patients to come in for all 3 shots in the series. Proactively remind your patients to come in for cervical cancer screening. Follow the screening guidelines: do not over- or underscreen. This helps your patients get the most benefit at the lowest cost. Do these things for all your patients, regardless of their ethnic background or economic status.

References

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