



Topic: Cancer and Cancer Screening

14. Cervical Cancer Deaths and Screening

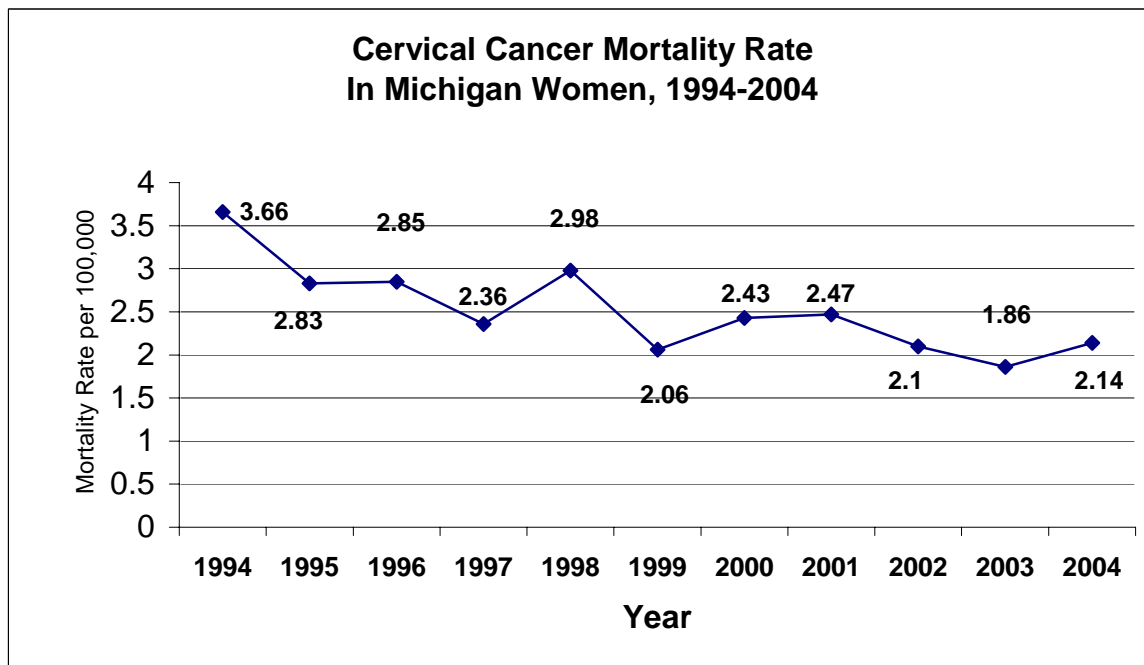
Each year nearly 400 Michigan women are diagnosed with invasive cervical cancer and in 2004, over 100 women died from the disease. Cervical cancer causes the greatest person-years of life lost per cancer death in Michigan; it was responsible for 2,899 person-years of life lost, an average of 24.6 years per person, in 2004.

How are we doing?

Although most cases of cervical cancer are diagnosed in the early stages (93.6%), this could easily be increased to 100% with regular screening. With early detection and appropriate treatment virtually all deaths from this disease can be prevented. The Michigan Cancer Consortium (MCC) recommends an annual pap smear and pelvic exam beginning at age 21 or three years after the onset of sexual activity. Frequency of the Pap test may be reduced for women if they are not at high risk and once they have three consecutive normal annual tests.

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 is also the cause for 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.

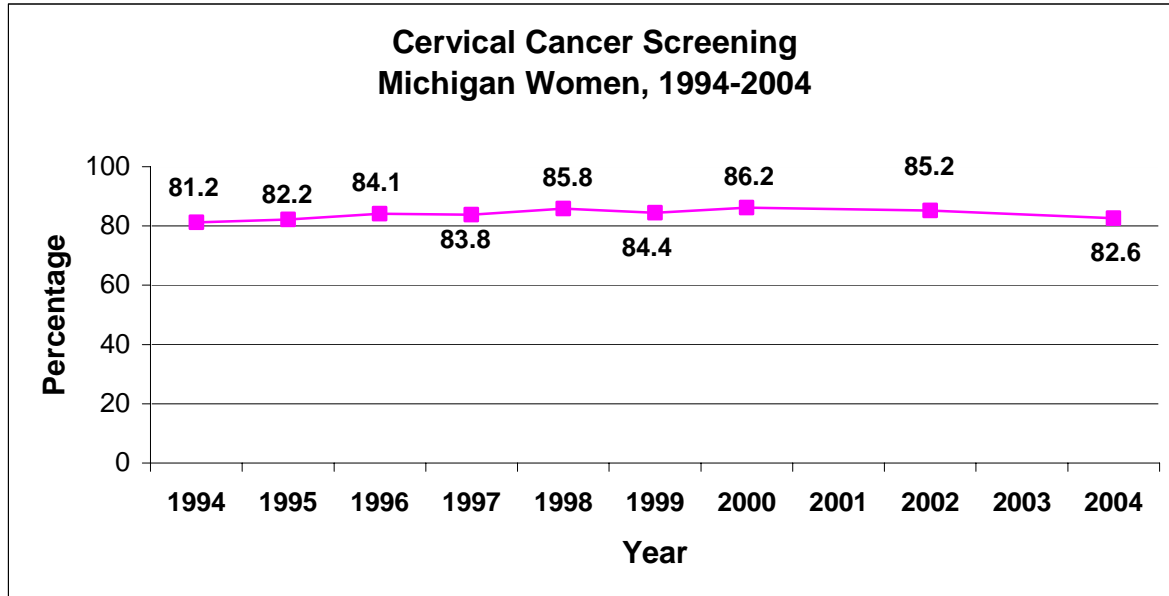
Because cervical cancer is a preventable disease, incidence of this cancer can be reduced through public health interventions, such as education on cervical cancer risk factors, especially HPV infection. Mortality could be reduced and virtually eliminated through regular screening and early detection of the disease.



In 2004, there were 399 new cases of cervical cancer diagnosed in Michigan women and 118 deaths from cervical cancer. The mortality rate for this disease was 2.14 deaths per 100,000 women. There has been



an overall decline in mortality rates during the past 10 years. Cervical cancer mortality rates declined approximately 41.5% from 1994 to 2004. There has also been a steady decline in the incidence of cervical cancer during this time. Incidence rates declined from 10.32 per 100,000 in 1994 to 7.56 per 100,000 in 2003, a 26.7% decline.



Cervical cancer screening rates among Michigan women have remained relatively high over the past 10 years. In 2004, 82.6% of women 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 2003 Michigan had the 33rd highest cervical cancer mortality rate of all states. Cervical cancer mortality rates in Michigan (2.1 per 100,000) are similar to those of the general U.S. population (2.5 per 100,000). Cervical cancer mortality rates for both White and African-American women are similar in Michigan compared to the U.S.

Incidence of cervical cancer in Michigan (7.6 per 100,000) compared to the U.S. general population (7.1 per 100,000) is also similar. Rates for White women in Michigan and the U.S. are approximately equal, while incidence rates for African-American women are higher in Michigan than for the U.S. Michigan is ranked 27th for cervical cancer incidence.

The percentage of women ages 18 and older who have had a Pap test within the past three years is 86.5% for Michigan women and 86% for women in the U.S. general population. Screening trends are also similar between the U.S. and Michigan. Screening rates are highest for those between the ages of 25-44 and lowest for women ages 65 and older. Screening rates increase with increased income and education.

How are different populations affected?

Michigan's Black women have a significantly higher incidence rate at 11.7 per 100,000, than its White women at 6.6 per 100,000. Incidence for Blacks is also higher than that of the general population. Mortality rates for Black women at 4.0 per 100,000, are two times higher than the mortality rate for White women at 1.9 per 100,000, and nearly double that of the general population at 2.1 per 100,000. Five year survival rates for cervical cancer in Black women are lower than those for White women and lower than



the general population at all stages of diagnosis. Survival rates at all stages combined are approximately 10% lower for Blacks than for Whites.

In Michigan and the U.S., African-American women report getting screened at a slightly higher rate than White women. According to the 2004 Michigan BRFSS, 84.8% of Black women aged 18 and older reported having an appropriately timed Pap test within the past three years and 82.8% of White women reported having an appropriately timed test. Black women, however, continue to lag behind White women in the percentage diagnosed at early stages, 90.5% compared to 93%.

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

The MDCH administers the Michigan Breast and Cervical Cancer Control Program (BCCCP), which provides women age 40-64 screening and diagnostic services for cervical cancer. At least 20% of the women new to the BCCCP 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 BCCCP 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. Women diagnosed with cervical cancer or pre-cancerous lesions through the BCCCP are eligible to apply for Medicaid for receiving needed treatment.

All women seen in the BCCCP with abnormal Pap tests that require follow-up diagnostic testing receive Case Management, which assures they receive timely and appropriate follow-up services. More information about the program can be found at: www.michigancancer.org/OurPriorities/breast_cervical-AboutTheMichiganBCCCP.cfm.