



Women's Health Lunch & Learn: Breast and Cervical Cancer

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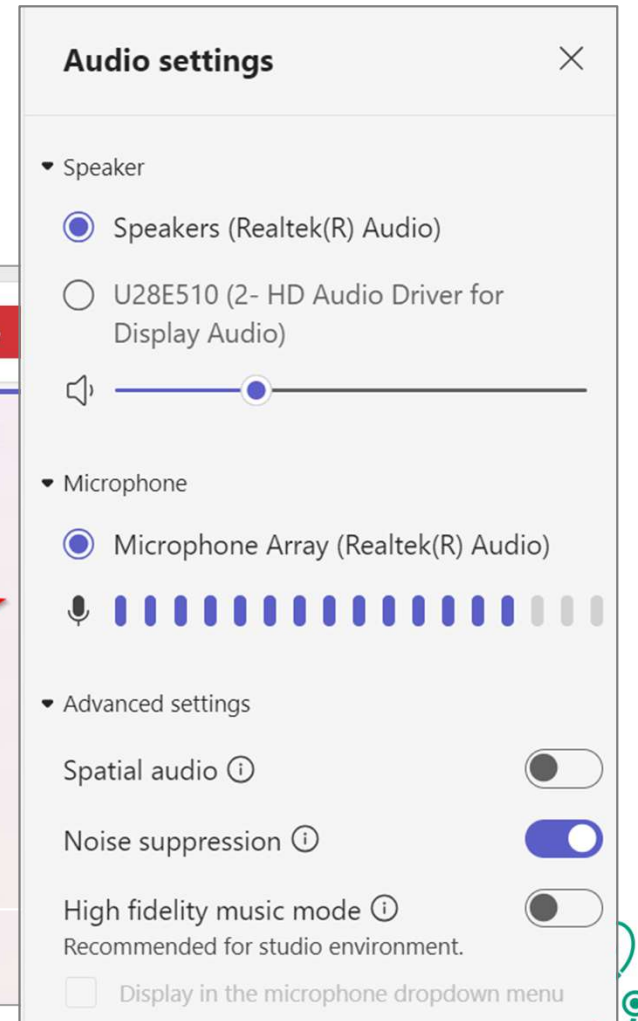
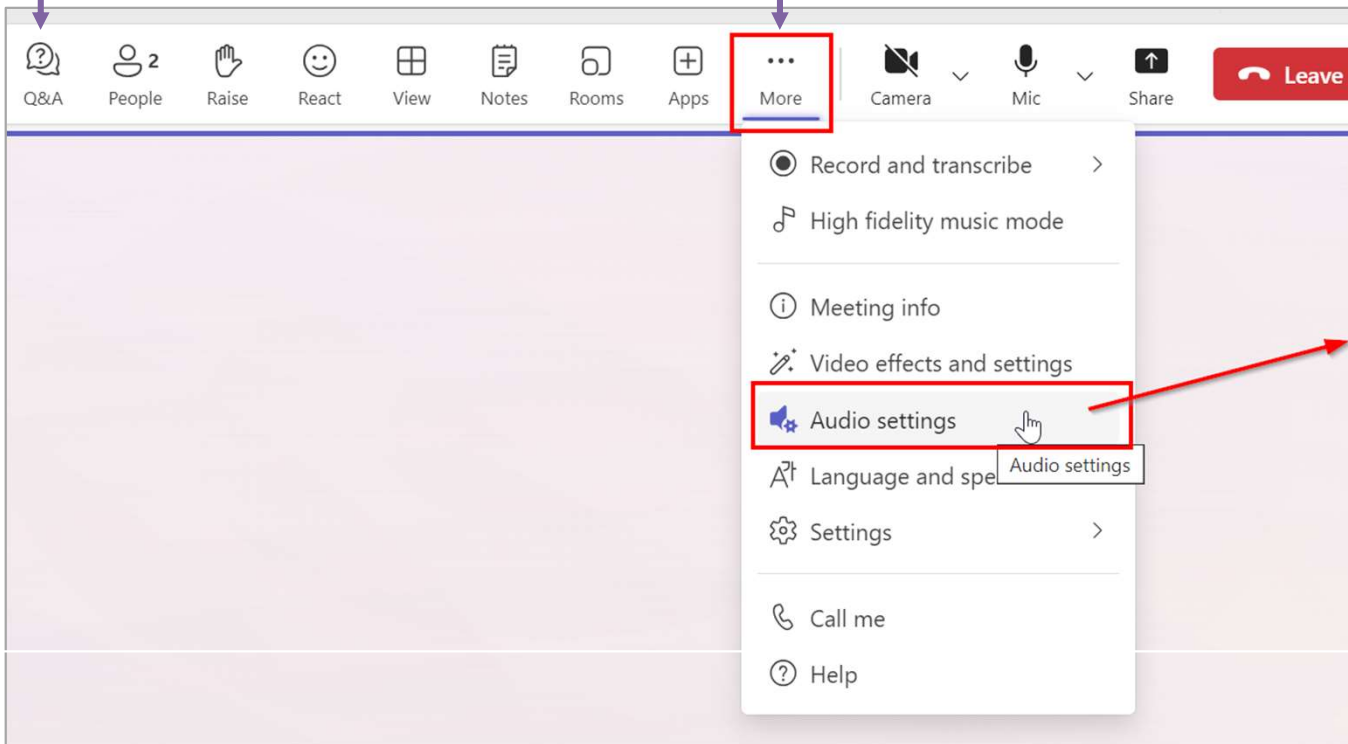
Raquel Arias | Associate Director, American Cancer Society

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HOUSEKEEPING

Use Q&A to submit questions

For audio troubleshooting



TODAY'S HOST & PRESENTERS



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TODAY'S PRESENTERS



Raquel Arias, MPH
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AGENDA:

1. Breast and Cervical Cancer Burden in the US
2. Impact of Early Detection
3. Breast Cancer Screening Guidelines, Uptake & Best Practices
4. Cervical Cancer Screening Guidelines, Uptake & Best Practices
5. In Practice – Interview with Dr. Tan Nguyen
6. Resources
7. CCAH performance data and updates

LEARNING OBJECTIVES



By the end of our time today, you will be able to:

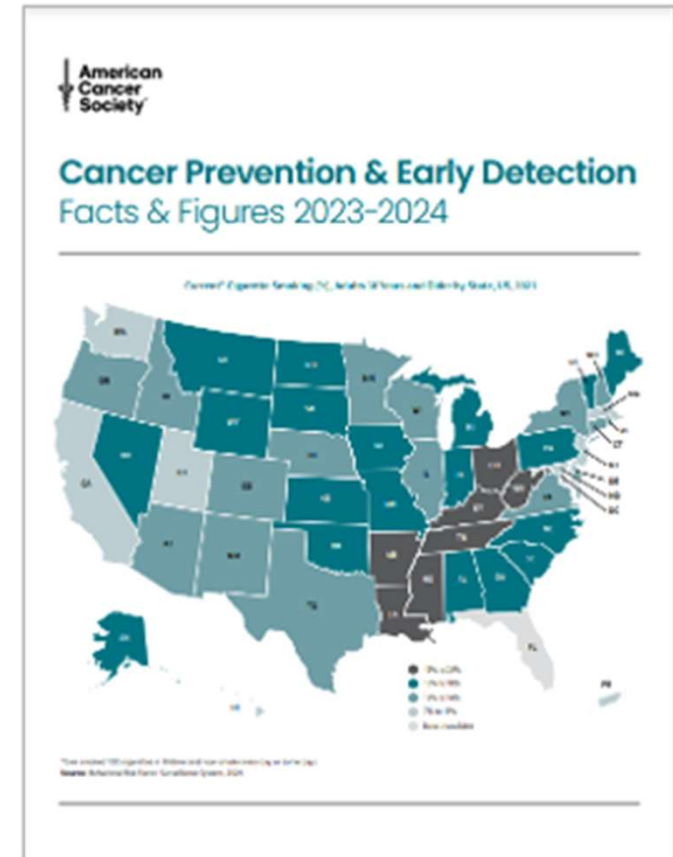
1. Describe the burden of breast and cervical cancer, and overall screening trends in the U.S.
2. Understand recent developments in cervical cancer primary HPV testing and self-collection
3. Identify evidence-based interventions to increase breast and cervical cancer screening rates in practice, and strategies to overcome common barriers



Cancer Prevention & Early Detection Facts & Figures 2023-2024

Every person can take two actions to greatly reduce their risk of developing and dying from the most common types of cancer in the United States:

1. Make efforts to reduce those harmful everyday habits that increase the risk of developing cancer.
2. Follow the guidelines for recommended cancer screenings.





Cancer is a disease that doesn't affect everyone equal

The Black Community

has the highest death rate and shortest survival of any race in the US for most cancers.

People in the Poorest Areas

have approximately 20%-25% higher cancer death rates than most affluent areas.

Breast Cancer Mortality

is 41% higher for Black women in the US versus white women, though incidence rates are similar.

Cancer

is the leading cause of death among Hispanic/Latino people, accounting for 21% of deaths.



Source: Cancer Facts & Figures 2022. Atlanta: American Cancer Society, 2022. Cancer Incidence Projections in the United States Between 2015 and 2050 - PubMed (nih.gov) Cancer Facts & Figures for African American/Black People

BREAST CANCER AT A GLANCE

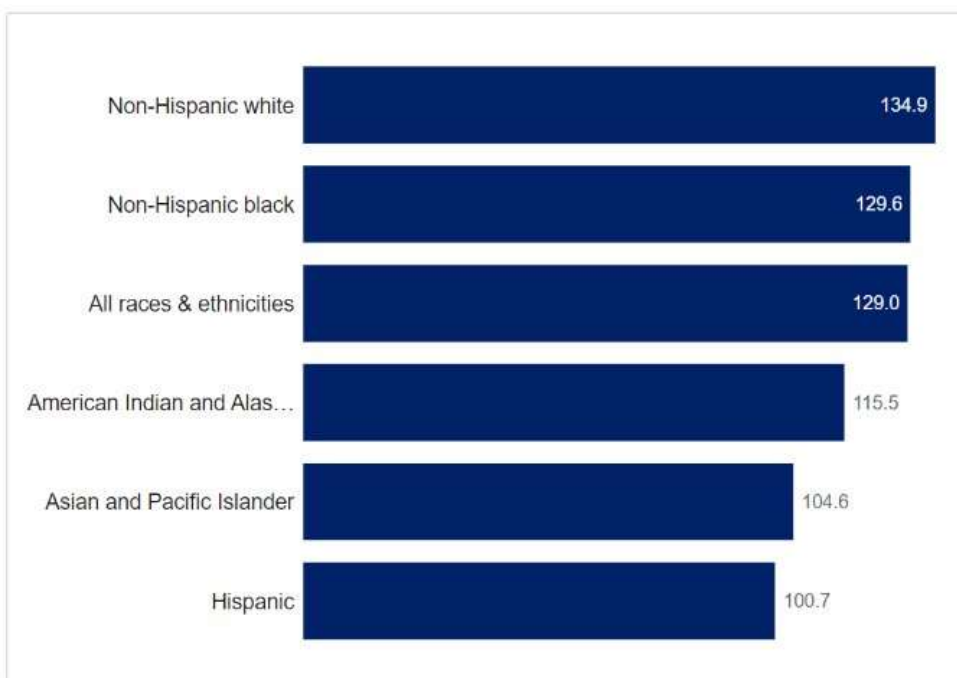
Estimated new cases, 2024	Estimated deaths, 2024	Incidence rates, 2016-2020	Deaths rates, 2017-2021
313,510	42,780	129.0	19.5
		Average annual rate per 100,000, age adjusted to the 2000 US standard population	Average annual rate per 100,000, age adjusted to the 2000 US standard population

*Incidence and death rates are for female breast only.

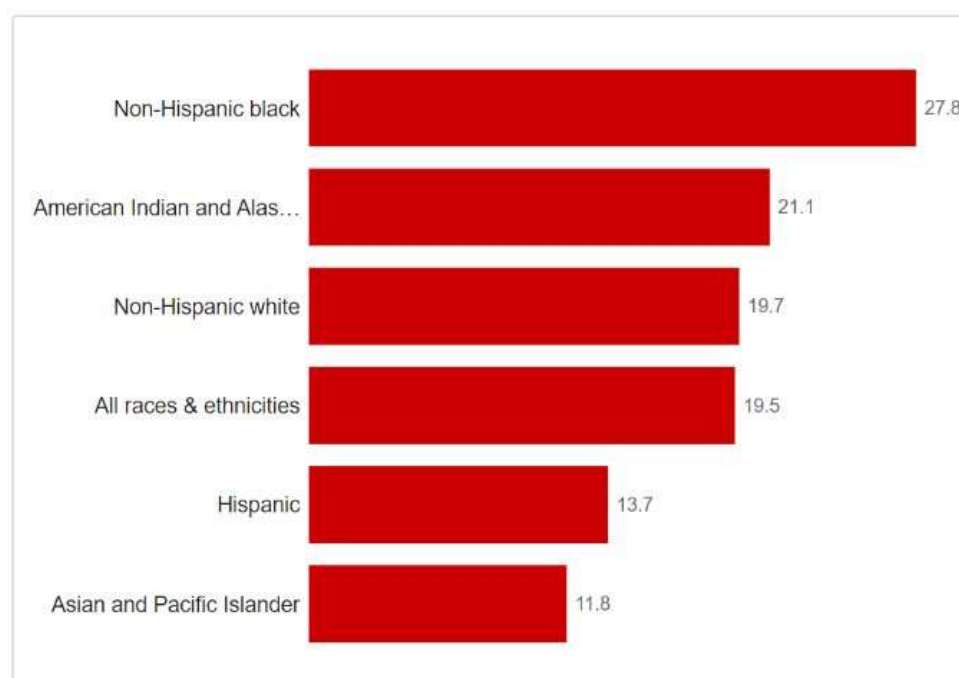


Breast Cancer Incidence & Mortality Rates by Race & Ethnicity

Incidence Rates, 2016 - 2020



Mortality Rates, 2017 - 2021



©American Cancer Society, 2024. Incidence Data Source: North American Association of Central Cancer Registries, 2023. Mortality Data Source: National Center for Health Statistics, Center for Disease Control and Prevention, 2023. Average annual rate per 100,000, age-adjusted to the 2000, US standard population. Female breast cancer only. Incidence is adjusted for delays when possible. Nevada and Puerto Rico are not included in national rates (see [Resources page](#)).



CERVICAL CANCER AT A GLANCE

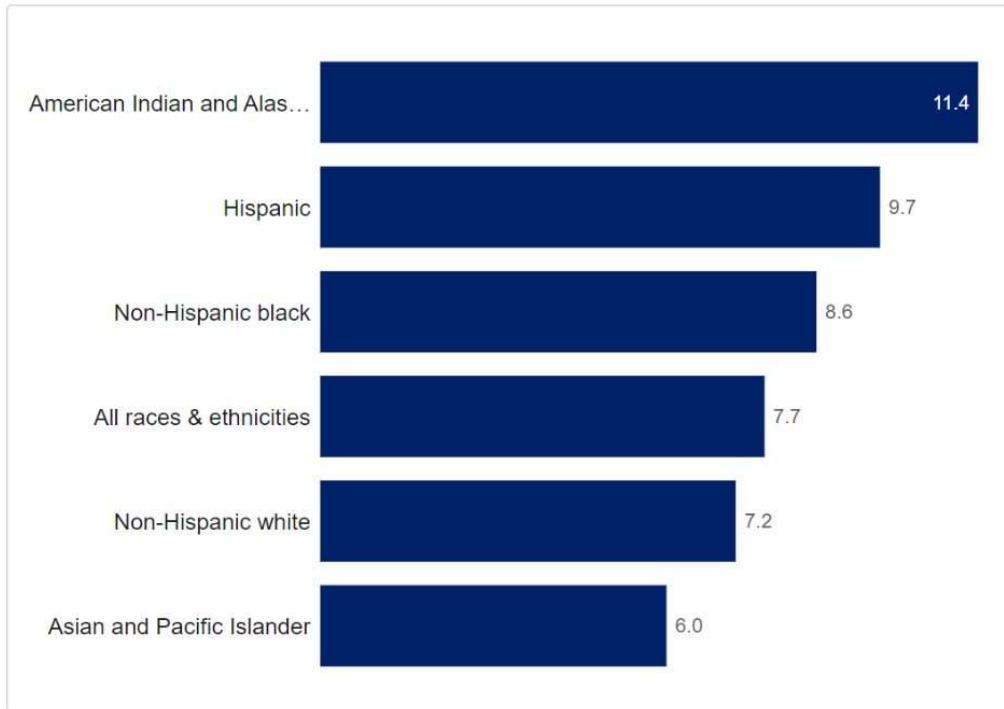
Estimated new cases, 2024	Estimated deaths, 2024	Incidence rates, 2016-2020	Deaths rates, 2017-2021
13,820	4,360	7.7	2.2
		Average annual rate per 100,000, age adjusted to the 2000 US standard population	Average annual rate per 100,000, age adjusted to the 2000 US standard population

SOURCE: American Cancer Society. Cancer Statistics Center. <https://cancerstatisticscenter.cancer.org/types/cervix> | Accessed 1/24/2024.

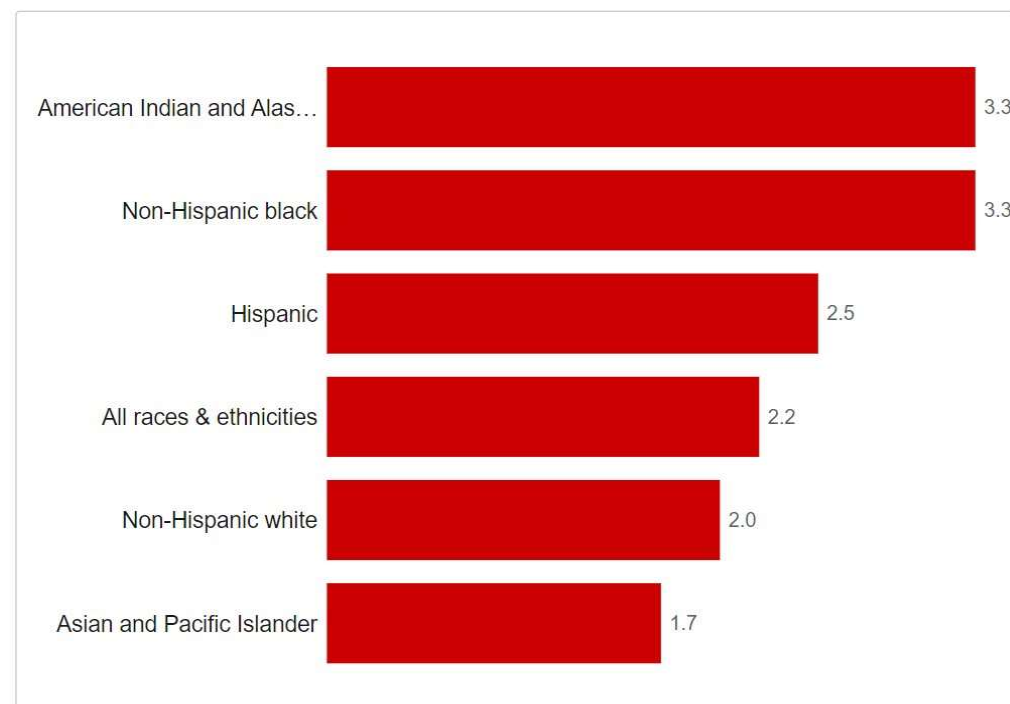


Cervical Cancer Incidence & Mortality Rates by Race & Ethnicity

Incidence Rates, 2016 - 2020



Mortality Rates, 2017 - 2021



©American Cancer Society, 2024. Incidence Data Source: North American Association of Central Cancer Registries, 2023. Mortality Data Source: National Center for Health Statistics, Center for Disease Control and Prevention, 2023. Average annual rate per 100,000, age-adjusted to the 2000, US standard population. Incidence is adjusted for delays when possible. Nevada and Puerto Rico are not included in national rates (see [Resources page](#)).

American Cancer Society. Cancer Statistics Center. <http://cancerstatisticscenter.cancer.org>. Accessed 2/5/2024.



Impact of Early Detection



5-year relative survival by stage at Diagnosis, Breast, 2013-2019



©American Cancer Society, 2024

Data source: Surveillance, Epidemiology, and End Results 22 registries, National Cancer Institute, 2023

Survival is adjusted for normal life expectancy and based on cases diagnosed 2013-2019 and followed through 2020.

Female breast cancer only.

99.3%
Localized

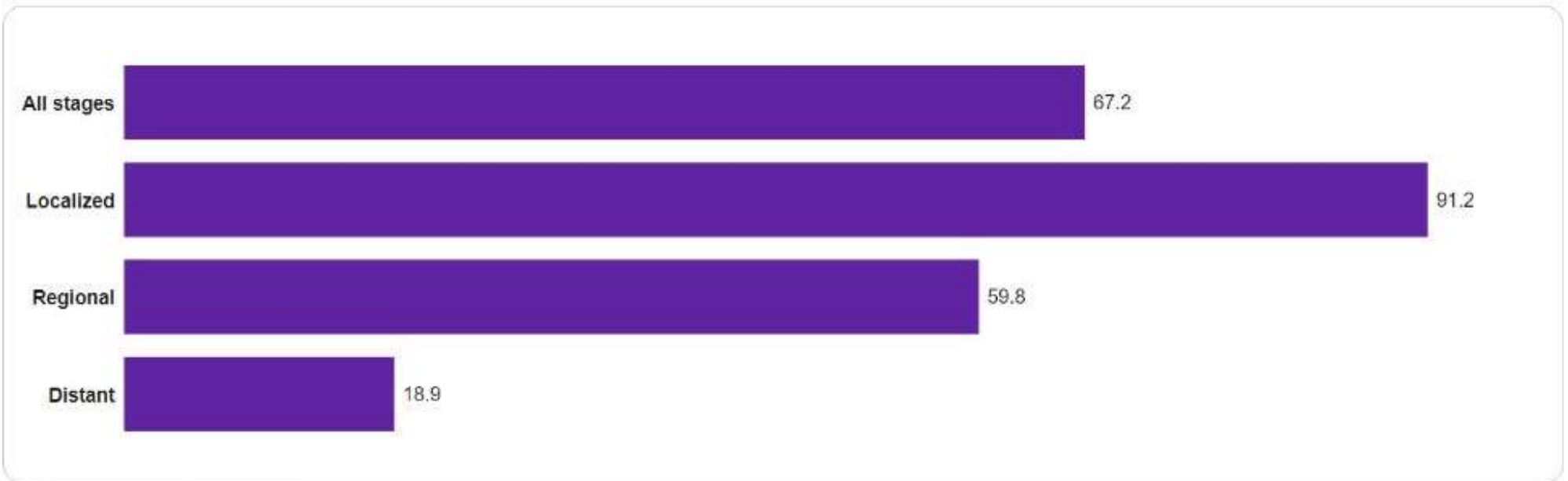
VS

31.0%
Distant

SOURCE: [American Cancer Society's Cancer Statistics Center](https://www.cancer.gov/statistics-and-research/cancer-statistics/cancer-facts-and-figures) | accessed 1/18/2024



5-year relative survival by stage at Diagnosis, Cervix, 2013-2019



©American Cancer Society, 2024

Data source: Surveillance, Epidemiology, and End Results 22 registries, National Cancer Institute, 2023

Survival is adjusted for normal life expectancy and based on cases diagnosed 2013-2019 and followed through 2020.

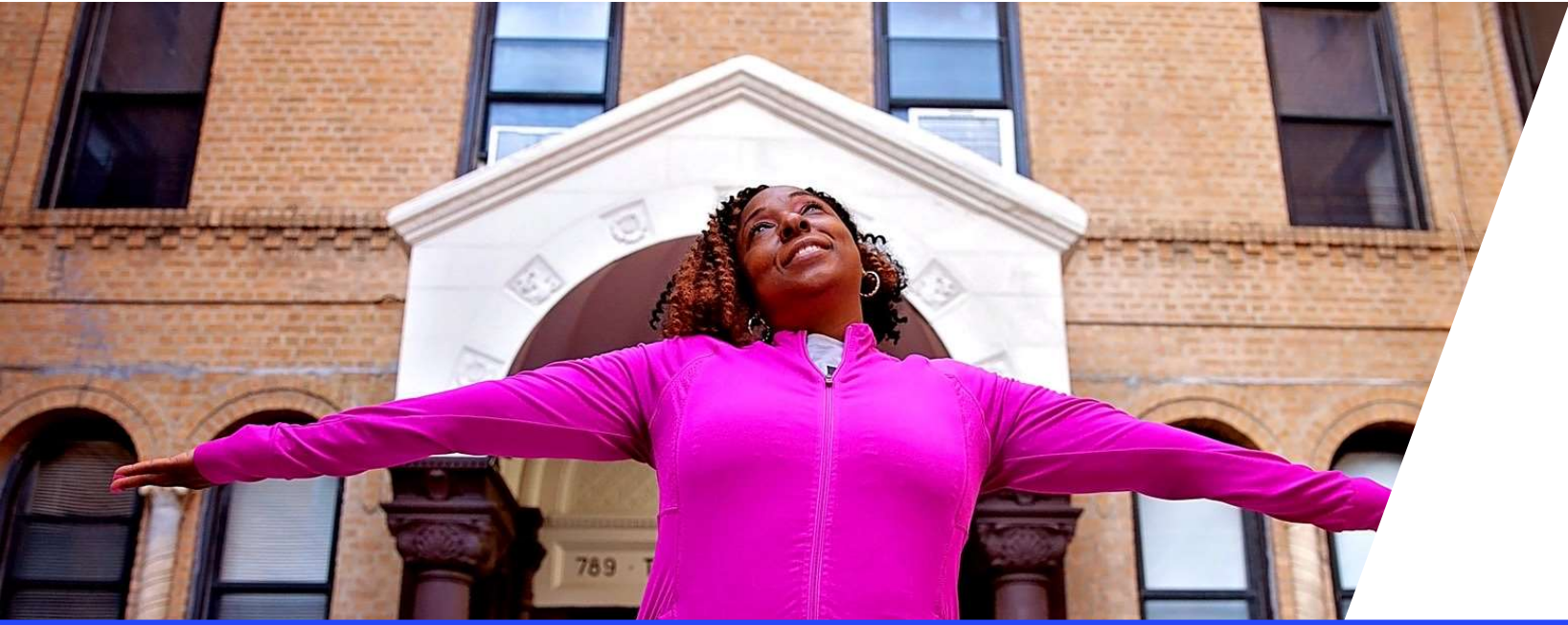
91.2%
Localized

VS.

18.9%
Distant

SOURCE: [American Cancer Society's Cancer Statistics Center](https://www.cancer.gov/statistics-and-research/cancer-statistics/cancer-facts-and-figures) | accessed 1/18/2024





Everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.





Cancer Screening



Cancer Screening Saves Lives

Screening Recommendations for Women

These recommendations are for people at average risk for certain cancers. Talk to a doctor about which tests you might need and the screening schedule that's right for you. It's a good idea to also talk about risk factors, such as lifestyle behaviors and family history, that may put you or your loved ones at higher risk.

Ages 25-39

Cervical cancer screening recommended for people with a cervix beginning at age 25.

Ages 40-49

Breast cancer screening recommended beginning at age 45, with the option to begin at age 40.
Cervical cancer screening recommended for people with a cervix.
Colorectal cancer screening recommended for everyone beginning at age 45.

Ages 50+

Breast cancer screening recommended.
Cervical cancer screening recommended.
Colorectal cancer screening recommended.
People who currently smoke or used to smoke should discuss **lung cancer screening** with a doctor.



Activity: Word Cloud of Barriers to Screening

What are the top barriers you see keeping patients from being screened for breast & cervical cancer? (1-2 words per answer)





Breast Cancer Screening Guidelines, Uptake, and Best Practices

Breast Cancer



What breast cancer screening tests are recommended for someone my age?
Guidelines for women at average risk.

Ages 40 to 44

Option to get screened

Women should have the option to start screening with a mammogram every year.

Ages 45 to 54

Get screened every year.

Women should get a mammogram every year.

Ages 55+

Get screened every other year.

Women can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

Have Questions About Screening?

Visit cancer.org/getscreened for cancer screening FAQs, including information about how to schedule a screening test, how to afford screening with or without insurance, and more.

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ACS vs. USPSTF

	ACS 2015	USPSTF 2024
Age to Screen & Frequency	<p>Age 40: Optional annual screening mammogram</p> <p>Age 45: Annual screening mammogram</p> <p>Age 55+: Biennial screening mammogram OR continue annual screening mammogram</p>	<p>Age 40 -74: Biennial screening mammogram</p>
Age to Stop	<p>Continue screening mammograms for patients in good health and expected to live at least 10 more years.</p>	<p>Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.</p>



How we are doing with Mammography?

2022 CDC BRFSS State Average Screening Rate NATIONAL	2022 CDC BRFSS State Average Screening Rate CALIFORNIA	2023 HRSA UDS FQHC Average Screening Rate NATIONAL	2023 HRSA UDS FQHC Average Screening Rate CALIFORNIA
76%	77%	52%	55%

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sept 2024].
URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

HRSA Health Center Program Uniform Data (UDS) Data, 2023. <https://www.hrsa.gov/foia/electronic-reading> . Public data with calculations and data visualization by the American Cancer Society.



A recommendation from a clinician is the most predictive factor for a patient initiating and completing the cancer screening process.*

*Impact of provider-patient communication on cancer screening adherence: A systematic review
<https://www.sciencedirect.com/science/article/abs/pii/S0091743516302912?via%3Dihub>



Focus areas for high quality breast cancer screening programs

Screening Importance and Advocacy	Patient Identification and Assessment	Patient Engagement and Follow-Up
<ul style="list-style-type: none">✓ Make a recommendation! Be clear that screening is important. ✓ Recruit and empower a clinical champion and QI team.	<ul style="list-style-type: none">✓ Identify your un[der] screened patients. ✓ Assess your patient's family history, medical history, and age. ✓ Identify your patient's risk level using validated risk assessment tools.	<ul style="list-style-type: none">✓ Be persistent with reminders. ✓ Use non-clinical staff to ensure screening and follow-up completion.



Focus areas for high quality breast cancer screening programs

Accurate Record-Keeping	Efficiency and Follow-Up Systems	Celebrate Hard Work
<ul style="list-style-type: none">✓ Ensure results are captured correctly in the patient's chart.	<ul style="list-style-type: none">✓ Reduce time between mammogram and next test in the screening/diagnostic process.✓ Create systems for timely follow-up of patients with abnormal and/or inconclusive results.	<ul style="list-style-type: none">✓ Overcoming SDOH is hard for patients who are due for screening.✓ Acknowledgement and celebration matter.





Cervical Cancer Screening Guidelines & Best Practices



Cervical Cancer

Screening guidelines for women and people with a cervix at average risk.

Under Age 25

Screening is not recommended.
Cervical cancer is rare before age 25.

Ages 25 to 65

Get screened using a primary HPV test every 5 years.
If primary HPV testing is not available, screening may be done with a co-test (both HPV and Pap) **every 5 years**, or a Pap test **every 3 years.***
*Getting screened regularly is the most important factor, regardless of which test.

Over Age 65

Most should stop screening.
People who have had regular screening in the previous 10 years with negative results should stop screening.

People with a cervix
includes women who have not had their cervix surgically removed, transgender men who retain their cervix, and non-binary people with a cervix.

People who have received the HPV vaccine
should still follow age-appropriate screening guidelines.

People who have had a total hysterectomy
(removal of the uterus and cervix) should stop screening unless the hysterectomy was done as a treatment for cervical cancer or a serious pre-cancer.

Have Questions About Screening?

Visit cancer.org/getscreened for cancer screening FAQs, including information about how to schedule a screening test, how to afford screening with and without insurance, and more.



Screening Test Definitions

- Pap Test
 - A test which collects cells from the surface of the cervix to check for any abnormal cells
 - Abnormal cells can be removed or treated before cervical cancer develops
 - When cancer is detected early, it is easier to treat
- HPV Test
 - A test which collects cells from the surface of the cervix to check for HPV
 - The cells are collected during a pelvic exam using a small brush or swab, then sent to a lab for testing
 - Results can help the doctor decide if more testing is needed
- Primary HPV Test
 - A primary HPV test is an HPV test done by itself for screening
 - 3 FDA approved primary HPV assays
- Co-testing
 - A co-test is when an HPV and Pap test are done together for screening



Comparison of current Screening Guidelines & Recommendations for Average-risk Individuals

	American College of Obstetricians and Gynecologists (ACOG), 2020 ¹	US Preventative Services Task Force (USPSTF), 2018 ²	American Cancer Society (ACS), 2020
Age to Start screening	21		25
Screening test options and intervals	<p>Ages 21-65: Cytology alone, every 3 years <i>ORA</i></p> <p>Ages 21-29: Cytology alone, every 3 years</p> <p>Ages 30-65: Cytology plus HPV testing, every 5 years <i>ORA</i></p> <p>Ages 21-29: Cytology alone, every 3 years</p> <p>Ages 30-65: HPV testing alone, every 5 years</p>		<p>Ages 25-65+ Preferred: HPV testing alone every 5 years <i>ORA</i></p> <p>Acceptable: Either Cytology plus HPV testing every 5 years <i>ORA</i></p> <p>Cytology alone every 3 years</p>
Age to end screening	<p style="text-align: center;">65</p> <p>if 3 consecutive negative Pap tests <i>ORA</i> 2 negative cytology plus HPV tests <i>ORA</i> 2 negative HPV tests <i>AND</i> 1 no abnormal tests within the prior 10 years with the most recent within the prior 5 years <i>AND</i> no CIN2+ within the prior 25 years.</p>		



Why does the ACS Guideline prefer primary HPV screening?



**More efficient
than co-testing**



**More effective than
a Pap test alone**

*Primary HPV screening is also necessary for self-collection. [National Cervical Cancer Screening Guideline](#)



How we are doing with Cervical Cancer Screening

2020 CDC BRFSS State Average Screening Rate NATIONAL	2020 CDC BRFSS State Average Screening Rate CALIFORNIA	2023 HRSA UDS FQHC Average Screening Rate NATIONAL	2023 HRSA UDS FQHC Average Screening Rate CALIFORNIA
79%	76%	55%	59%

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sept 2024].

URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

HRSA Health Center Program Uniform Data (UDS) Data, 2023. <https://www.hrsa.gov/foia/electronic-reading> . Public data with calculations and data visualization by the American Cancer Society.



A recommendation from a clinician is the most predictive factor for a patient initiating and completing the cancer screening process.*

*Impact of provider-patient communication on cancer screening adherence: A systematic review
<https://www.sciencedirect.com/science/article/abs/pii/S0091743516302912?via%3Dihub>



Focus Areas for High Quality Cervical Cancer Screening Programs

Screening Importance and Advocacy	Clinical Leadership and Team Improvement	Patient Identification and Testing Strategies
<ul style="list-style-type: none"> ✓ Make a recommendation! Be clear that screening is important. ✓ Be aware of and work to reduce stigma. ✓ Screen at every opportunity. 	<ul style="list-style-type: none"> ✓ Recruit and empower a clinical champion and QI team. 	<ul style="list-style-type: none"> ✓ Identify your un[der] screened patients. ✓ Transition to HPV testing (co-testing and HPV alone). ✓ Prepare for self-sampling and the future of at-home cervical screening.



Focus Areas for High Quality Breast Cancer Screening Programs

Patient Engagement and Support	Efficiency and Follow-Up Systems	Celebrate Hard Work
<ul style="list-style-type: none">✓ Use non-clinical staff to ensure screening and follow-up completion.✓ Practice trauma-informed pelvic care.	<ul style="list-style-type: none">✓ Create systems for timely follow-up of patients with abnormal and/or inconclusive results	<ul style="list-style-type: none">✓ Overcoming SDOH is hard for patients who are due for screening.✓ Acknowledgement and celebration matter.



Self-Collection & At-home Screening Status Update

- On May 15, 2024, the Food and Drug Administration (FDA) approved self-collection for primary HPV screening in a health care setting, thereby expanding access to cervical cancer screening for all women and people with a cervix.
- Two tests were approved – Roche & BD
- Self-collection is run on a primary HPV screening platform.
- Self-collection has been shown to reduce barriers to cervical cancer screening for patients, clinicians and health systems.
- At-home self-collection screening is not yet FDA approved but should be on your radar as it is expected.



Poll Question:

- 1. How familiar are you with self-collection for primary HPV screening?**
 - a) It's new to me; I just learned of the FDA approval in a health care setting on today's webinar
 - b) I've heard about self-collection but don't know much about it
 - c) I am familiar with self-collection for primary HPV screening



In Practice: Interview with Dr. Tan Nguyen



Tan Nguyen, MD
Clinical Professor in Family Medicine
UC Irvine School of Medicine



Please Answer in Chat

After today's discussion, what strategies are you excited to implement or learn more about?



Patient Resources: Breast Cancer Screening



The best way to find cancer early is by being screened before you have any symptoms or find changes in your breasts.

Women at average risk should get regular mammograms. Mammograms are x-rays of the breasts.

- **Women ages 40 to 44** should have the choice to start breast cancer screening every year.
- **Women ages 45 to 54** should get mammograms every 2 years, or they can choose to start screening earlier. Screening should continue as long as a woman is healthy and expected to live 10 or more years or longer.
- **All women** should understand what to expect when getting a mammogram for cancer screening — what the pros and cons are.
- **Some women are at higher risk for breast cancer.** They should be screened with mammograms.

Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

It can help to know how your breasts normally look and feel. Tell your health care team about any changes right away.

Visit us online at cancer.org/breastcancer or call 1-800-227-2345 to learn more about breast cancer and screening. We're here when you need us.



7 Things to know about getting a mammogram

Mammograms (breast x-rays) are the best tests we have to find breast cancer early, when it may be easier to treat. Talk with your health-care provider about when you should get a mammogram. Here's what you need to know about getting a mammogram.

- 1 What is a mammogram?**
A mammogram is an x-ray of the breast that's used to find breast changes. Mammograms are done with a machine that only looks at breast tissue. The machine takes x-rays at lower doses of radiation than the x-rays done for x-rays at other parts of the body.
- 2 Where to get it**
Find a center that does many mammograms in a day. When you find a center you like, stick with it. Having all your mammograms at the same place will make it easier for doctors to compare images from one year to the next. If you've had mammograms done at other centers, have those images sent to your new center.
- 3 When to schedule it**
It's best to schedule your mammogram about a week after your menstrual period. Your breast won't be as tender or swollen, which means less discomfort during the mammogram.

American Cancer Society
www.aacr.org | 1-800-227-2345

Breast Density and Your Mammogram Report

Regular mammograms are the best way to find breast cancer early. But if your mammogram report says that you have dense breast tissue, you may be wondering what that means.

What is dense breast tissue?

Breast density is a measure of how much fibrous and glandular tissue there is in your breast, as compared to fat tissue. It isn't related to breast size or firmness.

- Glandular tissue is made up of lobules and ducts. The lobules produce milk. The ducts carry the milk from the lobules to the nipple.
- Fibrous tissue and fat give breasts their size and shape and support the other structures.

Fibrous and glandular tissue are harder to see through on a mammogram, so your breast tissue may be called "dense" if you have a lot of these tissues (and not as much fat). Having dense breast tissue is common. Some women have more dense breasts than others.

How do I know if I have dense breasts?

Your mammogram is reviewed by a radiologist, a doctor who "reads" mammograms. They check your mammogram for changes, and they also look at breast density.

There are 4 types of breast density. They range from almost all fatty tissue to extremely dense tissue with very little fat. The radiologist decides which of the 4 types best describes how dense your breasts are. People whose breast density falls into categories C or D have dense breasts. About half of women in the US who have mammograms have dense breasts.

Breast density types

Category A: Breasts are almost all fatty tissue.

Category B: There are scattered areas of dense glandular and fibrous tissue on a white area on the mammogram.

Category C: More of the breast is made of dense glandular and fibrous tissue. The scattered fatty tissue can still be seen on a white area.

Category D: Breasts are extremely dense, with most of the breast made of dense glandular and fibrous tissue. The scattered fatty tissue can still be seen on a white area on the mammogram.

Breast Cancer Fact Sheet for Patients and Caregivers

Breast cancer can start in any part of one or both breasts. For women in the US, breast cancer is the most common cancer (after skin cancer) and the second leading cause of cancer death (after lung cancer).

Risk Factors

Risk factors for breast cancer that you cannot change include:

- Age: Being born female is the strongest risk factor for breast cancer. Most can also get breast cancer, but it is much more common in females.
- Family history: Some women who have had breast cancer in the past or their parents, siblings, or other relatives have a higher risk of getting it. Having more than one close blood relative increases the risk even more. It's important to know that most people with breast cancer don't have a close blood relative with the disease.
- Inheriting gene changes: Certain gene changes (most commonly in BRCA1 and BRCA2 genes) can create a higher risk for breast cancer.
- Starting menstruation early or having late menopause: There may be a higher risk due to longer exposure to the hormones estrogen and progesterone.
- Having dense breast tissue: People whose breasts appear dense on mammograms have a higher risk of breast cancer. Dense breast tissue can also make it harder to see cancers on mammograms.
- Having radiation to the chest: Women who were treated with radiation therapy to the chest before age 30 have a much higher risk for breast cancer.

Some breast cancer conditions: Certain mammogram breast conditions can increase the risk of getting breast cancer. (Although overall risk factors for breast cancer.)

- Atypical ductal hyperplasia
- Atypical lobular hyperplasia
- Lobular carcinoma in situ
- Ductal carcinoma in situ
- Invasive ductal carcinoma
- Invasive lobular carcinoma
- Mucinous carcinoma
- Medullary carcinoma
- Tubular carcinoma
- Papillary carcinoma
- Comedo carcinoma
- Inflammatory carcinoma
- Metastatic breast cancer

Prevention

There is no way to prevent breast cancer, and some risk factors can't be changed, such as being born female, age, genetics, or family history of the disease, and inherited gene changes. But there are things a person can do that can help lower the risk for breast cancer. Avoiding or limiting alcohol, getting regular physical activity, and getting in and staying in a healthy weight might help lower risk.

If you have a family history or inherited gene changes, your health care provider may have you see a genetic counselor or recommend certain medicines or procedures. They can help you better understand your risks and make informed decisions about your care.



Patient Resources: Cervical Cancer Screening



It's true. You can help prevent cervical cancer.

One of the best things you can do to keep from getting cervical cancer is get regular screening for it.

The tests for cervical cancer screening are the HPV test and the Pap test. The HPV test looks for infections from types of HPV that can cause precancers and cancers of the cervix. The Pap test looks at the cells taken from the cervix to find changes that might be cancer or precancer.

Your doctor or nurse can tell you how often you need to get tested.

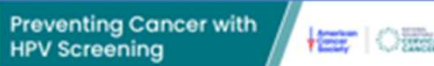
If you are 25 to 65 years old, you should get a primary HPV (human papillomavirus) test every 5 years (this is best). If you cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years.

Having regular screening tests can help find changes before they become cancer, and can also help find cervical cancer early, when it's small, has not spread, and might be easier to treat.

Most people don't know if they have HPV, so it's important to get tested regularly.

Even if you've gotten the HPV vaccine, you still need to get regular testing through age 65.

For more information about cervical cancer, visit www.cancer.org or call the American Cancer Society at 1-800-227-2345.



Preventing Cancer with HPV Screening

HPV stands for human papillomavirus. There are many types of HPV and some of these types cause cancer. Screening for HPV is an important way to help prevent cancer.

Most people will have an HPV infection at some point in their lives.

HPV and My Health

HPV is a very common virus—just like the common cold virus. Often, the infection clears up on its own and doesn't cause any health problems. But sometimes, the infection doesn't go away. This is why screening is so important. It helps find problems early, so they can be treated.


One type of cancer caused by HPV is cancer of the cervix—also called cervical cancer.

HPV and Cervical Cancer

There are different types of HPV. Some types of HPV cause warts on the hands, feet, or genitals. Other types of HPV cause cancer—these are the types that HPV screening looks for.

It often takes many years for cervical cancer to develop after a person gets these types of HPV. This gives time to discover the HPV infection and treat any problems before cancer develops.

This is why screening is so important.




Cervical Cancer Fact Sheet for Patients and Caregivers

Cervical cancer starts in the cells lining the cervix - the lower part of the uterus (womb). The number of cervical cancer cases has dropped by more than half in recent decades.

Risk Factors

Infection by the human papillomavirus (HPV) is the most common risk factor for cervical cancer. The infection normally goes away on its own or doesn't cause any problems. HPV infections that don't go away can increase a person's risk for cervical cancer.

Other Risk Factors:

- Becoming sexually active at a young age and having many sexual partners or a partner who has had many sexual partners (although many people who get cervical cancer have only had one sexual partner)
- Smoking
- Having a weakened immune system
- Having a history of chlamydia infection
- Using oral contraceptives for a long time
- Having three or more full-term pregnancies
- Being younger than age 35 with a first full-term pregnancy
- Being born to a parent who took diethylstilbestrol (DES) during pregnancy

Prevention

Not all cervical cancers can be prevented, but depending on a person's age, overall health, and personal risk for cervical cancer, there are some things that can be done that may help reduce the risk.

- HPV vaccinations can help protect people from infection with the types of HPV that can cause cervical and other cancers. HPV vaccination is recommended for all children, regardless of gender, between ages 9 and 12.

Children and young adults ages 11 through 12 who have not been vaccinated, or who haven't gotten all their shots, should get the vaccine as soon as possible. Vaccination at the recommended ages will help prevent these cancers, but vaccination at older ages. The American Cancer Society does not recommend HPV vaccination for people older than age 26.

- **Regular screening:** Screening is testing for a disease in people who have no symptoms. Regular screening for cervical cancer can help find changes in the cervix that can be treated before they become cancer.
- **Quitting tobacco:** Staying away from tobacco can help reduce the risk of cervical precancers and cancer.

Screening and Early Detection

Screening is a process used to look for cancer in people who have no symptoms. The American Cancer Society recommends the following for people who have a cervix and are at average risk for cervical cancer:

- Cervical cancer screening should start at age 25. People under age 25 should not be tested. Cervical cancer is rare in this age group.
- People between the ages of 25 and 65 should get a primary HPV test every five years. A primary HPV test is an HPV test that is done by itself for screening. If you cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every five years or a Pap test every three years.

The most important thing to remember is to get screened regularly, no matter which test you get.

cancer.org | 1.800.227.2345

Online content with 3D simulation

Screening Tests for Cervical Cancer

The best way to find cervical cancer early is to have regular screening tests. Regular screening has been shown to prevent cervical cancers and save lives. Early detection greatly improves the chances of successful treatment and can prevent any early cervical cell changes from becoming cancer. Being alert to any signs and symptoms of cervical cancer can also help avoid unnecessary delays in diagnosis.

The tests for cervical cancer screening are the HPV test and the Pap test. These tests can be done alone or at the same time (called a co-test) and are done during a pelvic exam.



The most important thing to remember is to get screened regularly, no matter which test you get.



The Path to Engaging 100,000 VOICES of Black Women



VOICES
OF BLACK WOMEN

Enrollment is NOW OPEN in all VOICES states!

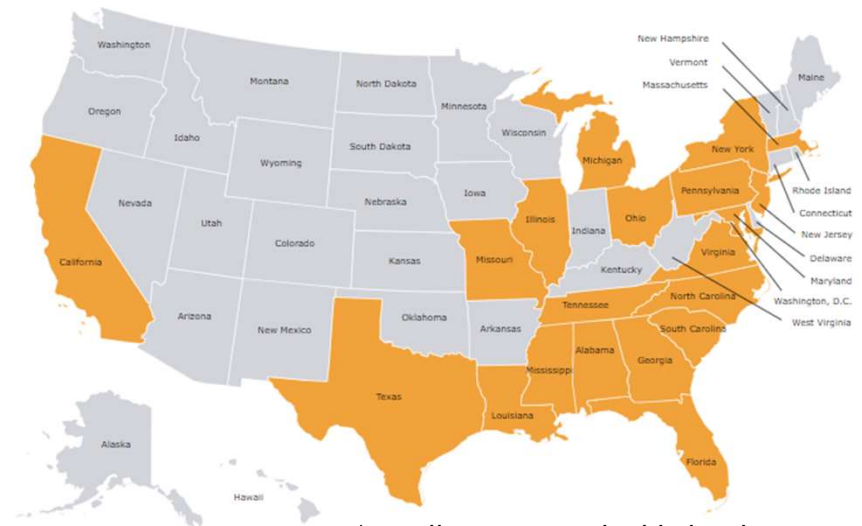


VOICES of Black Women will recruit:

- Black women between the ages of 25-55 years
- No history of cancer diagnosis (except basal or squamous skin cancer)
- Live anywhere in 20 enrollment states or D.C.

After providing consent, participation involves:

- ✓ Completing an entirely online and self paced survey (~an hour of time) at the start of the study
- ✓ Completing additional surveys (up to 30 minutes each) twice a year
- ✓ Invitations to provide additional, optional data collection over time



*Enrollment states highlighted in orange

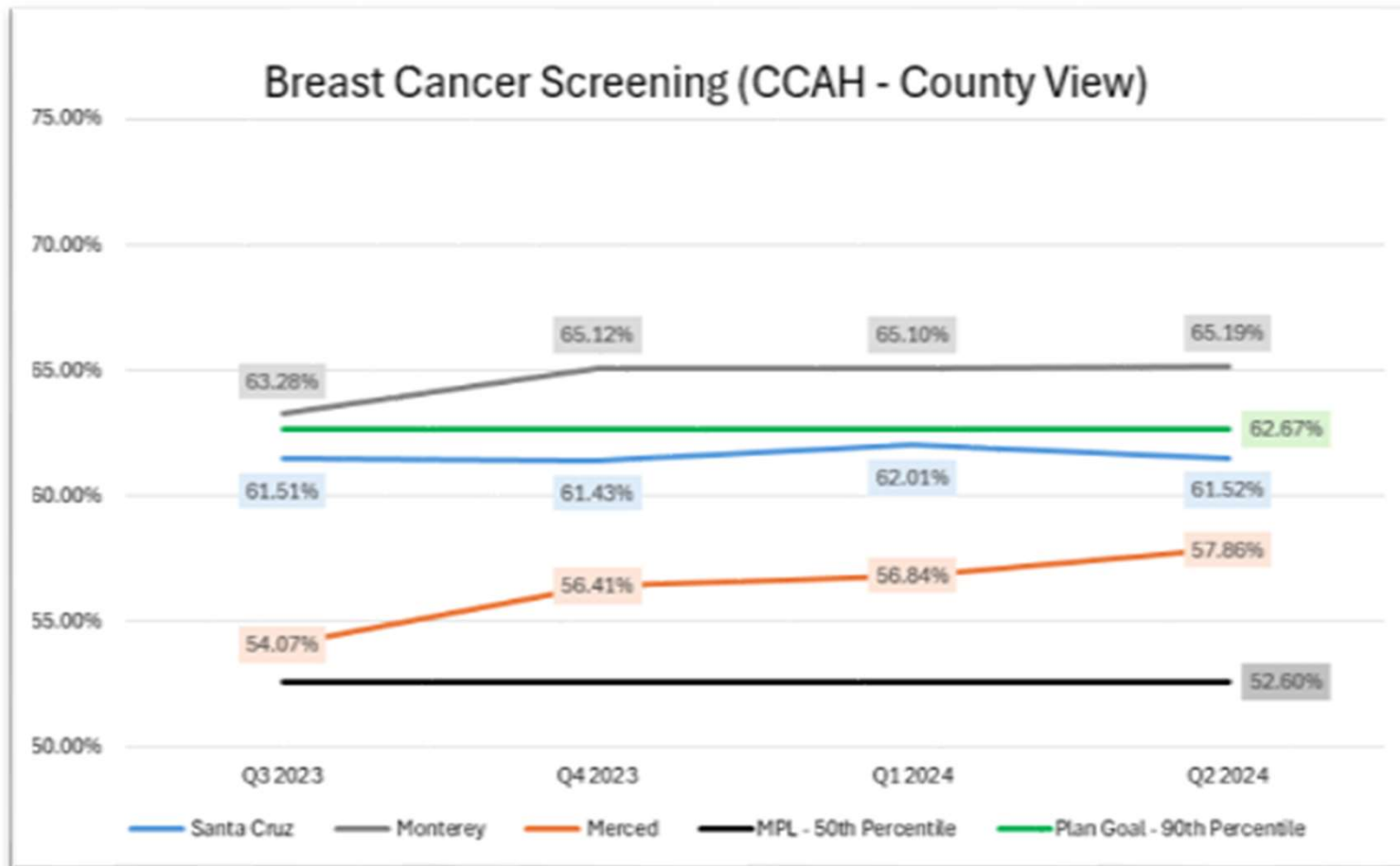


Visit voices.cancer.org to learn more and JOIN today!

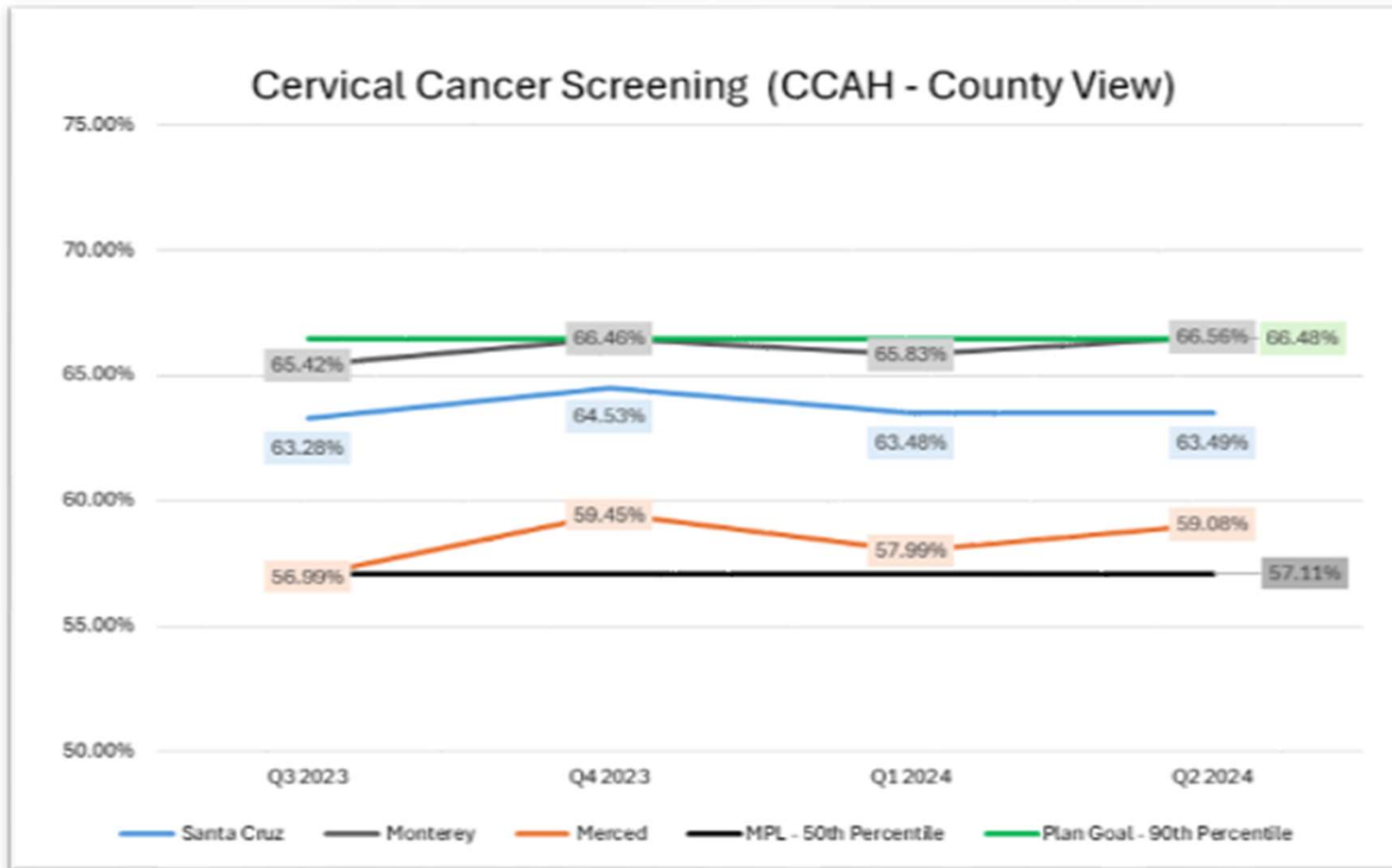


The Alliance Rates by County & Programs

CCAH Breast Cancer Screening Rates by County – One Year Look Back



CCAH Cervical Cancer Screening Rates by County – One Year Look Back



New and Upcoming Alliance Programs

- Mobile Mammography Collaboration
 - **Objective:** Partner with practices to increase access to breast cancer screenings.
 - \$50 member incentives (Target)
- Provider Partnership
 - **Objective:** Build partnerships aimed at improving low performing measures, and to build a strong collaborative relationship between CCAH providers and the Alliance.
- Workforce Support for Care Gap Closures Grant
 - **Objective:** The Alliance in collaboration with select Merced County Providers proposes the following intervention to assist with mutual goals of improving the overall health of its members and increasing quality scores in Merced County.
- Contact: Performanceimprovement@ccah-alliance.org



Questions?

