



MCCMH Preventive Care Guidelines to Promote Early Detection of Cervical Cancer

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I. Purpose:

- a. To provide all, in and out of network providers, with recommendations that can assist them to educate their persons served and their guardians on the importance of creating awareness about the importance of prevention and early detection of cervical cancer.
- b. To guide the providers in becoming critical advocates in creating awareness about the important role they must play in assisting our persons served and their guardians in following appropriate preventive care guidelines. It is via the dissemination of guidelines that MCCMH wants to empower the providers to create their own processes to achieve awareness.
- c. To mitigate the risk of occurrence or recurrence of certain medical conditions by educating their persons served and their guardians in the need to remain proactive with preventive care practices.

II. Overview:

The death rate of cervical cancer over the years has fortunately dropped significantly with the increased use of the Pap test for screening. This speaks to the valuable impact that cervical cancer screenings have had in the prevention of its occurrence. But the death rate has not changed much over the last 10 years, which illustrates how aggressive it can be once a patient is diagnosed with it. Nevertheless, when detected early one does have a good prognosis that is why early screening is so important. The American Cancer Society has provided a series of recommendations for women at cervical cancer risk. Early cervical cancer detection, when the cancer is small, facilitate the early action with treatment and increases the chances of successful treatment outcomes. Similar recommendations have come from other nationally recognized organizations such as the American College of Obstetricians and Gynecologists (ACOG), the American Cancer Society (ACS), etc. This document follows recommendations from the mentioned organizations in addition to The CDC and United States Prevent Services Task Force recommendations (USPSTF).

Cervical Cancer Screening Recommendations:

The United States Preventive Services Task Force recommends screening for cervical cancer every 3 years with cervical cytology alone in women ages 21 to 29 years. For women ages 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology.



The USPSTF recommends against screening in women younger than 21 years-old or older than 65 who have had adequate prior screening and are not otherwise at high risk for cervical cancer. As it pertains to women who had a hysterectomy, with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer, the USPSTF recommends against screening. For more information [https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#:~:text=For%20women%20aged%2030%20to,combination%20with%20cytology%20\(cotesting\)](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#:~:text=For%20women%20aged%2030%20to,combination%20with%20cytology%20(cotesting))

The American Cancer Society (ACS) appears to be in synchrony with the recommendations provided by the USPSTF with the exception of recommending to start screening by no later than age 25. The ACS also recommends that women who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above. For women with a history of a serious pre-cancerous cervical lesion, screening should continue for at least 25 years after that condition was found, even if the testing goes past age 65.

The ACS also emphasizes that cervical cancer screening should continue even after a woman has stopped having children as there is no scientific protective correlation of this reducing the risk of cervical cancer. The ACS also recommends that women who have been vaccinated against HPV should still follow these guidelines for their age groups.

Risk Factors:

Almost all cervical cancers are caused by human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. However, not all types of HPV lead into cancer. For most women, HPV will go away on its own; however, if it does not, there is a chance that over time it may cause cervical cancer.

Per the CDC, other factors that can increase your risk of cervical cancer:

- Having HIV (the virus that causes AIDS) or a condition that compromises the individual's immune system
- Smoking.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.
- Having several sexual partners.

In addition, the American College of Obstetricians and Gynecologist – ACOG also include as high risk:

- Women who have a history of cervical cancer
- Women who have a history of a sexually transmitted disease
- Women who were exposed to diethylstilbestrol (DES) before birth

This last 3 may also require more frequent screening and should not follow these routine guidelines.

***It is important we assist our persons served and guardians in knowing about these recommendations and the factors that deemed them or their loved one at high-risk vs average risk so that with the help of their health care provider appropriate steps are taken to get proper care.

Cervical Cancer Screening Tests Include:

- The Pap test (or Pap smear) looks for pre-cancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

Per the American College of Obstetricians and Gynecologists (ACOG), the physicians recommend:

- Women should have screening at age 21, regardless of when you first start having sex.
- Women who are 21 to 29 should have a Pap test alone every 3 years. HPV testing alone can be considered for women who are 25 to 29, but Pap tests are preferred.
- Women who are 30 to 65 have three options for testing. They can have a Pap test and an HPV test (co-testing) every 5 years. They can have a Pap test alone every 3 years. Or they can have HPV testing alone every 5 years

More extended information on the subject visit:

https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

Race/Ethnicity and Geography:

- Mortality is higher among older African American women. Per research done by the ACS, African American women have also a higher risk to develop the most aggressive type of cervical cancer.
- American Indian/Alaska Native also carry a high risk genetically. A review conducted by the USPSTF showed that this could be due this population having lower screening rates and inadequate follow up.
- Hispanic women have a significantly higher incidence rate of cervical cancer and slightly higher mortality rate. Per the USPSTF, in the United States much higher rates along the Texas-Mexico border.
- Per the USPSTF, the most important factors contributing to higher incidence and mortality rates include financial, geographic, and language or cultural barriers to screening; barriers to follow-up; unequal treatment; and difference in cancer types, all of which vary across subpopulations.

For more information:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#citation2>

Additional Approaches to Prevention:

Per The Advisory Committee at The Centers for Disease Control and Prevention's Advisory Council on Immunization Practice recommends routine HPV vaccination. A 2-dose schedule is recommended for girls and boys who initiate the vaccination series at ages 9 to 14 years. Three

doses are recommended for girls and boys who initiate the vaccination series at ages 15 to 26 years and for those who have a compromised immune system.

Other Resources:

https://www.cdc.gov/cancer/cervical/basic_info/diagnosis_treatment.htm

<https://www.cdc.gov/cancer/cervical/statistics/index.htm>

<https://www.acog.org/womens-health/faqs/cervical-cancer-screening>

MCCMH Preventive Care Guidelines and Provider Expectations:

Based on the information provided above and in concurrence with the American Cancer Society, The CDC and the United States Preventive Services Task Force, as it pertains to the goal of promoting early detection of cervical cancer among our persons served, it is the recommendation from the Chief Medical Office to all of in-network and out-of-network providers that:

A. Providers develop a process to educate their direct care staff on the most up to date guidelines and resources related to best cervical cancer preventive recommendations as above described.

B. It is to the discretion of the provider to develop a process that guarantees how persons served and their guardians are being provided education on the subject.

C. Providers may opt to use the *"MCCMH Educational Handout to Promote Awareness about Cervical Cancer Preventive Care"* here attached to share with their staff, persons served and their guardians as part of their efforts to create awareness on the subject. The use of the 2020-2021 MCCMH educational handout disseminated along with these recommendations is purely optional; however, the expectation of the role they must play on providing this education is not. Providers may develop their own educational materials to achieve this awareness goal always abiding by the appropriate most up to date guidelines from well recognized national organizations and authorities in the field.

D. It is the provider's responsibility to update their educational materials as the American Cancer Society and United States Preventive Services Task Force guidelines among others publish new revised guidelines.

E. Providers should remain aware of the importance of these guidelines and encourage their persons served and their guardians to, at least yearly or during the persons served annual physical exam appointment, consult with their health care providers about what screening options based on their age, family history, and health history, they would need to be aware of and consider.

F. Providers and direct care staff must know that only the persons served medical health care provider is the *ultimate authority* in determining when a given screening test type is deemed to be appropriate or contraindicated based on having a full understanding of the individual's medical history and family history. It is of paramount importance that the persons' served and their guardians also understand this and that they always follow and abide by their health care provider's recommendations.

G. At no time is an MCCMH direct or contracted provider or any of their staff to conduct any kind of examination screenings on any person served. This is solely to be performed to the person served by his/her primary care physician, OB-GYN physician, or professional licensed staff (i.e. NP, PA) designated by them.

H. As part of being integrated care advocates, it is important that providers yearly encourage our persons served to stay up to date with their yearly physicals and breast screening test as recommended by their PCP. Providers must have their staff (i.e., supports coordinator) work collaboratively with the individual's medical provider to coordinate that, at minimum yearly, a discussion about this occurs with the individual/guardian.

I. Providers must develop a process for their direct care staff or supports coordinator to document in the record the instances in which education related to the issue was provided.

J. Granted all of the above occur, if a person/guardian were to exercise his/her right to decline the above recommendation, the provider must develop a process for their staff or supports coordinator to not only thoroughly date and document the efforts made to educate and encourage the person's served/their guardian on addressing the issue but also document the stated reason for the person's/guardian's decline.

a. Some appropriate documentation parameters to consider at minimum should include date, name and credentials of the staff providing the education/encouragement. And, when applicable, the reason stated by the person served and/or their guardian in the event they choose to decline the education or recommendations from their health care provider.

b. In the event a medical contraindication/s is/are the reason for a person served to not be a good candidate for continued screening, the provider should make sure they implement a process for their staff or supports coordinator to document those. It is the expectation those instances are clearly documented in the record at the time they are due to revisit each year.

K. In cases of persons served whose cause of death are related to Cervical Cancer diagnosis or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analysis for the review of CRMC.

L. In the event those are not initially submitted by the provider, the CRMC Committee reserves the right to request the provider for this information when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for the review

MCCMH Educational Handout to Promote Awareness about Cervical Cancer Preventive Care

This information is to be used as educational material only, to inform persons served and their guardians on the importance of maintaining cervical cancer screening checkups up to date as recommended by the most current standard of care recommendations provided by American Cancer Society, CDC, and the United States Preventive Services Task Force. It is *ultimately* to the authority of a health care provider to advise and determine what the individual would need to undergo based on having a full understanding of their medical history and presentation.

What is Cervical Cancer?

Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina. It isn't clear what causes cervical cancer, but it's certain that Human Papilloma Virus (HPV) plays a role. HPV is very common, and most people with the virus never develop cancer. This means other factors — such as your environment or your lifestyle choices — also determine whether you'll develop cervical cancer.

Who is at high risk?

Almost all cervical cancers are caused by human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. However, not all types of HPV lead into cancer. For most women, HPV will go away on its own; however, if it does not, there is a chance that over time it may cause cervical cancer.

Factors that can increase your risk of cervical cancer include:

- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Smoking.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.
- Having several sexual partners.
- Women who have a history of cervical cancer
- Women who due to other medical comorbidities have a weakened immune system, or who were Women exposed to diethylstilbestrol (DES) before birth—If your mother took a drug called diethylstilbestrol (DES) while pregnant in the 1950s, you may have an increased risk of a certain type of cervical cancer called clear cell adenocarcinoma.
- Women who started having sex at an early age which in itself increases your risk of HPV.
- Having had a history of other sexually transmitted infections (STIs) such as chlamydia, gonorrhea, syphilis which increase your risk of HPV.

For more information visit

<https://www.cdc.gov/cancer/cervical/statistics/index.htm>

<https://www.acog.org/womens-health/faqs/cervical-cancer-screening>

What can reduce my risk of cervical cancer?

- Per the ACOG, the HPV vaccine is an important way to help protect against the HPV infections that most commonly cause cancer. But the HPV vaccine does not protect against all types of HPV that can cause cancer. So women who have been vaccinated against HPV still need to follow the cervical cancer screening recommendations for their age group. Per the CDC, HPV vaccination is not recommended for everyone older than age 26 years. Ask your doctor about this in your next follow up!
- Follow screening recommendation and timelines as directed by your health care provider.
- Don't smoke.
- Use condoms during sex*
- Limit your number of sexual partners.

*Per the CDC website "HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer."

What Are the Symptoms? Be vigilant and be aware that early-stage cervical cancer generally produces no signs or symptoms. That is why screening is SO important in its prevention!

Signs and symptoms of more-advanced cervical cancer include:

- Vaginal bleeding after intercourse, between periods or after menopause
- Watery, bloody vaginal discharge that may be heavy and have a foul odor
- Pelvic pain or pain during intercourse

These symptoms can happen with other conditions that are not cancer. If you have any symptoms that worry you, see your doctor right away.

How is Cervical Cancer Treated?

Per American Cancer Society, depending on the type and stage of your cancer, you may need more than one type of treatment. For the earliest stages of cervical cancer, either surgery or radiation combined with chemo may be used. For later stages, radiation combined with chemo is usually the main treatment. Chemo (by itself) is often used to treat advanced cervical cancer.

Talk to your Doctor:

- Do not hesitate to speak to your doctor about when is the right time to start your screenings.
- If you do fall in the at-risk populations make sure you follow your doctor's recommendations and keep up with your scheduled breast screenings as indicated.
- Find a Screening Program Near You, follow this link
<https://www.cdc.gov/cancer/nbccedp/screenings.htm>

More Information:

<https://www.mayoclinic.org/diseases-conditions/cervical-cancer/symptoms-causes/syc-20352501>

<https://www.webmd.com/cancer/cervical-cancer/understanding-cervical-cancer-symptoms>