

Cervical Cancer in Ohio

What do I Need to Know?



Comprehensive Cancer Control Program
Office of Healthy Ohio
Ohio Department of Health

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What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the cervix, it is called cervical cancer. The cervix connects the upper part of the uterus to the vagina (birth canal).

Cervical cancer is highly preventable in most western countries due to the availability of screening tests and a vaccine to prevent HPV infection. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

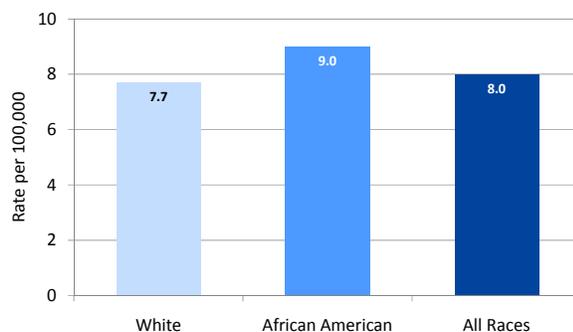


How does cervical cancer affect the U.S. and Ohio populations?

- In Ohio, 66 percent of women who developed cervical cancer from 2002-2006 were 30-59 years old.
- During 2002-2006, an average of 488 new cases of invasive cervical cancer were diagnosed each year among female Ohio residents. An average of 159 Ohio females die each year from cervical cancer.

Figure 1

Average Annual Invasive Cervical Cancer Incidence Rates by Race in Ohio, 2002-2006^{1,2,3}



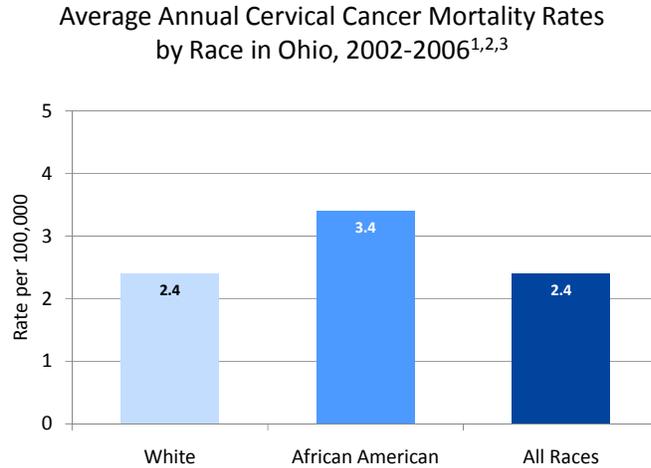
¹ Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2009.

² Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

- Currently, a woman living in the United States has a 1 in 153 lifetime risk of developing invasive cervical cancer.
- African American women are more likely than white women to develop invasive cervical cancer in Ohio (Figure 1).

- African American women in Ohio are more likely to die from cervical cancer, compared to white women (Figure 2).

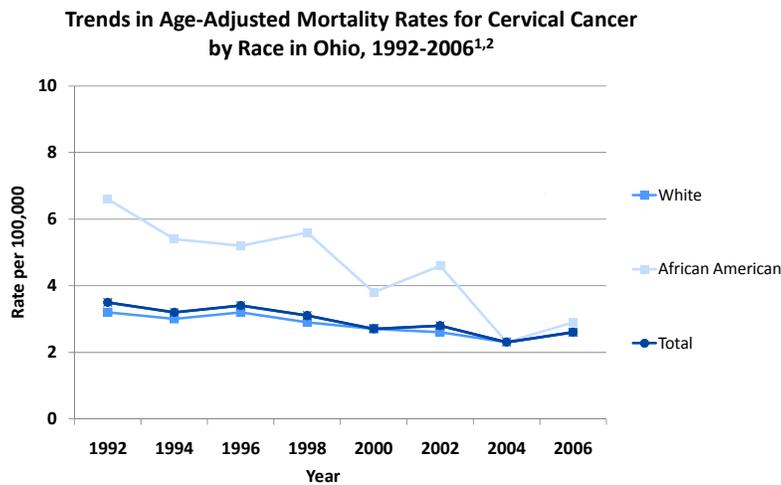
Figure 2



¹Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2009.
² Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

- Cervical cancer deaths account for 1.3 percent of all deaths from cancer among women in Ohio.

Figure 3



¹Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2009.
² Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

- Cervical cancer death rates declined 18.8 percent for white women and 56.1 percent for African American women from 1992-2006. (Figure 3)

- The mortality rate from cervical cancer has declined steadily over the past several decades due to prevention and early detection as a result of screening.

What causes cervical cancer and who is at risk?

The exact cause of most cervical cancer is not yet known. Your risk is considered higher than average if:

- You are over the age of 30
- You are an African-American or Hispanic woman
- You have had an HPV (human papillomavirus) infection
- You have not had regular Pap tests
- You are a smoker
- You have a weakened immune system
- You (or your partner) have had multiple sexual partners
- You have used birth control pills for more than 5 years
- You have given birth to more than 4 children
- You have a mother who was given the drug Diethylstilbestrol (DES) during pregnancy

Are there symptoms of cervical cancer?

Symptoms can include:

- Abnormal vaginal bleeding
 - Bleeding that occurs between menstrual periods
 - Bleeding after sexual intercourse, douching or a pelvic exam
 - Menstrual periods that last longer and are heavier than usual
 - Bleeding after the beginning of menopause
- Increased vaginal discharge
- Pelvic pain
- Pain during sexual intercourse

Any abnormal vaginal bleeding or discharge should be reported to a health care professional.

These symptoms are not always due to cancer. Other health problems can cause the same symptoms. Anyone with these symptoms should see a doctor to be diagnosed and treated as early as possible.

Early cancer usually does not cause pain. It is important not to wait to feel pain before seeing a doctor.

Are there things women can do to help prevent cervical cancer?

- Have regular screening tests for cervical cancer about three years after you begin having vaginal intercourse, but no later than age 21
- Ask your health care provider about receiving the HPV vaccine
- Avoid smoking
- Use condoms during sexual intercourse
- Limit your number of sexual partners

Is there a way to find cervical cancer or precancerous conditions early?

Getting a Pap test and human papillomavirus (HPV) test for cervical cancer could save your life. Here's why:

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if not treated appropriately
- The HPV test looks for the virus that can cause these cell changes
- When cervical cancer is found early, treatment is most effective, and the majority of women go on to live long and healthy lives

What are the additional tests to detect cervical cancer if I have an abnormal pap smear?

Other tests are available for additional cervical cancer detection. Some are used alone; others are used in combination with each other. Talk with your doctor about which test or tests are best for you.

Some other tests include:

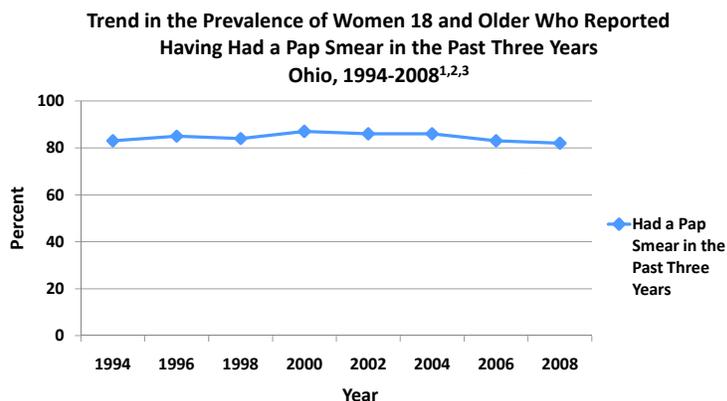
- Colposcopy
 - The doctor uses a colposcope to look at the cervix. The colposcope combines a bright light with a magnifying lens to make tissue easier to see.
- Biopsy
 - Tissue is removed in the doctor's office with local anesthesia. A pathologist checks the tissue under a microscope for abnormal cells.



Who gets cervical cancer screening in Ohio?

Screening tests are a powerful tool in the prevention, early detection and successful treatment of cervical cancers.

Figure 4



- From 1994 to 2008, the number of women aged 18 and older who reported having a pap smear in the past three years remained stable from 83 percent in 1994 to 82 percent in 2008 (Figure 4).

¹ Source: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2009.

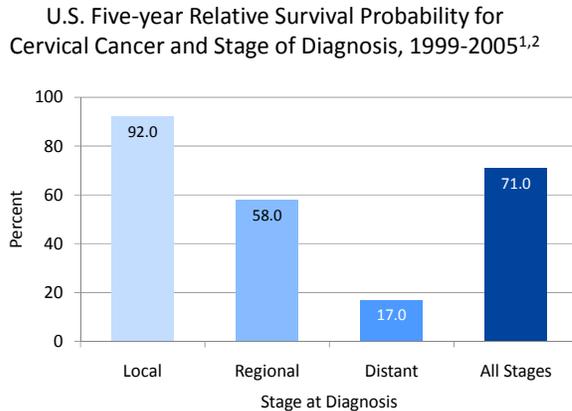
² The weighted percentages were adjusted to: 1) probability of selection, i.e. the number of different phone numbers that reach the household, the number of adults in each household, and the number of completed interviews in each cluster; and 2) demographic distribution, i.e., age and gender.

³ "Don't Know" and "Refused" were excluded from the denominator. This can cause an artificially high percentage.

Does the stage of diagnosis make a difference?

Regular screening tests by a health care professional can result in the detection of cervical cancer at earlier stages, when treatment is more likely to be successful.

Figure 5



¹ Source: Surveillance, Epidemiology, and End Results (SEER) Program, *SEER Cancer Statistics Review 1975-2006*, National Cancer Institute, 2009.

² Percentages are adjusted for normal life expectancy and are based on cases diagnosed in SEER 13 areas for persons diagnosed from 1999-2005 and the SEER 17 areas for persons diagnosed from 2000-2005, followed into 2006.

- When cervical cancer is found early (at the local stage) the five-year survival likelihood is 92 percent (Figure 5).

Stage of Diagnosis

Local – The cancer is contained to the organ of origin.

Regional – The cancer has extended beyond the organ of origin directly into surrounding organs or tissues or into regional lymph nodes.

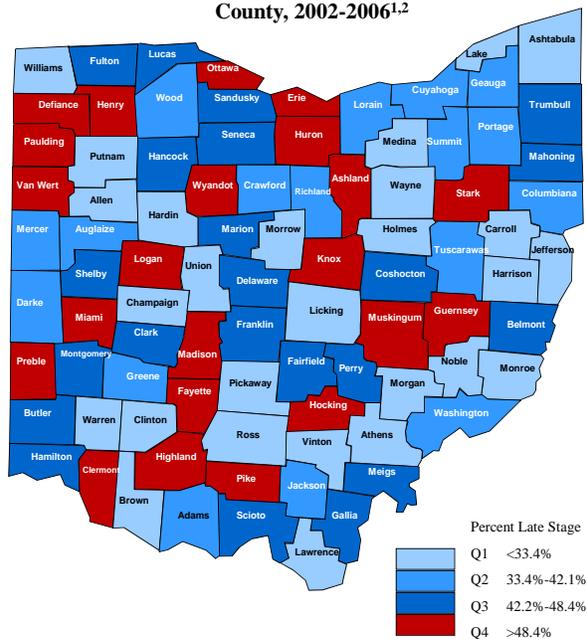
Distant – The cancer has spread to other parts of the body (distant organs, tissues and/or lymph nodes) remote from the primary tumor.

Unstaged/Unknown – Insufficient information is available to determine the stage or extent of the disease at diagnosis.

Figure 6



Cancer of the Cervix Diagnosed Late (Regional and Distant) Stage in Ohio by County, 2002-2006^{1,2}



¹ Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2009.

² In Ohio, 42% of cervical cancers are diagnosed late (regional and distant) stage.

³ In Ohio, *in situ* cervical cancers are not required to be reported to the cancer registry. Thus percentages are based on invasive cancers only.

- In Ohio, from 2002 to 2006, 42 percent of invasive cervical cancers were diagnosed regional or distant stage, when survival is not as high. Figure 6 presents the percentage of regional and distant stage cervical cancer by Ohio county.

What is Ohio doing to increase access to cervical cancer screening for persons with financial need?

The Ohio Department of Health, through funding by the Centers for Disease Control and Prevention and the State of Ohio, has a Breast and Cervical Cancer Project (BCCP). The project provides education, screening, rescreening, diagnostics and case management related to breast and cervical cancer. Women diagnosed in the BCCP typically will be eligible to receive treatment through BCCP Medicaid.

Services

Eleven

regional, multi-county projects operate the BCCP at the local level. Services include mammograms, Pap tests, office visits, clinical breast exams, colposcopies, breast ultrasounds, biopsies and other diagnostic procedures. Clinical services are provided through a network of approximately 650 Ohio primary care physicians, nurse practitioners, gynecologists, surgeons, mammography facilities, radiologists, technologists/ technicians and cytologists.

Who Is Eligible?

Women are generally eligible for the BCCP if they meet the following:

- Live in households with incomes equal to or less than 200 percent of the poverty level, and
- Have no health insurance, and
- Are 40 years of age or older to receive Pap tests and clinical breast exams, or
- Are 50 years of age or older to receive mammograms and further diagnostic services when appropriate. or
- Are 40-49 and are at high risk for breast cancer or have a physician-confirmed abnormality, to receive mammograms and/or further diagnostic services.

How Do I Contact the BCCP?

Telephone: (614) 728-2177

Fax: (614) 564-2409

E-mail: BHPRR@odh.ohio.gov

REFERENCES USED IN THIS DATA BULLETIN

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**Cervical Cancer in Ohio
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The Ohio Department of Health

<http://www.odh.ohio.gov>

Optimal Health for all Ohioans

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