



# Cervical Cancer Prevention: Converging Policy Issues

Women in Government  
Oncology Task Force Meeting  
July 2011

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# The Good News...

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- With appropriate screening and vaccination, virtually all cervical cancers can be prevented
  - We have the tools to eliminate this cancer
  - Must ensure policies enhance opportunities rather than pose barriers
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# American Social Health Association

Since 1914 ASHA has worked in the field of sexual health, with an emphasis on preventing sexually transmitted infections.



# Challenges and Opportunities

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- educate women, providers, policy makers
  - increase screening among women at greatest risk
  - improve vaccine uptake
  - ensure policies provide access to state of the art technology
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# 2011 Pivotal Year in Cervical Cancer Policy

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- Patient Protection & Affordable Care Act (health care reform)
  - Institute of Medicine Panel on Preventive Services for Women
  - U.S. Preventive Services Task Force: cervical cancer screening recommendations
  - American Society for Colposcopy and Cervical Pathology
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# Patient Protection & Affordable Care Act : Preventive Service for Women

- Focus on preventive services. Shift from reactive system to one that fosters health and well being.
- Eliminate out of pocket costs that put screenings out of reach.
- Coverage of Preventive Services (Sec. 2713)  
Mandates insurance coverage with no cost sharing for preventive services rated A or B by the USPTF; immunizations recommended by the Advisory Committee on Immunization Practices; AAP Bright Futures recommendations for adolescents.

# Institute of Medicine

- Congress recognized USPSTF recommendations on screenings, vaccines and counseling too be too limited to be sole determinant for women's health.
- Women's Preventive Care Provision: Calls for coverage of preventive care and screenings for women as recommend by the Health Resources Services Administration. HHS charges IOM to review evidence and make recommendations.



# Institute of Medicine 7/20/2011

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*IOM Issues recommendations for 8 services that should be covered without co-pays:*

- Screening for gestational diabetes
  - Counseling on sexually transmitted infections
  - Counseling and screening for HIV
  - Full range of FDA approved contraception
  - Lactation support/breast feeding equipment
  - Domestic violence screening and counseling
  - Well woman preventive care
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# Institute of Medicine

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## Recommendation 5.2

The addition of high-risk human papillomavirus DNA testing in addition to cytology testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.

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# Institute of Medicine

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- HPV co-testing without co-pays!  
--every 3 years
  - USPSTF recommendations for clinicians don't drive cervical cancer screening reimbursement and coverage.
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# US Preventive Services Task Force

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- Established in 1984
  - Independent federal agency—16 member task force
  - Experts in primary care, prevention, research methods
  - Partners assist with peer review and dissemination
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# USPTF & Cervical Cancer

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- Last reviewed in January 2003
  - Rigorous examination of evidence underway for about two years
  - Task Force discussed revised recommendation for cervical cancer screening in March 2011
  - Recommendations published for comment in summer/fall 2011?
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# USPSTF

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- Systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services
  - Recommendations include screening tests, counseling, preventive medications
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# USPSTF

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- Define questions and outcomes of interest (analytic framework)
  - Synthesize and judge strength of available evidence
  - Determine balance of benefits and harms
  - Link recommendation to judgment about net benefits
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Grade	Grade Definition	Suggestion for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer or provide this service only if there are other considerations in support of the offering or providing the service in an individual patient.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read “Clinical Considerations” section of Recommendation Statement. If offered the service, patients should understand the uncertainty about the balance of benefits and harms.

# Summary of 2003 Recommendations

- The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.  
Grade: [A Recommendation](#).
- The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer  
Grade: [D Recommendation](#).
- The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.  
Grade: [D Recommendation](#).

# 2003 Cervical Cancer Recommendations

- The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of new technologies to screen for cervical cancer.

Grade: I Statement.

- *The USPSTF found poor evidence to determine whether new technologies, such as **liquid-based cytology**, computerized rescreening, and algorithm based screening, are more effective than conventional Pap smear screening in reducing incidence of or mortality from invasive cervical cancer.*

# 2003 Cervical Cancer Recommendations

- The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of human Papillomavirus (HPV) testing as a primary screening test for cervical cancer.  
Grade: I recommendation
- *The USPSTF found poor evidence to determine the benefits and potential harms of **HPV screening** as an adjunct or alternative to regular Pap smear screening.*

# What to Watch...

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What will the Task Force recommend regarding:

- The role of new technologies (**liquid-based cytology**, computerized rescreening, and algorithm based screening) in reducing incidence of or mortality from invasive cervical cancer.
  - The most current evidence on the benefits and potential harms of **HPV screening** as an adjunct or alternative to regular Pap test screening.
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# Next Steps

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- After vote, draft recommendation statement developed and shared for public comment
  - Comments must be supported by evidence
  - Comments submitted in format provide on website
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# American Society for Colposcopy and Clinical Pathology

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- ASCCP ... to improve clinician competence and performance and patient outcomes...focused around the study, prevention, diagnosis and management of lower genital tract disorders.
  - Convenes panels, examines evidence
  - Informs (but does not write) American Cancer Society guidelines
  - Process underway will meet in November 2011.
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# What Can Legislators Do?

- Monitor and learn
- Develop statements, comments
- Appeal to state delegations to respond
- Ask hard questions
- Respond to media request, generate media interest
- Provide state/local perspective
- Use great resources on WIG website

# Advocate for Appropriate Policies

- We have the tools to prevent cervical cancer.
- We need to ensure that policies enhance access, rather than create barriers, to life saving technologies



[www.ASHAstD.org](http://www.ASHAstD.org)



National HPV and Cervical Cancer Prevention  
Resource Center online:

- HPV Message Boards: Site visitors interact with one another and ASHA staff; includes information on HPV, cervical cancer screening, treatment, and psychosocial support
- Thanks to Fred Wyand, Director of the NHPVRC, for help in preparing this presentation

USPSTF material adapted from slides from Mary Mitchell, at ACOG and Mary Barton, USPSTF

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