



# Prevention

Cervical Cancer Awareness Month January 2025

## CERVICAL CANCER SCREENING AND PREVENTION

**Note to readers:** Innovation is essential to cancer prevention. Precision medicine techniques, such as genomic data, new analytic approaches and innovative outreach and treatment approaches will continue to transform cancer prevention. Strang will continue to highlight innovation in cancer prevention.

**Summary:** Improving primary care access may increase cervical cancer screening for all women but especially LGB women.<sup>1</sup> Cervical screening rates in rural women have fallen since 2019.<sup>2</sup> Follow-up of high-risk cervical screening tests is poor in the fragmented US healthcare system.<sup>3</sup> However, HPV screening may permit longer screening intervals than Pap smear.<sup>4</sup> A French multi-component school-based program improved HPV vaccination rates despite Covid-related obstacles to education and communication.<sup>5</sup>

### CERVICAL CANCER SCREENING

**Is access to a PCP the major barrier to cervical cancer screening?** In the Chicago Department of Public Health's annual Healthy Chicago Survey, **LGB** (lesbian, gay and bisexual) cisgender **women** reported **lower cervical cancer screening** rates than straight women but also **less often a PCP**. Straight women with a PCP had 43% higher screening rates but doubled rates for LGB women. **Improving primary care access** may improve cervical cancer screening for all women but especially LGB women.<sup>1</sup>

**Falling cervical cancer screening rates in rural women – a sign of eroding women's health?** The annual cancer screening survey, the Health Information National Trends Survey (HINTS), found that **Pap screening in 2022 fell 30% compared to 2019**. Further, the rate for **rural women**, the same as urban women earlier, were **50% lower** in 2022. **Risk factors** for lower screening **more common in rural women**, including older age, Black race, not having a partner, not having health insurance, and lower educational level, **accounted for most** of the urban-rural difference. **Reduced access to screening in rural clinics**, particularly if **insurance coverage declines**, may signal future **declines in Pap screening** and a **rise in preventable cervical cancers**.<sup>2</sup>

**Can the fragmented US health care system safely follow women with high-risk HPV results and no cancer?** Patients with **high-risk human papillomavirus (HPV) screening results but no evidence of cancer** should have **annual follow-up testing**, with surgery if results worsen or go back to standard testing if not. In the diverse patient population in the PROSPR II (Population-Based Research to Optimize the Screening Process) Cervical Consortium in Houston, Boston and Washington state, 20% of patients had these high-risk results, but **half of them were not retested** in the first follow-up round. Women who were in their **20s**, were **Black** or had **Medicaid** (vs. commercial) insurance were less likely to be retested. **Screening requiring follow-up is difficult in a fragmented US healthcare system**.<sup>3</sup>

**HPV screening may allow longer screening intervals than Pap smears?** The risk of cervical **precancer or worse (CIN2+)** was the **same at 8 years after a negative HPV** screening result as at **3 years after a negative Pap** smear result. Changing to HPV screening may safely permit longer screening intervals.<sup>4</sup>

### CERVICAL CANCER PREVENTION (VACCINATION)

**School-based intervention increased HPV vaccination rates**, despite Covid.<sup>5</sup> A multicomponent **French cluster-randomized trial** to increase HPV vaccination rates: **Informing and motivating students**, voluntary **education of primary care providers**, and **free, in-school HPV vaccinations**. One-third of schools dropped out of the study in the post-Covid environment, with the remaining schools getting at least part of the interventions. In early follow-up, HPV vaccinations **increased from 10% to 14%**, with an 8% increase for students without access to a PCP. School-based outreach may improve HPV vaccination rates, especially for those without access to a primary care provider.

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### REFERENCES

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# The Strang Cancer Prevention Cookbook

## Roasted Eggplant Dip

Reduce Your Risk for Cancer by Eating a Healthy Diet!

8 Servings

1 medium eggplant (about 1 1/4 pounds) halved lengthwise  
1 tablespoon olive oil  
2 garlic cloves peeled  
1 medium potato (about 6 ounces), baked or microwaved and peeled  
1/2 cup 1% cottage cheese or 2 ounces lite silken tofu  
2 tablespoons tahini (toasted sesame paste)  
1 teaspoon lemon juice  
1 teaspoon cayenne pepper  
2 teaspoons toasted sesame oil  
salt



Preheat the oven to 350 degrees F

Brush the flesh of the halved eggplant with 1 teaspoon of the olive oil. Place on a non stick baking pan, cut side down, and roast for 20 to 30 minutes. Remove from the oven and let cool. Scoop the pulp from the skin of the eggplant and place in the bowl of a food processor. Add the roasted garlic and potato and puree. Then add the cottage cheese, tahini, lemon juice, and cayenne and puree again until smooth. With the motor running, drizzle in the sesame oil and remaining 2 teaspoons olive oil. Season to taste with salt and transfer to an attractive serving bowl.

Calories 110, protein 4g, carbs 15g, fat 4g, cholesterol 1mg, dietary fiber 2g, saturated fat 1g

### MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS

**Phytochemicals: allium compounds, plant polyphenols, (flavonoids, phenolic acids), phytic acids, plant sterols, terpenes (monoterpenes)**

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January is Cervical Cancer Awareness Month

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