



# AmeriHealth Caritas Louisiana Improving Cervical Cancer Screening Rates

Ardenne Martin

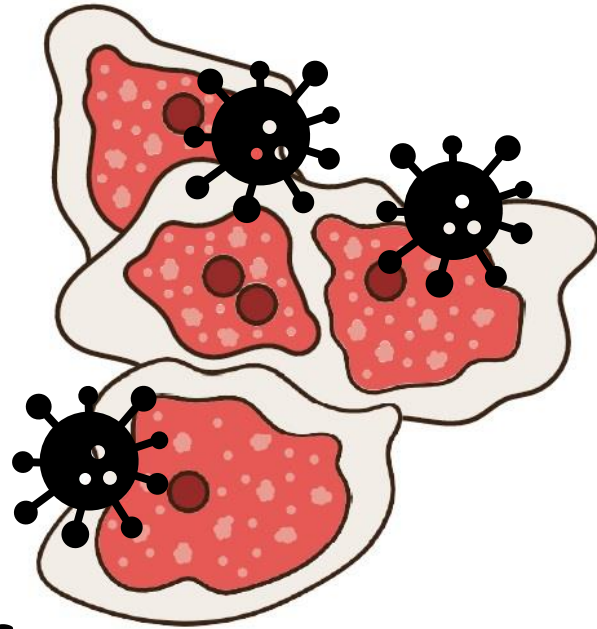
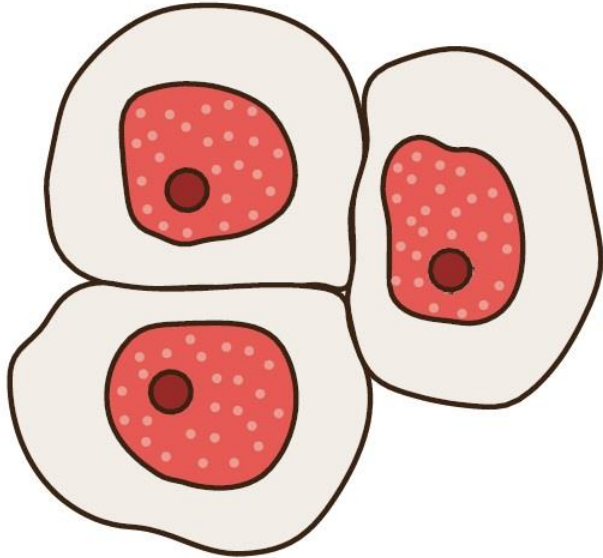
Louisiana State University Health Sciences Center

School of Medicine, Class of 2024

May 1, 2024

# What is Cervical Cancer?

## Normal Cells



## Cancer cells

- Cancer occurs when cells grow out of control or are abnormal. They can continue to grow and form a tumor, which can be cancerous (malignant) or not cancerous (benign).
- **Cervical cancer** is caused by a persistent infection with the **human papillomavirus (HPV)**, which is a sexually transmitted disease.
- It is very important to find and treat abnormal cervical cells or cells containing HPV. If the cells are not treated, they can turn into cancer.
- Women can have abnormal cells and be asymptomatic, which is why it is important to get **screened regularly**.
- Cervical cancer is one of the most common cancers in women in the world. It can usually be cured if found early and treated promptly!

# Cervical Cancer Screening

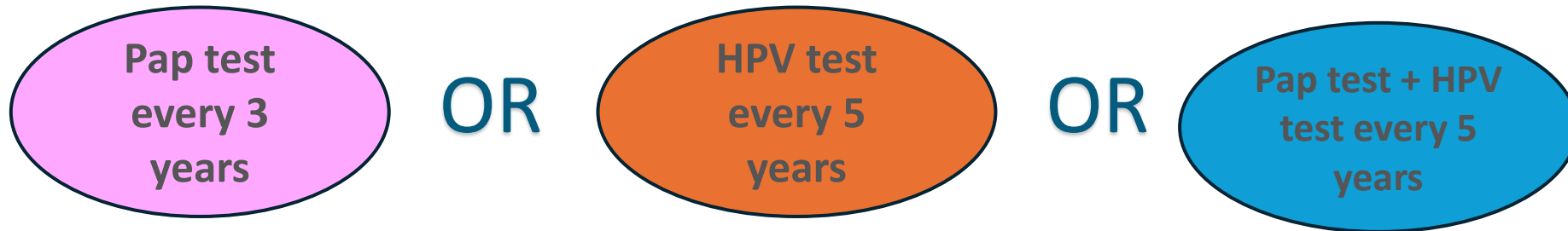
*Cervical cancer screening finds precancers or detects cancer at an earlier stage when it is easier to treat.*

# Current Recommendations

## Women aged 21-29

- Every 3 years with cervical **cytology** alone
  - Individual cells are scraped from the surface of the cervix during a procedure called a **“pap smear”** or **“pap test”**. The cells are sent to a pathologist who determines presence or absence of pre-cancerous or cancerous cells, and possible need for subsequent biopsy.
  - Women with HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion should receive individualized follow-up

## Women aged 30 to 65 years



## Do not screen

- Women younger than 21 years – no clear benefit in cancer risk reduction or outcomes
- Women older than 65 years
- Women who have had a hysterectomy

# Why is this still an ACLA priority?

---

- During April 2020 cervical cancer screening **declined by 84%**, compared with the previous 5-year average for that month
- **Louisiana** was among 8 states who experienced persistently high COVID-19 positivity and concurrent and proportionally low cervical cancer screening rates

# American Society for Clinical Pathology Urges Congressional Support for Cervical Health

- ASCP has been contacting key senators to garner support for a letter to **U.S. Department of Health and Human Services Secretary, Xavier Becerra, Esq** urging the Department to renew efforts to increase cervical cancer screening rates in light of troubling current data on the increase in cervical cancer rates in the United States.
- The letter was **finalized with the bi-partisan support of 13 Senators.**
- ASCP hopes this will translate into renewed efforts to improve cervical cancer screening education and awareness and create comprehensive screening guidelines that protect access to screening for all women in the US.

United States Senate

WASHINGTON, DC  
20510

February 6, 2024

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

In recognition of the importance of Cervical Health Awareness month, we write to bring to your attention troubling trends regarding cervical cancer and to seek your support in renewed efforts to increase cervical cancer screening rates while maintaining existing recommendations to ensure access to care.

Cervical cancer was once the leading cause of cancer death among women, but over the past 80 years, the rates of cervical cancer deaths have dropped by more than 70 percent due to the introduction of cervical cytology - otherwise known as the Pap test. These rates have improved further with the combination of the human papillomavirus (HPV) test and the Pap test, as well as public education on the importance of cervical cancer screening.


Despite the dramatic reduction in cervical cancer historically, the latest National Cancer Institute (NCI) Surveillance, Epidemiology and End Result Program data show that cervical cancer incidence in women under the age of 50 has been increasing — with the sharpest increase in incidence among women aged 30-34.<sup>[1]</sup> It is estimated that the latest data will show over 14,000 new cases and 4,280 deaths from cervical cancer, annually.<sup>[2]</sup> These statistics are particularly troubling because cervical cancer is one of the most preventable cancers when women are routinely screened.

Unfortunately, we also have ample evidence from the last several years that rates of cervical cancer and access to screenings are not equal across all populations. Women living in rural areas, as well as Black, Hispanic, and American Indian and Alaska Native women, are



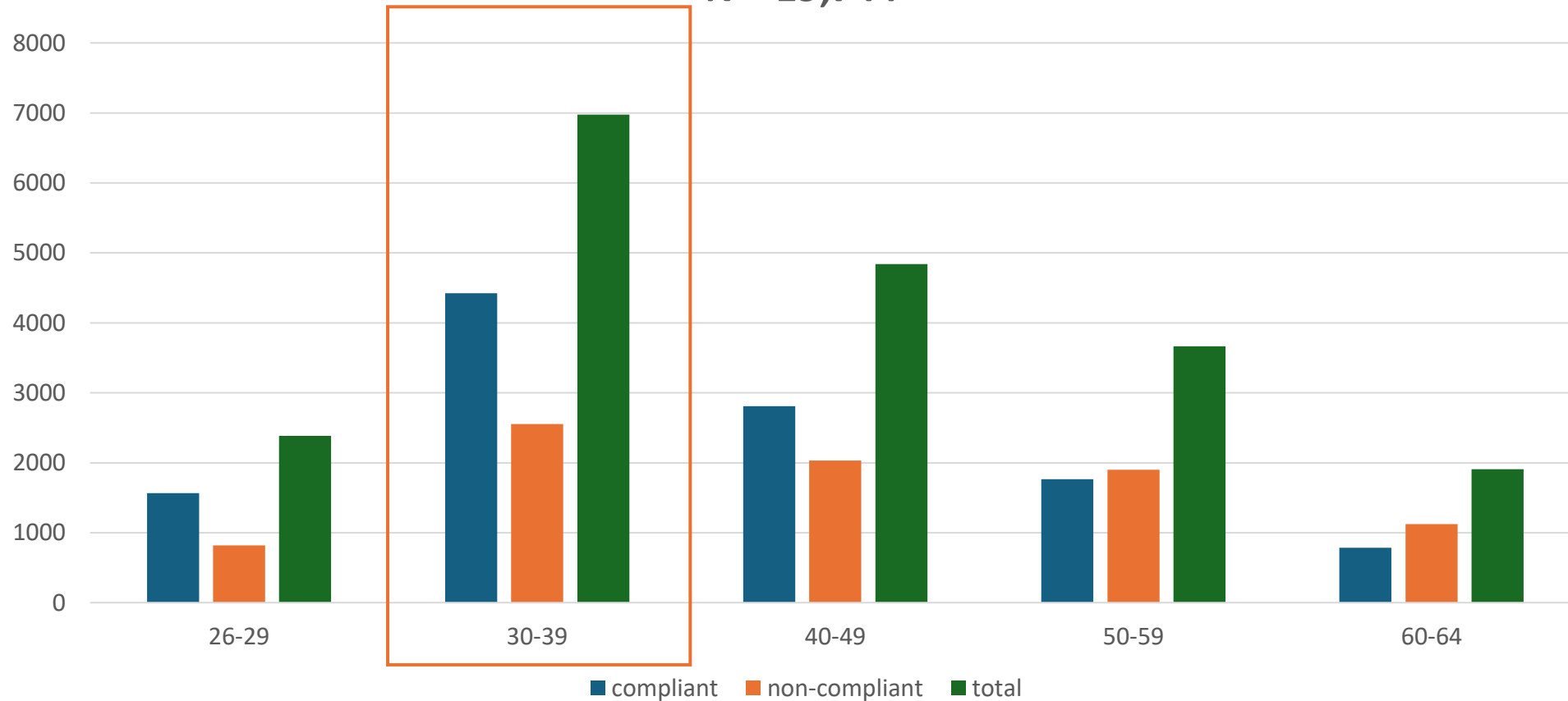
Research  
Idea

Of those patients who were compliant with cervical cancer screening in 2021, how many had cervical cancer related diagnoses in 2023?



# Our Data - AGE

ACLA Member Age  
N = 19,744





# Our Data – URBAN V. RURAL

	COMPLIANT	NON-COMPLIANT	% COMPLIANT
Urban	7,243	5,101	37
Rural	4,073	3,289	21
Total	11,316	8,390	58

# Our Data - RACE

---

	COMPLIANT	NON-COMPLIANT	% COMPLIANT
White	4239	3975	22
Black or African-American	6423	3928	33
American Indian or Alaska Native	96	80	1
Asian	158	76	1
Two or More Races	82	92	0.4
Unknown Race	336	272	2
<b>Total</b>	<b>11,031</b>	<b>8,423</b>	<b>59</b>

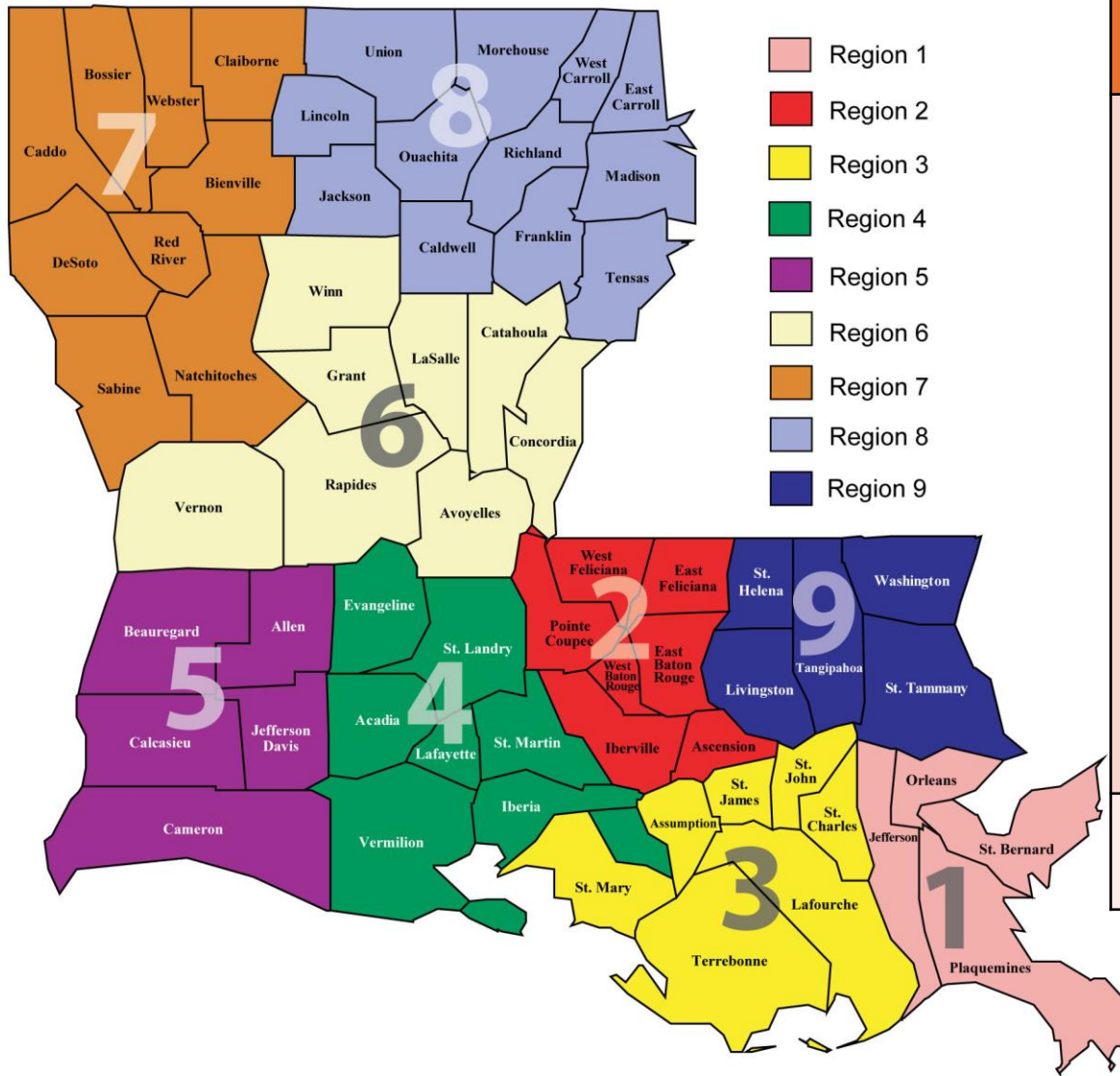
# Our Data - ETHNICITY

	COMPLIANT	NON-COMPLIANT	% COMPLIANT
Hispanic or Latino	435	212	2
Not Hispanic or Latino	8,969	6,002	45
Declined	369	278	2
Unknown	1,571	1,938	14
<b>Total</b>	<b>11,344</b>	<b>8,430</b>	<b>63</b>

# Our Data - DIAGNOSES

---

	COMPLIANT	NON-COMPLIANT
Malignant neoplasm of endocervix	2	1
Malignant neoplasm of cervix uteri	8	2
Carcinoma in situ of cervix	2	0
Carcinoma in situ of vulva	1	0
Malignant neoplasm of vulva	4	1
Low-grade squamous intraepithelial lesion (LSIL)	3	0
High-grade squamous intraepithelial lesion (HSIL)	2	0
Mild and Moderate Cervical Dysplasia	82	0
Atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)	3	0
Unspecified abnormal cytological findings in specimens from cervix uteri	1	0
Dysplasia of cervix uteri, unspecified	22	0
<b>Total</b>	<b>130</b>	<b>4</b>



	COMPLIANT	NON-COMPLIANT	% COMPLIANT
<b>Regions</b>	1: 2317 2: 1505 3: <b>440</b> 4: 1010 5: 502 6: 755 7: <b>3015</b> 8: 1017 9: 755	1: 1268 2: 1008 3: <b>314</b> 4: 853 5: 415 6: 779 7: <b>2192</b> 8: 816 9: 565	1: 12 2: 8 3: 2 4: 5 5: 3 6: 4 7: 15 8: 5 9: 4
<b>Total</b>	<b>11,316</b>	<b>8,210</b>	<b>58</b>

# ACLA in Action

---

## *Member focused*

- Members showing non-compliant are contacted by phone and text
- Targeted areas that have lower numbers are getting mailed postcards
- Members already engaged in case management (Bright Start maternity, behavioral health, physical health CM teams) are having care gaps reviewed with that case manager routinely

## *Provider focused*

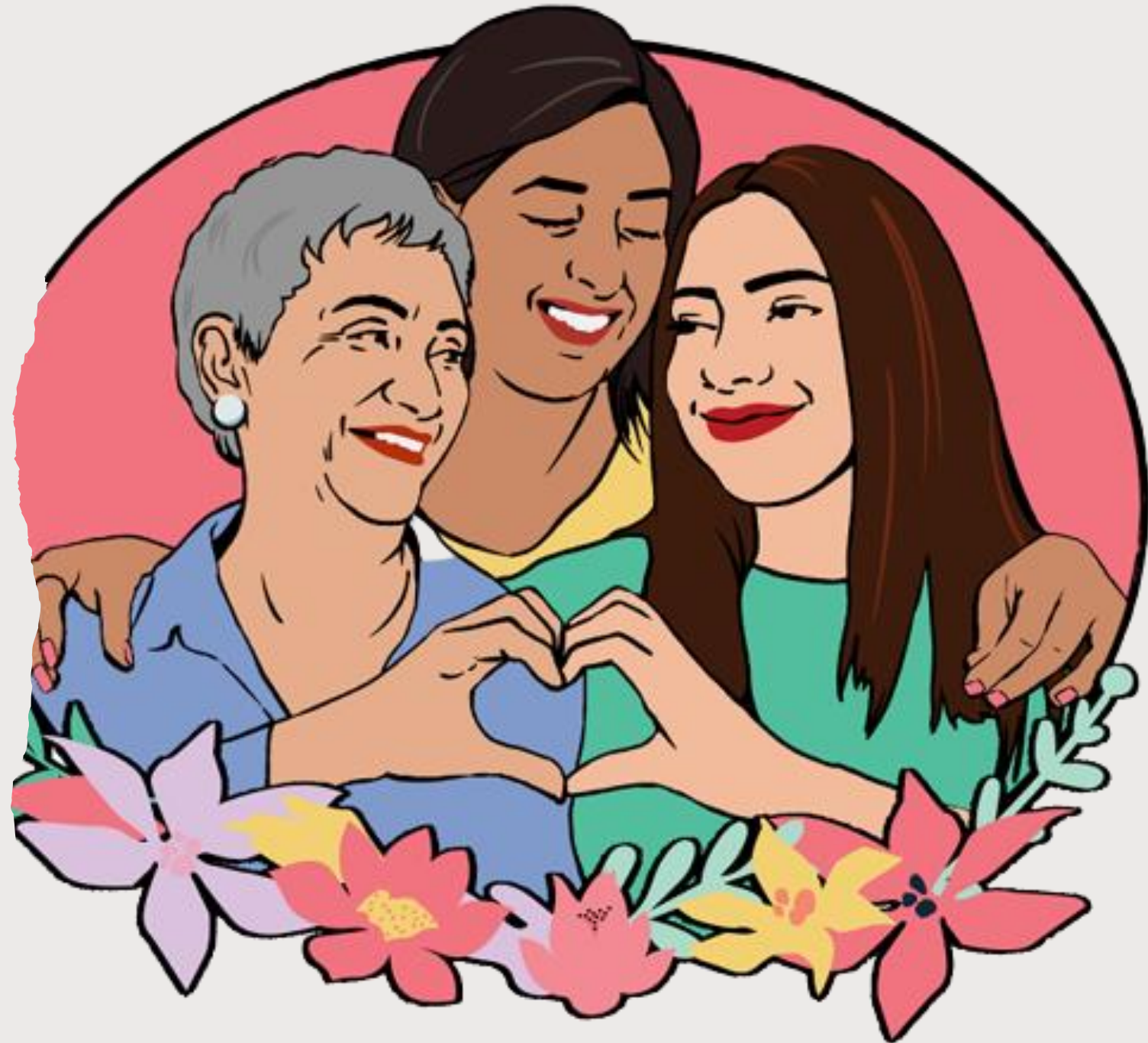
- Quality provider visits which include educational slides on CCS
- Gap in Care reports sent to the providers in targeted areas
  - This gives the provider a list of their ACLA members that are showing noncompliant for CCS
- Provider Alerts

## *General population education initiatives*

- CCS PowerPoint presentation that is approved for presentation in the community setting
  - Settings include ACLA baby showers, faith-based organizations, and beautician shops
    - Poster with QR code to women's health page on ACLA website

*Ayudando a las Mujeres con  
Information Guia y Amor para  
su Salud - **AMIGAS***

- Presentation
- Body Diagrams
- Contact Sheet
- Message Cards
- Resource List
- Appointment Card
- Medical Instruments
- Gifts/promotional items
- Games
- Handouts





# Recommendation

---

- In 2006, FDA licensed **Gardasil**, an HPV vaccine, manufactured by Merck.
- In 2008, the **“one less”** TV campaign went into effect. Its catchy jingle was designed to empower young women to get the HPV vaccine, or their parents to take them to get the vaccine.
- **Health Belief Model**
  - Establishes threat of cervical cancer
  - Establishes benefits and barriers of screening
  - Provides a clear cue to action
  - Builds self-efficacy
- **I want to “C” or “See” one less.**
  - “C” for cervical, for cancer
  - “See” for see one less patient with cancer, for seeing it under the microscope





# Get **Seen:** Today

Wednesday, May 1st, 2024

~~Cervical  
Cancer~~

**I want to C One Less**

O-N-E L-E-S-S (feat. Me)



Remember

*Vaccination against  
HPV does not  
eliminate the  
necessity of screening  
and treatment of pre-  
cancerous lesions*





# Thank you!

- Dr. Gregory Randolph
- Ms. Dana Smith
- Ms. Renee Wells
- Ms. Shea Good



# References

---

1. Image source: <https://www.cdc.gov/cancer/nbccedp/#print>
2. Guide to Community Preventive Services. Patient Navigation Services to Increase Cervical Cancer Screening and Advance Health Equity. <https://www.thecommunityguide.org/pages/patient-navigation-services-increase-cervical-cancer-screening-one-pager.html>. Page last updated: September 27, 2023.
3. <https://www.cdc.gov/cancer/health-equity/equity.htm>
4. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#bootstrap-panel--9>
5. Benard VB, Watson M, Castle PE, Saraiya M. Cervical carcinoma rates among young females in the United States. *Obstet Gynecol*. 2012 Nov;120(5):1117-23. doi: 10.1097/aog.0b013e31826e4609. PMID: 23090530; PMCID: PMC4540330.
6. <https://www.cdc.gov/cancer/dcpc/about/covid-19.htm#%3A~%3Atext%3DStudies%20Show%20Effects%20on%20Cancer%20Screening%26amp%3Btext%3DDuring%20April%202020%2C%20breast%20and%2Cthey%20did%20before%20the%20pandemic>
7. [https://www.ascp.org/content/news-archive/news-detail/2024/02/06/ascp-urges-congressional-support-for-cervical-health?utm\\_source=SilverpopMailing&utm\\_medium=email&utm\\_campaign=2024\\_2\\_13%20Epolicy%20\(1\)&utm\\_content=#](https://www.ascp.org/content/news-archive/news-detail/2024/02/06/ascp-urges-congressional-support-for-cervical-health?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=2024_2_13%20Epolicy%20(1)&utm_content=#)
8. <https://www.cdc.gov/cancer/cervical/amigas/toolbox/body-diagrams.htm>
9. <https://www.youtube.com/watch?v=hJ8x3KR75fA>
10. Jones CL, Jensen JD, Scherr CL, Brown NR, Christy K, Weaver J. The Health Belief Model as an explanatory framework in communication research: exploring parallel, serial, and moderated mediation. *Health Commun*. 2015;30(6):566-76. doi: 10.1080/10410236.2013.873363. Epub 2014 Jul 10. PMID: 25010519; PMCID: PMC4530978.