

November 2023



Commentary

Collaborating to Reduce Disparities in Cervical Cancer

By Deanna Kepka, PhD, MPH, and B.J. Rimel, MD



Deanna Kepka, PhD, MPH, is a Huntsman Cancer Institute investigator and an associate professor in the College of Nursing at the University of Utah.

B.J. Rimel, MD, is medical director of the cancer clinical trials office at Cedars-Sinai Cancer, and associate professor of Obstetrics & Gynecology at Cedars-Sinai.

Commentary Overview

- The American Cancer Society National Roundtable on Cervical Cancer (ACS NRTCC) is one component of a multi-pronged approach to eliminating cervical cancer and reducing harms caused by the disease.
- This year's ACS NRTCC meeting brought together over 200 representatives from health care advocacy organizations, including AACI.
- Discussion topics focused on best practices for reducing disparities in cervical cancer prevention, screening, treatment, and survival.
- Effective strategies for cervical cancer elimination must incorporate a nuanced understanding of intersectionality: the ways race, sex, gender identity, geographic location, income, and other factors affect patients.

Established in 2022, the American Cancer Society National Roundtable on Cervical Cancer (ACS NRTCC) is a national coalition of members who are tackling disparities in cervical cancer prevention, screening, treatment, and survival through collective action.

The roundtable is one component of the American Cancer Society's multi-pronged approach to eliminating cervical cancer and reducing harms caused by the disease. For over 70 years, the ACS has led advocacy and education efforts related to cervical cancer and human papillomavirus (HPV), the established cause of nearly all cervical cancers. These include the [National HPV Vaccination Roundtable](#), [Mission: HPV Cancer Free](#), and the ACS Cervical Cancer Screening Initiative (CCSI).

Giving AACI a Seat at the Table

The Association of American Cancer Institutes is among the organizations that have been invited to designate up to two members to participate on the NRTCC. With support from leadership at our respective cancer centers, we were nominated to represent AACI on the roundtable. Our backgrounds include experience in public health, cancer control, and population science (Dr. Kepka), and gynecologic oncology and clinical trials (Dr. Rimel), and we have both published extensively on these and related topics.

We were delighted to participate in this year's ACS NRTCC meeting on behalf of AACI. More than 200 representatives attended the event in Atlanta last month, from **organizations** including the **Society for Gynecologic Oncology**, the **American Academy of Pediatrics**, the **Association of American Medical Colleges**, the **American Sexual Health Association**, and the **Society for Women's Health Research**.

Group discussions at the event explored evidence-based practices supported by scientific research. These strategies include early initiation of HPV vaccination; **cancer center advocacy and community engagement**; data collection and analysis; **clinician education and training**; **patient navigation**; **eliminating stigma**; and **promoting self-sampling methods**.

Reducing Stigma and Empowering Patients

During one conversation, survivors shared moving stories that underscored how a lack of public understanding contributes to the stigma surrounding cervical cancer. Fear of judgment and reliving past trauma prevent some people from being vaccinated and screened and following up on appointments. Those with advanced disease may experience feelings of shame and embarrassment due to disease-related hygiene issues, fistulas, and urinary and fecal incontinence. Cancer centers play an important role in educating clinicians, patients, and their communities to raise awareness and normalize HPV.

Another discussion topic was self-sampling, which was presented as a way to empower patients to take control of their health. Home sampling is already an established screening method for colon cancer, with products such as Cologuard. Self-sampling for HPV entails providing patients with vaginal swabs, clear instructions on how to use the swabs, and sufficient packaging and return postage. Historically marginalized groups, those in rural areas, those with prior trauma and difficult pelvic examinations, and those who simply prefer to send in their tissue samples could all benefit from this option.

Although self-sampling could improve cervical cancer outcomes in populations with poor access to care, researchers and representatives of the National Institutes of Health and the pharmaceutical industry highlighted a critical need for implementation studies. Some attendees reported that laboratories are not yet equipped to handle increased HPV testing volume if the process becomes more common. Further, those with positive HPV test results will need follow-up care, in some cases including colposcopy and biopsy.

By addressing the above concerns and other roundtable priorities, we have a real **opportunity to reduce disparities** in screening, prevention, treatment, and mortality from cervical cancer. For example, Black people with a cervix are 30 percent more likely to be diagnosed with cervical cancer and more likely to be diagnosed with advanced-stage disease compared with their non-Hispanic white peers and are 75 percent more likely to die of cervical cancer compared with white people with a cervix.

One factor driving racial inequities is stage at diagnosis, because Black patients are more likely to be diagnosed with advanced or metastatic disease compared with their white counterparts. Geographic location is also important, with patients who live in rural census tracts disproportionality burdened with cervical cancer.

Sharing Knowledge to Reach Our Goals

The roundtable brought stakeholders together in a collaborative environment to enhance attendees' understanding of the scope of the problem. It also emphasized that strategies to address low HPV vaccination and screening; low follow-up rates for those with positive screens;

and the overall lack of improvement in cervical cancer survival must incorporate a nuanced understanding of intersectionality: the ways race, sex, gender identity, geographic location, income, and other factors affect patients.

We left the meeting with renewed energy, clear priorities, and steps we can take at our cancer centers. By sharing what we've learned, we hope to begin to make positive changes within our own cancer centers and in our roles as advocates, researchers, and community leaders. AACI cancer centers are well positioned to leverage their influence on local policy, campaigns, and cancer care to move toward the goal of eliminating cervical cancer.

Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



Copyright 2023 | Association of American Cancer Institutes

Association of American Cancer Institutes (AACI) | Medical Arts Building, 3708 Fifth Ave, Suite 503, Pittsburgh, PA 15213

[Unsubscribe aaciupdate@aaci-cancer.org](mailto:aaciupdate@aaci-cancer.org)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by bylist@aaci-cancer.org powered by



Try email marketing for free today!