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September 22, 2017

ATTN: United State Preventive Services Task Force

RE: *Draft Recommendation Cervical Cancer: Screening*

The Prevent Cancer Foundation® is pleased to provide the following comments in response to the United States Preventive Services Task Force (USPSTF) draft recommendations for cervical cancer screening. Before providing our specific comments below, we want to applaud the USPSTF for its efforts to develop screening recommendations to help protect millions of women across the United States.

The Foundation is the only nonprofit in the U.S. solely devoted to saving lives across all populations through cancer prevention and early detection. We focus on advancing research in cancer prevention and early detection, educating the public, and ensuring that all have access to screenings and other preventive health services.

Regarding cervical cancer, the Foundation has a long history of providing screening and early detection services to women across the country, especially women of color who are disproportionately impacted by the disease. For example, our “¡Celebremos la Vida!” program focuses on breast and cervical cancer, offering free, comprehensive health education and screenings in medically underserved Hispanic communities. Since its inception, 15,800 women have received health education, 15,600 have received screening and diagnostic mammograms, and 10,300 have received Pap tests. Through the program, 54 women have received cancer diagnoses and appropriate follow-up care.

Cervical cancer screening measures have improved dramatically over the past 50 years, particularly with the introduction of the Pap test, which has been extremely effective in cutting the mortality rates of cervical cancer in half. Regarding the Task Force’s draft screening recommendations, there are a couple of points that we wish to pose for consideration as you examine studies and their exclusion criteria:

- 1) **Co-Testing:** The draft recommendation does not advise co-testing as part of the screening process, instead suggesting that women between the ages of 30 – 65 receive pap tests every 3 years or HPV tests every 5 years. However, research suggests that combined Pap and HPV testing is the most effective way to detect cervical cancer¹⁻⁶.
- 2) **Evidence Review:** Much of the evidence cited in the justification for the recommendations relies on studies that were not based in the U.S., nor did they reflect a sample that was representative of women here. As mentioned earlier, it is imperative to review studies that also address the impact of cervical cancer on women of color who traditionally have higher rates of cervical cancer when compared to other populations.

Thank you for your important work in this. Should you have any questions, please contact the Foundation's director of policy and advocacy, Taylor Patton at Taylor.Patton@preventcancer.org.

Sincerely,

Carolyn Aldigé

Carolyn Aldigé
President and Founder Prevent Cancer Foundation

Sources

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2. Blatt, A. J., Kennedy, R., Luff, R. D., Austin, R. M. and Rabin, D. S. (2015), Comparison of cervical cancer screening results among 256,648 women in multiple clinical practices. *Cancer Cytopathology*, 123: 282–288. doi: 10.1002/cncy.21544 [Study included ThinPrep®, SurePath, Hybrid Capture 2 assay].
3. Katki HA, Kinney WK, Fetterman B, et al. Cervical cancer risk for women undergoing concurrent testing for human papillomavirus and cervical cytology: a population-based study in routine clinical practice. *Lancet Oncol*. 2011;12(7):663-72. PMID: 21684207. [http://dx.doi.org/10.1016/S1470-2045\(11\)70145-0](http://dx.doi.org/10.1016/S1470-2045(11)70145-0).
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5. Gage JC, Schiffman M, Katki HA, et al. Reassurance against future risk of precancer and cancer conferred by a negative human papillomavirus test. *J Natl Cancer Inst*. 2014;106(8). PMID: 25038467. <http://dx.doi.org/10.1093/jnci/dju153>. Accessed September 13, 2017.
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