



# Cervical Cancer Screenings

NPWH survey examines provider and patient opinions

By Gay Johnson

**CERVICAL CANCER** is one of the great success stories in cancer prevention. Since the introduction of cervical cancer screening via the Pap test in the 1950s, the incidence of what was once the No. 1 cancer in women has been plummeting.<sup>1,2</sup>

In the 1990s, the medical community began to better understand the role of human papillomavirus (HPV) as a cause of cervical cancer. Today, cervical cancer is viewed as preventable with proper screening. However, 4,000 women still die from the disease every year. Why? The CDC determined that women at greatest risk of dying from cervical cancer were those who had been screened infrequently or not at all.<sup>3</sup>

Recently, changing guidelines about screening frequency have created confusion among women. What used to be a clear direction — make sure to get a yearly Pap test — is murky at best. The recommended time between screenings is longer, and two tests are available. NPs in women's health are at the frontlines of the fight against cervical cancer and play a vital role in helping patients understand what is happening and why.

## A Growing Debate

One of the challenges in cervical cancer screening is the prevalence of HPV in society. An estimated 80% of sexually active women will become infected with the virus at some point.<sup>4</sup> Of the more than 100 strains of HPV that have been identified, only a few high-risk strains are connected to cervical cancer. The vast majority of HPV infections resolve without any treatment or intervention — even the infections caused by high-risk strains.<sup>5,6</sup>

Guidelines have sought to balance the issues involved, offering recommendations about cervical cancer screening based on age and screening test. The consensus guidelines, published in 2012, recommend a Pap test every 3 years for women ages 21 to 29 and co-testing every 5 years for women ages 30 to 65.<sup>7</sup>

In January 2015, a panel of experts outlined another screening approach, issuing *interim* guidance for HPV testing alone.<sup>8</sup> The interim guidance suggests that HPV-only testing can be an alternative to Pap or Pap-plus-HPV co-testing.

The best balance of benefits versus harms in each of these approaches remains an area of discussion. Some research suggests that screening for HPV without clear guidance on best practices for follow-up of positive tests could cause women diagnosed with HPV to receive unnecessary tests and treatments for these otherwise harmless infections, particularly among younger women.

## Concerns About Change

As this debate continues to unfold within professional societies and among researchers, the National Association of Nurse Practitioners in Women's Health (NPWH) collaborated with HealthyWomen to conduct a national survey on cervical cancer screening. The survey sought to gain a better understanding of how changing clinical recommendations are affecting real-world practices in cervical cancer screening. Our online survey, "Cervical Cancer Today: A National Survey of Attitudes and Behaviors," asked 759 healthcare providers (nurse practitio-

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ners, primary care physicians and obstetrician–gynecologists) and 2,030 women about their views and behaviors related to cervical cancer screening.

The survey found that providers and women are hesitant to embrace changes in screening practices. The majority of providers said they preferred to screen women for cervical cancer more frequently (every 1 to 3 years) than what is recommended in the 2012 guidelines. The patients who responded to the survey agreed, and 76% reported they are screened every 1 to 3 years.

The idea of extending screening intervals triggers concerns for both healthcare providers and patients, the survey results show. More than half of nurse practitioners and OB-GYNs said they believe increasing screening intervals for women older than 30 from 3 to 5 years will negatively impact their patients' health. Nearly 70% of patients surveyed said they would be concerned about a 5-year screening interval. Notably, black women and Hispanic women — populations with the highest rates of cervical cancer (82% and 74%, respectively) — were even more concerned.

The survey also determined that patient understanding about HPV is still emerging, and that critical knowledge gaps exist. Just under half of women surveyed (48%) said they understood that HPV infection can cause cervical cancer. Only 15% reported

knowing that some HPV infections can resolve on their own. Only 34% of women were familiar with the HPV test.

## Viewed as Valued

The survey also documented an overwhelming preference for continued use of the Pap test, probably unsurprising given its long history as a prominent part of the annual well-woman exam and patients' relatively weaker understanding of HPV. In fact, 91% of healthcare providers surveyed said they believe the Pap test should remain part of frontline screening for the foreseeable future. Ninety percent of the patients surveyed said they believe the Pap test is important to their overall health and well-being.

The findings indicate that women and their healthcare providers are moving to understand the importance of HPV testing. Eighty-three percent of nurse practitioners and OB-GYNs said they believe co-testing adds significant value to their patients' health management and feel it is reliable. And 74% of all the providers surveyed said they believe the majority of their patients would be most comfortable receiving both HPV and Pap tests to screen for cervical cancer, versus either alone (12% and 2%, respectively).

## Changing Times

Considering what current guidelines recommend and what healthcare providers and patients are doing in actuality, it is evident that nurse practitioners will be facing the challenge of counseling patients through changes for years to come. It is important, then, to continue to have candid conversations with patients, letting them know what current research says, educating them about HPV, and having thoughtful discussions about the pros and cons of screening approaches. ■

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