



USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Re: USPSTF Draft Research Plan, “Cervical Cancer: Screening”

To Whom It May Concern:

I am writing to you on behalf of the Society for Women’s Health Research (SWHR) to provide comments on the U.S. Preventive Services Task Force (USPSTF) Draft Research Plan, “Cervical Cancer: Screening.”

SWHR is dedicated to promoting research on biological sex differences in disease and improving women’s health through science, policy, and education. For over 30 years, SWHR has brought attention to diseases and conditions that disproportionately or differently impact women.

SWHR is pleased to see a new draft research plan to examine screening for cervical cancer. While we have seen the creation of well-developed guidelines for the prevention, diagnosis, and treatment of cervical cancer—including from USPSTF—it is still the fourth most commonly occurring cancer in women globally. It is critical that the United States, among its efforts to curb this cancer’s prevalence, take steps to increase both cervical cancer screening and follow up as well as vaccination efforts that will prevent cervical cancer.

From the vaccination standpoint, we know that increasing vaccination uptake is critical to cervical cancer prevention. In July 2020, SWHR hosted an interdisciplinary roundtable of researchers, policymakers, and clinicians to identify gaps in research, clinical practice, policy, and education during which panelists cited that lower HPV vaccination rates in rural areas¹ may be due to the current stigma associated with giving adolescents a vaccine to prevent a sexually transmitted infection (STI) and advocated that providers frame vaccination as a public health issue instead of linking it to sexual behavior. USPSTF may consider examining how this might be addressed and incorporated in its draft research plan, including whether the framing of vaccination presentation may affect an individual’s willingness to get the vaccine.

Another important consideration in the draft of USPSTF’s Cervical Cancer Screening Draft Research Plan relates to “Outcomes” in USPSTF’s Proposed Research Approach. According to the U.S. Centers for Disease Control and Prevention (CDC), more than 50% of all new cervical cancers are in women who have never been screened or have not been screened in the previous 5 years of their lives.² Given the preventable nature of cervical cancer, improving outcomes will

¹ Vaccination in Rural Communities, Centers for Disease Control and Prevention.
<https://www.cdc.gov/ruralhealth/vaccines/index.html>

² Cervical Cancer is Preventable, Vital Signs, Centers for Disease Control and Prevention. November 2014.
<https://www.cdc.gov/vitalsigns/cervical-cancer/index.html>

hinge on improving adherence to screening recommendations. Further, among those who have not been screened in the past 5 years, roughly 7 in 10 women had a regular doctor and had health insurance.³ There is clearly a disconnect—not to mention a missed opportunity—in screening women for cervical cancer that needs attention.

SWHR also encourages USPSTF, as part of its research plan, to examine the role of access in cervical cancer prevention, specifically looking at regional geography, socioeconomic status, and resource availability. Several elements included in USPSTF’s Research Approach to Interventions, including the type of test administered, mode of collection, and self-sampling, could all be affected by access issues—particularly in resource-poor regions or communities. According to a 2014 study examining National Health Interview Survey (NHIS) data on cancer screening, the authors found consistent and persistent disparities in health care access for certain subgroups and noted the need to improve access to cancer screening and treatment services and better integrating clinical and community preventive services.⁴ Better understanding the breakdown of these access issues and their role in cervical cancer screening and treatment would provide important insight for identifying ways to improve outcomes across populations.

Finally, SWHR would ask USPSTF, as part of this draft research plan, to consider how to measure whether women’s preferences are being incorporated into their preventative treatment and care. A doctor who participated in the SWHR roundtable referenced above noted that health care providers have been slow to incorporate women’s preferences into the management of their HPV and recommended the creation of better educational materials and information to encourage and guide providers on shared decision-making with patients. USPSTF may consider how it could incorporate this factor into an Evidence Review to improve patient-centered care.

SWHR appreciates the opportunity to comment on this Draft Research Plan and looks forward to seeing USPSTF’s updated cervical cancer screening recommendations. If you have questions or if you need any additional information, please don’t hesitate to contact SWHR’s Chief Advocacy Officer Lindsey Horan at lindsey@swhr.org.

Sincerely,

Kathryn Schubert, MPP, CAE
President and CEO
Society for Women’s Health Research

³ Cervical Cancer is Preventable, Vital Signs, Centers for Disease Control and Prevention. November 2014. <https://www.cdc.gov/vitalsigns/cervical-cancer/index.html>

⁴ Brown ML, Klabunde CN, Cronin KA, White MC, Richardson LC, McNeel TS. Challenges in meeting Healthy People 2020 objectives for cancer-related preventive services, National Health Interview Survey, 2008 and 2010. *Prev Chronic Dis.* 2014 Feb 27;11:E29. doi: 10.5888/pcd11.130174. PMID: 24576396; PMCID: PMC3938963.