

## Cervical Cancer



### Screening Guidelines

The American Cancer Society recommends that individuals with a cervix follow these guidelines to help find cervical cancer early.

Cervical cancer testing (screening) should begin at age 25.

Those aged 25 to 65 should have a primary HPV test\* every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test alone every 3 years.

(\*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.)

The most important thing to remember is to get screened regularly, no matter which test you get.

Learn more about Cervical Cancer Screening Guidelines [Here](#)

### Self-Collection 101

#### 2024 Cervical Cancer Round Table

Discover the next generation of cervical cancer screening with Dr. Kathy MacLaughlin and Dr. Rebecca Perkins as they highlight the latest innovations in self-collection and field a variety of thought-provoking questions from the audience.

[Here](#)

#### Preparing for Self-Collection

Learn more about the Clinicians Guide

[Here](#)

**Cervical cancer can often be found early, and sometimes even prevented, by having regular screening tests. If detected early, cervical cancer is one of the most successfully treatable cancers.**

### Incidence rates for cervical cancer

Cervical cancer incidence rates decreased by more than half from the mid-1970s to the mid-2000s, largely because of the increased use of screening, but they have stabilized over the past decade. However, in women ages 30-44, rates have increased 1.7% each year from 2012 to 2019.

In contrast, rates declined 11% each year for women ages 20-24, probably reflecting the first signs of cancer prevention from HPV vaccination.

### How common is cervical cancer?

The American Cancer Society's estimates for cervical cancer in the United States for 2024 are:

About 13,820 new cases of invasive cervical cancer will be diagnosed.

About 4,360 women will die from cervical cancer.

### Mortality rates for cervical cancer

Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate has dropped by more than half since the mid-1970s because of prevention and screening, although rates have stabilized in recent years. The death rate in Black women and Native American women is about 65% higher than in White women.

## Living Healthy IS Cancer Prevention

Staying at a healthy weight, being physically active throughout life, following a healthy eating pattern, and avoiding or limiting alcohol may greatly reduce your risk of developing or dying from cancer.

**Excess body weight, poor nutrition, physical inactivity, and excess alcohol consumption** = ABOUT **1** IN **5** **CANCER CASES**

**Overweight or obesity raises a person's risk of getting one or more of 13 TYPES OF CANCER**

### ACS RESOURCES:

[Diet and Activity Guidelines to Reduce Cancer Risk](#)

[Fuel Your Body: Healthy Food Essentials](#)

[Diet and Activity for Cancer Prevention - Presentation \(contact your ACS Staff partner for access\)](#)

## Fire Fighter Awareness Month

### Fire Fighters and Cancer Risk

Cancer is a leading cause of death among firefighters, and research suggests firefighters are at higher risk of certain types of cancers when compared to the general population. January is Firefighter Cancer Awareness Month. [Learn more](#) about firefighters' cancer risk and what can be done to reduce the risk.

The International Association of Firefighters and the American Cancer Society collaboration provides resources, tools, and prevention techniques to help protect fire fighters with the hope of preventing future disease while providing critical patient support services across the country to improve the quality of life for fire fighters living with cancer and advocating for improved access to care.

According to the CDC, firefighters are 14% more likely to die from cancer and have a 9% higher chance of being diagnosed than the general population.



Continued research on the possible links between firefighting and cancer is happening around the world. Here are two of the larger studies now examining this topic.

[Fire Fighter Cancer Cohort Studies \(FFCCS\)](#)

[National Firefighter Registry](#)



## Saving Lives From Cancer

The ACS CAN is commitment to a non-partisan agenda remains strong, and they continue to build and maintain connections in the new Congress and Administration. Looking ahead to the start of the new Congress in January, their 100-day federal priorities will focus on:

- Protecting access to Medicaid;
- Extending the ACA Enhanced Tax Credits; and
- Increasing cancer research and prevention funding.

### We advocate for legislation as a catalyst to fight cancer



**62.3%**

of the U.S. population protected from secondhand smoke exposure by local or statewide smoke-free laws.



**33%**

decline in cancer death rates from 1991-2021



**33.5 million**

people benefited from expanded access to health insurance

**Join ACS CAN and help end suffering and death from cancer.** Together we're making fighting cancer a top priority in Congress and in every state legislature across the nation. **Discover more about ACS CAN's work and membership [HERE](#).**

### 2025 HPV Learning Series

#### Save the Date: HPV Rural Vaccination Learning Series

Please join the American Cancer Society and National HPV Vaccination Roundtable for a 10-month free Rural HPV Vaccination Learning Community beginning in March.

Research shows that rural communities lag 10% behind the national average for HPV vaccination. And HPV vaccination underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY. Therefore, we are seeking rural healthcare partners like you to join a learning community focused on improving HPV vaccination among 9–12-year-olds.

[Click here for registration details](#)

Through a series of virtual sessions and peer-based learning, the rural disparities HPV vaccination learning community will use quality improvement (QI) and evidence-based interventions to increase vaccine rates. This no-cost, practical how-to model will serve as a forum for health partners to gain knowledge, exchange promising practices, and talk through challenges to increasing HPV vaccinations in rural settings.



#### Participation Benefits

- Preventing HPV-related pre-cancers and cancers
- Reduced costs
- Data-driven insights and best practices
- QI coaching & support
- Technical assistance
- Access to ACS & HPVRT resources and materials
- Networking with peer organizations
- Learning from subject matter experts
- Practical implementation tips
- Opportunity to showcase success

#### Learning Outcomes

- Describe how to increase on-time HPV vaccination rates in rural communities
- Review quality improvement tools like AIM statements, process mapping, and gap analysis to identify areas to improve HPV vaccination rates in organizations
- List evidence-based interventions to increase HPV vaccinations in your community
- Compare best practices and challenges in increasing HPV vaccinations in rural settings

## Additional Resources



Every cancer. Every life.<sup>®</sup>  
**Cancer Facts & Figures**  
2024