

5 Myths About Cervical Cancer Screening

Myth: If I have no symptoms, I don't need to worry about cervical cancer.

Fact: Cervical cancer can be present without any symptoms, which is why it's important to be regularly screened by your healthcare provider.⁸

Myth: If I have HPV, my current partner must have given it to me.

Fact: You can develop symptoms of an HPV infection years after you had sex with someone who is infected, making it difficult to know who infected you.⁶

Myth: HPV testing alone is a good way to screen for cervical cancer.

Fact: Studies show 1 in 5 women with cervical cancer are missed by screening with HPV alone. 95% of cervical cancers were detected by testing with Pap + HPV together (Co-testing).^{9,10}

Myth: If I'm over 65, I have little risk of developing cervical cancer.

Fact: More than 20% of cases are found in women over 65. However, these cases are rare in women who have been regularly screened.¹¹

Myth: If I have HPV, I will get cervical cancer.

Fact: Most of the time, HPV infections go away on their own without causing any health problems. Some HPV types do not go away and cause cells to change. Left untreated, some infections cause cervical cancer.⁸



How do I prepare for my cervical cancer screening appointment?

When scheduling

Schedule for when you will not be on your period.

48 hours before

Avoid: vaginal medication, contraceptives, douches, personal lubricants, and sexual intercourse.

Day of

Drink plenty of water as you may need to provide a urine sample.

Visit Hologic.com/WellWoman for more information

1. Graph adapted from MacLaughlin et al. Trends Over Time in Pap and Pap-HPV Cotesting for Cervical Cancer Screening. *J Women's Health* 2019; 28(2) 244 – 249. **2.** Suk et al. Assessment of US Preventive Services Task Force Guideline-Concordant Cervical Cancer Screening Rates and Reasons for Underscreening by Age, Race and Ethnicity, Sexual Orientation, Rurality, and Insurance, 2005 to 2019. *JAMA Netw Open*. 2022 Jan; 5(1):e2143582. doi: 10.1001/jamanetworkopen.202143582. PMID: 35040970; PMCID: PMC8767443. **3.** Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER Research Data, 8 Registries, Nov 2021 Sub (1975-2019). Published April 2022. Access May 3, 2022. <https://seer.cancer.gov/statfacts/html/cervix.htm>. **4.** CDC. Cervical Cancer – What Should I Know About Screening? https://www.cdc.gov/cancer/basic_info/screening.htm. Last reviewed August 21, 2023. Accessed December 7, 2023. **5.** CDC. Cervical Cancer – Basic Information About Cervical Cancer. https://www.cdc.gov/cancer/cervical/basic_info/index.htm. Last reviewed August 21, 2023. Accessed December 7, 2023. **6.** CDC. Genital HPV Infection – Basic Fact Sheet. <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>. Last reviewed April 12, 2022. Accessed December 7, 2023. **7.** CDC. Cervical Cancer – What Can I Do to Reduce My Risk of Cervical Cancer? https://www.cdc.gov/cancer/cervical/basic_info/prevention.htm. Last reviewed August 21, 2023. Accessed December 7, 2023. **8.** CDC. Cervical Cancer – What Are the Risk Factors for Cervical Cancer? https://www.cdc.gov/cancer/cervical/basic_info/risk_factors.htm. Last reviewed August 21, 2023. Accessed December 7, 2023. **9.** Austin RM, et al. Enhanced detection of cervical cancer and precancer through use of imaged liquid-based cytology in routine cytology and HPV co-testing. *Am J Clin Pathol*. 2018;150(5):385-392. doi:10.1093/ajcp/acyp114 (Study included the ThinPrep® Pap test, ThinPrep Imaging, digene HPV, Cervista HPV and Aptima HPV) **10.** Blatt, et al. Comparison of cervical cancer screening results among 256,648 women in multiple clinical practices. 2015;123(5):282-8. doi:10.1002/cncr.21544. (Study included ThinPrep®, SurePath, Hybrid Capture 2 Assay) **11.** American Cancer Society. Key Statistics for Cervical Cancer. American Cancer Society. Last reviewed January 12, 2023. Accessed December 7, 2023. <https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html#:~:text=The%20American%20Cancer%20Society's%20estimates,will%20die%20from%20cervical%20cancer>

PP-01669-001 Rev. 002 ©2023 Hologic, Inc. All rights reserved. Hologic and associated logos are trademarks and/or registered trademarks of Hologic, Inc. and/or its subsidiaries in the United States and/or other countries. This information is intended for medical professionals in the U.S. and other markets and is not intended as a product solicitation or promotion where such activities are prohibited. Because Hologic materials are distributed through websites, eBroadcasts and trade shows, it is not always possible to control where such materials appear. For specific information on what products are available for sale in a particular country, please contact your local Hologic representative or write to diagnostic.solutions.com.

Protect

YOUR CERVICAL HEALTH
WITH REGULAR SCREENING.



Are you at increased risk for cervical cancer?



Black, Hispanic, and Asian women are less likely to be up to date with screening than white women.¹

Women **21 to 29 years old** are less likely to be up-to-date with screening compared to women **30 to 65 years old**.²



Compared to Non-Hispanic white women, cervical cancer incidence rates are 25% higher in **Black women** and 49% higher in **Hispanic women**.³

The greatest risk is being uninformed and not getting regularly screened.



How do I get screened for cervical cancer?

There are two tests used to screen for cervical cancer:

- The Pap test looks for precancers, cell changes on the cervix that might become cervical cancer.⁴
- The HPV test looks for the virus (human papillomavirus) that can cause cell changes on the cervix.⁴

Regardless of which test, the collection process is via a Pap test.

What's the right test for me?

Refer to the table below to know what the guidelines recommend for your age group.⁴ Ask your provider which test is right for you.

Ages 21-29	Screening with a Pap test alone every 3 years
Ages 30-65	Pap + HPV together (co-testing) every 5 years
 OR
	HPV testing alone every 5 years
 OR
	Pap testing alone every 3 years
Ages 65+	Discontinue screening after 65 following adequate prior screening

What can I expect during and after my cervical cancer screening?⁴

- Your healthcare provider will use a speculum to examine the vagina and the cervix.
- Your healthcare provider will collect cells from the cervix.
- This sample will be sent to a lab and examined for any abnormalities.
- Additional women's health testing can be run off a Pap collection to provide a deeper look at patient's overall health.
- **If abnormal cells are detected, it is important to adhere to any follow-up management and treatment options your healthcare provider recommends.**

WHAT IS CERVICAL CANCER?

Cervical cancer is a cancer that starts in the cells of the cervix and is caused by an active Human papillomavirus (HPV) infection.⁵

Nearly all sexually active people will have an HPV infection at some point in their lives. Most infections are not dangerous and will clear on their own within 1 to 2 years.⁶

- HPV is spread through vaginal, anal, or oral sex with an infected person. It can also be spread through close skin-to-skin touching during sex.⁶
- Regular screening with Pap + HPV can be used to identify any abnormal changes to cervical cells and the presence of the HPV virus that can lead to cervical cancer.⁷



How do I protect myself from cervical cancer?⁷



Get the HPV vaccine



Practice safe sex



Get **regularly** screened for cervical cancer

Why is regular cervical cancer screening important?

- Cervical cancer is preventable with regular screening and highly treatable if detected early.⁵
- Nearly all cervical cancers are caused by HPV.⁸
- Regular Pap + HPV testing allows for timely interventions, reducing the risk for cervical cancer.⁴