



# Cancer Risk Reduction in Indian Country



A Project of Inter-Tribal Council of Michigan, Inc.



## Cervical Cancer and American Indian Women

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## Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP18-1808 Consortium of Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.



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The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be presented digitally upon completion of evaluation.

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## Learning Objectives/Outcomes

As a result of participating in this activity, the healthcare team will:

1. Identify the risk factors for HPV related infections and cancer among American Indian women.
2. Employ strategies to decrease anxiety associated with cervical cancer screening and follow up procedures.
3. Determine ways to bundle care to increase screening rates for cervical cancer.



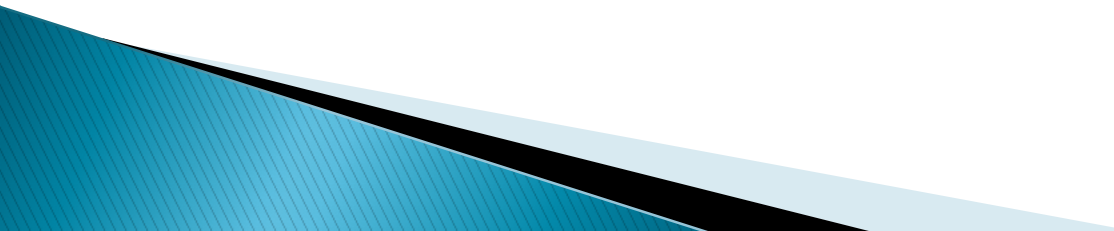
# Cervical Cancer and American Indian Women

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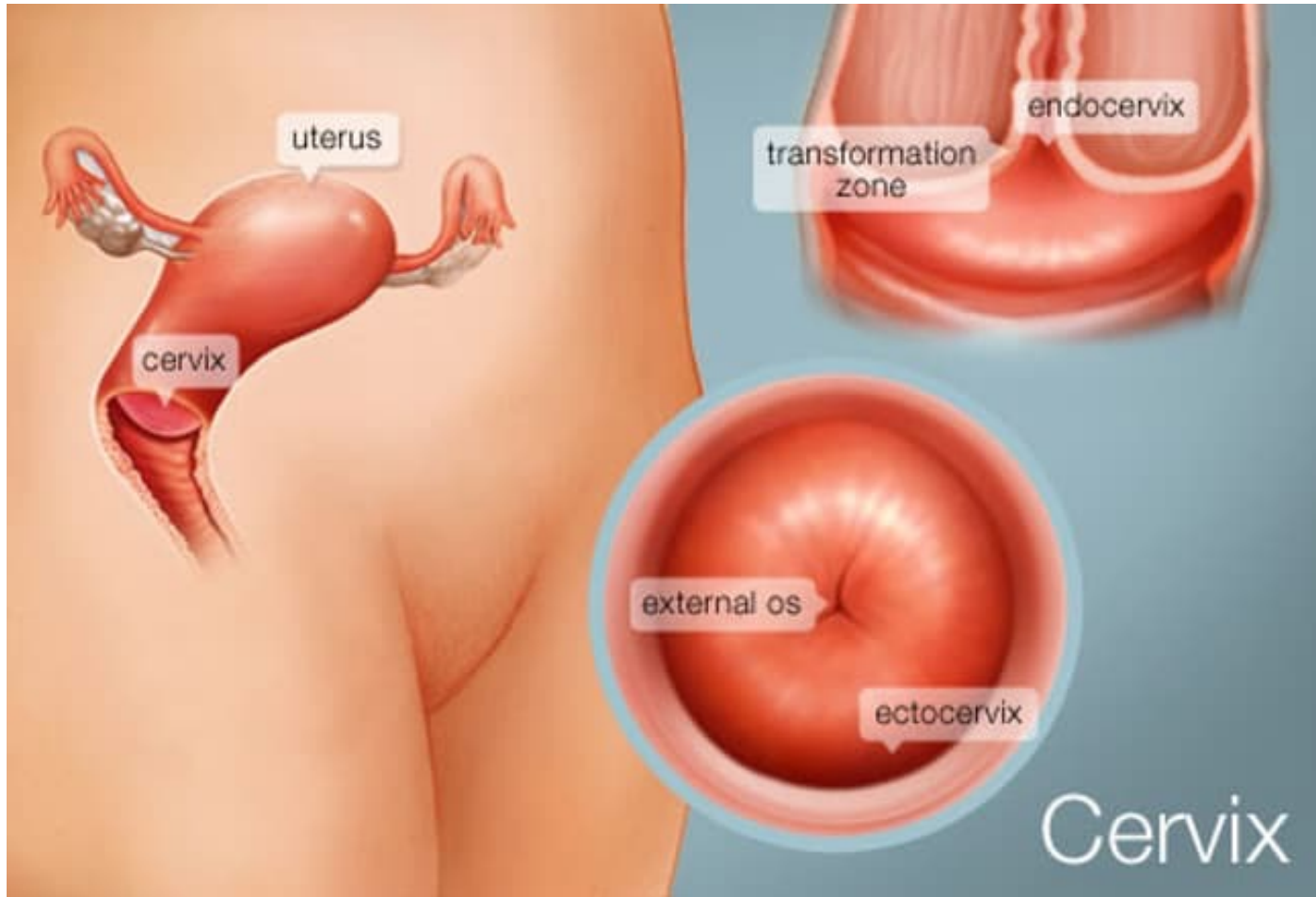
# Disclosures

- ▶ Amanda is a Certified Nurse Midwife. She is an officer in the United States Public Health Service. She has no other disclosures.

# Objectives

- ▶ Identify the risk factors for HPV related infections and cancer among American Indian women
  - ▶ Employ strategies to decrease anxiety associated with cervical cancer screening and follow up procedures
  - ▶ Determine ways to bundle care to increase screening rates for cervical cancer
- 

# Cervical Health



<https://www.webmd.com/women/picture-of-the-cervix>

# Impact of Cervical Cancer

- Impacts nearly 13,000 in the U.S. each year with more women diagnosed after the age of 30
- More than 4,000 people die from the disease annually.
- AI/AN women are nearly TWICE as likely to develop cervical cancer than white women and FOUR times more likely to die from it.
- AI/AN women also have the highest rates of HPV associated cancer

<https://www.nicoa.org/american-indians-twice-as-likely-to-develop-cervical-cancer/>

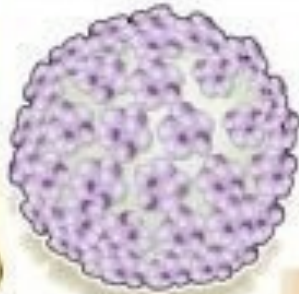
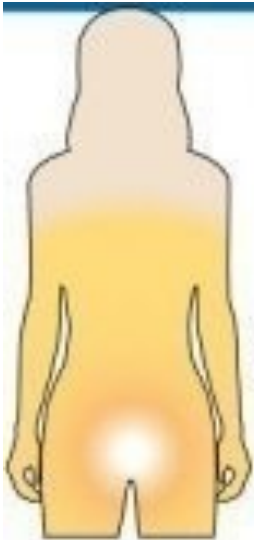


# Human Papillomavirus

- ▶ HPV – infection with High Risk Human Papillomavirus
  - HPV can infect cells on the surface of the skin, and those lining the genitals, anus, mouth and throat, but not the blood or internal organs such as a heart or lungs.
  - HPV can spread through skin-to skin contact
  - High Risk types are linked to cancers of the cervix, vulva and vagina in woman, penile cancer in men and in cancers of the anus, mouth and throat

# Human papilloma virus (HPV)

Sexually transmitted HPV infections are common and often asymptomatic, untreated cases in women are the main cause of cervical cancer



▶ A sexually transmitted virus that causes cancer

▶ More than 100 types of HPV have been found so far

▶ 15 have been identified as putting women at high risk for cervical cancer

## Cervical cancer

Virus in cervix enters cells through micro-abrasions

**1**



Infects cells

**2**

HPV replicates

90 percent of cases heal within two years

Several weeks later



Infection spreads

**3**

0.8 percent of cases develop cancer

10-30 years later



HPV invades deeper layer of tissues and turns cancerous

AFP

Source: Nobel/FDA

<https://www.weforum.org/agenda/2019/02/4-steps-towards-wiping-out-cervical-cancer/>

# Risk Factors for Cervical Disease

- ▶ High Risk HPV infection
- ▶ Becoming sexually active at a young age
- ▶ Multiple sexual partners
- ▶ Smoking / tobacco use
- ▶ Chlamydia Infection – may help HPV grow
- ▶ Having multiple full-term pregnancies
- ▶ Young age at first full term pregnancy
- ▶ Economic status
- ▶ Diethylstilbestrol (DES)
- ▶ Weakened Immune system
  - HIV infection and immunocompromised women
- ▶ Family history (mother or sister)

# Factors to lower risk for Cervical disease

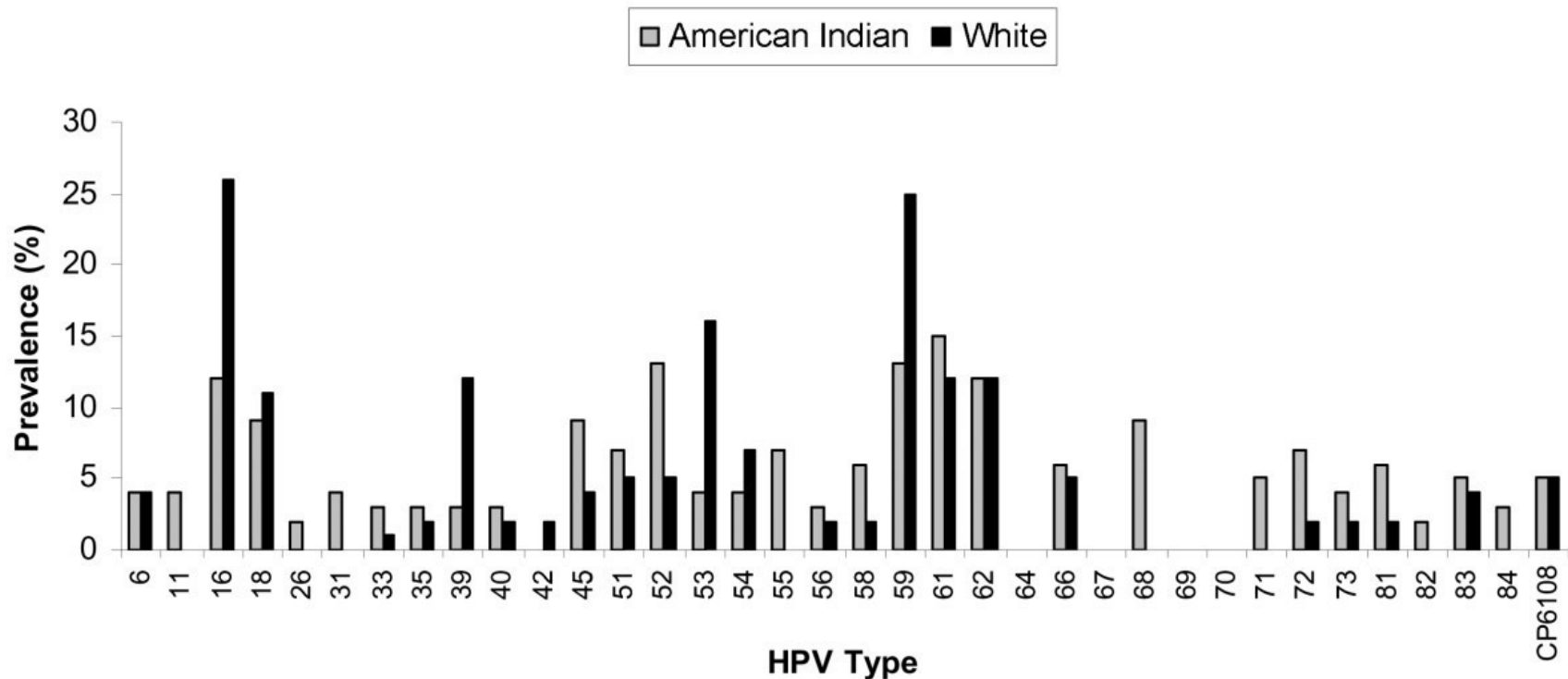
- ▶ Intrauterine Device (IUD) use
- ▶ Limit exposure to HPV
- ▶ Condom use
- ▶ Tobacco cessation
- ▶ HPV Vaccine
  - HPV vaccination recommended between ages of 9–12
  - Children and young adults ages 13–26 should get vaccination series as soon as possible.
  - ACIP recommends continued vaccination from ages 26–45

# Rates of HPV infections in American Indian women

- ▶ Dr. Naomi R. Lee PhD – Northern Arizona University (published 2018)
  - Studied self collected swabs from over 698 American Indian women ages 21–65 in Great Plains Area. NIH grant funded by Center for Native Population Health Disparities.
  - 34% – positive for at least one type of HrHPV
  - Most common HPV genotypes being HPV 51, 58, 52
  - Only 4.3% (HPV 18) and 2.9% (HPV16)
  - Type 51 is NOT covered by available vaccines

<https://www.healio.com/news/infectious-disease/20181019/highrisk-hpv-prevalent-in-american-indian-women>

# Prevalence of each HPV type among American Indian and White women in South Dakota



Schmidt-Grimminger, D. et al. HPV infection among rural American Indian women and urban white women in South Dakota: an HPV prevalence study. BMC Infectious Diseases 11, Article number: 252 (2011)



# Take away from HPV research

## HPV vaccine options

Vaccine ▼	Who is it for?	How many doses?	What infections does it prevent?
Cervarix	Girls 9 to 26 years of age.	3	HPV types 16 and 18 (which cause cancer).
Gardasil	Girls and boys 9 to 26 years of age.	3	HPV types 6, 11 (which cause genital warts), and HPV 16 and 18 (which cause cancer).
Gardasil 9	Girls ages 9 to 26; boys ages 9 to 15.	3	HPV types 16, 18, 31, 33, 45, 52 and 58 (which cause cancer), and HPV types 6 or 11 (which cause warts).





# Cancer Prevention for Your Child HPV Vaccine

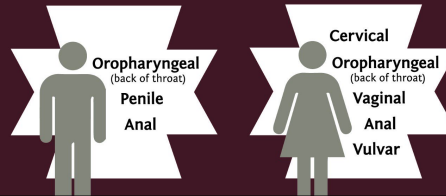
## EVERY YEAR

AMERICAN INDIAN MEN AND WOMEN

GET HPV CANCERS  
THAT COULD BE

### PREVENTED

BY THE VACCINE.



## WHY GET THE VACCINE?

### IT'S SAFE.

More than **57 million doses** of the vaccine have been given, with **zero** serious safety concerns.

### IT'S IMPORTANT.

American Indians are **more likely** to get and die from cancer than the general population.

### IT'S FREE.

Vaccines are available at **no cost** for all American Indian children at any clinic.

### IT WORKS.

The vaccine prevents **70%** of the cancer-causing HPV viruses.



## THE TIME IS NOW.

**Age 11-12** is the most effective time to get the HPV vaccine to protect your child from cancer later in life.

## TAKE ACTION.

Talk to your doctor about the HPV vaccine. Be confident in your choice to vaccinate your child.

Talk to your friends, your family, and your community about how to protect your children from cancer with the HPV vaccine.

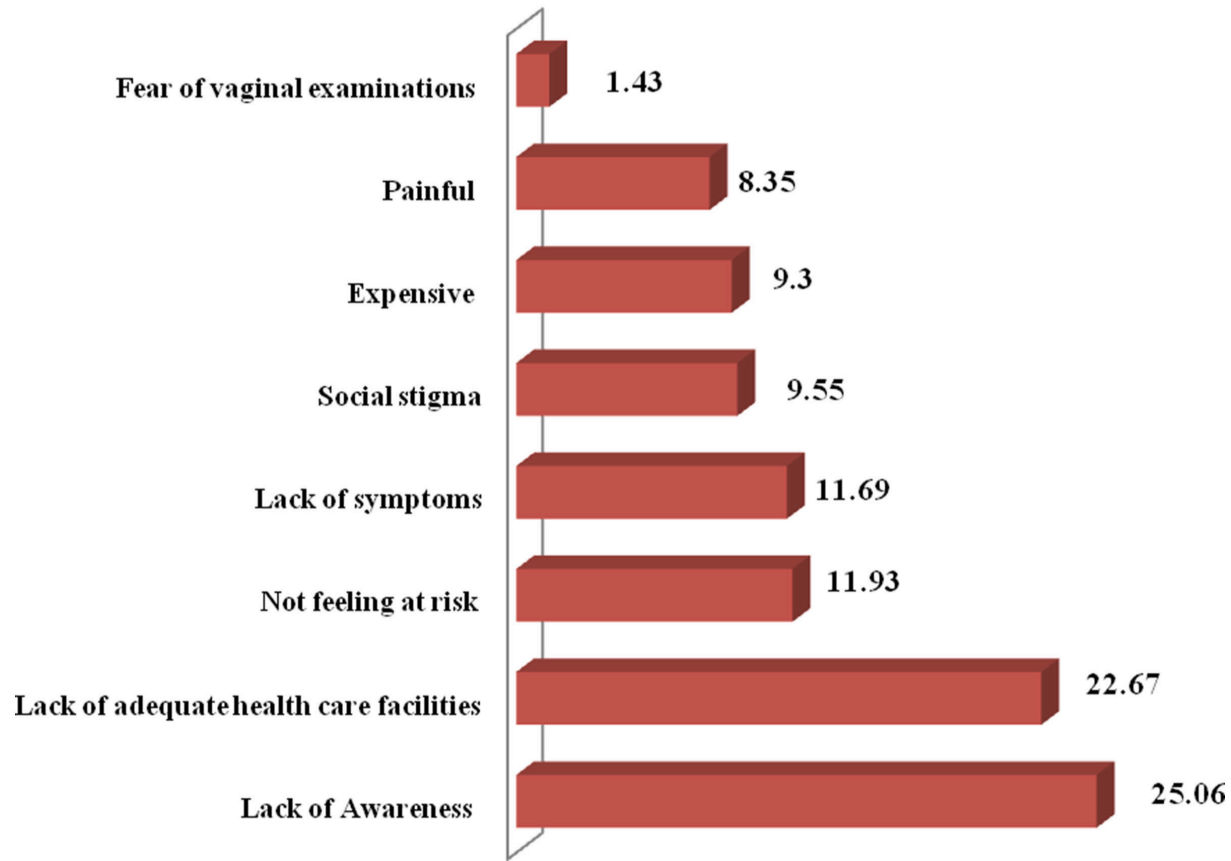
# Pap smear screenings

Woman's Age	How often should a woman have a Pap test?
under 21 years old	No testing needed
21-30 years old	Pap test <b>every 3 years</b>
30-65 years old	Pap test <b>every 3 years</b> or Pap and HPV <b>every 5 years</b>
65 years old or older	No testing needed

\*\*\* More frequent for immunocompromised individuals

# Barriers to care

## Factors affecting Pap Smear screening



# COVID and Cancer screenings



## Cervical cancer screening rates in California decreased during a statewide COVID-19 stay-at-home order\*

DELAYED CARE MAY DECREASE DETECTION OF CANCERS AND PRECANCERS – **CANCER SCREENING SAVES LIVES**

Stay-At-Home Order

**DURING**

Screening rates decreased by  
**~80%**



**AFTER**

Rates returned to  
near normal



Health care systems can take steps to screen women who were missed

- 1 **Enhance efforts** to reach overdue patients
- 2 **Evaluate groups** at higher risk first
- 3 **Use innovative technologies** to reach women (e.g., telemedicine, self-collected tests<sup>†</sup>)

\* Kaiser Permanente Southern California electronic medical records of approximately 1.5 million women aged 21-65 years, January 1-September 30, 2019 compared with January 1-September 30, 2020

<sup>†</sup> Pending FDA approval



# Never miss an opportunity

## Missed opportunities for cervical cancer screening

In 2012, **8 million women** were not screened in the last **5 years**.



**7 out of 10 women** who were not screened had a regular doctor and health insurance.

SOURCE: Behavioral Risk Factor Surveillance System, 2012.

## How HPV infection can lead to cervical cancer

It could take years to decades

Normal cervical cells

HPV infection  
(Most infections do not turn into precancers)

Precancers  
(May still go back to normal)

Cervical cancer

Vaccination opportunity  
11-12 years old

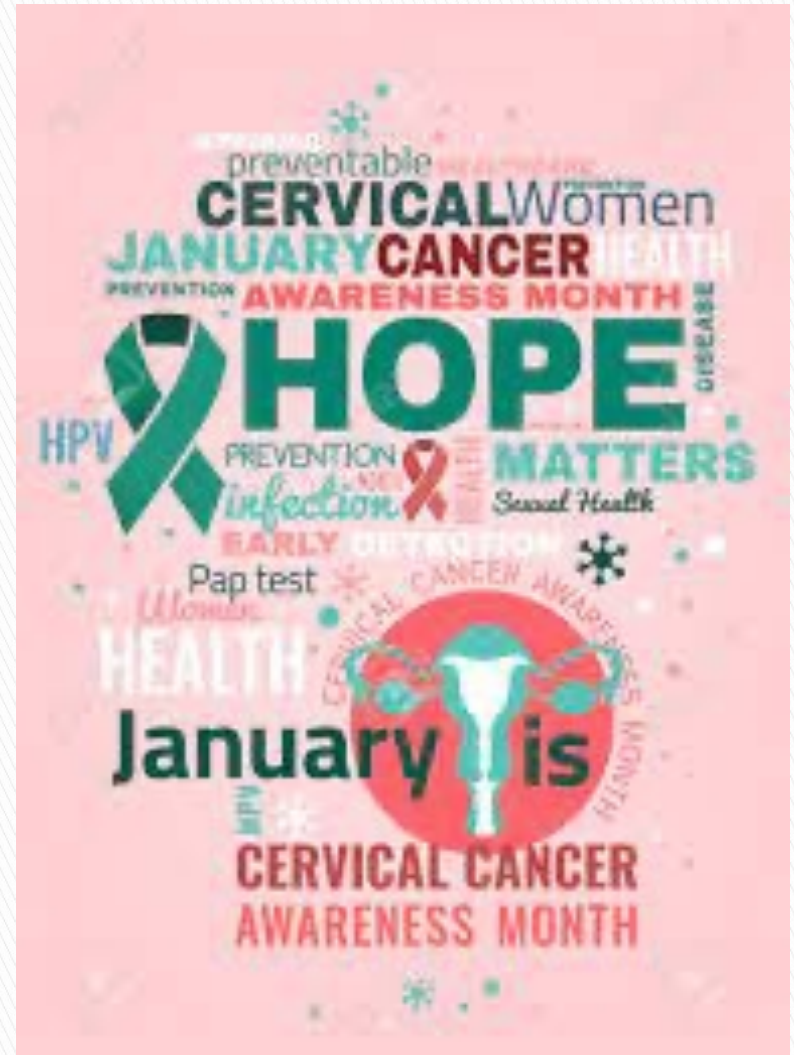
Screening opportunities  
21-65 years old

SOURCE: American Journal of Clinical Pathology, 2012.

# Real World strategies for cervical cancer screening

- ▶ Capture the opportunity
- ▶ Utilize BCCSP/ All Women Count / Honor Every Woman
- ▶ Help women to their appointments
- ▶ Send reminders
- ▶ Decrease anxiety
- ▶ HPV co-testing

Make it Easy!





# Decrease Anxiety



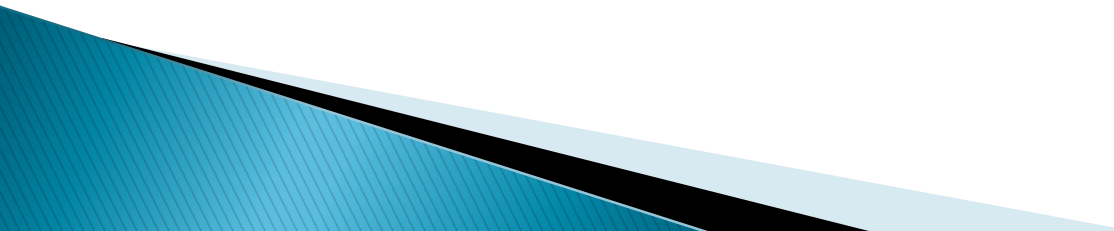
- ▶ Treat every clinical opportunity as a ceremony
- ▶ Praise relative for coming to her appointment
- ▶ Encourage her to bring others
- ▶ Allow time for her

Aromatherapy

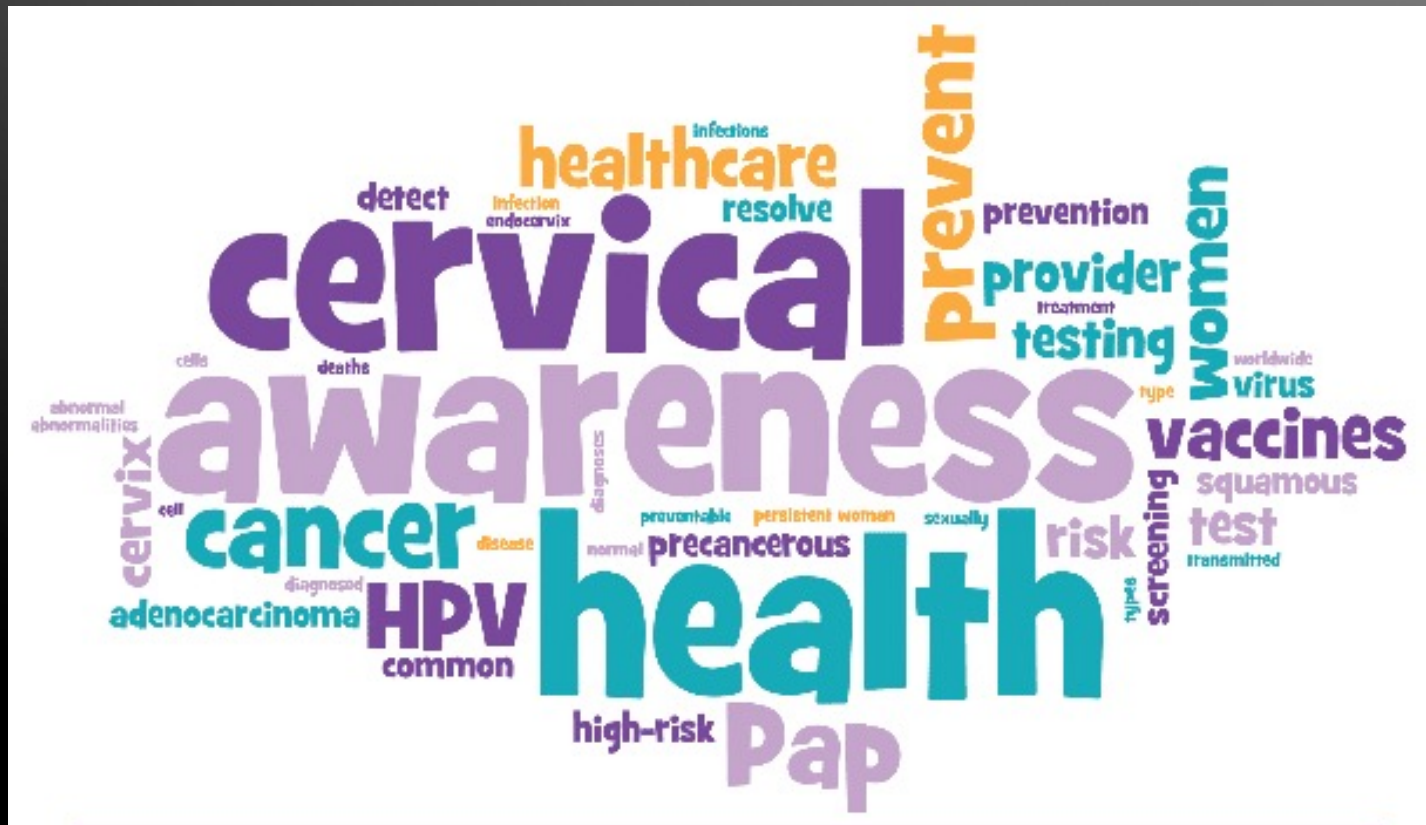
Ceremony of Self Care



# Bundling Services

- ▶ Primary Care team
  - ▶ Making appointments back to back
  - ▶ Encouraging same day mammogram/pap smears
  - ▶ “Well woman” exams – bundle with thyroid, cholesterol, STI screening
  - ▶ Contraception visits / STI visits
  - ▶ Gas vouchers
- 

# Thank you!





## Upcoming Webinars

[keepitsacred.itcmi.org/events](http://keepitsacred.itcmi.org/events)

- January 26: Surviving the Journey through Cervical Cancer
- March 30: Smoke-Free Tribal Housing Policies

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