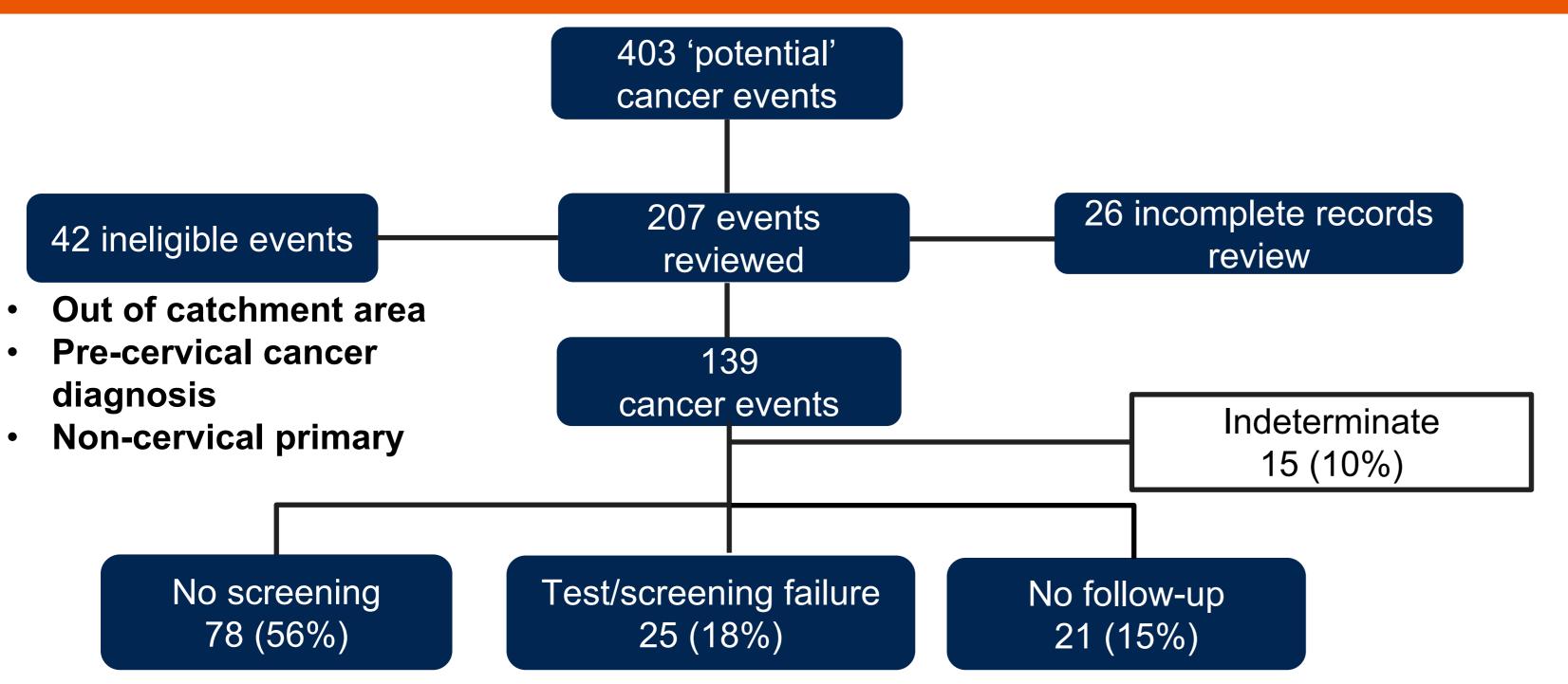


Cervical cancer is preventable through HPV vaccination and routine screening. In this study, we aimed to determine:

Medical records review of women with cervical cancer identified from Tennessee

- and/or HPV co-test in 5.5 years prior to diagnosis; tests in prior 6 months excluded.
- Screening history of women leading up to cancer diagnosis.  $\bullet$
- Socio-demographic and clinical characteristics of these  $\bullet$ women.
- Potential social barriers to screening.  $\bullet$

- **Test/screening failure**: Appropriate screening and/or follow-up management  $\bullet$ yielded false-negative results.
- **No follow-up**: >6 months or >12-month lapse between abnormal screening test and follow-up management dependent on severity of screening test result.



## Results

	403 'potential' cancer events		Characteristic			# of Women (%)	
42 ineligible events 207 events 26 incomplete records						18 – 39 years	35 (25)
reviewed					Age Groups	40 – 65 years	85 (61)
	<ul> <li>Out of catchment area</li> <li>Pre-cervical cancer 130</li> </ul>				65+ years	19 (14)	
	diagnosis						
Non-cervical primary     Section 2      Cancer events     Cancer events     Cancer events     Indeterm     15 (10)			terminate			White	65 (47)
			10%)		Race/Ethnicity	Black	29 (21)
						Hispanic	16 (11)
	No screening Test/screening failure No follow-up					Other/Unknown	29 (21)
		21 (15%)			Health Insurance		
						Private Dublic	54 (38)
	- • • • • • • • • •					Public Nono/Unknown	68 (48)
	Screening History by Age group	ocial ba	arriers to screening			None/Unknown	17 (12)
10	0					Sanamone	01 (66)
	0 Homelessn	ess 2 (2	(1%)		Histology type	Squamous Non-squamous	91 (66) 46 (33)
	No follow-up					Unknown	2 (1)
2	0 Incarcerat	on t	6 (4%)			Unitrown	2(1)
	0 Mental illn	222	8 (6%)	5%)		I - II	96 (69)
ge(%)		, , , , , , , , , , , , , , , , , , , ,			Cancer Stage	III - IV	30 (22)
<b>A</b>	Morbid Obes	ity	16 (12%)			Unknown	13 (9)
er	0	ler	16 (12%)		Symptoms at diagnosis	Yes	110 (80)
Ĕ Ĕ	0 Non-English speak	ing	18 (13%)			No/Unknown	29 (20)
20 10				%)	Smoking status		
	Underinsu	ed 📃	42 (30%			Yes	69 (50)
	0 1 or more barri	orc 📃		<mark>7</mark> 7 (55%)		No/Unknown	70 (50)
					Immunocompromised		
	18-39 years 40-65 years >65 years	0	20 40	60		Yes	7 (5)
	N=31 N=75 N=18		Percentage(%)		No/Unknown		132 (95)
	Limitations			Conclusions			
<ul> <li>Screening history records ascertained through medical records may be incomplete.</li> <li>No screening and/or inadequate follow-up associated with 71% of cervical cancer cases.</li> </ul>							

- Social barriers to screening were identified through patient medical records and cannot be directly implicated as contributory factors to inadequate screening and/or follow-up management.
- Convenience sample (51% of potential cases) reviewed may not be representative of cervical cancer in Davidson County, Tennessee, and may not reflect screening histories of women elsewhere.
- 80% of women with cervical cancer presented with symptoms and 22% presented with late stage cancer.
- Potential barriers to screening such as inadequate health insurance coverage, serious mental illness and language barriers were commonly reported among women diagnosed with cervical cancer.
- These results emphasize the need for ways to assure implementation of recommended screening and follow-up guidelines.

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