

Health and Economic Benefits of Cervical Cancer Interventions

- In the United States 12,536 new cases of cervical cancer were reported in 2021, and 4,051 women died of it in 2022.
- Cervical cancer screening reduces cases, deaths, and health care spending.
- CDC's National Breast and Cervical Cancer Early Detection Program helps women with low incomes and little or no health insurance get this screening.



Cervical cancer in the United States

In the past 40 years, the death rates from cervical cancer have gone down significantly. This decline is largely the result of many women getting regular [Pap tests](#), which can find cervical precancer before it turns into cancer.^{[1](#)} However, women with lower incomes and less education and women without health insurance coverage get screened less often.^{[2](#)}

Quick facts

- 12,536 new cases of cervical cancer were reported in 2021, and 4,051 women died of this cancer in 2022.^{[3](#)}
- The rate for new cervical cancer cases is highest for non-Hispanic American Indian/Alaska Native women and Hispanic women. The death rate is highest for non-Hispanic Native Hawaiian and Other Pacific Islander women.^{[3](#)}

The high cost of cervical cancer

In 2020, the cost of cervical cancer care was \$2.3 billion:^{[4](#)}

- Cervical cancer treatment costs accounted for 1% of all cancer treatment costs.
- If cancer diagnosis and treatment were divided into phases of care, then the initial phase would be the first year after a diagnosis, the end-of-life phase would be the year before death from cancer, and the continuing care phase would be the time in between these two phases. The average per-patient costs for medical services were highest for the end-of-life phase (\$97,000), followed by the initial care phase (\$58,700) and continuing care phase (\$4,000).
- The average per patient costs for oral prescription drugs were \$500 for the last year of life.

Strategies that work

CDC is working to prevent cancer, detect it early, and improve the health of people with cancer, which can save lives and reduce health care costs.

To help prevent cervical cancer or catch it early, the U.S. Preventive Services Task Force recommends screening for cervical cancer every 3 years with a Pap test alone in women aged 21 to 29. Women aged 30 to 65 should be screened every 3 years with a Pap test alone, every 5 years with high-risk human papillomavirus (HPV) testing alone, or every 5 years with both tests (co-testing).[1](#)

Screening reduces diagnoses and deaths from cervical cancer.[5](#) [HPV](#) vaccination can reduce new cervical cancer cases, but only about 63% of adolescents were up to date on the HPV vaccine in 2022.[6](#)

Benefits of using proven strategies

Cervical cancer screening can:

- **REDUCE** deaths. Cervical cancer is no longer a leading cause of cancer death in the United States.[3](#)
- **PREVENT** or detect cancer sooner when it is easier to treat. More than 90% of women diagnosed at an early stage of cervical cancer live for 5 years or more, compared to 20% of those diagnosed with late-stage cervical cancer.[3](#)
- **REDUCE** racial disparities. The 5-year survival rate for cervical cancer is about 58% for non-Hispanic Black women and 67% for non-Hispanic White women, who are more often diagnosed at an earlier stage.[3](#)
- **REDUCE** health care spending. Screening can identify cervical cancer at an early stage, when it is much less expensive to treat.[7](#)

What is CDC doing?

CDC's [National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP) helps women with low income who are uninsured or underinsured get access to timely breast and cervical cancer screening and diagnostic services. Congress passed the [Breast and Cervical Cancer Prevention and Treatment Act](#), which allows states to use Medicaid to cover treatment for women diagnosed with cancer through the NBCCEDP.

The NBCCEDP supports all 50 states, the District of Columbia, 5 U.S.-Affiliated Pacific Islands, 2 U.S Territories, and 13 American Indian or Alaska Native tribes or tribal organizations.

NBCCEDP strategies include:

- Funding screening and diagnostic services for eligible women.
- Providing patient navigation services to help women overcome barriers and get timely access to quality care.
- Supporting population-based approaches that increase high-quality breast and cervical cancer screening.

Since 1991, NBCCEDP-funded programs have:

- Served more than 6.3 million women.
- Provided more than 16.3 million breast and cervical cancer screening exams.
- Diagnosed 5,263 invasive cervical cancers and 245,833 premalignant cervical lesions, of which 38% were high-grade.

Spotlight

About [5.7% of U.S. women](#) aged 21–64 were eligible for NBCCEDP cervical cancer screening services during 2015–2017, based on income and lack of health insurance. The program served 6.8% of eligible women during this time.

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