

Women's clinic closures associated with higher cervical cancer mortality, lower screening

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Following the closure of nearly 100 women's health clinics across the United States from 2010 to 2013, fewer women were screened for cervical cancer, more women were diagnosed with advanced stages of the disease and mortality rates rose. Findings from a new analysis combining several nationwide datasets were presented at the 61st Annual Meeting of the American Society for Radiation Oncology (ASTRO).

"The data are troubling," said Amar Srivastava, MD, MPH, a resident physician in [radiation oncology](#) at Washington University School of Medicine in St. Louis, and lead author on the study. "Reducing the availability of [cervical cancer screening](#) has very real, negative consequences for [women](#). Cervical [cancer](#) is largely preventable because of the wide availability of the HPV vaccine and screening that can detect precancerous lesions. The pressing issue now is to ensure that all women have access to screening."

Cervical cancer was once the most common cause of cancer death for American women, according to the American Cancer Society. Mortality rates dropped significantly with increased use of the pap test, which can detect changes in the cervix prior to the development of cancer or in its early stages, when the disease is easier to treat. Still, cervical cancer today claims the greatest number of years of life lost to cancer among American women, often cutting short the lives of women who would otherwise have many healthy years of life remaining. Each year, there

are more than 13,000 new cervical cancer cases diagnosed and 4,250 deaths from the disease.

Nearly 100 comprehensive women's clinics closed between 2010 and 2013 due primarily to changes in funding structures (e.g., regulations for Title X funding) and the passage of laws that regulated standards at these clinics. "As these clinics closed over time, it appears that a fewer women were getting screened, and this trend appears to be associated with a greater number of women ultimately dying from cervical cancer," said Dr. Srivastava.

Dr. Srivastava and his team grouped states into two cohorts: those that experienced a decrease in the number of women's [health clinics](#) per capita from 2010 to 2013 (n=37), and those with either no decrease in the number of clinics or an increase in the number of clinics providing reproductive and other health services to women (n=13). The researchers relied on data for nearly 200,000 women in the Behavioral Risk Factors Surveillance Study (BRFSS) to evaluate screening utilization, and data for more than 10,000 women in the Surveillance, Epidemiology and End Results Registry (SEER) to evaluate cancer stage at diagnosis and mortality. For each cohort of states, the analyses compared data for women in both data sets from 2008 to 2009 with outcomes from 2014 to 2015.

They found that states that experienced clinic closures also saw a 2% drop in cervical cancer screenings, relative to states without clinic closures, with the greatest declines in screening for patients without insurance (-6.18 percentage points (PP), p=0.01), Hispanic women (-5.32 PP, p

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