



# Cervical Cancer Prevention

## Talking Points

### ☑ Why Should State Legislators Be Concerned?

- **Cervical cancer is highly preventable if precancers are found using Pap test screening and curable if detected at an early stage.**
  - Despite the success of early detection, nearly 12,000 cases of cervical cancer were reported in 2004 and nearly 4,000 women died from the disease that year.
  - Most deaths from cervical cancer could have been avoided if women had regular checkups with Pap tests.
  - Annual direct medical costs associated with cervical cancer are an estimated \$300 million to \$400 million. Estimated costs associated with precancers range from \$700 million to \$2.3 billion.
- **Most women diagnosed with cervical cancer either never had a Pap test or didn't have one in the five years prior to diagnosis.** In certain areas of the United States and among certain populations, death rates from cervical cancer are still high, due in large part to limited access to cervical cancer screening and treatment. The map on page 4 shows the percentage of women who receive Pap tests in each state.
- **Effective prevention strategies can save lives.** Patient reminders and programs that incorporate media education campaigns, patient education and enhanced access to services are effective in increasing the use of cervical cancer screening. A vaccine licensed in 2006 protects against the two types of sexually transmitted human papillomavirus (HPV) that cause 70 percent of cervical cancers.

### ☑ How is HPV Linked to Cervical Cancer?

- HPV is the most common sexually transmitted infection in the United States and the primary cause of cervical cancer.
- An estimated 20 million people nationwide have HPV and every year another 6.2 million are newly infected. HPV infection is most common among young people in their late teens and early 20s.
- Sixteen of the more than 100 identified types of HPV are high-risk and most likely to cause cervical cancer. In addition to the Pap test, doctors can screen patients with an HPV DNA test for the high risk types of HPV.
- For 90 percent of women, a cervical HPV infection goes away on its own and does not cause health problems. Only a small proportion of women have persistent HPV infection. However, persistent infection with high-risk types of HPV is the main risk factor for cervical cancer.

### ☑ What Disparities Are Associated with Cervical Cancer?

- Racial, ethnic, geographic and socioeconomic disparities exist in the illness and death rates associated with cervical cancer. Low-income and minority women tend to be diagnosed at later stages and have higher mortality rates.
- Uninsured women have lower cancer screening rates and often don't receive diagnosis and care until the later stages of disease. Late-stage diagnosis leads to illness and death from the disease and is the result of many factors, including disparities in screening, diagnosis and treatment.
- Cervical cancer occurs most frequently in Hispanic women.

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- African-American women develop cervical cancer 50 percent more often than white women and are more than twice as likely to die from the disease. In some cities, the disease accounts for an estimated 25 percent of cancer deaths in African-American women.
- Non-English speaking immigrant women face language and cultural barriers to Pap test screening. For example, some cultures prohibit pelvic examination by male practitioners. The lack of culturally sensitive screening and treatment facilities can be a barrier to early cancer detection.

## ✓ What Can State Legislators Do?

- **Become Informed:** Educate yourself about cervical cancer and prevention strategies and share the knowledge with constituents and colleagues. Support state task forces and coalitions to improve cervical cancer prevention. For example:
  - New Mexico—House Joint Memorial 39 in 2007 expressed the legislature’s support for the formation of a HPV-Pap advisory panel composed of experts in screening, immunization and school-based health.
- **Improve Access to Screening and Vaccine:** Work with insurance providers, state employee health programs and Medicaid to cover the HPV vaccine as part of their benefits. Increase awareness of the free state breast and cervical cancer screening programs available to the uninsured. Recent legislative approaches include:
  - New Mexico—HJM 39 also expressed the legislature’s support for the state health department’s improvements in statewide delivery of Pap and HPV screening as well as the HPV vaccine. The improvements include tracking patients diagnosed with cervical precancers and collaboration between the surveillance and immunization programs.
  - Colorado—The state passed House Bill 1301 in 2007 to require health insurance policies and Medicaid to provide coverage for the HPV vaccine.
- **Increase Public Education:** Provide funding for culturally sensitive and specific educational materials and media awareness campaigns. Recent legislative approaches include:
  - Illinois—Senate Bill 937, passed in 2007, requires the state health department to provide written information about the link between HPV and cervical cancer and the availability of the vaccine to female students entering the sixth grade and their parents or guardians.
  - Colorado—HB 1301 also created a cervical cancer immunization public awareness campaign on the benefits and possible side effects of the vaccine.
- **End Disparities:** Work to identify and eliminate health disparities related to cervical cancer by expanding access to free screenings and treatment for the uninsured and educating the public about the presence of state programs to provide screenings and access to the HPV vaccine. Recent legislative approaches include:
  - New Mexico—HJM 39 also expressed support for the creation of a research agenda by the HPV-Pap advisory panel and the New Mexico Health Policy Commission to study and identify cervical cancer disparities and delivery of prevention strategies.
  - Virginia—House Bill 5002 in 2006 provided state funding to target more minority and geographically isolated women over age 18 for screening in the state by expanding the federally funded Breast and Cervical Cancer Early Detection Program.



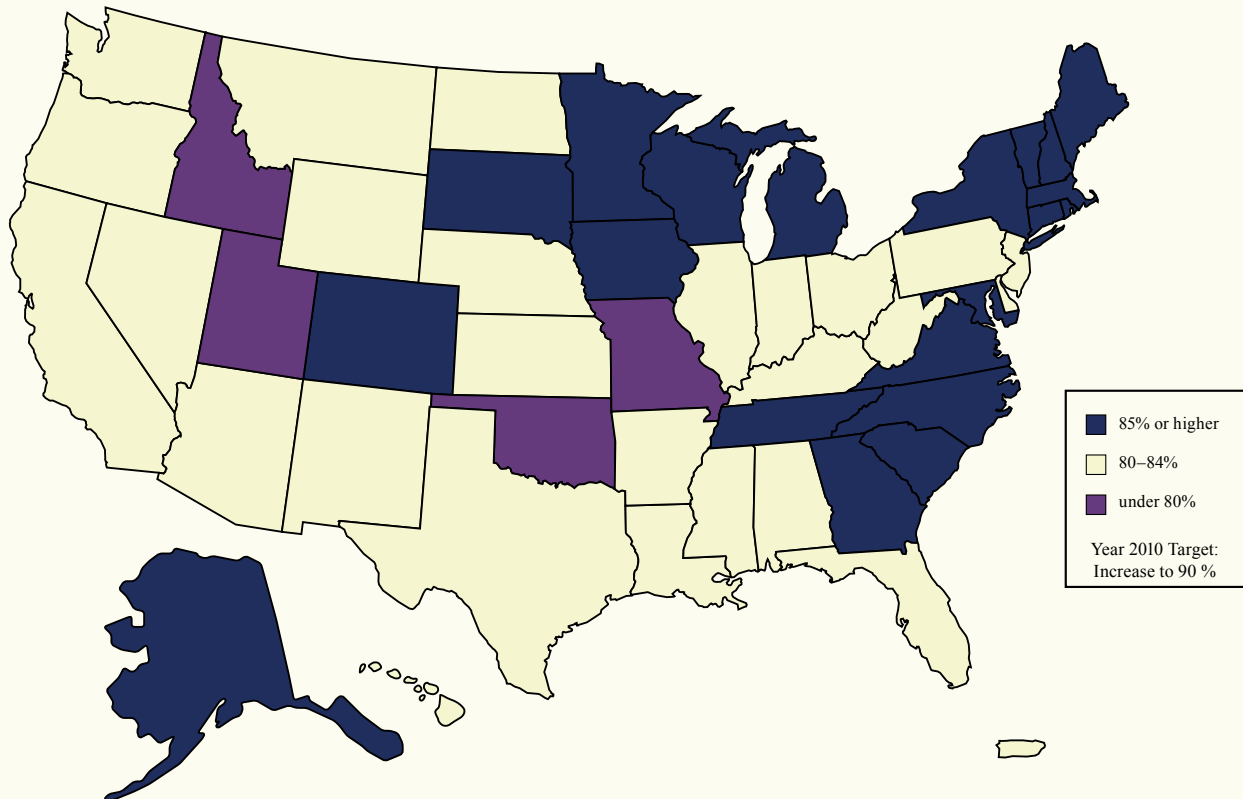
## ☑ Facts on the Cervical Cancer Vaccine

- A vaccine called Gardasil® was approved in June 2006 and targets two types of HPV that cause 70 percent of cervical cancers. As of early 2008, a second vaccine is in development but not yet federally approved.
- The HPV vaccine is licensed by the Food and Drug Administration for females ages 9 to 26. Doctors recommend the vaccine for 11- and 12-year-old girls and those ages 13 to 26 who did not complete the vaccination series when they were younger. The justification for the early age recommendation is to ensure that females receive the vaccine before their first sexual contact, when they could be exposed to HPV. The vaccine does not work as well for those who were exposed to the virus before getting the vaccine.
- The vaccine was tested in more than 11,000 females ages 9 to 26. The most common side effect in tests is soreness in the arm where the shot is given.
- In clinical trials, the vaccine was highly effective in preventing cervical cancers caused by the two types of HPV covered by the vaccine among women not previously exposed to these HPV types.
- Gardasil® only protects against four types of HPV, so it is important that women continue to have regular Pap tests to screen for HPV types not prevented by the vaccine. There are more than 100 types of HPV.
- The length of protection or immunity offered by Gardasil® is not yet known. Existing studies show that women are protected for five years. More research is underway to determine if booster vaccines are needed in later years.
- The federal Vaccines for Children Program provides vaccines to all states, territories and the District of Columbia for participating providers to give to eligible children younger than 19. All recommended childhood vaccines, including the HPV vaccine, are available through this program.
- HPV vaccine producer Merck & Co. Inc. also provides the vaccine free to females over age 19 who are uninsured or unable to afford it.



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## Women Aged 18+ Who Have Had a Pap Test Within the Past 3 Years



Source: CDC Behavioral Risk Factor Surveillance System, 2006

To find state-by-state statistics on cervical cancer go to:

- <http://statecancerprofiles.cancer.gov/> or
- <http://apps.nccd.cdc.gov/uscs/>.

For maps showing cervical cancer incidence and mortality rates in the U.S. go to:

<http://www.cdc.gov/cancer/cervical/statistics/state.htm>.

For more information, see the Legislator Policy Brief "Cervical Cancer Prevention" at <http://www.healthystates.csg.org/Publications/>.

If you would like more information or references:

- Send your inquiry to [healthpolicy@csg.org](mailto:healthpolicy@csg.org) or
- Call the CSG Health Policy Group at (859)244-8000.

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