

PREVENTING CERVICAL CANCER IN MINNESOTA

2010

INTRODUCTION

Cervical cancer historically has been one of the most common causes of cancer death for women in the United States. While cervical cancer continues to affect more than 11,000 American women each year, it now is one of the most preventable gynecological cancers, largely due to effective screening strategies and new vaccinations that can help prevent the leading cause of this type of cancer – the Human Papillomavirus, or HPV.¹



Planned Parenthood works to help women prevent cervical cancer in three important ways: by offering routine Pap screenings that can detect cellular changes in the cervix, by providing treatment for abnormal cervical cells that can lead to cancer, and by offering vaccinations – to both females and males – that can prevent HPV infection. This approach, combined with intensive education and outreach efforts in communities across the state, is an important strategy for reducing the incidence of cervical cancer in Minnesota and protecting the public health.

Visit ppmns.org/cervicalcancerreport to see a PPMNS video about the importance of regular screening and access to reproductive health care, as discussed by a Planned Parenthood nurse practitioner.

HPV AND CERVICAL CANCER

Due to recent medical breakthroughs that have significantly transformed our understanding of the origins of cervical cancer, it is now impossible to talk about cervical cancer without also discussing its primary cause – HPV.

Physicians now believe that a woman must be infected with HPV before she will develop cervical cancer. It is the single most important risk factor for acquiring the disease.

There are more than 100 types of HPV, and about 40 of them are transmitted sexually. Of these, about 30 HPV types are regarded as “high-risk,” meaning that they may cause abnormal cellular growth that leads to cancers in the cervix, vulva, vagina, anus, or penis.²

More than half of all sexually active people will acquire HPV at some point in their lives. By the age of 50, more than 80% of women will have been infected with HPV. Currently, sexually active women aged 25 years and younger have the greatest prevalence of HPV, with teens 19 and younger having the greatest risk of infection.³ However, the risk of developing cervical cancer remains as women age. Twenty percent of women who are diagnosed with cervical cancer are over 65.⁴ In addition, women of color suffer disproportionately higher rates of cervical cancer. The rates for Latina women, for example, are twice as high as those for non-Latina Caucasian women.⁵

HPV is often acquired very quickly after first sexual intercourse. In fact, a recent study revealed that the probability of a young woman acquiring HPV within two years after first sexual intercourse is nearly 40%⁶, making it even more essential that HPV education and prevention efforts reach Minnesota's young people before they are sexually active.

HPV is the most common sexually transmitted infection in the United States, as well as the entire world.

THE HPV VACCINE: A REVOLUTION IN CANCER PREVENTION

In 2006, the Food and Drug Administration licensed Gardasil, the first of two vaccines developed to prevent HPV. The agency approved Cervarix, a second vaccine, in 2009. Widely hailed as a critical advance in the field of women's health, both Gardasil and Cervarix are effective in preventing infections with HPV types 16 and 18, two high-risk strains that cause 70% of all cervical cancers. Gardasil also prevents infection with HPV types 6 and 11, which cause 90% of genital warts.⁷ Given in three injections over a six-month period, clinical trials have shown the HPV vaccine to be safe and effective.⁸

These vaccines have enormous potential to improve the health and well-being of young people. Because prophylactic HPV vaccines are only effective in individuals not currently infected by the virus types included in the vaccine, it's crucial for the vaccine to be administered to young people before they become sexually active. This is why the CDC recommends the HPV vaccine for all girls ages 11 and 12 and for females 13 to 26 who did not get any or all of the doses of the HPV vaccine when they were younger. Additionally, the vaccine protects males against most genital warts and will help prevent the transmission of HPV to their sexual partners. The vaccine is available for boys and men ages 9 to 26.

In spite of the promise of the HPV vaccine, only one-third of girls are getting the recommended immunization.

Widespread vaccination has the potential to reduce cervical cancer deaths around the world by as much as two-thirds. In addition, the vaccines can reduce the emotional toll associated with abnormal Pap tests and the cost of needed biopsies and other invasive procedures to remove abnormal cells.⁹

Regrettably, the promise of the vaccine remains largely unfulfilled. A recent national study noted that only one-third of girls in the United States are getting the recommended immunization.¹⁰

A survey from the Center for Disease Control supports this finding. In 2008, only 37% of teens had received the vaccine. The percentage is even lower in Minnesota, with only 33.6% of young women getting the vaccine.¹¹

Experts have identified lack of access to health care, cultural beliefs, and limited understanding and awareness as factors that contribute to the low rates of vaccinations.¹²

CERVICAL CANCER IN MINNESOTA

Minnesota's rates of cervical cancer and cervical cancer mortality are lower than national rates. The state ranks 32nd out of the 39 states that report cervical cancer death rates, and 33rd out of the 45 states that report overall cervical cancer incidence.¹³

The Minnesota Department of Health attributes these relatively good outcomes to the state's effective screening programs¹⁴, including routine Pap tests.¹⁵ In spite of these efforts, 175 Minnesota women are diagnosed with cervical cancer each year and 45 women die from this disease annually.¹⁶

The state Health Department also identifies troubling inequities in the rates of cervical cancer incidence and mortality. Cervical cancer rates are three to four times higher among African American, Native American, and Asian women. Women of color in Minnesota also are significantly more likely to die from cervical cancer than are Caucasian, non-Latina women. Rural women are disproportionately affected, with women living outside the seven-county metro area having a 30% higher risk of being diagnosed with and dying from the disease.¹⁷

Cervical cancer deaths are directly related to late-stage diagnoses. Women cite a number of economic, cultural, and other barriers to obtaining the screening needed to detect abnormal cervical cells sooner, when they can often be successfully treated, including:

- Cost
- Lack of or inadequate health insurance
- Poor access to health care
- Inadequate information about the benefits of prevention

PLANNED PARENTHOOD'S PREVENTION APPROACH

Planned Parenthood works throughout Minnesota to help prevent and reduce the incidence of cervical cancer. In the past two years alone, we've offered more than 33,000 routine Pap screenings that can help detect cellular changes before they become cancerous. Planned Parenthood provided more than 2,000 women with advanced gynecological care, including colposcopy and Loop Electrosurgical Excision Procedure (LEEP). Moreover, Planned Parenthood offers the Gardasil vaccine, which prevents four of the most common types of HPV, including those high-risk types linked to cervical cancer. PPMNS has administered the HPV vaccine to nearly 5,000 women and men in our region.

Planned Parenthood also works to ensure that women, men and teens are aware of HPV and its relationship to cervical cancer; advocates for comprehensive sexuality education, and provides ten intensive age-appropriate, culturally-relevant and evidence-based education programs.

Program participants learn about risk-reduction strategies, such as delaying sexual intercourse and using condoms correctly and consistently.

CONCLUSION AND RECOMMENDATIONS

Preventing HPV and cervical cancer in Minnesota is a public health imperative. The current disparities in access and outcomes for women of color, rural women and women in poverty are unacceptable.

Access will be vastly improved under the federal Patient Protection and Affordable Care Act. Federal health care reform makes an unprecedented investment in preventive care. It focuses on increasing patient access to preventive care through no-cost-sharing provisions and on expanding the federal investment in key public health programs and awareness campaigns. The HPV vaccine will be fully covered under the Affordable Care Act by 2014. A successful fight to prevent cervical cancer requires a broad and robust response from entire communities, as well as public policy and public health experts.

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Effective cervical cancer reduction requires a statewide approach that focuses on prevention, access and education. Our community's health care leaders and policymakers must come together to:

- Launch a public information campaign to educate parents, health care providers and educators about the important benefits of the HPV vaccine in preventing cervical cancer. The campaign should underscore the CDC recommendations that all girls ages 11 and 12 get the vaccine as well as females 13 to 26 who did not get any or all of the doses of the HPV vaccine when they were younger, and it should also underscore the benefits of the HPV vaccine in preventing genital warts and the transmission of HPV for boys.
- Increase awareness of the causes, prevention, and early detection of HPV and cervical cancer through culturally-relevant, age-appropriate and evidence-based school and community education programs.
- Advocate for school-based comprehensive sexuality education programming that offers young people the information and means to protect themselves against HPV and other sexually transmitted infections.
- Strengthen public health efforts to minimize health care disparities and ensure that rural women and women of color have access to cervical cancer screenings and HPV vaccinations.

The promise of the HPV vaccine is profound. Within one generation, we have the potential to provide our daughters and grand daughters with an unprecedented level of protection from cervical cancer. Every effort must be made to ensure brighter, healthier futures for women in Minnesota.

ENDNOTES

- ¹American Cancer Society. What Is Cervical Cancer? Fact Sheet. <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-what-is-cervical-cancer>.
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- ⁸Koutsky, et al., 2000; Mao, et al., 2006; Skjeldestad, et al., 2005; Villa, et al., 2005.
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- ¹²Downs JL. Can Barriers to HPV Vaccination in High-Risk Populations be Overcome? *Gynecological Oncology* 117 486–490. June 2010.
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- ¹⁵American Cancer Society. Can Cervical Cancer Be Found Early? Fact Sheet. <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-detection>.
- ¹⁶Minnesota Department of Health. Human Papillomavirus Vaccine. Report to the Minnesota Legislature 2008. www.health.state.mn.us.
- ¹⁷Minnesota Department of Health. Human Papillomavirus Vaccine. Report to the Minnesota Legislature 2008. www.health.state.mn.us.