

Prevention Connection

On the Cutting Edge of Cervical Cancer Policy

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Quarterly Volume 3: Issue 2 June 2006

The Advisory Committee on Immunization Practices (ACIP): WHAT IT IS, AND WHAT IT MEANS FOR THE HPV VACCINE

For several years, two major pharmaceutical companies have been developing and testing a vaccine against the human papillomavirus (HPV), which has been identified as the viral cause of most cervical cancers. HPV is a common infection that usually clears the body on its own; however, persistent HPV infections can eventually lead to precancerous cervical lesions and cervical cancer.

On June 8, 2006 the FDA approved Merck's preventive vaccine, "Gardasil," for girls and women aged 9-26. Gardasil protects against four HPV types. Types 16 and 18 which lead to 70% of cervical cancer and types 6 and 11 which are responsible for 90% of genital warts. The ACIP is expected to make recommendations for its implementation in late June.

The preventability of cervical cancer presents a tremendous opportunity to eliminate the disease through protective measures and regular screening. Recent technological advancements, including improvements to the Pap test and a recently approved HPV test, have increased detection and decreased incidence rates of the disease in the United States; now, the introduction of an HPV vaccine has the potential to speed progress. As a prophylactic vaccine, an HPV immunization would have its greatest effect within people who have not yet been exposed

to the virus. Therefore, an HPV vaccine could be administered to adolescents for maximum efficacy.

The Advisory Committee on Immunization Practices (ACIP) is comprised of 15 experts in fields closely associated with immunization who have been chosen by the Secretary of the U. S. Department of Health and Human Services to provide recommendations and guidance to the Department and the Centers for Disease Control and Prevention (CDC) on the most effective means to prevent vaccine-appropriate diseases. ACIP is the only federal government body that provides advice on vaccine administration.

The ACIP process consists of hearing presentations about emerging vaccines and developing written recommendations for governments and health professionals to advise the administration of immunizations. The ACIP devises recommendations for vaccines geared toward children and adults, and creates schedules that detail appropriate intervals and dosages of the vaccine. Through hearings and discussions, the ACIP strives to provide useful guidance to governments and physicians wishing to implement vaccine programs to reduce the occurrence of vaccine preventable diseases.

At the ACIP's February 2006 meeting, the committee heard numerous presentations by various clinical specialists about different aspects of an HPV vaccine, its approval and



introduction. Questions raised by the speakers focused on safety and efficacy data from clinical trials of the vaccines, the potential ages for which the vaccine would be recommended, the duration of vaccine protection and potential efficacy in males.

Both the quadrivalent and the bivalent vaccine will prevent HPV infections which cause 70 percent of cervical cancers; and the quadrivalent vaccine will also prevent HPV types which cause 90 percent of genital warts.

Now, with FDA approval of "Gardasil" the ACIP will continue to shape its recommendations which will assist the states in beginning the implementation process of this new vaccine. ■

COLLABORATING TO ELIMINATE CERVICAL CANCER: Women In Government White Paper outlines recommended strategies and tactics to address this preventable disease

Last November, Women In Government convened the largest meeting on cervical cancer ever to be held in the United States. The first-annual “HPV and Cervical Cancer Summit” convened the largest gathering to date of U.S. policymakers, public health advocates, federal and state agency representatives and clinicians to discuss cervical cancer prevention. The Summit provided its 150 participants with a clinical overview of cervical cancer, information on emerging technologies and practices and their anticipated effects, and examples of state policy aimed at cervical cancer elimination. At the Summit’s conclusion, Women In Government invited participants to engage in discussions with one another about developing comprehensive, collaborative strategies to improve cervical cancer screening rates and to decrease incidence and mortality rates.

Summit participants, including policymakers, public health advocates, members of the medical community and state and federal agency representatives, were asked to discuss the following questions: How can stakeholders overcome racial and socioeconomic disparities to reach rarely and never-screened women; how can new and emerging technologies be effectively incorporated into prevention programs, and; how can we educate women about HPV, cervical cancer and the need for prevention. Women In Government collected and analyzed the responses to these questions, and developed them into five recommended strategies for eliminating cervical cancer.

The first recommended strategy is to build coalitions among stakeholders to implement comprehensive cervical cancer elimination programs. As cervical cancer disproportionately affects rural and minority women reaching these rarely- or never-screened populations is one of the most important efforts in the fight against this preventable disease. Research on underscreened women indicates that these women tend to rely on trusted individuals in the community for health information and assistance. This finding supports the need for innovative strategies geared toward reaching high-risk populations with information and treatment services. For example, Women In Government recommends that policymakers and health agency representatives partner

with state breast and cervical cancer early detection programs to disseminate educational information about the disease to constituents. The paper also suggests that all stakeholders collaborate with comprehensive cancer control plan authors to ensure that each state is addressing advances in cervical cancer prevention.

The second strategy outlined in Women In Government’s paper is to heighten awareness of HPV, cervical cancer, the need for screening, and potential benefits of vaccination. The efficacy and scope of screening and immunization programs depends on the level of public awareness about HPV and cervical cancer. As a potential vaccine for HPV awaits Food and Drug Administration (FDA) approval, new groups of stakeholders, such as pediatricians, parents, family practitioners, and school systems are likely to become engaged in cervical cancer prevention efforts. Designing and implementing education programs for these new stakeholders, while maintaining current messages about the continued need and importance of screening, will be crucial to the eradication of cervical cancer. Women In Government recommends several tactics to achieve this step, including simplifying messages about HPV and cervical cancer to reach certain audiences, and educating and empowering women to take responsibility for their own health.

The third recommended strategy is to ensure reimbursement for and access to liquid-based Pap testing, HPV testing and an HPV vaccine, when it is available. In the past half-century, screening technologies, beginning with the Pap test, have played a pivotal role in the reduction of cervical cancer incidence and mortality rates. Today, more advanced technologies, such as the HPV test, have the potential to reduce incidence and mortality rates further. In addition to coverage for the Pap test, many states now cover reimbursement in public and private screening programs for liquid-based cytology and the HPV test, though some state Medicaid programs and some private payers do not. Furthermore, the implementation of an HPV vaccine will depend largely on the establishment of appropriate infrastructure and stakeholder preparedness. Two examples of tactics that advance this strategy are advocating for and ensuring that all patients have a medical “home” and coordinating the efforts of



Left to Right: Expert speakers Dr. Charles Scott, Dr. Laura Koutsky, Dr. Thomas Wright and Women In Government President, Susan Crosby at the first Annual HPV & Cervical Cancer Summit

legislators, department of health officials, and public health advocates to ensure the implementation of immunization programs for an HPV vaccine.

Women In Government’s fourth recommendation is to create comfortable and supportive educational tools and screening environments. Recent research suggests that screening programs need to be culturally and socioeconomically appropriate, and that they need to reflect the health beliefs of the women to whom their service is intended. By identifying vulnerable populations and assessing barriers to screening, stakeholders can work together to reduce barriers, as well as market and implement programs in culturally-specific ways. This strategy can be enacted by disseminating information to women on how to track their own medical records and information and by educating women about having health buddies to support and encourage regular screening.

The fifth and final recommendation in Women In Government’s paper is to evaluate programs and services, in particular data and data collection. The role of data in public health programs is diverse. Improving data quality and collection to include new measures of HPV testing and immunization will assist state programs in assessing public awareness about HPV and cervical cancer and acceptability of new preventive techniques by women and their providers. Further, by improving data quality and collection, public health programs can more efficiently evaluate the success of screening and preventive services. Two tactics designed to fulfill this recommendation are to design a survey to assess understanding of HPV and cervical cancer, Pap and HPV tests, and, eventually, an HPV vaccine; and, measure vaccination and screening rates in each state to evaluate outcomes of educational campaigns. To access a free copy of this paper, please visit: www.womeningovernment.org/prevention ■

WOMEN IN GOVERNMENT PARTICIPATES IN INTERNATIONAL CONFERENCE ON HPV AND CERVICAL CANCER

In April, Women In Government's President, Board of Directors Executive Committee, and Senior Director of Public Policy traveled to Paris to attend the 6th triennial International Congress on "Human Papillomavirus Infection and Global Prevention of Cervical Cancer," or EUROGIN. The conference assembled experts in gynecology, cytopathology, oncology, dermatology, public health, behavioral science, immunology and virology to develop a consensus on strategies for eradicating cervical cancer.

This year marks the second year that Women In Government has attended and presented at the EUROGIN conference. Women In Government President Susan Crosby spoke about the success of the *Challenge to Eliminate Cervical Cancer Campaign*, and detailed the political movement that has been created around cervical cancer prevention in the US, while sharing the models of success which could be extended abroad. After the conference, the delegation met

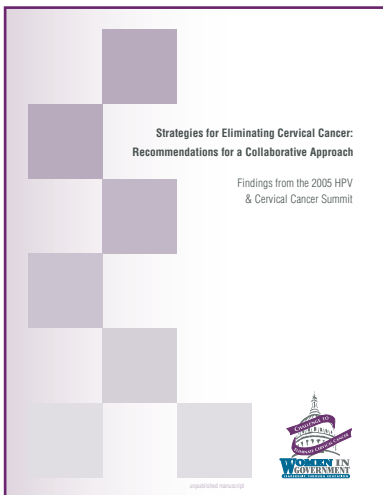
with officials at the European Union in Brussels, Belgium to discuss modeling international programs after Women In Government's *Campaign* among other important women's health topics.

The EUROGIN conference provides valuable information to participants, and serves as a forum for international dialogue between prominent clinicians and stakeholders involved in cervical cancer research, prevention, screening and treatment. Through seminars, training sessions, and lectures, EUROGIN attendees receive a universal, comprehensive understanding of the policy and health issues surrounding cervical cancer. Women In Government will continue its international outreach activities this summer with a presentation at the Pan American Health organization's Partnership for HPV Vaccine Introduction meeting in Guatemala City in July.

For more information on EUROGIN, visit: www.eurogin.com ■

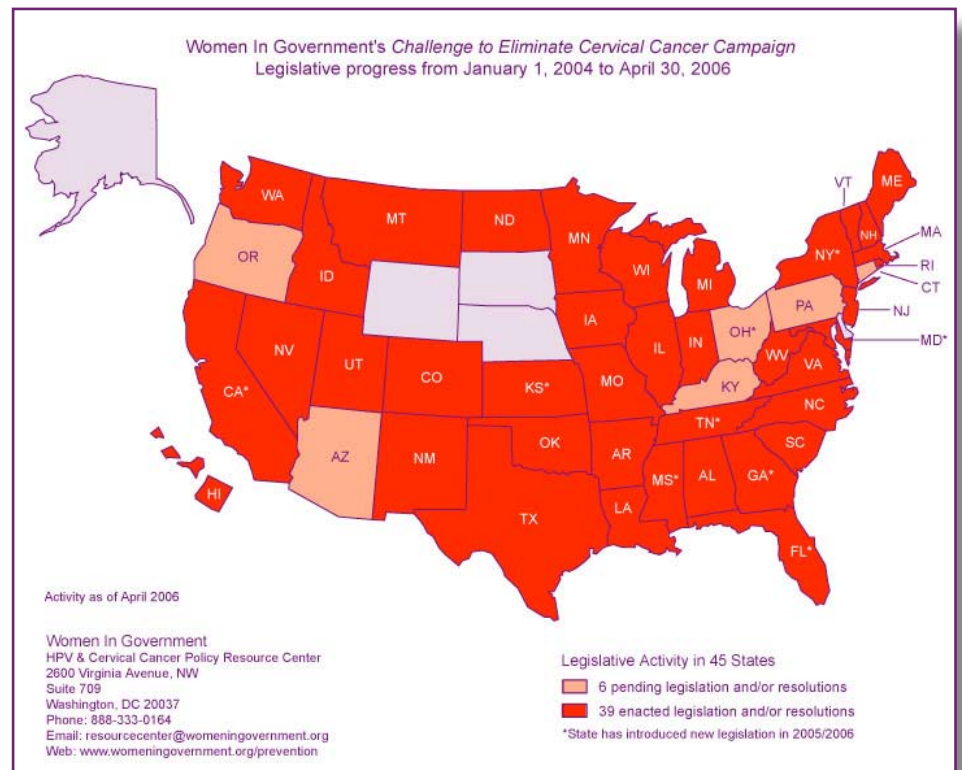
WOMEN IN GOVERNMENT ANNOUNCEMENTS:

Women In Government's manuscript, "Strategies for Eliminating Cervical Cancer: Recommendations for a Collaborative Approach" offers findings from the 2005 HPV & Cervical Cancer Summit and is now available in hard-copy and online. Free hard copies can be requested by calling 1-888-333-0164 or visiting www.womeningovernment.org/prevention/resources_publications.asp. Women In Government is honored to have been chosen for a poster presentation of these findings at the American Public Health Association's Annual Meeting on November 7, in Boston, Massachusetts.



CAMPAIGN SUCCESS: 45 STATES

As of June 1, 2006 45 states have introduced cervical cancer prevention legislation, and 39 states have enacted such measures. This is the third year of the *Challenge to Eliminate Cervical Cancer Campaign*, and we are closer to our goals of making cervical cancer prevention a prominent issue in every state. ■



WOMEN IN GOVERNMENT CALENDAR OF EVENTS			 ONLINE RESOURCES		
8th Annual		3			
7 Eastern Regional Conference July 20-22, 2006 Woodstock, Vermont	9	10			
9th Annual					
14 Western Regional Conference September 7-9, 2006 San Antonio, Texas	16	17			20
21 Second Annual HPV & Cervical Cancer Summit November 16-18, 2006 Washington, D.C.	23	24	25	26	27



Women In Government is excited to welcome Ellen Schleicher to the HPV & Cervical Cancer Policy Resource Center Staff as the Summer Graduate Intern! Ellen joins Women In Government as she completes her first year of a Masters of Health Science degree at the Johns Hopkins University Bloomberg School of Public Health in Baltimore, Maryland. Ellen is available to assist you in your efforts to eliminate cervical cancer in your states on Monday, Wednesday and Friday. She can be reached by calling 1-888-333-0164 or emailing resourcecenter@womeningovernment.org. Welcome Ellen!



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