

# Prevention Connection

On the Cutting Edge of Cervical Cancer Policy

Prevention Connection

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## A SHOT AGAINST CANCER

Imagine as a high school student being told you have an incurable virus that could lead to cancer. That was the chilling reality for Shelbyville, Ind. resident, Amelia Kuhn, 28, when she received a phone call from her doctor telling her she had the human papillomavirus or HPV.

“If I had been vaccinated in the 6th grade, I could have avoided getting the virus,” said Kuhn, now a first grade teacher. “There wasn’t a vaccination and I wasn’t educated about the virus, and now I have added stress in my life and constant worry that I will get cancer.”

Cervical cancer claims the lives of an estimated 3,700 American women each year – more than 10 each day. Between 2000 and 2003, approximately 1,093 Hoosier women were diagnosed with cervical cancer and 347 Indiana women died from this preventable disease.

“Luckily, I knew I had the virus when I was young, so I could take measures to ensure my health, but some girls find out they have the virus when it’s too late,” Kuhn said. Today, Kuhn is planning a pregnancy. Although she is in remission, she constantly worries about possibly passing the disease to her child.

Cervical cancer is a disease that should concern us all. The majority of cervical cancer cases are caused by HPV which spreads by skin-to-skin contact with an HPV-infected area.

Our nation is losing too many mothers, daughters, sisters and friends to cervical cancer, which is sad when it’s within our reach to prevent almost 100 percent of these tragic cases. Through annual pap tests and administering the HPV vaccine, thousands of women’s lives can be saved.

U.S. Food and Drug Administration officials recently approved the HPV vaccine—called Gardasil—which clinical trials showed to be safe and 100 percent effective in preventing HPV for women ages 13 to 26 including types 6, 11, 16, 18. HPV Types 16 and 18 cause 70 percent of cervical cancer cases, and HPV Types 6 and 11 cause 90 percent of genital warts cases.

Now that the vaccine is available to the public, almost every state legislature in the country has debated on how best to protect women from cervical cancer. Various types of legislation on the issue were discussed, including adding the vaccine to the list of required immunizations for school entry, requiring dissemination of HPV vaccine information, and creating and/or expanding HPV and cervical cancer task forces. These policies are important because they

all educate women who might otherwise be unaware about the HPV vaccine and its availability.

Stories from victims stress this need for education. A report from the Indiana Cervical Cancer Task Force in December, 2006, recommending the cancer vaccine, strengthened my resolve to author Senate Bill 327.

Because I felt so strongly about this issue, SB 327, as it was originally written, would require having every female living in Indiana entering the sixth grade be immunized against HPV. Although the evidence and statistics are powerful, SB 327 met fierce opposition. For some, giving the vaccine to middle school girls meant promoting promiscuity.

I believed and still believe, however, we must educate our families regarding this and other sexually transmitted diseases and encourage them to abstain from sex until marriage. We cannot guarantee the men our daughters and granddaughters marry will not carry and expose them to HPV. Cancer can be a deadly disease and I believe we should use every means to prevent it. Too many lives are at risk.

By a vote of 45-3 Indiana’s Senate agreed to the changes on Senate Bill 327 made by the House of Representatives. Now, our K-12 schools are required to provide information to parents of female students entering the sixth grade concerning the connection between cervical cancer and HPV and that the vaccine can be administered through family practitioners. The immunization is not mandatory, although schools will track the numbers of sixth grade female students who receive or do not receive the vaccine and report that data to the Indiana Department of Health.

In 2000, an estimated 9.2 million sexually active young people 15 to 24-years-old were infected with HPV. This statistic means about one in four of all 15 to 24 year-olds in the United States are infected with HPV. These numbers are shocking and can no longer be ignored. SB 327 gives Indiana an opportunity to use advances in medicine and smart public policy to educate young people, emphasize personal responsibility and take a shot against cancer.

Please contact State Senator Connie Lawson, Indiana Senate, 200 W. Washington Street, Indianapolis, IN 46204 or call 1-800-382-9467, or send e-mail to S24@in.gov. ■



Senator Connie Lawson (R-Indiana), Chair of Women In Government Board of Directors

# STATE POLICY ACTIVITY IN CERVICAL CANCER PREVENTION

Since its launch in January 2004, Women In Government's *Challenge to Eliminate Cervical Cancer Campaign* has experienced immense success. Just three and a half years after its establishment, 49 states have enacted preventive measures against cervical cancer and the same number of states have introduced such legislation. During the 2007 spring legislative sessions alone, 45 states introduced a total of 129 bills dealing with cervical cancer prevention. Ten of these bills were successfully signed into law, bringing the US that much closer to eliminating cervical cancer.

To further the mission of the Campaign, Women In Government has sustained an outreach effort to women state legislators and the public. In spring 2007, WIG held six state briefings, which were held in state capitals in Georgia, Michigan, Illinois, Pennsylvania, Florida, and California. These one-day briefings served to educate women state legislators and other key stakeholders about recent research advances in HPV and cervical cancer prevention, as well as to provide cervical cancer prevention policy options.

In January, WIG took the Campaign message to local entities – the Washington DC Department of Health and Trinity University. Sarah Wells, WIG's Associate Director, spoke about HPV and cervical cancer in general, and also shared ominous statistics about the prevalence of this disease in our nation's capital. For example, Washington, DC has one of the highest incidence rates of cervical cancer in the country with 10.4 of every 100,000 women developing

the disease. Additionally, the district has one of the highest rates of mortality with 4.3 of every 100,000 women succumbing to the disease. Recognizing the severity of the situation, the DC City Council passed a bill requiring girls entering the 6<sup>th</sup> grade to show proof of HPV vaccination. The legislation is currently awaiting Congressional approval.

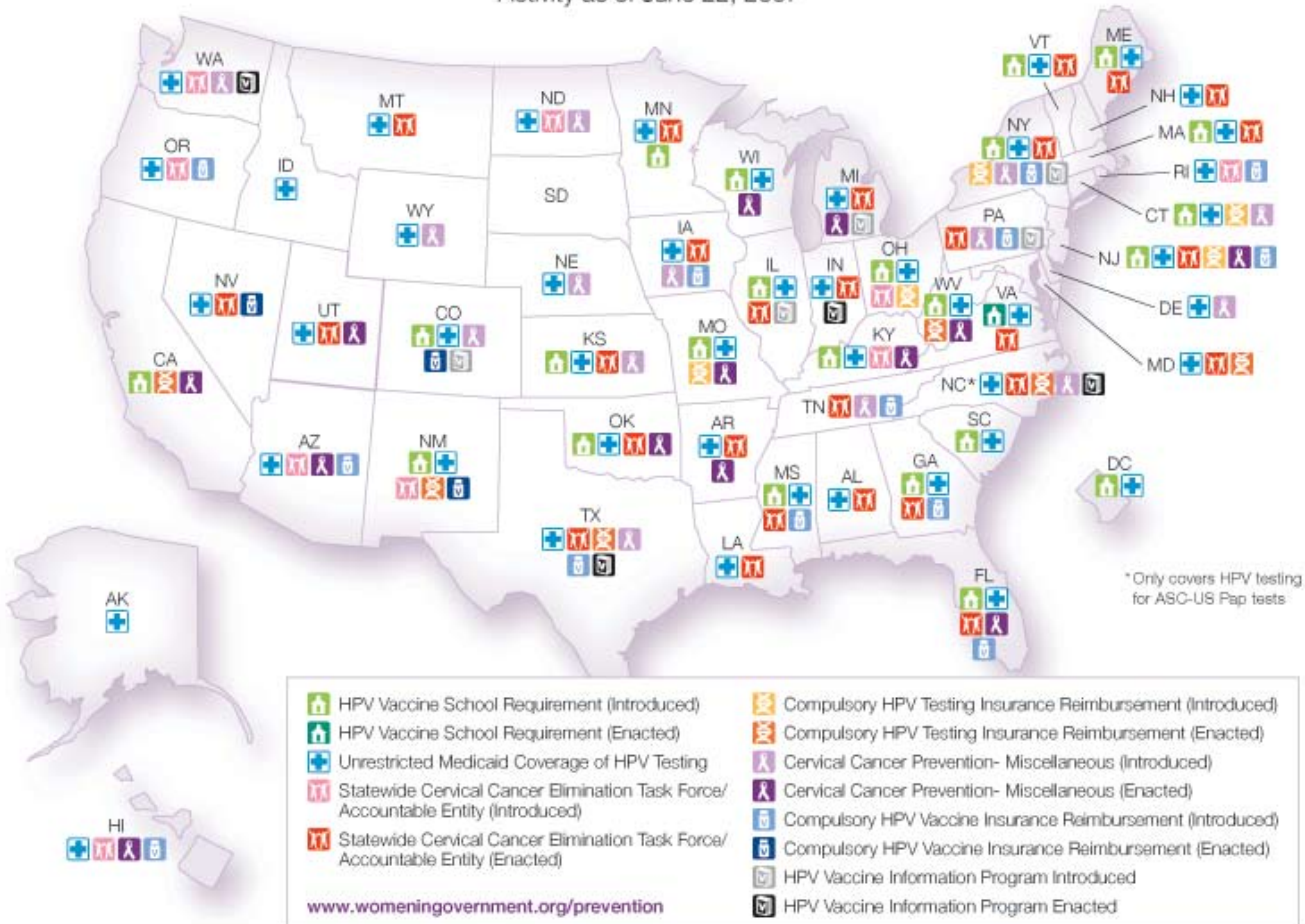
Susan Crosby, president of Women In Government attended a meeting with members of the Centers for Disease Control and Prevention in February. Members from across the cancer and immunization branches attended the meeting and discussed opportunities for collaboration and resources available to Women In Government.

In April, Sarah Wells also had the opportunity to talk about the *Challenge to Eliminate Cervical Cancer Campaign* at Unite for Sight's 4th Annual International Health Conference on Stanford University's campus. Unite for Sight, a non-profit organization that brings together individuals from all over the world to discuss international health issues. Women In Government is pleased to announce that we have been accepted for an oral presentation at the 2007 American Public Health Association's Annual Meeting in Washington, DC in November on our Campaign.

For more information about the *Challenge to Eliminate Cervical Cancer Campaign*, visit our website at [www.womeningovernment.org/prevention](http://www.womeningovernment.org/prevention) or call us at 1-888-333-0164. ■

## Women In Government Challenge to Eliminate Cervical Cancer Campaign State Activity

Activity as of June 22, 2007



# ELIMINATING CERVICAL CANCER IN DEVELOPING COUNTRIES

Eighty percent of cervical cancer deaths occur in developing countries, which equates to 215,000 victims worldwide. Limited access to screening and treatment in these countries are the main culprits for high mortality rates, which some suggest can be reversed through the introduction of the HPV vaccine. Others argue that these countries' infrastructures are not currently advanced enough to support the administration of a three-dose vaccine, nor do they have the financial resources for such an undertaking. "Screen and Treat" programs, therefore, are seen as a realistic option to protect these women from developing cervical cancer.

The merits and barriers these two approaches entail are discussed throughout this article. Because an HPV vaccine has yet to be implemented in this setting, this proposed method remains hypothetical. However, the "Screen and Treat" method will be talked about in reference to Pan American Health Organization's (PAHO) program, which is currently being undertaken in Peru.

The use of the HPV vaccine is plagued by barriers. Political opposition, social concerns and financial constraints all play roles in stymieing efforts to eliminate cervical cancer using this preventative tool. Additionally, vaccines are historically available in developing countries an average of 20 years after they are approved for use in North America or Europe. The process of overcoming the barriers faced by the HPV vaccine can be accomplished, according to Kevin Fisher and Emily Bass' article "Advocacy, Information and Communization: Stakeholders at All Levels to Prepare for the Introduction of HPV Vaccines," in five stages: mobilization, financing, demand, political will, and effective delivery.

The mobilization stage involves the development and dissemination of information about the proven potential for the HPV vaccine to eradicate cervical cancer. Presenting the vaccine as a solution to reproductive health *and* cancer prevention can help rally not only more support but can frame the vaccine as the solution to a myriad of problems. Potential roadblocks in this stage include disagreements about the focal message and the argument that the vaccination does not protect against all HPV strains.

Financing, the next stage in the process, poses a particular challenge for HPV vaccines because they are expensive. In developing countries, organizations like the GAVI Alliance, UNICEF, and The World Bank will be relied upon to provide financial support for the vaccine and non-vaccine delivery costs such as reaching preadolescents with

all three doses of the vaccine, and training, infrastructure and communication costs associated with program implementation.

Following the financing stage is the demand stage, which addresses the need for countries to generate demand estimates for HPV vaccines. Developing these estimates, including projections of program implementation milestones like registration in each country, costs, benefits, objectives, and so on are among the most powerful tools for leveraging support for HPV vaccine introduction. However, countries may need financial or technical assistance to gather this data, which could slow down the process.

Country-level political will for HPV vaccine programs must then be addressed. Health officials, education, and other key

country-level decision makers must be convinced that the vaccine is essential. Limited health budgets, low priority of women's health, low level of awareness of the link between cervical cancer and HPV, and the lack of immediate results from the vaccine all make this a difficult stage to overcome.

Finally, a plan for effective delivery must be outlined. Best practices for the development and dissemination of the vaccine should be widely distributed to world policymakers. The most significant roadblock in this stage is requiring resources that are not yet available in developing countries but are necessary for successful implementation of a vaccine program. Development agencies such as USAID may need to be approached to help put these resources into place.

*Cont'd on pg. 4*

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## Women In Government Takes the 'Challenge to Eliminate Cervical Cancer Campaign' Abroad

In light of the worldwide challenges that face efforts to eliminate cervical cancer, key stakeholders are actively discussing ways to eradicate the disease on a global scale. The focus of these discussions are ways to overcome the barriers that inhibit women from being screened on a regular basis and the use of emerging technologies, such as the HPV vaccine, in prevention efforts. Women In Government has continued to offer its experiences with cervical cancer prevention policy to the international health community.

Staff members have recently attended two international meetings to participate in the discussion on these important issues, including last March when Sarah Wells, WIG's Associate Director, and Retired State Senator Beverly Hammerstrom, Director Emeritus of Women In Government, traveled to Paris, France to attend "Safeguarding the Future of Women's Health: The First Global Summit on Cervical Cancer." Recognizing the limitations of attempting to improve the screening process in developing countries – for example, not being able to ensure that women would follow-up on their yearly examinations and not being able to prevent exposure to HPV – the primary focus of the Summit was on prevention and the establishment of national, and ultimately global, HPV vaccination program. Sarah and Sen. Hammerstrom spoke before an international audience of experts and public health leaders about the role of policymakers in cervical cancer prevention, specifically in mobilizing stakeholders to take action. At the end of the summit, all of the participants signed the Coalition Against Cervical Cancer's Declaration, which states that they will use all resources available to them to help eliminate cervical cancer globally.

Also in March, Susan Crosby and Sarah Wells traveled to Geneva, Switzerland to attend "The Global Challenge to Eliminate Cervical Cancer: New Technologies, Public Health Paradigms and Partners." The meeting was one of global experts, non-profit organizations and industry representatives who came together to explore new opportunities for eliminating cervical cancer through existing and emerging preventive technologies. International collaboration was recognized as being a key part in achieving this goal. A focus on both screening and preventive vaccination was stressed as well.

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*Senator Beverly Hammerstrom (MI-Retired), Director Emeritus of Women In Government's Board of Directors (left) and Sarah Wells, Associate Director of Women In Government (right).*

The HPV vaccine, however, will only be effective in reducing the number of cervical cancer mortalities for future generations. On the other hand, the "Screen and Treat" programs offer an alternative to the HPV vaccine that will address women who are presently at risk.

PAHO's program, TATI-2, screens women using a visual inspection with acetic acid (VIA), which turns the cervical skin white when it comes in contact with pre-cancerous cells. The test administrator waits one minute for this color change to occur. If pre-cancerous lesions are discovered, the patient is then treated using cytotherapy. This immediate feedback and the instant treatment are key to the program's success.

PAHO's program also implements components that attempt to involve communities in their efforts. Community participation is encouraged by educating the public about the disease and, in turn, emphasizing the importance of women being screened for the disease. Local midwives and practitioners are also trained to perform VIAs to cut back on costs. The screening procedure can then be done at primary health centers, which provides better access for women as the centers are located closer to where they live.

Implementing programs of these kinds are similarly plagued by barriers, however. The costs associated with setting them up and then sustaining them are significant. They must also be established in countries with poorly developed healthcare systems where women have difficulty accessing clinics near their homes. Additionally, these women are generally uninformed about cervical cancer and may not seek out these services, thus negating any chances of the programs having an affect on mortality rates. Women also face general social inferiority in these countries, which poses another barrier to the success of any program aimed at eliminating cervical cancer.

While the HPV vaccine and "Screen and Treat" programs face challenges in being effective methods to eliminate cervical cancer in developing countries, they both hold significant promise as well. Despite the inherent difficulties, using these and future technologies, programs, and policies, women worldwide will someday live lives free from the fear of developing cervical cancer. ■



## TAMIKA AND FRIENDS BEAT THE CLOCK – CERVICAL CANCER/HPV PREVENTION AND AWARENESS WALK

Women In Government was pleased to assemble a team for the Tamika and Friends Beat the Clock! Cervical Cancer Prevention Walk. The first-ever cervical cancer prevention 4K walk took place on Saturday, May 19, 2007 in Washington, DC. The Beat the Clock! Walk raised funds and awareness for the movement to eradicate cervical cancer; it celebrated those who have survived HPV and cervical cancer, and honored those who have lost their lives to this disease. It also provided a platform for women to create a network of strength, hope and support. We commend Tamika and Friends for organizing this wonderful event and were honored to participate. ■

WIG is a national 501(c)(3), non-profit, bi-partisan organization of women state legislators providing leadership opportunities, networking, expert forums, and educational resources to address and resolve complex public policy issues.

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