



WOMEN IN GOVERNMENT'S *CHALLENGE TO ELIMINATE CERVICAL CANCER CAMPAIGN*

Given that cervical cancer is preventable, Women In Government launched the *Challenge to Eliminate Cervical Cancer Campaign* in 2004. This initiative urges state legislators to address cervical cancer prevention by increasing access to advanced and appropriate screening and preventive technologies, particularly for underserved women, and improving education about this disease and its cause, the human papillomavirus (HPV).

As part of the Campaign, state legislators have taken unique policy approaches to the goal of eliminating cervical cancer. Some of their bills and resolutions call for the creation of task forces (either stand-alone work groups or accountable entities created in coordination with existing state infrastructure). These groups are designed to: ensure that screening and preventative measures correspond with the most up-to-date medical guidelines; share collective expertise; and address emerging medical, social and governmental issues around the elimination of cervical cancer. Some proposed legislation would require HPV vaccines to be added to the list of required immunizations for girls entering middle school grades. Other legislation enacted in the states requires insurance coverage for HPV testing. Additionally, some states have generated awareness resolutions and public education initiatives and programs. **To date, members' bills and resolutions targeting cervical cancer elimination have been introduced and/or enacted in all 50 states.**

New Opportunities to Eliminate Cervical Cancer

Worldwide, cervical cancer is the second-leading cancer killer of women and kills almost a quarter-million women each year, according to the Pan American Health Organization. In the United States, due to widespread use of the Pap test, cervical cancer rates have decreased significantly over the last 60 years. However, the American Cancer Society estimates in 2007 approximately 11,150 American women will be diagnosed with and over 3,600 women will die of cervical cancer. This cancer, however, is highly preventable. It is a slow-developing disease that can usually be treated before abnormal cells develop into cancer. Further, it is the only cancer with a single known cause – “high-risk” types of HPV – for which there is an FDA-approved test and, importantly, a new vaccine.

Key barriers, however, remain to prevention. First, cervical cancer disproportionately affects minority women and those with lower incomes (often the uninsured) because they are less likely to have access to routine screening. Hispanic women, for example, are twice as likely to be

diagnosed with cervical cancer as Caucasians. Approximately half of all cervical cancers occur in women who have *never* been screened, and 10 percent are in women who have not been screened in the last five years. Thus, despite the high level of preventive care offered in the United States, we must do more to encourage screening.

Second, in women who *are* screened periodically, studies show that the Pap smear's ability to identify women with cervical cancer, or its early signs, ranges from an average of 51 to 85 percent. A test is now available for high-risk types of HPV, which when used with a Pap test in women 30 and older increases to almost 100 percent a doctor's ability to determine which women need early intervention.

In June 2006, the FDA approved an HPV vaccine for girls and women between the ages of 9 and 26. Clinical research has shown the vaccine to be 100 percent effective at preventing disease from the high-risk types of HPV (16 and 18) that account for approximately 70 percent of all cervical cancers. This vaccine, known as Gardasil, also targets the two HPV types that cause approximately 90 percent of genital warts. The federal Advisory Committee on Immunization Practices (ACIP), convened by the Centers for Disease Control and Prevention (CDC), subsequently voted to recommend that the HPV vaccine be given routinely to girls aged 11 and 12, at a physician's discretion for 9 year olds, as well as providing the vaccine to all other FDA-approved age groups. The ACIP also recommended that the vaccine be included in the federal government's Vaccines for Children (VFC) program. For the HPV vaccine to achieve its full potential, it must be made available to *all* age-appropriate groups. Further, even with an HPV vaccine, screening will still be necessary to target cervical cancer caused by those HPV types not covered by the vaccine and to reach women who do not receive the vaccine.

A second HPV vaccine, known as Cervarix, was submitted to the FDA for approval in 2007 and has been shown in clinical trials to be equally effective at preventing disease from HPV types 16 and 18.

An HPV vaccine, coupled with screening using advanced and medically appropriate screening methods, such as HPV testing, will help significantly in the effort to eliminate cervical cancer. Having advanced technology, however, is not enough. Every age-appropriate female, no matter what her socioeconomic status, must be *informed* about cervical cancer and HPV and *have access to* the most up-to-date and appropriate technologies.

About Women In Government

Women In Government 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. For more information, please visit www.womeningovernment.org.