FREQUENTLY ASKED QUESTIONS
ABOUT CERVICAL CANCER & HUMAN PAPILLOMAVIRUS (HPV)

OVERVIEW

What is cervical cancer?
Cervical cancer is cancer of the cervix, the part of the uterus or womb that opens to the vagina. Before widespread screening using the Pap test began in the 1950s, cervical cancer was the leading cause of cancer death in American women. Today in the United States, the Pap test has helped reduce cervical cancer death rates by 70%. Recent advances in screening and a newly Food and Drug Administration-approved vaccine for the virus that causes cervical cancer could help to wipe out this disease.

The American Cancer Society estimates that, in 2006, about 9,710 women in the United States will get cervical cancer and about 3,700 women will die from it. In other countries, cervical cancer affects approximately 500,000 women each year. In some parts of the world, it is still the most common cancer in women.

What causes cervical cancer?
A virus—the human papillomavirus, or HPV—causes almost all cases of cervical cancer. HPV is a common sexually transmitted virus that usually goes away by itself without symptoms or treatment. Approximately 80 percent of adults will have HPV at some point in their lives.

There are two types of HPV—"low risk" and "high risk." Some low-risk HPV infections can cause genital warts. Sometimes, if the high-risk type of HPV does not go away on its own, it may cause pre-cancerous cells to form. If these abnormal cells are not found and treated, they may become cancer. **An HPV infection rarely leads to cervical cancer.** In most women, the cells in the cervix return to normal after the body's immune system destroys the HPV infection.

Who gets cervical cancer?
Since almost all cervical cancers are caused by HPV, any woman who has sex can get cervical cancer. Most women who've had sex have been infected with HPV at some time in their life. The women at highest risk for cervical cancer are women in whom infection with one of the high risk types persists for years. Other risk factors for cervical cancer include smoking and HIV infection. The women most at risk for the disease are women who have not been screened regularly or at all.

SCREENING

What Cervical Cancer Screening Options are Available?

Traditional Pap Test:
Doctors use the Pap test to look for abnormal cells from a sample of cells from the cervix. The cervical cells are smeared on a glass slide and examined under a microscope. The Pap test is a good way to find cancer cells and cells that might become cancerous in the future.

Liquid-based Pap Test:
Liquid-based cytology refers to a newer way to process Pap test results. Instead of smearing the sample on a glass microscope slide, the cervical cells are placed in liquid in a small bottle. Some of the liquid is placed on a slide and then examined under a microscope.

Research has shown that liquid-based Pap tests can be more accurate than the conventional way of preparing the slides because blood and mucous are removed, making the cells easier to see. Liquid-based Pap tests are somewhat more expensive, and not all clinics have this option available. Other clinics use only the liquid-based method.

Both the American Cancer Society (ACS) and the American College of Obstetricians and Gynecology (ACOG) say that both conventional and liquid-based methods are effective cancer screening options. The important thing is to get tested.

The HPV Test:
The HPV test checks directly for high-risk HPV. HPV testing is FDA-approved for use with a Pap test in routine cervical cancer screening for women age 30 and older and for women of all ages as a follow-up to inconclusive Pap test results, known as ASC-US (atypical squamous cells of undetermined significance). Both the Pap and HPV tests use a small, soft brush to collect cervical cells. Women who get an HPV test along with their Pap will not notice any difference in their exam.

Both the ACS and ACOG state that an HPV test in conjunction with a Pap test is a reasonable option for screening women age 30 and older. Research shows that the two tests together are more accurate than the Pap test alone at identifying women with cervical cancer or its early signs.

Women under 30 should not get the HPV test with the Pap test unless they receive abnormal Pap test results. Young women have more frequent HPV infections (which are likely to be temporary) and more frequent changes in sex partners. Thus, HPV testing as part of routine screening is not helpful in this age group.

When should women get screened?
The ACS and ACOG say that:

- Women should be screened for cervical cancer about 3 years after they start having sexual intercourse**.** Screenings should start by the time a woman is 21 years old.
- Women should be screened every year with a regular Pap test. As an alternative, the newer liquid-based Pap test can be used every year or every 2 years. All women 30 years old or younger should get cervical cytology (cancer) screening at least every two years.
- Women age 30 and older who have had 3 normal Pap tests in a row don't need to get a Pap test every year. They can get the test every 2 or 3 years, unless they have certain risk factors, which they should discuss with their doctor. Or, they can get a Pap test in conjunction with the recently available HPV test every 3 years, in accordance with their doctor's

recommendation. Even though women with normal results may not need to be screened every year, they should go to their doctor every year for a check-up, including a pelvic exam.

- According to ACS, women age 70 and older who have had 3 or more normal Pap test results in a row and no abnormal test in the last 10 years can stop getting screened. ACOG recommends, however, that women over age 70 should still get Pap tests every 2 or 3 years. Women should talk to their doctor to decide the best plan for them.
- Women who have had a hysterectomy may still need to be screened regularly, depending upon what kind of hysterectomy they had. They should discuss their situation with their doctor.

What do HPV test results mean?
For women age 30 and older who have an HPV test along with a Pap test as part of regular screening, the results will fall into one of the categories below:

- Both the Pap and HPV tests are negative (normal) – These women won't need to be tested again for 3 years.
- The Pap test is negative (normal) and the HPV test is positive – These women will likely repeat the Pap test and HPV test in 6 to 12 months to see if the virus has gone away. If the virus is still present, then additional evaluation may be done.
- Both tests are positive – These women should talk with their doctor about what to do next.

SYMPTOMS AND TREATMENT

Does HPV have symptoms?
In most cases, no. The only way to detect HPV infection is to test directly for the virus. The only way to tell if a high-risk HPV infection has caused cervical cell changes is to have a Pap test. Signs of an HPV infection may appear weeks, months, or years after the first infection, which is why regular cervical cancer screening is important.

Can HPV be treated?
There is no treatment for the virus. There are treatments for cervical cell changes that HPV can cause. Women with such changes should discuss treatment options with their doctor.

What are the symptoms of cervical cancer?
Cervical cancer or early cervical pre-cancers often have no signs or symptoms. That's why it's important for women to get screened regularly. Early symptoms may include:

- Any unusual discharge from the vagina
- Blood spots or light bleeding when you're not having your period
- Bleeding or pain during sex

Women with the above symptoms should contact their doctor right away. Just because they have these symptoms, though, doesn't mean they have cervical cancer, as these symptoms may occur for other reasons. Finding cervical cancer early means women have a better chance of treating it successfully.

Can cervical cancer be treated?
Yes, cervical cancer can be treated with surgery, radiation, or chemotherapy. Women diagnosed with cervical cancer should discuss treatment options with their doctor to determine the best approach for them.

HPV VACCINES

What are HPV vaccines?
In June 2006, the FDA approved a vaccine shown in clinical research to be 100 percent effective at preventing disease from 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. A second HPV vaccine, known as Cervarix, has been shown in clinical trials to be equally effective against HPV types 16 and 18 and is expected to be submitted to the FDA in late 2006 or early 2007.

Who should receive HPV vaccines?
To be most effective, the FDA-approved HPV vaccine should be given before a person becomes sexually active. The FDA approved the first HPV vaccine for girls and women aged 9-26. The federal Advisory Committee on Immunization Practices (ACIP) recommended provisionally that the HPV vaccine be given routinely to females aged 11 to 12 and as early as age 9 years, and that women aged 13 to 26 should be vaccinated if they have not already received the HPV vaccine.

Are the vaccines safe?
In multiple clinical trials, the vaccines have been extremely safe. Redness and tenderness at the vaccination site, along with low-grade fevers have been the most common side effects for both vaccines. There have been no serious vaccine-related side effects reported.

When will the HPV vaccine be available?
In the private sector, the FDA-approved vaccine is now available through some health plans and clinics. The vaccine is available through federal programs like Vaccines for Children (VFC) under a contract signed in October 2006 with the Centers for Disease Control and Prevention and the vaccine manufacturer. Medicaid coverage is determined on a state-by-state basis and many states are already preparing to provide the vaccine

What will the HPV vaccine cost?
The retail cost of the vaccine is $120 per dose, and a series of three doses will be needed. The cost of the vaccine will vary by state, by health plan, as well as among programs for the uninsured and underinsured.

Will health plans cover the vaccines?
When the ACIP recommends a vaccine, most private insurers and health plans will cover it, as leading medical groups have historically followed the ACIP's recommendations in developing their own medical guidelines. Some states, such as California, require insurers to cover vaccination for those age groups recommended by the ACIP.

In addition, the ACIP issued a resolution that the FDA-approved HPV vaccine be included in the federal VFC program, which provides immunizations to uninsured and underinsured children through age 18. In October 2006, the CDC signed a contract to provide the vaccine through the VFC program for $96.00 per dose. The contract is valid through March 31, 2007.

Will HPV vaccination be required for school entrance?
Individual states will need to decide if HPV vaccination will be required for school entrance. Further, they will need to determine if any immunization exemptions will apply. As of May 2004, all 50 states allow vaccination exemptions for medical reasons, with 48 states allowing exemptions for religious reasons and 20 states allowing exemptions for philosophical reasons.

Now that we have an HPV vaccine, will screening still be necessary?
Yes. HPV vaccines should be part of a comprehensive strategy to eliminate cervical cancer. Screening using advanced and appropriate technologies, such as HPV testing, will still be needed to target cervical cancers caused by HPV types not covered by the vaccine and for women who have already been exposed to HPV.

How can people get the HPV vaccine?
If people meet the age requirements for the FDA-approved HPV vaccine, they should contact their doctor's office, state department of health or local health clinic to find out if they offer it. If insured, they should also contact their health plan to learn if the cost of the vaccine is reimbursed.

What is Women In Government doing to implement the HPV vaccine?
Women In Government supports FDA-approved HPV vaccines for all age-appropriate girls and women – regardless of their socioeconomic status. As part of the "Challenge to Eliminate Cervical Cancer Campaign," we look forward to educating our members, the public and healthcare providers about the HPV vaccine. Women In Government also believes that HPV vaccines should be part of comprehensive cervical cancer prevention programs that also use advanced and appropriate screening methods, such as HPV testing.

A FEW THINGS TO REMEMBER:

- Cervical cancer is preventable – regular screening and routine vaccination are key.
- Cervical cancer is caused by a common virus – the human papillomavirus, or HPV.
- Most women will have HPV at some point, but very few will develop cervical cancer. Most HPV infections are temporary and will go away on their own. An HPV infection that does not go away over a period of years might lead to cervical cancer.
- HPV vaccines are a critical development in the fight against cervical cancer. Screening, including liquid-based Pap tests and HPV testing, will remain vitally important to the elimination of this preventable disease.

NOTE: Women In Government, a member of the National Cervical Cancer Public Education Campaign, adapted some of this document from Gynecologic Cancer Foundation materials, found at: www.cervicalcancercampaign.org.