NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

LATINAS AND CERVICAL CANCER

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OVERVIEW OF HOW CERVICAL CANCER IMPACTS LATINAS

According to the American Cancer Society, there are approximately 10,000 cases and 3,700 deaths from cervical cancer in the U.S. per year.[i] The incidence of cervical cancer for Latina women in the United States is highest amongst all racial/ethnic groups, almost twice as high as non-Latina white women.[ii,iii] Latina women have the 2nd highest mortality rate from cervical cancer (after black women), although mortality for Latina women are higher in communities along the Texas-Mexico border.[iv] Latinas face high mortality rates from cervical cancer as a result of their low rates of cervical cancer screening. Latinas' limited access to adequate cervical cancer screenings is a result of barriers to access such as fear associated with their lack of immigration status, embarrassment, lack of knowledge, lack of insurance and lack of English proficiency.[v] About 85% of women who die from cervical cancer never had a pap smear.

WHAT CAUSES CERVICAL CANCER?

OVERVIEW OF THE HUMAN PAPILLOMAVIRUS (HPV)

Human Papillomavirus (HPV) is the name of a group of viruses, which once contracted, can lead to cervical cancer in women and genital warts in both men and women. Many of these viruses are spread through sexual contact. There are approximately 120 types of HPV, but two types (strains 16 and 18) are responsible for approximately 70% of all cases of cervical cancer. HPV is the most common sexually transmitted infection in the U.S. with an estimated 6.2 million people newly infected each year. It is estimated that a quarter of teenage girls and half of women in their early 20s have the virus. It is important to note that there is currently no cure or treatment for HPV and oftentimes there are no symptoms. According to the American Cancer Society, the infection usually disappears without any treatment, and abnormal cell growth and warts caused by HPV could be treated effectively. It is also important to understand that HPV is *not* the same as HIV or Herpes (Herpes simplex virus or HSV).[vi]

HPV AND CERVICAL CANCER

Approximately a dozen strains of HPV can infect a woman's cervix (lower part of the womb) and cause the cells to change.[vii] While most cases of HPV resolve on their own, certain other HPV strains could lead to cervical cancer if not treated over time.[viii] The most high-risk strains are 16 and 18. According to the Centers for Disease Control and Prevention (CDC)[ix], about 40 types of HPV can infect the genital areas of men and women. In addition, these HPV types have been linked to other less common genital cancers— including cancers of the anus, vagina, and vulva (area around the opening of the vagina).

PREVENTION: PAP SMEARS AND THE HPV VACCINE

HPV is very common, and both women and men are carriers of the virus. There is still much to be studied about HPV, but according to the CDC, the only way to prevent contracting HPV is to abstain from all sexual activity.[x] The best way to prevent *developing* cervical cancer is to obtain regular pap smears—ideally, once a year beginning with the initiation of sexual activity. Pap smears are the most effective way to screen for the pre-cancerous cells that can lead to cervical cancer. For women over 30, there is a HPV test that can be used along with the pap smear as part of routine cervical cancer screening.[xi]

Additional studies have shown that maintaining a healthy lifestyle with a diet rich in fruits and vegetables can help reduce the risk of developing cervical cancer.[xii] Furthermore, women who do not smoke are less at risk than those who smoke. According to the American Cancer Society, tobacco by-products have been discovered in the cervical mucus of women who smoke, leading to the damage of DNA cells in the cervix.[xiii] This exposes women to the risk of developing cervical cancer at a rate twice as high as non-smokers.[xiv]

LATINAS' ACCESS TO PAP SMEARS

Obtaining regular pap smears is one method for early detection of pre-cancerous cells that could manifest into cervical cancer. If detected early, the chance of preventing or treating cervical cancer is very high. However, Latinas' access to pap smears and other critical reproductive health services is limited. An estimated 38% of *all* Latinas and 56% of *low-income Latinas of reproductive age* are uninsured. Lack of insurance, in addition to seasonal work and constant mobility that many migrant Latina workers encounter, prevents them from developing a regular source of care with one doctor or health center. According to a study published by the American Journal of Public Health, Latina women had lower screening rates for both mammography and pap smears than did either non-Latina White or Black women.[xv] Researchers connected the low rates of screening with lack of access to a usual source of care.[xvi] Latina women were more likely than other women to be diagnosed with cervical cancer at an advanced stage, largely because of the lack of education about the importance of a pap smear and its link to early detection of pre-cancerous cells. In addition, language barriers and clinicians' lack of cultural competency continue to present obstacles in receiving care. It is noteworthy that only 5% of U.S. physicians and 2% of nurses are Latino/a.[xvii] Therefore, while pap smears prove to be an excellent method of detecting pre-cancerous cells that can lead to cervical cancer, Latina women are still being diagnosed with this preventable disease because of the many barriers to gynecological services.

HPV VACCINE

In June 2006, the federal Food and Drug Administration (FDA) approved the first vaccine, Gardasil®, manufactured by Merck & Company, developed to prevent cervical cancer and genital warts caused by four strains of HPV; two strains (16 and 18) that are responsible for 70% of cervical cancer incidences and two strains (strains 6 and 11) which are responsible for 90% of genital warts caused by HPV. Subsequently, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended that the vaccine be administered to all girls ages 11-12, and approved it for administration to females from 9 to 26 years old.

The vaccine requires a three-shot regimen over the course of 6 months and is quite costly at approximately $120 per shot, for a total of $360 for the series. Administrative charges tacked on by the doctor may increase the cost, and anecdotal reports indicate that some women have paid as much as $700 for the three-shot series.

The vaccine is made from non-infectious HPV-like particles that trigger an antibody response that prevents recipients from contracting HPV strains 6, 11, 16, and 18. As noted by the FDA, because the vaccine only contains a protein, and not the actual virus, the vaccine will not cause HPV.[xviii]

ACCESS TO THE HPV VACCINE

Many gynecologists or pediatricians have the vaccine available, although recent reports indicate that some doctors are not stocking the vaccine because of its hefty price tag. Publicly funded access to the HPV vaccine varies state-to-state, although all low-income adolescents between the ages of 9 through 19 who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native, have access to the vaccine through the federal Vaccines for Children (VFC) Program. For women over the age of 19 with private health insurance, 96% of private plans cover the vaccine; for women who are uninsured and Medicaid-eligible, it is imperative that they verify if their state has chosen to provide optional vaccine coverage. Additional publicly-funded or Merck-funded programs may be available to provide vaccine access for low-income women, but these programs are not universally available nationwide.

Girls Ages 9 to 19:

Federal health programs such as *Vaccines for Children (VFC)* will cover the HPV vaccine. The VFC program provides free vaccines to children and teenagers under 19 years of age, who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native. There are over 45,000 sites that provide VFC vaccines, including hospitals, private clinics, and public clinics. The program also allows children and teens to get VFC vaccines through Federally Qualified Health Centers or Rural Health Centers, if their private health insurance does not cover the vaccine.[xix] Some states also provide free or low-cost vaccines at public health department clinics to people without health insurance coverage for vaccines, although local availability should be verified in advance.

Women over the age of 19:

Women of the age of 19 can request the vaccine through their gynecologist, although some doctors do not stock the vaccine because of high cost and instead opt to provide their patients with a prescription to obtain the vaccine at a local pharmacy. This option requires an onerous second visit because the patient must bring the vaccine back to the doctor to administer it. Many insurance companies cover the HPV vaccine, but only for women 26 years old and younger because the FDA has not approved the vaccine for use in women over the age of 26. According to Merck, health insurers covering approximately 96% of those who have private insurance are reimbursing for Gardasil®[xx], but it is always advisable to verify with an individual's insurance company. For women who are uninsured and eligible, Medicaid's *Early, Periodic Screening, Diagnosis and Treatment (EPSDT)* program covers ACIP-recommended vaccines (the HPV vaccine included) until the enrollee is 21 years old. For women 21 through 26 years of age, Medicaid coverage policies for vaccines are optional and vary from state-to-state. To address uninsured low-income adult women, Merck added Gardasil® to its *Patient Assistance Program* that allows for adults who qualify to receive free vaccinations of Gardasil®. According to Merck, the program is available in private

physicians' offices and private clinics who administer Merck vaccines and certain income criteria must be met to be approved for the program.[xxi] While this program may be helpful to some women, it is not available to those who utilize Title X public clinics, many of whose patients are Latina.

POLICY ISSUES: THE HPV VACCINE IN YOUR STATE

Since the recommendation by ACIP to vaccinate all girls ages 11 and 12, there has been much debate regarding mandating and funding the vaccine. School vaccination requirements are determined on the state level, usually by the state legislature or a regulatory body, such as the state's Department of Health.[xxii] Much of the debate has centered on state's decision whether or not to mandate the vaccine for school entry, raising questions regarding parental rights, costs and the moral issue of vaccinating young girls for a sexually transmitted infection. According to the National Conference of State Legislatures, by August 2007, legislators in at least 41 states and the District of Columbia have introduced legislation to require, fund or educate the public about the HPV vaccine, and at least 17 states have enacted this legislation.[xxiii,xxiv] Specifically, Colorado, Illinois, Nevada and New Mexico have enacted laws requiring that health plans cover the vaccine [xxv] Only Virginia and Washington, D.C. have been successful in enacting laws that mandate the vaccine for girls entering middle school (VA) or the sixth grade (DC).[xxvi] It is important to note both D.C. and VA laws include parental opt-out policies.

RECOMMENDATIONS

HPV and cervical cancer has disproportionately impacted the Latina community. Increased education of HPV and its link to cervical cancer, coupled with the importance of obtaining regular pap smears and maintaining a healthy lifestyle, is critical. Comprehensive sex and sexuality education that is culturally and linguistically competent would help provide Latinas with information on HPV and other STIs. NLIRH advocates a standard of care that will provide Latinas with all the possible options in preventing cervical cancer. This standard of care includes: regular HPV and cervical cancer screenings during gynecological visits, comprehensive sexuality information, affordable access to reproductive health technologies such as the HPV vaccine and accurate information on preventing HPV and other sexually transmitted infections. NLIRH supports Latina's full access to new reproductive technology when it is coupled with unbiased information and implementation that is free from coercive policies and practices. Additionally, policy makers should advance legislation that provides universal access to the vaccine through public funding such as Title X, Medicaid and the State Children's Health Insurance Program (SCHIP), and private insurance coverage requirements for girls and women ages 9 to 26 years old.

Expanding access to the HPV vaccine for Latina women and girls would help reduce the 3,700 unnecessary deaths that occur from cervical cancer annually in the United States, of which Latina women have the second highest mortality rate. In addition, it would contribute towards advancing positive public health initiatives for children by promoting the overall health and well-being of Latina adolescents.

REFERENCES

[i] American Cancer Society, "Detailed Guide: Cervical Cancer", October 2005

[ii] National Cancer Institute, Surveillance Epidemiology and End Results (SEER) Cancer Statistics Reviews, 1975-2003, *available at* seer.cancer.gov/csr/1975_2003

[iii] Note: According to the National Cancer Institute, data for 'Hispanic/Latino' is not mutually exclusive from Whites, Blacks, Asian/Pacific Islanders, and American Indian/Alaska Natives. Underlying incidence data for Hispanics are based on NHIA and exclude cases from Hawaii, Seattle and the Alaska Native Registry. Mortality data for Hispanics exclude cases from Connecticut, Maine, Maryland, Minnesota, New Hampshire, New York, North Dakota, Oklahoma, and Vermont. In addition, it is important to note that, as a subgroup, Vietnamese women have the highest incidence of cervical cancer, approximately five times the rate of white women.

[iv] Byrd, Chavez and Wilson, "Barriers and Facilitators of Cervical Cancer Screening Among Hispanic Women", *Ethnicity & Disease*, Volume 17, Winter 2007.
[v] Ibid.
[vi] Centers for Disease Control and Prevention (CDC), "HPV Vaccine Questions and Answers", August 2006.
[vii] Ibid.
[viii] Henry J. Kaiser Family Foundation, "Fact Sheet: HPV Vaccine: Implementation and Financing Policy", January 2007.
[ix] Centers for Disease Control and Prevention (CDC).
[x] Centers for Disease Control and Prevention (CDC).
[xi] Ibid, "HPV. Common Infection. Common Reality" Brochure.
[xii] Singh, VN and Gaby, SK., "Premalignant Lesions: Role of antioxidant vitamins and beta-carotene in risk reduction and prevention of malignant transformation", *American Journal of Clinical Nutrition*, Volume 53, 386S-390S, 1991.
[xiii] American Cancer Society, "What are the Risk Factors for Cervical Cancer?", August 2006.
[xiv] Ibid.
[xv] Selvin E., Brett K. "Breast and Cervical Cancer Screening: Sociodemographic Predictors Among White, Black, and Hispanic Women", *American Journal of Public Health*, 618-623 (April 2003).
[xvi] Ibid.
[xvii] Anachebe N., Pharm D., Sutton M., "Racial Disparities in Reproductive Health Outcomes", *American Journal of Obstetrics and Gynecology*, S37-42 (2003); Vines A., Godley P. "The Challenges of Eliminating Racial and Ethnic Health Disparities", *NC Medical Journal*. 341-349 (2004).
[xviii] Food and Drug Administration, "Product Approval Information- Licensing Action, Gardasil® Questions and Answers", June 8, 2006.
[xix] Centers for Disease Control and Prevention (CDC).
[xx] Merck & Co. Press Release, "CDC Finalizes Advisory Panel Recommendation.
[xxi] Ibid.
[xxii] National Conference of State Legislatures (NCSL), "HPV Vaccine", updated August 2007.
[xxiii] Ibid.
[xxiv] These states include: Colorado, Indiana, Iowa, Maine, Maryland, Minnesota, Nevada, New Mexico, New York, North Carolina, North Dakota, Rhode Island, South Dakota, Texas, Utah, Virginia and Washington.
[xxv] Guttmacher Institute, State Center, "Major Developments in 2007; HPV: Insurance Coverage", September 1, 2007.
[xxvi] Guttmacher Institute, State Center, "Major Developments in 2007; HPV: School Entry Requirement", September 1, 2007.