

Pennsylvania Cervical Cancer Task Force Report

Executive Summary

Overview of the Cervical Cancer Task Force:

The Pennsylvania Cervical Cancer Task Force (Task Force) was established through Act 74 of 2006, which created the Cervical Cancer Education and Prevention Act. The Act authorized the Pennsylvania Department of Health (Department) to establish a Task Force to evaluate the education and prevention of cervical cancer and develop a report that would provide: recommendations to raise public awareness on the prevention, early screening and detection of cervical cancer; and recommendations to reduce the occurrence of cervical cancer in women in this Commonwealth. The Task Force is composed of health care and public health professionals who met five times in 2006 and 2007 to develop the recommendations listed throughout this report.

Scope of the Problem - Cervical Cancer and HPV:

Cervical cancer is an important public health problem that cannot be ignored. Cervical cancer is one of the most preventable cancers, which is why no one should die from this disease. According to the American Cancer Society, about 3,700 women nationwide die each year of cervical cancer. In 2003, 154 Pennsylvania women died of cervical cancer, which represents 154 missed opportunities for screening, early diagnosis and treatment.

Virtually all cases of cervical cancer are caused by the Human Papillomavirus, or HPV; 70 percent of which can be prevented by the HPV vaccine. It is believed that as many as two-thirds of cervical cancer cases worldwide are attributable to HPV, with many studies indicating that between 50 and 80 percent of women have been exposed to some form of the virus by the age of 50. This underscores the importance of women becoming more educated about the Pap test, which is a simple procedure that collects cells from the cervix and is the best tool to detect cervical cancer in its earliest stages. The number of deaths would decrease dramatically if more women had a Pap test on a more regular basis. But even if women develop cervical cancer, the chances of a cure are as high as 90 percent — if discovered early.

If unrecognized and untreated, cervical cancer has many costs. The true burden of cervical cancer is not only measured in human costs, as evident in the number of deaths per year, but also in the financial costs associated with this disease. It is estimated that as a nation we spend \$4 billion or more (2004 dollars) annually on prevention and treatment of disease related to HPV. Pap test screening and treatment for precancerous lesions represents an investment in the prevention of cervical cancer. Women from low-income households are at higher risk for developing severe and life threatening cervical disease due to additional risk factors such as smoking and lack of access to preventive care. Since these same women are more likely to be underinsured or uninsured, a greater cost of their care is borne by the state.

Key Findings:

- Cervical cancer can be prevented by raising public awareness and education about behaviors that lessen the risk of an individual for exposure to the HPV. Since HPV is acquired primarily through intimate sexual contact, public education concerning behaviors that lessen the risk of acquiring HPV should target the highest risk age groups (adolescents and young adults).
- Cervical cancer prevention can also be attained through educational campaigns informing women that the Pap test needs to be part of a woman's regular health checkup. This includes becoming educated on how it's done, what it means, when it's abnormal, and why it needs to be part of their regular health checkups. Once the cervix has been exposed to HPV, Pap test screening is key to identifying precancerous lesions at their earliest stages, when they can be monitored for change or removed before they develop into cancer.
- A vaccine that can prevent precancerous lesions of the cervix in women has been licensed and is recommended by the major medical professional organizations for girls 9 to 26. However, not all health plans cover the vaccine. It is important to note that the vaccine does not take the place of Pap tests or guard against sexually transmitted diseases. Women should keep following their health care provider's advice on getting Pap tests.
- Health care professionals often lack the necessary knowledge and skills to promote prevention efforts. Just as public health messages must be tailored to specific cultural groups, health care providers must be trained to discuss immunization, screening, and behavioral change in a culturally sensitive and responsive manner that uses principles of health literacy.
- A significant layer of complexity is the inconsistencies that exist between insurance companies regarding reimbursement for immunization and Pap test screening.
- Significant barriers exist that must be addressed before we can effectively prevent all cervical cancer and pre-cancerous lesions. The Task Force acknowledges that there are at least two major issues that must be addressed in the future. First is the role of males as transmitters of HPV and engaging them as partners in preventing its spread. Second is accessible preventive health care that establishes consent standards of care across geographic, economic, and racial lines.

Key Recommendations:

- Public Education: Develop and implement a multi-media public education campaign to deliver cervical cancer prevention and screening information to women across the state, especially in underserved areas (rural and urban). This would include intensifying outreach to women who have rarely or never been screened for cervical cancer and ensure women know that a Pap test should be part of their regular health checkup
- Health Provider Training: Ensure that health care providers have access to current training on cervical cancer and HPV to facilitate the successful education of and care for their patients.
- Legislation: Introduce legislation that facilitates the administration of the HPV vaccine to females age nine through 26 through reimbursement by insurers
- Funding: Secure funding for cervical cancer outreach efforts, maintain and expand existing screening programs and provide coverage of the HPV vaccine.