

Lifelines

from the National Cancer Institute



What African American Women Should Know About Cervical Cancer

By the National Cancer Institute

It is estimated that, in 2010, there would be 12,200 new cases of cervical cancer in the United States and that 4,210 women would die as a result of the disease. Despite these figures, cervical cancer is still one of the most preventable cancers and is highly treatable if diagnosed in its earliest stages.

Despite the availability of tests and procedures that can greatly reduce the occurrence of this cancer, African-American women are more likely to die from cervical cancer than any other racial/ethnic group in the United States. Between 2003 and 2007, African-American women were twice as likely to die from cervical cancer than White women.

Virtually all cervical cancers are caused by human papillomavirus, commonly referred to as HPV. This family of viruses includes more than 150 different types, of which 40 types can be transmitted by sexual contact. Of these, 15 have been identified as "high-risk," or cancer-causing, types. Most genital HPV infections go away on their own, but persistent infection with high-risk HPV can cause cervical cell abnormalities that, if left untreated, may develop into cancer. Two high-risk types, HPV type 16 and HPV type 18, cause about 70 percent of cervical cancer cases. Nearly 6 million new HPV infections occur in the United States each year.

The procedure used to screen for abnormal cervical cells is the Papanicolaou test, also known as the Pap test. The test involves the collection of cells from the cervix (the lower end of the uterus), which are then sent to a laboratory for examination. The procedure can be done conveniently in a physician's office or health clinic.

In addition to the Pap test, there is also a test available to look for HPV infection. This test can be done using the same cells that were collected for the Pap test. The HPV test is not recommended for women under the age of 30 because HPV infections are quite common in this age group and usually clear up on their own. For women age 30 and older, the HPV test may be useful if done jointly with a Pap test every three years.

The U.S. Food and Drug Administration (FDA) has approved two vaccines to prevent HPV infections: Gardasil® and Cervarix®. Both vaccines are highly effective in preventing persistent

infections with HPV types 16 and 18. Gardasil and Cervarix are both given the same way – through a series of three injections into muscle tissue over a 6-month period.

Gardasil protects against four HPV types: 6, 11, 16, and 18. Types 6 and 11 don't cause cervical cancer but do cause 90 percent of genital warts. The FDA has approved Gardasil for use in females for the prevention of cervical cancer, and some vulvar and vaginal cancers, caused by HPV types 16 and 18. It is also approved for use in males and females ages 9 to 26 for the prevention of genital warts caused by HPV types 6 and 11.

Cervarix targets two HPV types: 16 and 18. The FDA has approved Cervarix for use in females ages 10 to 25 for the prevention of cervical cancer caused by HPV types 16 and 18.

It is important to note that these vaccines don't offer protection from infection by other HPV types and that almost one-third of cervical cancers will not be prevented by the current vaccines. Therefore, it is important to continue cervical cancer screenings, even if you have been vaccinated.

Overall, the 5-year survival rate for cervical cancer is significantly lower for African-American women (62%) when compared to White women (73%). The term *five-year survival rate* refers to the percentage of people who are alive five years after they were diagnosed with or treated for a disease, such as cancer. The lower survival rate is attributed to African-American women being more likely than White women to be diagnosed with cervical cancer at later stages, when the disease is less treatable.

It is important to receive routine screening for cervical cancer since it can greatly reduce the incidence (new cases) and mortality (death rate) of this disease among African-American women. A nationwide program is available that can provide access to cervical cancer screening. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) helps low-income, uninsured, and underserved women gain access to timely screening and diagnostic services, including Pap tests, pelvic examinations, follow-up testing for abnormal results, and referrals to treatment. To locate an NBCCEDP program in your area, please visit: apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp

The National Cancer Institute is available to help by offering the latest news and information about cervical and other cancers. To learn more or to locate an NBCCEDP program in your area, call the NCI at 1-800-4-CANCER. If you prefer to search the Internet, visit the primary Website of the NCI, www.cancer.gov. Our site links you to a wide variety of cancer education and awareness materials, from publications to updates about research.

NCI leads the National Cancer Program and the NIH effort to dramatically reduce the burden of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI Web site at www.cancer.gov or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).