

Lifelines

from the National Cancer Institute



Lifelines—Cervical Cancer and Hispanic Women

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 highly treatable if diagnosed in its earliest stages.

Despite the availability of tests and procedures that can greatly reduce the occurrence of this cancer, Hispanic/Latina women are more likely to be diagnosed with cervical cancer than any other racial/ethnic group in the U.S. Between 2003 and 2007, Hispanic/Latina women were 1.5 times more likely to be diagnosed with cervical cancer than White women.

Virtually all cervical cancer 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% of cervical cancer cases. Nearly 6 million new HPV infections occur in the U.S. 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, which are then sent to a laboratory for examination. The procedure can be done conveniently in a physician's office or health clinic. (National Cancer Institute, 2010). Many cell changes get better on their own, and women just have to get a repeat Pap test. Other cell changes need to be followed up with additional tests and treatment.

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. (National Cancer Institute, 2010). 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

Posted March 2011

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 and for use in males and females for the prevention of genital warts caused by HPV types 6 and 11. The vaccine is approved for these uses in females and males ages 9 to 26.

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 neither vaccine offers complete protection from other HPV types and that almost one-third of cervical cancers will not be prevented by vaccination. Therefore, it is important to continue cervical cancer screenings, even if you have been vaccinated.

It is important to receive routine screening for cervical cancer since it can greatly reduce the incidence and mortality of this disease. The lack of or underutilization of Pap test screenings have been noted as one of the major underlying reasons for Hispanic/Latina women producing a higher incidence (new cases) of cervical cancer than other groups. . Several barriers have been identified as contributors to lower screening rates, including lower socioeconomic status, limited or lack of health insurance coverage, lack of quality health care, language barriers/limited English proficiency, feelings of fear or embarrassment, and lack of awareness regarding cervical cancer prevention and detection. . 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 test, 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, call 1-800-4-CANCER to speak with a Cancer Information Specialist, in English or Spanish. If you prefer to search the Internet, visit the primary Web site of the NCI, www.cancer.gov or the Spanish language version at www.cancer.gov/espanol. 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).