

Eliminating invasive cervical cancer possible, researchers report

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Researchers at Moffitt Cancer Center and colleagues at the University of South Florida and The Ohio State University have published a paper in the September issue of *Cancer Epidemiology, Biomarkers & Prevention* that provides an overview on preventing invasive cervical cancer.

"The good news is that over the past several decades, the incidence of invasive [cervical cancer](#) has declined dramatically," said senior author Anna R. Giuliano, Ph.D., director of Moffitt's Center for Infection Research in Cancer and senior member of the [Cancer Epidemiology](#) Department. "The bad news is that 60 percent of invasive cervical cancers occur in women who are members of underserved racial or ethnic minorities, in women residing in rural areas or living in poverty."

The incidence of invasive cervical cancer has declined 75 percent since the 1940s. According to the authors, rates have decreased from 14.8 per 100,000 women in 1975 to 6.6 per 100,000 in 2008. Credit for the decline is given to the more widespread use of the Pap smear.

The number of current cases of invasive cervical cancer varies by race and ethnicity, geography, and socioeconomic status. For Hispanics, the incidence of invasive cervical cancer is 10.4 per 100,000, higher than any other group. Among blacks 85 and older, the incidence is three times higher than white women in the same age group.

"In looking across the nation, there are geographic and socioeconomic disparities associated with invasive cervical cancer rates," noted lead

author Christine M. Pierce Campbell, Ph.D., a postdoctoral fellow within Moffitt's Cancer Epidemiology Department. "Along the U.S.-Mexico border, in the deep South and in Appalachia, rates are higher than in other regions of the nation. Also, many studies have shown that socioeconomic status predicts who gets screened, diagnosed and treated for invasive cervical cancer, regardless of race and ethnicity."

Giuliano, Pierce Campbell and their co-authors also note that federal and local funding of prevention programs, such as the National Breast and Cervical Cancer Early Detection Program, the only nationwide screening program, has helped reduce incidence. Although the National Breast and Cervical Cancer Early Detection Program was implemented to promote screening among high-risk and low-income women, the program has historically served few of the women eligible for the service. The numbers of those taking advantage of the service vary by state, but between 2004 and 2006, only 8.7 percent of women eligible for screening received it, the authors said.

Human papillomavirus (HPV) vaccination, now in two forms, could also reduce incidence, the authors said. GARDASIL, the first HPV vaccine targeting females ages 9 to 26 to prevent invasive cervical cancer, was released in 2006. It was followed by the CERVARIX vaccine, which is targeted to females 10 to 25.

However, HPV vaccine use lags behind other adolescent vaccines, Giuliano said.

"Barriers to HPV vaccination include costs, perceived safety issues, and the perception that vaccination is unnecessary if the woman or child is not sexually active," Pierce Campbell said. "Parental knowledge, attitudes and beliefs influence utilization, as well. Physician recommendation of the HPV vaccine is a key factor to its use, yet many

primary care physicians have not been proactive in promoting it, especially to young adolescents in the target age groups."

Because HPV infection in men contributes to HPV infection in women and the subsequent development of invasive cervical cancer, an additional strategy to reduce incidence has been the HPV vaccination of males, the authors said.

"Gender-neutral HPV vaccination would result in maximal disease reduction," they wrote. "Universal HPV vaccination has the potential to reduce the incidence of invasive cervical cancer and its precancerous lesions by 91 percent."

"Invasive cervical cancer can be eliminated in the United States," concluded the authors. "To achieve this goal, we need to adopt a comprehensive national health care program that underscores accessible and equitable health care, one that delivers compassionate care to all. A future without invasive cervical cancer is possible, although we must be innovative and vigilant in our approach to reduce its burden, as well as reduce the disparities in access to screening and overcome the obstacles to vaccination."

Provided by H. Lee Moffitt Cancer Center & Research Institute

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