



Issue Brief

HPV, Cervical Cancer and Asian Pacific Islander Women: Eliminating the Health Disparity

June 2006

On Thursday, June 8, 2006, the Food and Drug Administration (FDA) approved a cervical cancer vaccine developed by Merck and Company. The vaccine, Gardasil, is 100% effective in preventing the infection of human papillomavirus (HPV) which causes 70% of all cervical cancer cases worldwide. The FDA approved the vaccine for safe use among girls and women ages 9-26. Asian Pacific Islander (API) women will greatly benefit from this new HPV vaccine, given their high rates of cervical cancer, particularly among Vietnamese and Korean women.

The marketing and sale of the HPV vaccine also brings new questions about cost, accessibility, health care coverage, and how to address the politics around sexuality, particularly among

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young and teen girls. As guidelines and standards for HPV vaccinations are established in the coming months, health care providers, advocates, and community leaders must collectively work to educate API girls and women about HPV, cervical cancer, and the benefits of the vaccine, as well as expand access to the health care system regardless of socioeconomic or immigrant status.

For API women, sexual and reproductive justice includes the fundamental right to access affordable, linguistically, and culturally competent health care services that support their overall health and well-being. This issue brief discusses the link between HPV and cervical cancer and why the vaccine brings promise for improving the health care status of and potentially eliminating the cervical cancer disparity that exists among API women. It

concludes with ways in which the public health community can support the health care needs of communities of color most at risk for cervical cancer.

Cervical Cancer: The Widening Disparity Among API Women

With the widespread availability of Pap smears and screenings, the incidence of and mortality rates from cervical cancer have declined over the past few years. In fact, in the U.S. cervical cancer is relatively rare. For many API women, however, lack of health insurance, lack of knowledge about Pap smears and preventive care, and lack of culturally and linguistically appropriate services prevent them from equally accessing the health care system, contributing to their higher rates of cervical cancer.

In particular, studies have found that the cervical cancer rate for Vietnamese American women is five times higher than for white women, representing the highest rate for any racial or ethnic group. Another study found that invasive cervical cancer rates were much higher in Hmong women than other ethnic groups, and that diagnosis occurred at advanced stages, indicating low participation in screening programs. And, studies are finding that cervical cancer is becoming a significant health concern among Korean American women.

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The primary reason attributed to API women's high cervical cancer rates is their lack of preventive screenings, particularly Pap smears. One study found that 53% of the surveyed Vietnamese American women had never had a Pap smear, compared to 6% of women in the

general population. A 2000 study found that only 77% of all Asians reported ever receiving a Pap test, the lowest percentage of all of the surveyed racial and ethnic groups. By contrast, 95% of American Indian or Alaska Natives, 95% of African American, 95% of White, and 87% of Latino women had reported receiving a Pap smear at some point in their lives.

Barriers to Cervical Cancer Screenings and Reproductive Health Services

As mentioned above, API women encounter significant obstacles to accessing the health care system and receiving necessary sexual and reproductive health care services. For instance, 36% of API women under age 65 lack health insurance, and Korean Americans are the most likely racial or ethnic group to be uninsured. Studies have found that having health insurance is one of the primary indicators to accessing and using the health care system.

There are a number of reasons that may help to explain API women's high uninsured rates. First, API women tend to be concentrated in low-wage employment that does not provide employer-based coverage such as textile industries, restaurants, garment shops, and private households. Second, a significant percentage of API women are self-employed, and purchasing private insurance is cost-prohibitive. Finally, current immigration laws prohibit lawfully present immigrants who came to this country after August 1996 from receiving health care benefits under Medicaid for 5 years. Even after 5 years, federal requirements, such as sponsor liability rules, may render many API immigrant women ineligible for services.

Language differences and cultural beliefs also discourage many API women from seeking cervical cancer screenings and care. According to the U.S. Census Bureau, 79%, or four-fifths, of all Asian Pacific Islanders speak a language other than English at home, and 40% are limited English proficient (LEP) or speak English less than "very well." Studies have found that

individuals who require interpreters receive fewer preventive services such as Pap smears and mammograms.

Moreover, many API women will forgo seeking care because of the cultural stigma associated with cancer or misconceptions about what a Pap smear entails or is used for. Pap smears are viewed as not only invasive, but also as unnecessary screenings. Many API women are reluctant to visit a doctor unless they are physically sick and rarely discuss disease or illnesses within their community.

The Facts Behind HPV

Human papillomavirus (HPV) is a group of more than 100 different strains, over 30 of which can be transmitted from person to person through sexual contact. HPV is the most common sexually transmitted disease in the U.S. It is estimated that approximately 20 million Americans are currently infected with HPV and that 70% of sexually active women will become infected with HPV at some point during their lives. In addition, sexually active adolescents are at particularly high risk for developing HPV; one study found cumulative prevalence rates of up to 82% in adolescent girls. HPV transcends racial and geographic boundaries, affecting men and women of all racial and ethnic backgrounds across the U.S.

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HPV is transmitted through direct skin-to-skin contact (usually from vaginal, oral, or anal sexual contact) with a person who is infected with the virus. While there is no medical cure for HPV, most HPV infections come and go without the need for medical attention or cause for concern. In other words, a person may be infected with HPV without ever developing symptoms, physical discomfort, or even knowing of their infection.

The Link Between HPV and Cervical Cancer

Of the more than 100 different strains of HPV, studies have found at least 13 have the potential

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to cause cervical cancer. In particular, strains 16 and 18 have been found to cause over 70% of all cervical cancer cases. These strains cause abnormal cell growths of the cervix which can lead to cervical cancer if not treated or removed. In addition to being infected with these HPV strains, other factors that contribute to the development of cervical cancer include smoking, multiple sexual partners, sexual activity at an early age, and never having received a Pap smear.

HPV infections that lead to changes in the cervix are generally detected through an FDA-approved HPV test and Pap smears. The HPV test identifies the 13 strains of HPV associated with cervical cancer. Through a DNA analysis, the test can detect these HPV strains before there are visible changes of the cervix.

Pap smears are used to detect abnormal cell growth or precancerous changes of the cervix, and represent the most widespread way to protect against the onset of cervical cancer. It is

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recommended that women receive a Pap smear at least once every three years. According to the National Library of Medicine, Pap smears have reduced deaths from cervical cancer in the U.S. by 70%. Despite this decline in mortality rates overall, the American Cancer Society estimates that approximately 10,000 women in the U.S. will incur invasive cervical cancer in 2006, with almost 4,000 deaths. A disproportionate percentage of these cases will undoubtedly be among API women.

Although abstinence or faithful lifelong monogamy are the only real full-proof ways to protect against HPV infection, these may not be realistic. Regular Pap smears are perhaps one of the most effective measures to protect oneself against developing cervical cancer. In addition, one recent study found that regular condom use, while not eliminating the risk of HPV, reduced young women’s risk of contracting HPV by 70%.

The HPV Vaccine: New Hope for Preventing Cervical Cancer

The pharmaceutical company Merck & Co., Inc (Merck) developed, and the FDA approved, Gardasil, an HPV vaccine that will soon be available for widespread distribution. Gardasil protects against four HPV strains: 16 and 18, which as mentioned above, are responsible for 70% of all cervical cancer cases worldwide, and 6 and 11, which are responsible for 90% of genital warts.

“...the vaccine prevents infection and the development of abnormal cell growth that can lead to cervical cancer.”

Gardasil is administered over the course of 6 months through a series of three, separate injections. Clinical trials have found the vaccine to be 100% effective against strains 16 and 18, and 99% effective against strains 6 and 11, for up to four years after vaccination. In other words, the vaccine prevents infection and the development of abnormal cell growth that can lead to cervical cancer. Merck has indicated that the cost for full treatment of the vaccine ranges between approximately \$300-\$500.

GlaxoSmithKline is also developing an HPV vaccine, Cervarix, which has not yet been approved by the FDA. Cervarix protects against HPV strains 16 and 18. Like Gardasil, in clinical trials Cervarix has also witnessed 100% effectiveness rates.

Because HPV is sexually transmitted, experts argue that the vaccine should be administered before adolescents have their first sexual encounter. Approximately 13% of American females have had sexual intercourse prior to age 15. Thus, Merck is recommending that all girls receive their vaccines

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when they are 10-12 years old. In fact, Merck’s clinical trials found that the vaccine produced stronger response rates in adolescents aged 10-15 than in women aged 16-23.

Adolescent HPV vaccination has raised concern about teen sexuality and promiscuity. For instance, some groups have expressed concern that the HPV vaccine discourages abstinence

and that adolescents who receive the vaccine will engage in more risky sexual behavior because they will feel less vulnerable to STI infections or diseases. However, there are no published data or reports to support this concern. Most groups are now supportive of the HPV vaccine because of its potential to eliminate cervical cancer. Yet, they continue to voice concerns about mandatory childhood/adolescent HPV vaccinations, and whether states will require these vaccinations prior to enrollment in school or daycare.

Looking Ahead...

The HPV vaccine brings tremendous hope to reducing the cervical cancer rates among API women. The vaccine could reduce the need for expensive medical care, invasive surgeries, biopsies, and follow-up visits, and reduce overall health care costs. This will only happen, however, if we promote policies that provide API women and girls with true access to the vaccine and the health care system.

Financial Considerations

For instance, the cost of the treatment alone creates an enormous barrier to accessing the vaccine for a significant percentage of API women who lack health insurance. It is reported

“...will the treatment end up widening the cervical cancer disparity between API and white women?”

that private health insurers are likely to cover Gardasil for girls aged 11-12, but older women have to pay for the vaccination themselves.

Will Medicaid and other government programs for low-income populations step in to cover the vaccine for older women? Or will the treatment end up widening the cervical cancer disparity between API and white women? Health insurance and government programs must consider the financial impact of the vaccine in order to reach those most in need.

Education and Outreach

Educating API women and families about HPV and cervical cancer is also critically important to ensuring that the vaccine becomes acceptable within the community. Although HPV is the most common sexually transmitted infection in

the U.S., 70% of Americans have never heard of it. Given the significant percentage of API women who lack knowledge about Pap smears and preventive screenings, it is logical to assume that a significant percentage is also unfamiliar with HPV. In order to effectively reach API women, over the past few years, the National Cancer Institute and API community based organizations have partnered to develop culturally sensitive materials about cervical cancer, preventive care, and HPV.

Outreach targeting API parents is also necessary for widespread acceptance of the HPV vaccine. For instance, several surveys found that parents were initially reluctant about administering the HPV vaccine to teen girls, but then changed their minds after learning more about the connection between HPV and cervical cancer. In order to gain parental acceptance of the vaccine within the API community, counseling and outreach materials will not only need to address the cultural stigma around cancer and disease, but also the challenges around openly discussing issues related to sexuality and reproductive health care. The Center for Disease Control (CDC) is currently tailoring its HPV outreach materials for Korean, Vietnamese, and Filipino communities with the goal of dispelling some of these myths.

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Administering the Vaccine

Related to the issue of *whether* to vaccinate adolescents are the practical challenges to *administering* the HPV vaccine to this particular population. The HPV vaccine requires a series of three shots over the course of six months, yet adolescents often do not regularly visit their physicians and have minimal contact with health care providers. API teens are no exception. Anecdotal evidence from community clinic providers has found that many API teen girls do not seek health care or support until they are already in crisis (i.e. pregnant). In order to promote preventive care (such as contraception, HPV vaccine, Pap smears), awareness needs to be raised among the API teen population,

particularly if issues related to sexuality are not discussed in API households or families.

As the CDC's Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding who should receive the HPV vaccine, at what age, and how often,¹ it is critically important that discussions and next steps do not become overshadowed or stalled by the politics around teen sexuality. Communities of color, particularly API women, could benefit immensely from the widespread availability of the vaccine. Through effective education, outreach, and public policies we will have the ability to close the health care gap and improve the overall health care status of all API women.

¹ ACIP is a 15 member panel that provides guidelines and advices on immunizations: routine childhood and adolescent vaccinations as well as adult immunizations. Although ACIP's recommendations are not binding, they are usually followed by health care providers and insurers.

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