

## Latinas and Cervical Cancer

Latinas disproportionately suffer from cervical cancer. Hispanic women residing in the United States have nearly twice the cervical cancer incidence rate of non-Hispanic whites. The death rate from cervical cancer is 40% higher among Hispanic women than among other groups. Women in Mexico, Central America and South America experience approximately triple the cervical cancer incidence and mortality rates of women in the United States. There are many factors contributing to the higher mortality among Latinas, including lack of health care access, language barriers, and limited information about HPV and cervical cancer prevention. Most importantly, Latinas are underutilizing the Pap smear screenings, which are essential for detecting HPV and preventing cervical cancer. Studies show significant variations in Pap smear screening across Hispanic groups in the United States. Cervical cancer is preventable through proper screening and treatment. We must educate our community and increase access to Pap tests and the HPV vaccine to ensure that Latinas are able to protect their health.

## HPV and Cervical Cancer

The human papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States and is spread through skin-to-skin sexual contact. Of the 20 million Americans infected with HPV, half of those infected are sexually active adolescents and young adults ages 15-24. There are an estimated 6.2 million new infections every year; the vast majority of these infections do not cause any symptoms and are usually cleared by the body, but persistent infection with select “high risk” strains can lead to precancerous cells on the cervix and ultimately invasive cancer. Pap tests have drastically reduced the overall number of cervical cancer incidences and mortalities in the United States. Yet this year there will be an estimated 500,000 precancerous cells (or lesions) diagnosed and 11,000 new cases of invasive cervical cancer, leading to approximately 3,700 deaths. Detected at an early stage, cervical cancer is one of the most successfully treated cancers.

## HPV Vaccine

In June 2006, the FDA approved a vaccine, Gardasil, which protects against the two strains, 16 and 18, which are responsible for approximately 70% of all invasive cervical cancer cases, and strains 6 and 11, responsible for approximately 90% of all genital warts. The Centers for Disease Control have recommended universal vaccination for girls ages 11 and 12, and vaccines to be offered to girls and women between the ages of 9 and 26. Recently the FDA announced they would review GlaxoSmithKline’s HPV vaccine, Cervarix. Cervarix protects against HPV strains 16 and 18. Preliminary studies show that the vaccine may also protect against strains 31 and 45, which can also cause cancer.

Gardasil is an expensive vaccine, with the full three dose series costing a total of \$360, not including administrative and doctor’s fees. Many providers have voiced concerns over the cost and their inability to stock the vaccine or offer it

## Latinas and Cervical Cancer Quick Facts

- Hispanic women residing in the United States have twice the cervical cancer incidence rate of non-Hispanic whites.<sup>1</sup>
- The death rate from cervical cancer is 40% higher among Hispanic women than among other groups.<sup>2</sup>
- Women in Mexico, Central America and South America experience approximately triple the cervical cancer incidence and mortality rates of women in the United States.<sup>3</sup>
- Percentage of women ages 18 and older who received a pap test from 2000-2003: Mexican (73.4%), Puerto Rican (76.1%), Cuban (76.5%), Central or South American (76.3%).<sup>4</sup>
- Mexican-American and Puerto Rican women have twice the risk of developing cervical cancer as Cuban-American women.<sup>5</sup>

<sup>1</sup>Ries LAG, Eisner MP, Kosary CI, et al. SEER Cancer Statistics Review, 1973-1999. National Cancer Institute, Bethesda, MD. 2002

<sup>2</sup>American Cancer Society. Cancer Facts and Figures for Hispanics/Latinos 2003-2005

<sup>3</sup>Ferlay J, Bray F, Pisani P, Parkin DM. GLOBOCAN 2000: Cancer Incidence, Mortality and Prevalence Worldwide, version 1.0 IARC Cancerbase no.5 Lyon, IARC Press, 2001

<sup>4</sup>IBID

<sup>5</sup>American Cancer Society: Cancer facts and figures for Hispanic/ Latinos in 2006-2008

to patients. The Vaccine for Children, VFC, program will provide Gardasil to eligible females through the age of 18, including those enrolled in Medicaid, some of the uninsured and many whose insurance does not cover vaccines. While the VFC program helps to ensure access for most females under 18, there are concerns about coverage for women ages 19 to 26. Adult immunizations are often not included in private insurance plans, and each state's Medicaid program decides whether to provide coverage for adult immunizations. New York State Medicaid has announced plans to cover the vaccine. There is currently no safety net to ensure that women ages 19 to 26 can easily access this vaccine.

## Latino Reproductive Rights Project

The Latino Reproductive Rights Project, LRRP, is a unique collaboration between the National Institute for Reproductive Health and the Hispanic Federation. The goal of the LRRP is to increase the knowledge of the sexual and reproductive health disparities in our Latino communities and empower our communities to safeguard their reproductive rights.

The project has two main objectives:

### Research Latino knowledge and attitudes towards reproductive health care and rights, and develop reproductive health and choice messages for Latino Communities

- Research Latino viewpoints on the issues of reproductive freedom, and access to reproductive health care and family planning.
- Recruit a diverse group of Latinos for the focus groups to develop culturally appropriate and meaningful messages that speak to the Latino community.
- Implement public educational campaign by distributing posters and pamphlets to the member agencies of the Hispanic Federation and other CBOs working on Latino sexual and reproductive health and justice.

### Developing Voices and Disseminating Information in Latino Communities

- Train adult and youth *promotoras* to increase knowledge of Latino reproductive health disparities. In turn, the *promotoras* disseminate the information by conducting sessions within their agency and/or community.
- Organize media briefings to assist in raising awareness of reproductive health disparities in the Latino community and the community-based efforts underway.
- Organize community forums at which community members, sexual and reproductive health care providers/educators, and community and legislative leaders will be invited to discuss Latino reproductive health disparities. This gathering will urge community and legislative leaders to safeguard Latino sexual and reproductive health by working to eliminate these disparities.

By increasing our knowledge as a community we can then: 1) take personal action by reassessing behaviors, and attitudes; 2) take action on behalf of the community by increasing awareness through information dissemination; and 3) urge Latino leaders and legislative officials to safeguard Latino sexual and reproductive health and rights. By increasing our individual knowledge, the knowledge in our communities and that of our elected officials, our efforts will contribute to reducing these disparities and empowering our communities.

