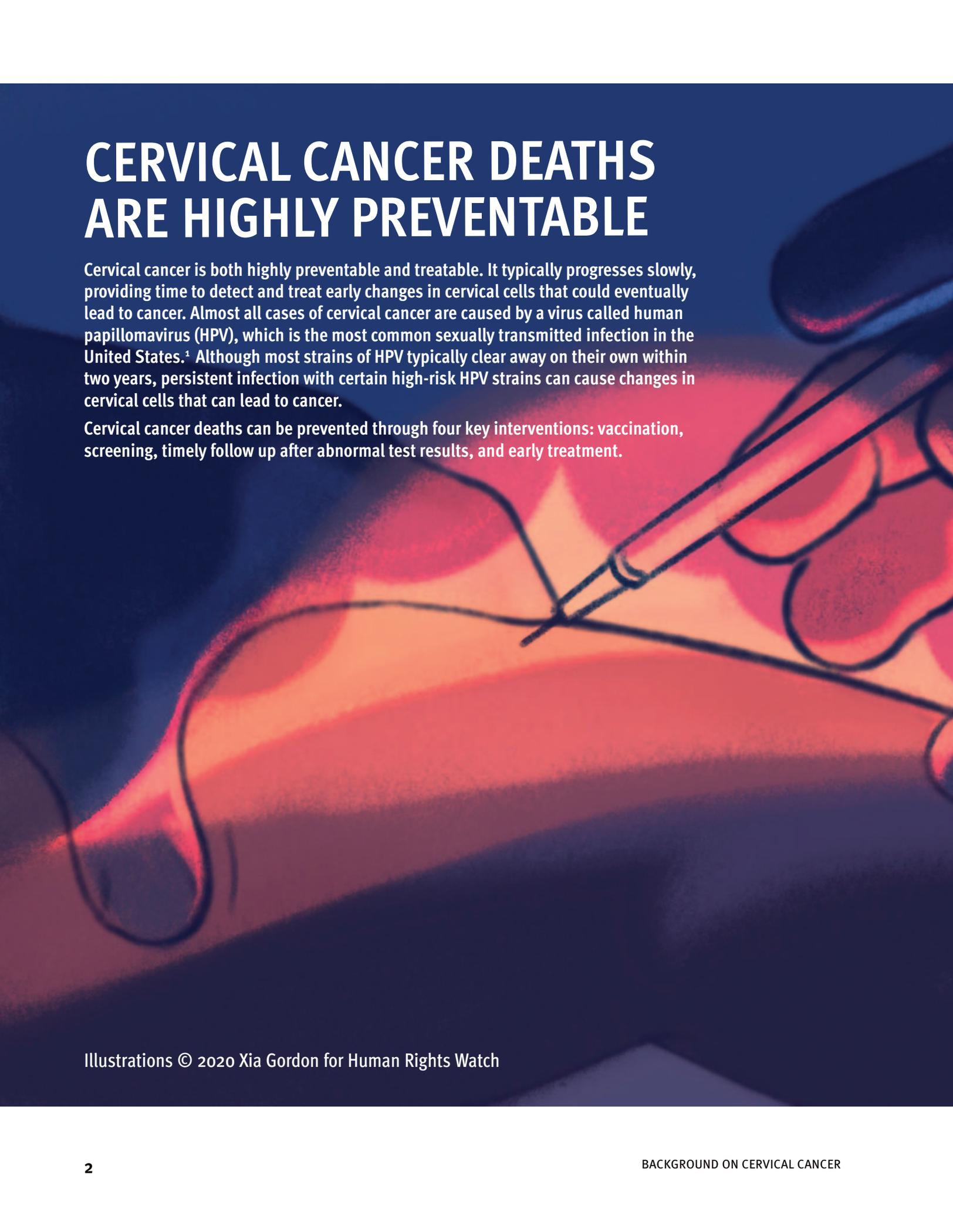


BACKGROUND ON CERVICAL CANCER

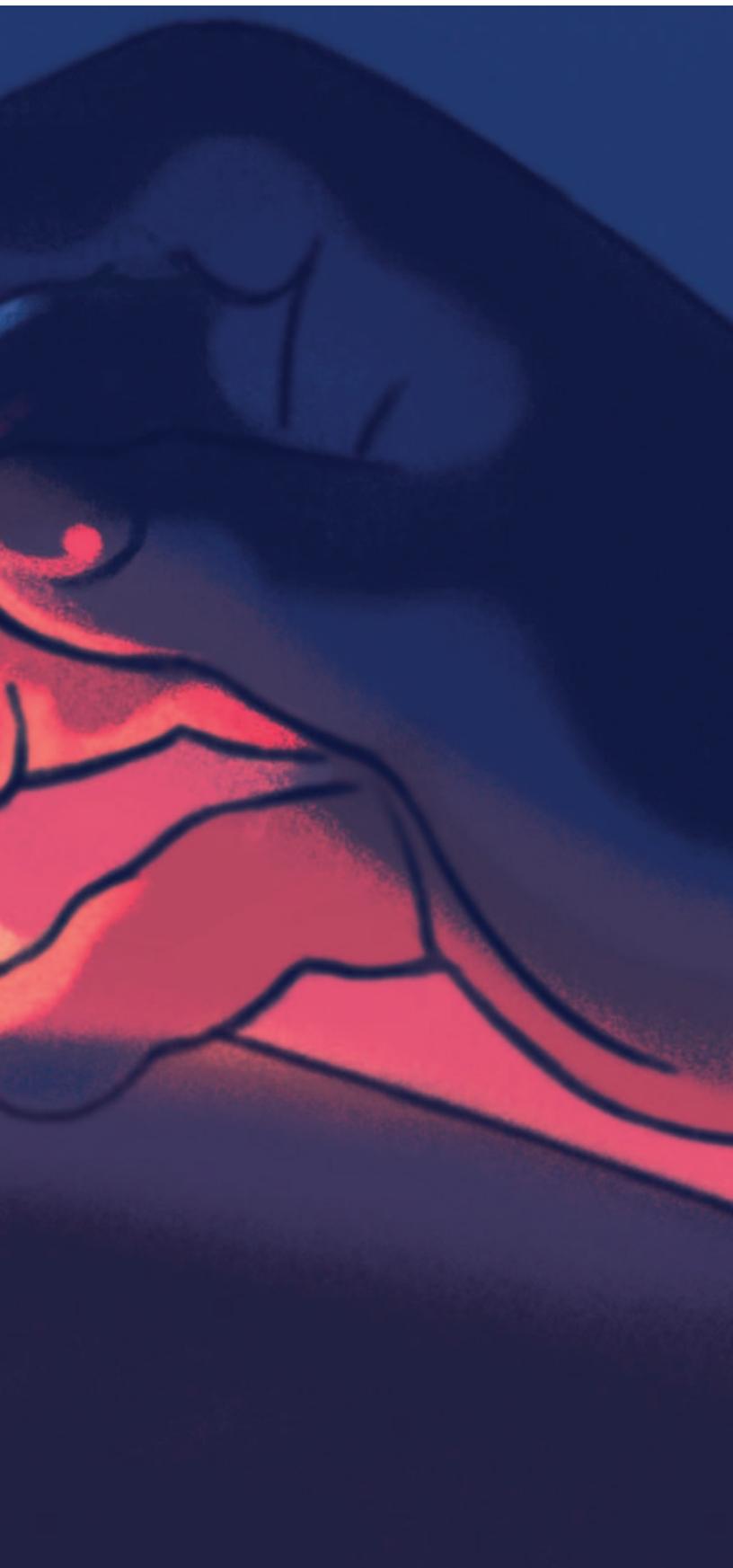
CERVICAL CANCER DEATHS ARE HIGHLY PREVENTABLE

An illustration of a hand holding a pen, with a background of abstract red and orange shapes. The hand is positioned on the right side of the frame, holding a pen that points towards the center. The background consists of various shades of red and orange, with some darker blue and purple tones, creating a textured, almost cellular or organic appearance. The overall style is modern and artistic.

Cervical cancer is both highly preventable and treatable. It typically progresses slowly, providing time to detect and treat early changes in cervical cells that could eventually lead to cancer. Almost all cases of cervical cancer are caused by a virus called human papillomavirus (HPV), which is the most common sexually transmitted infection in the United States.¹ Although most strains of HPV typically clear away on their own within two years, persistent infection with certain high-risk HPV strains can cause changes in cervical cells that can lead to cancer.

Cervical cancer deaths can be prevented through four key interventions: vaccination, screening, timely follow up after abnormal test results, and early treatment.

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VACCINATION

The HPV vaccine is an effective cancer prevention tool. It prevents against the majority of HPV infections that cause cervical cancer. Gardasil 9, the only HPV vaccine available in the US, protects against nine high-risk strains of HPV that cause 75 to 90 percent of cases of cervical cancer.² The Centers for Disease Control and Prevention (CDC) recommends two doses of the vaccine for all adolescents ages 11 and 12 years, although the vaccine can be given to children as early as 9 years old.³ For adolescents or adults who start the vaccine when they are 15 years or older, three doses of the vaccine are required.⁴ Previously, the vaccine was only approved for adults up to the age of 26 years. In October 2018, the Food and Drug Administration (FDA) approved Gardasil 9 for all adults up to the age of 45 years, significantly expanding the pool of individuals who can now receive the vaccination.⁵ Although the vaccine is most effective if given before the initiation of sexual activity and any exposure to HPV, it can still protect adults against new HPV infections.⁶

¹ National Cancer Institute, “HPV and Cancer,” January 10, 2020, <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer> (accessed March 17, 2020). See also, Centers for Disease Control and Prevention (CDC), “Human Papillomavirus - Genital HPV Fact Sheet,” August 20, 2019, <https://www.cdc.gov/std/hpv/stdfact-hpv.htm> (accessed March 17, 2020).

² National Center for Biotechnology Information, “HPV Vaccine to Prevent Cervical Cancer,” December 19, 2018, <https://www.ncbi.nlm.nih.gov/books/NBK279261/> (accessed March 17, 2020).

³ CDC, “Immunization Schedules: Table 1. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019,” February 5, 2019, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#adolescent> (accessed March 17, 2020).

⁴ Ibid.

⁵ US Food and Drug Administration, “FDA Approves Expanded Use of Gardasil 9 to Include Individuals 27 Through 45 Years Old,” October 5, 2018, <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm622715.htm> (accessed March 17, 2020).

⁶ According to the CDC, Advisory Committee on Immunizations Practices (ACIP), “Since HPV is commonly acquired soon after first sex, vaccine effectiveness will be much lower in adults than among young adolescents.” CDC, ACIP, “Evidence to Recommendations for HPV Vaccination of Adults, Ages 27 through 45 years,” August 16, 2019, <https://www.cdc.gov/vaccines/acip/recs/grade/HPV-adults-etr.html> (accessed March 17, 2020).

SCREENING

Cervical cancer occurs when abnormal cervical cells grow out of control.⁷ Since it typically takes several years for changes in cervical cells to develop into cancer, routine screenings, including Papanicolaou (Pap) and HPV tests, can detect abnormal and precancerous changes in cervical cells before they become cancer.⁸ Both tests use cells taken from the cervix. Pap tests detect if abnormal cells are present and HPV tests determine the presence of high-risk HPV strains.⁹ While exact screening recommendations depend on age and medical history, typically, women ages 21-29 years should have a Pap test every three years and women ages 30-65 years should have both a Pap and HPV test every five years.¹⁰ A medical provider will be able to advise an individual on what tests are best for them. Screenings for cervical cancer can help detect abnormal changes in cervical cells at an early and treatable stage. When detected early, the five-year survival rate for cervical cancer is above 90 percent.¹¹

⁷ American College of Obstetrics and Gynecology (ACOG), “Cervical Cancer Screening,” September 2017, <https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening> (accessed March 17, 2020).

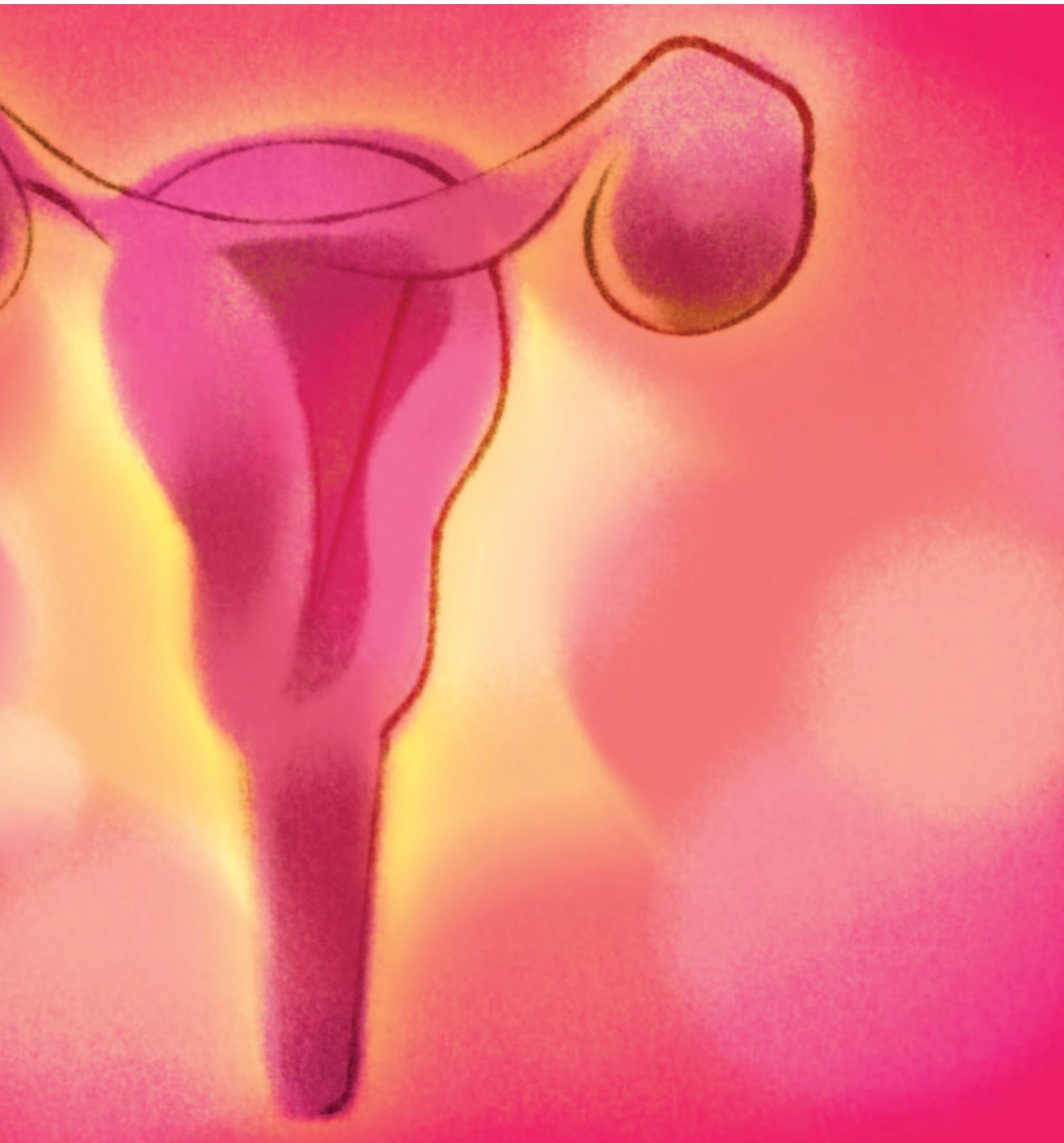
⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ The five-year survival rate is 92 percent when cervical cancer is localized and has not spread beyond the organ of origin. See American Cancer Society, “Cancer Facts and Figures 2018,” 2018, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf> (accessed March 17, 2020), p. 27.









TIMELY FOLLOW UP

If screening test results are abnormal, timely follow up is necessary. Depending on the results, further testing and treatment options differ, with some individuals requiring only monitoring and repeated testing. Others may need a colposcopy, a procedure that examines the cervix more closely for any abnormal changes. If an abnormal area of tissue is detected during the procedure, a medical provider will typically perform a biopsy to remove cells or tissues from areas of concern for further examination with a microscope.¹²

¹² ACOG, "Cervical Cancer Screening."

EARLY TREATMENT

There are several procedures to remove precancerous cervical lesions found during screenings and follow-up examinations including: conization, often called a cone biopsy, which removes a cone-shaped piece of tissue, including abnormal tissue; loop electrosurgical excision procedure (LEEP), which uses an electrical wire loop to remove abnormal tissue; and laser ablation, which destroys abnormal tissue using a laser beam.¹³

¹³ American Cancer Society, "Cancer Facts and Figures 2018," p. 27.





RACIAL DISPARITIES IN CERVICAL CANCER MORTALITY RATES IN ALABAMA

Cervical cancer thrives in contexts of poverty and inequality. There are marked disparities in rates of cervical cancer deaths in the US, reflecting unequal access to health care and the interventions needed to prevent HPV infection and identify and provide early treatment for precancerous stages of the disease. Although medical advances in diagnostic testing and treatment options have led to sharp declines in cervical cancer incidence and mortality rates over the past few decades, the National Cancer Institute estimates that 4,300 women will likely die of cervical cancer in the US in 2020.¹⁴ Black women, women from low-income backgrounds, and those who lack consistent access to health insurance are at a greater risk of dying from this preventable and treatable disease.

Black women die of cervical cancer at a disproportionately high rate in the US.¹⁵ According to the latest data available from the CDC, in 2017 Alabama was among the top five states in the country in terms of the highest rate of cervical cancer cases and deaths.¹⁶ Black women in Alabama die of cervical cancer at almost twice the rate of white women.¹⁷ In a state where Black people are twice as likely to live in poverty than white

people, economic deprivation and patterns of racial discrimination and inequality exacerbate poor health outcomes for many Black women.

Human Rights Watch research has shown how federal and state policies in Alabama neglect the reproductive health care needs of Black women and contribute to an environment in which they are dying of cervical cancer at disproportionate rates.¹⁸ Alabama's failure to improve access to reproductive health care information—including basic sexual health education in schools—and services prevents marginalized women from accessing preventive services and treatment options available to more affluent women in the state. This has resulted in high mortality rates for Black women, including in the Black Belt, a rural region of the state with a predominantly African American population, widespread poverty, and poor health outcomes. Alabama has one of the lowest Medicaid eligibility levels in the country and, as of June 2020, has not expanded its Medicaid program to increase health care coverage for poor and low-income individuals in the state. Without consistent access to health insurance, the financial costs of screenings and follow-up testing for cervical cancer prove too burdensome for some Black women.¹⁹ In 2018, Human Rights Watch interviewed uninsured and underinsured women who described avoiding the health care system for non-emergency treatment, therefore missing out on crucial opportunities for detection and treatment at an early stage. With a shortage of gynecologists in Black Belt counties, including only 4 gynecologists in the 17 Black Belt counties in 2018, the financial burdens of transportation for specialist care following abnormal test results also created a barrier to accessing timely and lifesaving treatment for some poorer women living in rural counties. Many women we spoke with simply could not afford to travel to see a doctor at a critical time.

¹⁴ National Cancer Institute, "Cervical Cancer Treatment (PDQ)—Health Professional Version," January 22, 2020, <https://www.cancer.gov/types/cervical/hp/cervical-treatment-pdq> (accessed March 17, 2020).

¹⁵ American Cancer Society, "Cancer Facts and Figures for African Americans, 2019-2021," 2019, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf> (accessed March 17, 2020), p. 3.

¹⁶ Centers for Disease Control and Prevention, "United States Cancer Statistics," June 2020, <https://www.cdc.gov/cancer/uscs/about/data-briefs/no10-hpv-assoc-cancers-UnitedStates-2012-2016.htm> (accessed June 12, 2020).

¹⁷ Data from Alabama's Cancer Registry show that mortality from cervical cancer was 1.75 times higher among Black women compared to white women from 2007-2016: 4.9 compared to 2.8 per 100,000 women. See American Cancer Society, "Alabama Cancer Facts & Figures 2018-2019," accessed via <https://www.alabamapublichealth.gov/ascr/assets/factsfigures20182019.pdf> (accessed June 24, 2020), p. 27.

¹⁸ Human Rights Watch, *It Should Not Happen: Alabama's Failure to Prevent Cervical Cancer Death in the Black Belt*, November 2018, <https://www.hrw.org/report/2018/11/29/it-should-not-happen/alabamas-failure-prevent-cervical-cancer-death-black-belt>.

¹⁹ *Ibid.*

Access to information on sexual and reproductive health in Alabama schools can have a profound impact on rates of cervical cancer. Comprehensive sexual health education can provide adolescent girls and young women with information to prevent HPV, including knowledge of the HPV vaccine, and steps to take to lower cervical cancer risk. All young people should have access to this lifesaving information on their reproductive health, such as guidelines for recommended routine screenings, the importance of timely follow-up care, where to go for free and low-cost reproductive health care services, and how to recognize abnormal gynecological symptoms. Education around sexual and reproductive health in schools is a critical intervention that can address one major barrier to preventing cervical cancer and lead to positive lifelong health outcomes for women in Alabama.