

HPV VACCINE

CANCER PREVENTION



ELIMINATING CERVICAL CANCER DEATHS THROUGH A HUMAN RIGHTS FRAMEWORK

HUMAN
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CERVICAL CANCER DEATHS ARE HIGHLY PREVENTABLE AND TREATABLE

Cervical cancer is both highly preventable and treatable. When women have access to routine, affordable, and quality health care, most cervical cancer deaths can be prevented. The disease typically progresses slowly, providing time to detect and treat early changes in cervical cells that could eventually lead to cancer. When detected early, the five-year survival rate is over 90 percent.¹ The survival rate falls dramatically if the cancer is detected at a late stage or after it has spread.²

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.³ Although most strains of HPV typically clear away on their own within a few years, persistent infection with certain high-risk strains of HPV can cause changes in cervical cells that can lead to cancer.⁴

Cervical cancer deaths can largely be prevented through four key interventions: prevention; regular Papanicolaou (Pap) tests and HPV screenings; timely follow-up after abnormal test results; and early and appropriate treatment. Most cervical cancer deaths in the US can be attributed to a failure at one or more of these points.

1. PREVENTION, INCLUDING ACCESS TO INFORMATION AND THE HPV VACCINE

Access to information on sexual and reproductive health can have a profound impact on rates of cervical cancer. Young people need accurate information about their bodies to make informed decisions to stay healthy and safe. Comprehensive sexual health education in schools can provide young people with lifesaving information on their reproductive and sexual health to prevent cervical cancer.⁵ This includes information on guidelines for routine gynecological screenings, how to recognize abnormal gynecological symptoms, where to access free and low-cost confidential reproductive healthcare services, the increased risk of cervical cancer as a result of tobacco usage, and the HPV vaccine.⁶

The HPV vaccine is a safe and effective cancer prevention tool.⁷ It prevents against the majority of HPV infections

¹ The five-year survival rate is 92 percent when cervical cancer is localized and has not spread beyond the organ of origin. 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 June 17, 2021), p. 27.

² The five-year survival rate “falls to 57 percent and 17 percent for women diagnosed with regional and distant stage disease, respectively.” Ibid.

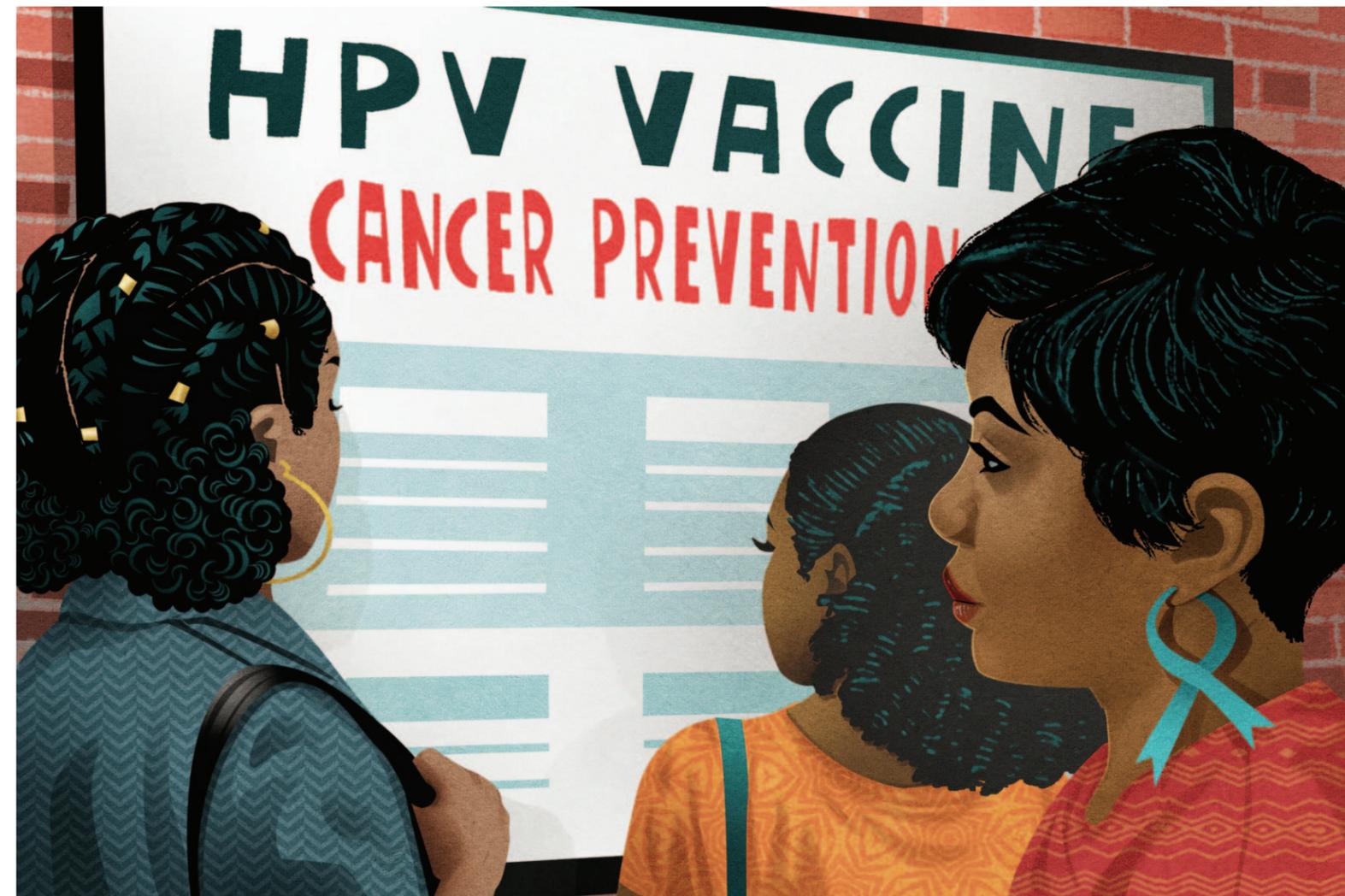
³ National Cancer Institute, “HPV and Cancer,” January 22, 2021, <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer> (accessed June 17, 2021). See also, Centers for Disease Control and Prevention (CDC), “Human Papillomavirus- Genital HPV Fact Sheet,” January 19, 2021, <https://www.cdc.gov/std/hpv/stdfact-hpv.htm> (accessed June 17, 2021).

⁴ National Cancer Institute, “HPV and Cancer.”

⁵ Human Rights Watch, “It Wasn’t Really Safety, It Was Shame:” *Young People, Sexual Health Education, and HPV in Alabama*, July 2020, <https://www.hrw.org/report/2020/07/08/it-wasnt-really-safety-it-was-shame/young-people-sexual-health-education-and-hpv>.

⁶ “Women who smoke are about twice as likely as those who don’t smoke to get cervical cancer. Tobacco by-products have been found in the cervical mucus of women who smoke. Researchers believe that these substances damage the DNA of cervix cells and may contribute to the development of cervical cancer. Smoking also makes the immune system less effective in fighting HPV infections.” See American Cancer Society, “Risk Factors for Cervical Cancer,” January 3, 2020, <https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention/risk-factors.html> (accessed August 2, 2021).

⁷ CDC, “Human Papillomavirus (HPV) Vaccine,” September 9, 2020, <https://www.cdc.gov/vaccinesafety/vaccines/hpv-vaccine.html> (accessed July 29, 2021).



that cause cervical cancer. The vaccine available in the US, Gardasil 9, offers protection against the nine strains of HPV known to cause 90 percent of cervical cancers.⁸ 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.⁹ The vaccine is most effective if received before the initiation of sexual activity and any exposure to HPV. However, it does offer protection even after a person becomes sexually active and is recommended for adults and individuals with previous HPV infection to guard against new infections.¹⁰ The Food and Drug Administration (FDA) has approved Gardasil 9 for adults up to age 45.¹¹

⁸ American Cancer Society, “HPV Vaccines,” July 21, 2020, <https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html> (accessed July 29, 2021).

⁹ CDC, “Immunization Schedules: Table 1. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019,” February 12, 2021, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#adolescent> (accessed June 17, 2021).

¹⁰ CDC, Advisory Committee on Immunizations Practices (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 June 17, 2021).

¹¹ US Food and Drug Administration (FDA), “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 June 17, 2021).

2. REGULAR PAP TESTS AND HPV SCREENINGS

Cervical cancer can usually be prevented with routine screenings that can help detect abnormal changes in cervical cells at an early and treatable stage. Since it typically takes several years for abnormal cervical cells to develop into cancer, routine screenings can detect abnormal and precancerous changes before they become cancer.¹² Pap tests detect if abnormal cells are present on the cervix and HPV tests determine the presence of high-risk HPV strains.¹³ While exact screening recommendations depend on age and medical history, regular screening should begin at age 21 and continue until 65.¹⁴ After 65, cervical cancer screenings are generally not recommended for patients who have been regularly screened in the last 10 years with no abnormal test results, although they still may be recommended for some women who are high risk.¹⁵ A medical provider will be able to advise an individual on what screening tests are best for them.

¹² American College of Obstetrics and Gynecology (ACOG), “Cervical Cancer Screening,” May 2021, <https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening> (accessed June 17, 2021).

¹³ Ibid.

¹⁴ ACOG, “Updated Cervical Cancer Screening Guidelines,” April 2021, <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines> (accessed June 17, 2021).

¹⁵ “The only way to know it is safe to stop being tested after age 65 is if you have had several tests in a row that didn’t find cancer within the previous 10 years, including at least one in the previous five years: For the Pap test alone, you should have three normal tests in a row; For the Pap-HPV co-test, you should have two normal tests in a row.” CDC, “Some Older Women Are Not Getting Recommended Cervical Cancer Screenings,” July 27, 2020, <https://www.cdc.gov/cancer/dpcp/research/articles/older-women-cervical-cancer-screenings.htm> (accessed June 17, 2021).



3. TIMELY FOLLOW-UP AFTER ABNORMAL TEST RESULTS

If screening test results are abnormal, timely follow-up with a medical provider 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 with a microscope to identify the areas that may have 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.¹⁶ These biopsies are then sent to a lab for further evaluation. Based on the findings, a medical provider and individual will discuss next steps in screening or treatment.



¹⁶ ACOG, "Colposcopy," May 2021, <https://www.acog.org/womens-health/faqs/colposcopy> (accessed June 17, 2021).

4. EARLY AND APPROPRIATE TREATMENT

There are several procedures to treat and remove pre-cancerous cervical lesions found during screenings and diagnostic testing: *conization*, often called a cone biopsy, which removes a cone-shaped piece of tissue from the cervix, including abnormal tissue; *loop electrosurgical excision procedure (LEEP)*, which uses an electrical wire loop to remove abnormal tissue; *laser ablation*, which destroys abnormal tissue using a laser beam; and *cryotherapy*, a procedure that freezes and destroys abnormal cells.¹⁷ Before any procedure is performed, a medical provider should thoroughly explain all treatment options, take time to answer questions, and discuss any foreseeable health risks with patients.



¹⁷ American Cancer Society, "Cancer Facts and Figures 2021," 2021, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf> (accessed June 17, 2021), p. 28.

CERVICAL CANCER DEATHS ARE A HUMAN RIGHTS FAILURE

Cervical cancer thrives in the United States in a context of structural racism, discrimination, poverty, and inequality. Almost no one should die from the disease, but some groups—those that are historically marginalized and neglected—do more often than others.

There are marked disparities in rates of cervical cancer deaths in the US, reflecting exclusion from the healthcare system and unequal access to the interventions and services necessary to prevent and treat the disease, particularly in its early and treatable stages. 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, yet the National Cancer Institute estimated that 4,290 women would die of cervical cancer in the US in 2021.¹⁸ For women of color, women living in poverty, women without health insurance or regular access to health care, and those who fall into more than one of these categories, cervical cancer is more likely to be a death sentence.

Racial disparities in cervical cancer mortality rates are glaring, and Black women die of cervical cancer at a disproportionately high rate in the US.¹⁹ Women are less likely to be screened as they get older and death rates are especially high for older Black women.²⁰ Black women have a higher risk of late-stage diagnosis and they are more likely to die from the disease than any other racial or ethnic group in the country.²¹ They are almost twice as likely to die from cervical cancer as white women in the US, and the disparity is even greater when national data is corrected to exclude women who have had hysterectomies.²² Research has found that while controlling for socioeconomic status reduces the higher cervical cancer mortality risk Black women face, it does not erase it entirely.²³ Even among women with similar stages of the disease, Black women are less likely to receive adequate treatment and research has found that later-stage diagnosis and treatment differences contribute to the lower relative survival and higher mortality rates for Black women.²⁴

In addition to patterns of racial discrimination, economic deprivation is also strongly and independently associated with cervical cancer mortality. Women living in poverty and those without health insurance have lower cervical cancer screening rates, a higher risk of late-stage diagnosis, and lower rates of cervical cancer survival in the US.²⁵ Research has shown that women living in states that have not expanded Medicaid under the Affordable Care Act are less likely to receive cervical cancer screenings than those living in states that have expanded Medicaid, with the greatest impact on uninsured women.²⁶

The failure of the federal and state governments to protect and promote the right to health for all people leaves Black women at a greater risk of dying from this preventable and treatable disease. In the US, Black people are more likely to live in poverty and are less likely to have health insurance.²⁷ Economic deprivation compounds racial discrimination, together creating barriers to accessing the reproductive healthcare services and information Black women need to prevent and treat cervical cancer.²⁸ Research from Human Rights Watch and the Southern Rural Black Women’s Initiative for Economic and Social Justice in Alabama and Georgia has shown that federal and state policies across the US neglect the reproductive healthcare needs of Black women and contribute to an environment in which they are dying of cervical cancer at alarming rates.²⁹ Any preventable death from cervical cancer represents a failure of government to ensure adequate and affordable access to the lifesaving reproductive healthcare services and information all people need and have a right to.

¹⁸ National Cancer Institute, “Cervical Cancer Treatment (PDQ)—Health Professional Version,” January 22, 2021, <https://www.cancer.gov/types/cervical/hp/cervical-treatment-pdq> (accessed June 17, 2021).

¹⁹ 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 June 17, 2021), p. 3

²⁰ CDC, “Some Older Women Are Not Getting Recommended Cervical Cancer Screenings”; Mary White et al., “Cervical Cancer Screening and Incidence by Age: Unmet Needs Near and After the Stopping Age for Screening,” *American Journal of Preventive Medicine*, vol. 53 (2017), doi:10.1016/j.amepre.2017.02.024; Anna Beavis et al. “Hysterectomy-Corrected Cervical Cancer Mortality Rates Reveal a Larger Racial Disparity in the United States,” *Cancer*, vol. 123, no. 6 (May 15, 2017), pp. 1044-1050, doi:10.1002/cncr.30507.

²¹ American Cancer Society, “Cancer Facts and Figures for African Americans, 2019-2021,” p. 19; CDC, “United States Cancer Statistics: Data Visualizations-Cancer Statistics at a Glance 2018,” undated, <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/> (accessed July 29, 2021).

²² American Cancer Society, “Cancer Facts and Figures for African Americans, 2019-2021,” p. 9. See also, Beavis et al., “Hysterectomy-Corrected Cervical Cancer Mortality Rates Reveal a Larger Racial Disparity in the United States.,” *Cancer*.

²³ Candace Sheppard et al., “Assessment of Mediators of Racial Disparities in Cervical Cancer Survival in the United States,” *International Journal on Cancer*, vol. 138, no. 11 (2016), pp. 2622-30, doi:10.1002/ijc.29996.

²⁴ Sarah Markt et al., “Insurance Status and Cancer Treatment Mediate the Association Between Race/Ethnicity and Cervical Cancer Survival,” *PLoS One*, vol. 13, no. 2 (February 2018), doi:10.1371/journal.pone.0193047; Sheppard et al., “Assessment of Mediators of Racial Disparities in Cervical Cancer Survival in the United States”; American Cancer Society, *International Journal on Cancer*; “Cancer Facts and Figures for African Americans, 2019-2021,” pp. 10 and 19.

²⁵ Thomas Churilla et al., “Disparities in the management and outcome of cervical cancer in the United States according to health insurance status,” *Journal of Gynecologic Oncology*, vol. 141, no. 3 (2016), pp. 516-523; Lindsay Sabik et al., “State Medicaid Expansion Decisions and Disparities in Women’s Cancer Screening,” *American Journal of Preventive Medicine*, vol. 48, no. 1 (2015), pp. 98-103, doi:10.1016/j.amepre.2014.08.015.

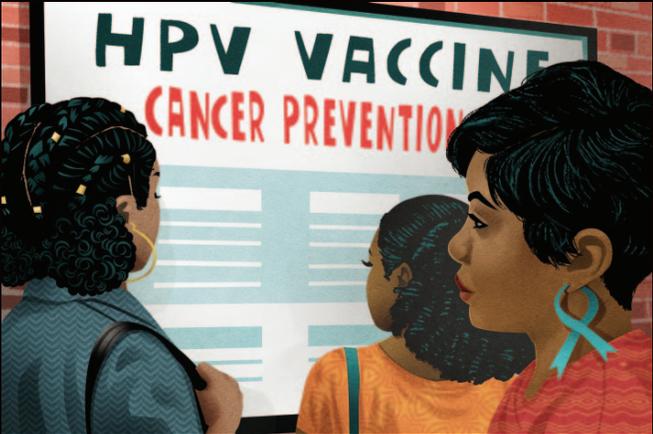
²⁶ Sabik et al., “State Medicaid Expansion Decisions and Disparities in Women’s Cancer Screening,” *American Journal of Preventive Medicine*.

²⁷ Kaiser Family Foundation, “State Health Facts: Poverty Rate by Race/Ethnicity-2019,” undated, <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity> (accessed July 30, 2021); Center for American Progress, “Health Disparities by Race and Ethnicity,” May 7, 2020, <https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/> (accessed July 30, 2021).

²⁸ 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>; Human Rights Watch and the Southern Rural Black Women’s Initiative for Economic and Social Justice, “*We Need Access: Ending Preventable Deaths from Cervical Cancer in Rural Georgia*,” January 2022, <https://www.hrw.org/report/2022/01/20/we-need-access/ending-preventable-deaths-cervical-cancer-rural-georgia>.

²⁹ Ibid.

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