

Cervical Cancer Incidence Rates Remain Higher in Hispanic/Latina Women



Hispanic/Latina women have the highest incidence of cervical cancer compared to other races/ethnicities.¹ In 2015 approximately **2,000 Hispanic/Latina women** in the U.S. were expected to be diagnosed with cervical cancer and **600 were expected to die from the disease.**²

Risk Factors

Cervical cancer is a highly preventable disease, largely due to Pap tests and the Human Papillomavirus (HPV) vaccine. A Pap test (or Pap smear) is a test that allows doctors to detect pre-cancerous cells in the cervix.³ This is the most effective way to screen for early cervical cancer, and is recommended regularly for women between the ages of 21 and 65.^{4,5}

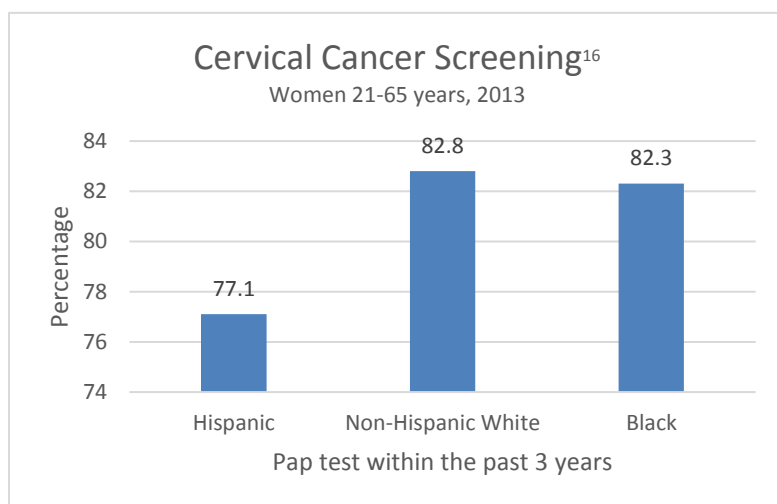
HPV: Nearly 90 percent of cervical cancers are caused by certain strains of HPV.⁶ HPV is a group of over 150 “related viruses,” transmitted through intimate skin-to-skin contact.⁷ HPV infections are very common, with nearly 80 million people in the United States currently infected with the virus.⁸ Although most HPV infections do not have any symptoms and clear up on their own, there are some infections that can persist for many years and cause cell changes in the cervix, which may progress to cancer.⁹ The HPV vaccine targets the high-risk HPV types that cause cervical cancer, and are most effective when given at ages 11-12 years old, but can be given as early as 9 years old and up to age 26.^{5,10}

Other risk factors: Tobacco use, obesity, and HIV infection can all increase the risk of cervical cancer in women.

- Hispanic/Latina women are less likely to use tobacco than women of other races/ethnicities, but are also less likely to receive support from a health professional to quit smoking or receive cessation services.²
- Although obesity rates in the U.S. have continued to increase, women of Hispanic origin have been found to have significantly higher rates of obesity compared to non-Hispanic white women.²
- Infection with HIV weakens the immune system, which increases the risk of infection of high-risk HPV, and therefore increases the risk for developing cervical cancer.²
 - The incidence rate of HIV cases was over three times higher among Hispanic/Latina women than among non-Hispanic white women in 2015.¹¹

Cervical Cancer Disparities: Hispanic/Latina Women

- **Low Rates of Screening:** Despite having one of the highest incidence of cervical cancer, Hispanic/Latina women **undergo significantly fewer Pap tests** than non-Hispanic white and black women.²
 - Women of Cuban and Central/South American origin have the lowest rates of Pap tests in the past three years among all Hispanic/Latina women in the U.S.²
 - Hispanic/Latina women who have been in the U.S. for less than 10 years are significantly less likely to have had a Pap test in the last three years compared to those who have been in the country for 10 or more years.¹²



- Hispanic/Latina **women with public insurance or uninsured are significantly less likely to have had a Pap test.**¹²
- Hispanic women are less likely than women of other races/ethnicities to return for recommended follow-up after an abnormal Pap test.²
- **Low Rates of HPV vaccination:** As with girls of all races/ethnicities in the U.S., uptake of the HPV vaccine has been relatively low compared to rates of other vaccines.
 - Recent data demonstrate that Hispanic/Latina girls have one of the highest rates of vaccination uptake than girls of other races/ethnicities (with Asian race/ethnicity superseding them).¹³ However, overall rates still remain low.
 - A strong provider recommendation is critical to improving HPV vaccination rates. A Hispanic/Latina girl is more likely to complete the vaccination course if her doctor is able to explain to her and/or her parents the importance of the vaccine to prevent cancer.¹⁴
 - If girls increased vaccination rates for HPV to the level of other standard vaccines (like the tetanus, diphtheria, and pertussis (Tdap) vaccine), there would be almost no racial/ethnic disparity in the lifetime risk of developing or dying from cervical cancer caused by high-risk HPV.¹⁴

Barriers that Hispanic/Latina women face to receiving a Pap test include:²

- ❖ Limited access to healthcare
- ❖ Low education levels
- ❖ Embarrassment and pain during the test
- ❖ Providers who cannot communicate in Spanish

Reducing the Divide

The American Cancer Society Cancer Action Network (ACS CAN) has made significant progress in improving access to cervical cancer screening, HPV vaccination, and treatment for all Americans at both the federal and state levels. However, the disparity between Hispanic/Latina women and women of other races/ethnicities persists. ACS CAN supports a number of cancer control and prevention programs and policies aimed at decreasing disparities in cervical cancer mortality in Hispanic/Latina women.

Increase access to the entire continuum of care: Increasing screening and HPV vaccination rates, providing timely access to diagnostic testing, and improving access to comprehensive, quality healthcare coverage and cancer treatment care are all important in decreasing cervical cancer mortality in Hispanic/Latina women. ACS CAN has been a vocal supporter of health reforms that reduce discriminatory practices against cancer patients and survivors and provides millions of Americans access to quality, comprehensive health care coverage, including no-cost cervical cancer screenings and HPV vaccination.

Support for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The Center for Disease Control and Prevention’s (CDC) NBCCEDP provides uninsured and underinsured women access to no-cost screening, diagnostic, navigation, and education and outreach services, as well as a pathway to cancer treatment care. More than 288,000 Hispanic/Latina women have received Pap tests through this program.¹⁵ ACS CAN is a longtime supporter and champion of the NBCCEDP and supports increasing federal and state funding to expand the reach of this lifesaving program.

Reduce risk factors for cervical cancer: Hispanic/Latina women are less likely to receive support to quit smoking or receive cessation services² and are more likely to be obese than non-Hispanic white women,² both of which increase their risk for cervical cancer. ACS CAN advocates at all levels of government for legislation and regulations that help increase physical activity and healthy eating, reduce tobacco use, and reduce exposure to secondhand smoke for all Americans, particularly those disproportionately affected by these risk factors.

ACS CAN Advocacy Campaigns:

- ❖ **Support health reforms that increase comprehensive health care coverage, including expanding Medicaid eligibility**
- ❖ **Support increased funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**
- ❖ **Maintain and increase funding for cancer research, and help establish the National Institute on Minority Health and Health Disparities**

¹ American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

² American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos 2015-2017. Atlanta: American Cancer Society; 2015

³ Cervical Cancer. Centers for Disease Control and Prevention and Inside Knowledge. Accessed Oct 2016 from http://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf

⁴ American Cancer Society guidelines for the Early Detection of Cancer. Cervical Cancer. Reviewed July 26, 2016. Accessed Nov 2016 from <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

⁵ Smith, RA, Andrews K, Brooks D, DeSantis CE, Fedewa SA, Manassaram-Baptiste D, Saslow D, Brawley OW, and Wender RC. (2017), Cancer screening in the United States, 2017: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians*. DOI: 10.3322/caac.21392.

⁶ Cervical Cancer-Patient Version. National Cancer Institute. Accessed Oct 2016 from <https://www.cancer.gov/types/cervical>

⁷ Centers for Disease Control and Prevention. *What is HPV?* Updated December 28, 2015. Accessed October 2016. <https://www.cdc.gov/hpv/parents/whatispv.html>.

⁸ Centers for Disease Control and Prevention. *Genital HPV infection – fact sheet*. Updated May 19, 2016. Accessed June 2016. <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#a7>.

⁹ HPV and Cancer. National Cancer Institute. Reviewed Feb 19, 2015. Accessed Oct 2016 from <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet>

¹⁰ Meites E, Kempe A, Markowitz LE. Use of a 2-dose schedule for human papillomavirus vaccination – updated recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 2016; 65(49):1405-8.

¹¹ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2015*; vol. 27. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>. Published November 2016. Accessed January 2017.

¹² Shoemaker ML, White MC. Breast and cervical cancer screening among Hispanic subgroups in the USA: estimates from the National Health Interview Survey 2008, 2010, and 2013. *Cancer Causes & Control*. March 2016;27(3):453-457. doi: 10.1007/s10552-016-0718-5

¹³ Reagan-Steiner S, Yankey D, Singleton J, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2015. *MMWR. Morbidity And Mortality Weekly Report*. August 26, 2016;65(33):850-858.

¹⁴ Burger EA, Lee K, Saraiya M et al. Racial and Ethnic Disparities in Human Papillomavirus- Associated Cancer Burden With First-Generation and Second-Generation Human Papillomavirus Vaccines. *Cancer*. July 1, 2016; 122(13):2057-2066.

¹⁵ Centers for Disease Control and Prevention. National breast and cervical cancer early detection program: National aggregate. Updated April 11, 2017. Accessed May 2017. https://www.cdc.gov/cancer/nbccedp/data/summaries/national_aggregate.htm.

¹⁶ American Cancer Society. Cancer Prevention and Early Detection Facts & Figures 2015-2016. 2016 Update. Atlanta: American Cancer Society; 2016.