Ending Cervical Cancer Deaths Worldwide

**Testimony Submitted to the House Committee on Appropriations,
Subcommittee on State, Foreign Operations, and Related Programs, For Fiscal Year 2018**

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Thank you, Mr. Chairman, and members of the Subcommittee for the opportunity to submit this testimony in support of a proposed statutory proviso that would encourage the Department of State and the U.S. Agency for International Development (USAID) to take steps toward eliminating cervical cancer deaths worldwide. For fiscal year 2018, no new funding is requested, and we do not believe the requested statutory proviso has specific budgetary impact.

The mission of the American Cancer Society (ACS) is to save lives, celebrate lives, and lead the fight for a world without cancer. For 103 years, ACS has funded and conducted research, shared expert information, supported patients, and spread the word about cancer prevention, treatment and care. In collaboration with our non-profit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), we have helped make cancer research, prevention and treatment key health policy priorities for lawmakers. This effort has contributed to a 25 percent decrease in the overall U.S. cancer death rate since 1991, such that there are now 15 million survivors alive in the United States today. We are also committed to reducing death from cancer worldwide.

Today, I am writing to you about cervical cancer, and begin with the simple, but perhaps not well-known fact that death from cervical cancer is entirely preventable and the disease itself can be prevented and treated successfully in low-income priority countries at a very low cost.

Even so, cervical cancer continues to have a devastating impact on women and families in priority high-prevalence, lower-income countries. We believe that eliminating death from cervical cancer worldwide is an achievable goal within our lifetimes, and it is a goal that should be part of the global health assistance program of the United States.

Cervical cancer was once a common cause of cancer death for women in the U.S. In 2016, the number of women who died from cervical cancer in this country was 4,120 in a population of over 162 million American women. This was largely the result of access to preventive services, primarily the Pap test. In addition, because virtually all cervical cancers are caused by the

Human Papillomavirus (HPV) infection, HPV vaccination can safely and effectively prevent most cervical cancers before women and girls become infected.

In this regard, ACS has long recognized the need to lead in reducing the incidence of, and mortality from, cervical and other HPV- associated cancers through strategic and coordinated public education and planning. ACS has worked to overcome barriers to HPV vaccination through improving provider and parental awareness and education, addressing system-level barriers and improving access to and opportunities for vaccination.

Despite our success in reducing death from cervical cancer in the United States, it remains the fourth most common cancer in women worldwide and the most common cancer in 38 low- and middle-income countries (LMICs). In 2012, an estimated 527,000 women were diagnosed with cervical cancer and 265,700 died from the disease. Of those deaths, approximately 90 percent lived in sub-Saharan Africa, Asia and Latin America.

In LMICs, cervical cancer deaths often occur when women are in their 30s and 40s, depriving families of mothers, partners and caretakers and robbing societies of women in their most productive years. One of my colleagues recently visited a cancer center in east Africa and spoke with a woman battling late-stage cervical cancer who was only 18 years old. It's impossible to imagine the pain and personal trauma that young woman has endured.

Amidst such tragedy, the encouraging news again, is that cervical cancer is preventable and treatable. Even in low-income countries, and with modest, focused resources, death from cervical cancer can be eliminated.

HPV vaccines are affordable and cost-effective both in the United States and in LMICs. At $4.50-per-dose in many LMICs, the vaccine is one of the most cost-effective cancer prevention methods, according to the World Health Organization and other global health experts, who characterize it as a "best buy" in virtually all LMICs.

While the primary objective of vaccination is to prevent cervical cancer altogether, there are effective and affordable screening and treatment options for women who are at risk of or show symptoms of cervical cancer. While inexpensive and low-technology, extremely effective methods of one-visit screening and treatment of precancerous lesions exist, and are not difficult to bring to scale. In LMICs, a woman can receive lifesaving screening and treatment for as little as $25.

With the assistance of global health funding made available over the past decade, many LMICs have created improvements in basic public health and the clinical infrastructure required to screen and treat disease. The results of this investment could be dual-purposed in an effort to prevent, screen and treat cervical cancer with the possibility of ending death from this disease. Women whose immune systems have been compromised by HIV/AIDS are at least five times more likely to be diagnosed with cervical cancer, and their cancers progress faster. Vaccination

and cervical cancer screening and treatment ought to be integrated into existing local health programs and platforms for maternal and child health, reproductive health and HIV/AIDS, and can be done while advancing the objectives of those existing programs.

To be successful we ask you to help us persuade our colleagues within the Department of State and the USAID of the vision and efficacy of this effort. If you take steps now, we truly believe that you could end death from cervical cancer worldwide in just a few decades. The means and the science exist, and again, the health care delivery is relatively simple and inexpensive.

To facilitate this effort, we are proposing the following statutory proviso be included in the FY18 State, Foreign Operations, and Related Programs Appropriations bill:

> "Within 180 days of enactment of this Act, the Secretary of State shall submit to the Committees on Appropriations a report on the impact of cervical cancer in priority high-prevalence, lower-income countries, together with a plan to scale up cervical cancer vaccination for girls and screening and treatment services for women in those countries."

Global health has long enjoyed bipartisan and bicameral congressional support. U.S. leadership in global health has produced impressive results by helping improve the health of mothers and children and reducing deaths from infectious diseases like HIV/AIDS, tuberculosis and malaria. It is only logical that we make a reasonable effort to save women from cervical cancer while at the same time we are saving them from infectious diseases, especially considering the extent of cervical cancer mortality in that population.

We and our global health partners stand ready to work with the Committee and with the Administration to improve the lives of girls and women to eliminate death from cervical cancer worldwide.

Thank you.