



Published in final edited form as:

*J S C Med Assoc.* 2009 December ; 105(7): 225.

## **Cervical Cancer in South Carolina: Problems & Solutions Through Research, Practice, and Innovation**

**Heather Brandt, PhD and Sandra Glover**

In the United States, in comparison to the rest of the world, rates of cervical cancer incidence and mortality are relatively low. However, problems persist that challenge us in our efforts to further decrease disease. The introduction of the Pap test in the mid-1900s and widespread participation in cervical cancer screening has been a tremendous breakthrough in cervical cancer prevention and control. Since that time, in the United States, we have seen a 75% reduction in deaths due to cervical cancer. The decline in deaths from cervical cancer in the United States, as well as the improved survival of women with advanced disease have resulted, according to experts, from widespread application of routine screening with the Pap test, the emergence of gynecologic oncology as a distinct medical subspecialty, and the completion of important clinical trials. Despite these advances, not all women have benefited equally. Women of color, women living in rural regions, and women with low income levels have seen fewer benefits in the United States and around the world and continue to develop and die of cervical cancer at much higher rates. Currently, South Carolina ranks fourteenth in cervical cancer incidence and mortality rates as compared to the rest of the United States.

The problem of excess cervical cancer disease is one for which potential solutions exist. First, we need to encourage and support women to have regular Pap tests as recommended by the American Cancer Society and other organizations putting forth evidence-based guidelines. Second, if a woman has an abnormal screening result, we need to encourage and support her in seeking follow-up care in a timely manner to make sure that the abnormalities do not progress to cervical cancer. Third, we must ensure that health care providers are aware of and practicing the latest screening, follow-up care, and treatment guidelines for cervical cancer. New tools and revised guidelines have improved cervical cancer prevention and control efforts, and health care providers and consumers need such information to most effectively screen for disease.

While cervical cancer screening has been effective in a larger sense, the identification of HPV as an etiologic factor in the development of cervical disease has resulted in the licensure, approval, and recommendation for the first vaccine for some types of HPV, called Gardasil® (Merck). Gardasil® is licensed for females aged 9 to 26 and recommended by the Centers for Disease Control and Prevention (CDC) for females aged 11 and 12 with catch up doses until age 26. Concerns about safety, the cost of the vaccine, and financing and delivery of the vaccine have resulted in mixed uptake, according to a recent study by the CDC (NIS-Teen). Recently, the United States FDA issued support for a second vaccine, Cervarix™ (GlaxoSmithKline), and for administration of Gardasil® to males. Additional efforts are needed to ensure that parents and individuals can make informed decisions related to HPV vaccination based on culturally- and literacy-appropriate, medically accurate information.

Even with new tools and old, some important social and behavioral factors remain paramount in our efforts to prevent cervical cancer so that disparities in cervical cancer are decreased rather than increased. The problem of cervical cancer is more complex when you consider the myriad factors and barriers related to getting a Pap test, getting follow-up care,

and/or uptake of HPV vaccines. Awareness and knowledge of the connection between HPV and cervical cancer, transportation, increasing health care costs, taking time off work, and finding someone to care for children are examples of threats to further reductions in cervical cancer.

Cervical cancer is a disease that may only affect women in the physical sense, but all of us lose when a woman dies unnecessarily. The symposium focused on cervical cancer is designed to share with you a sample of the research, practice, and innovation being conducted by scientists, physicians, and members of the community. Unfortunately, only a few articles could be included in the symposium. We were unable to provide information on important local cervical cancer screening programs, such as the one operated by Palmetto Health in Columbia, research with sexual minority women, and studies of persistence and progression of HPV being conducted by researchers at the University of South Carolina. Further, we did not include studies focused on males, which has relevance due to the connection between HPV and other disease outcomes and the recent approval by the United States FDA to administer Gardasil® to males. We look forward to collaborating with anyone interested in addressing cervical cancer in South Carolina. We hope that you will join us in our efforts to address cervical cancer in South Carolina.

## Acknowledgments

This publication is supported by Grant# 5P20MD001770-04, funded by the National Center on Minority Health and Health Disparities (NCMHD) at the National Institutes of Health (NIH). The content and views expressed in this publication are solely that of the author(s) and does not necessarily reflect the official views of the NIH.