

US deaths from cervical cancer higher than previously thought

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A new report shows that the incidence of cervical cancer of the female genital tract in the United States is higher than previously thought. A press release published January 23 in *Cancer*, from the Johns Hopkins Bloomberg School of Public Health, reports that initial estimates of cervical cancer failed to discount the women who had undergone hysterectomies, which virtually always includes removal of the cervix, the lower most segment of the uterus.

The estimated occurrence of cervical cancer and resulting deaths were thereby falsely lowered, by including persons in the former studies who had no cervix. About one fifth of US women have had a hysterectomy.

In the United States last year, there were 12,990 newly diagnosed cases of cervical cancer and 4,120 women died of the disease. This represents a 77 percent higher incidence in black women than previously estimated, and 47 percent higher in white women. The corrected US mortality rate of cervical cancer in black women is 10.1 per 100,000 each year, and 4.7 per 100,000 for white women.

Also, more women are dying of cervical cancer over the age of 65 than previously stated, the traditional life point at which health authorities have recommended stopping screening for the disease.

Anne F. Rositch, PhD, MSPH, an assistant professor in the Department of Epidemiology at the Bloomberg School, said in the press release, “This is a preventable disease and women should not be getting it, let alone dying from it.” She added, “These data tell us that as long as a woman retains her cervix, it is important that she continue to obtain recommended screening for cervical cancer since the risk of death from the disease remains significant well into older age.”

In an editorial in *Cancer* on the Bloomberg study, Dr. John Farley, gynecologic oncologist and professor at

Creighton University School of Medicine at St. Joseph’s Hospital and Medical Center in Arizona, wrote, “We have a vaccine which can eliminate cervical cancer, like polio, that is currently available and only 40 percent of girls age 13 to 17 have been vaccinated. This is an epic failure of our health care system in taking care of women in general, and minorities specifically.”

Human papilloma virus (HPV) was confirmed in the 1980s to be the cause of cervical cancer, as well as cancers on the vulva, penis, and in the vagina, throat and tonsils. HPV is the most common sexually transmissible disease (STD) in the US. The lifetime risk of encountering HPV for sexually active persons has been estimated at 80 percent. Of the 150-200 HPV viral strains, some 15 are high risk for causing disease, and three or more are probable high risk. HPV strains 16 and 18 are responsible for 75 percent of cervical cancers worldwide. The health care consensus generally remains that HPV infection is a prerequisite for cervical cancer occurrence.

According to the Centers for Disease Control and Prevention (CDC), there are about 30,700 new cases of HPV cancers of the varied types annually in the US. The HPV vaccine is considered highly effective, had it been comprehensively administered as recommended. It is estimated that the HPV-caused cancers would have been reduced by some 28,000, or over 91 percent. Some health authorities have insisted the vaccine is over 99 percent effective.

The *Journal of the American Medical Association* (JAMA) *Oncology* reported last week that in a group of 1,868 men with penile cancer, 45 percent had HPV infection. Ten percent of these men had received the HPV vaccine.

At any one time worldwide, there exist about 500,000 cases of cervical cancer and there are about 275,000 women’s deaths annually. Approximately 50,000 new cases of cervical cancer occur globally each year. India

leads the world at about 73,000 deaths per year, or some 26.4 percent of global annual mortality for cervical cancer.

The CDC recommends all boys and girls ages 11 or 12 receive the vaccine, which is given in two shots, 6-12 months apart. Teens 14 and older require three injections. Women can receive the vaccine through the age of 26, and men through age 21.

Current cervical cancer preventative recommendations in the US include beginning pap smears (scraping or swabbing a sample of cervical cells for pathologic study) together with HPV testing in sexually active women at age 21, repeating every three years. *Cervical Cancer News* reported January 20 that most of the cervical cancers discovered in the US occur in women who have never had screening tests.

On January 17, *Self* magazine reported the testimonial of an unmarried young Ohio woman who moved to Boulder, Colorado in 2008 with \$200 in her pocket. Because of painful menstrual cycles, she sought care at a Planned Parenthood Clinic for birth control pills to relieve her cramps. In the course of her health evaluation, she was diagnosed with a cervical pre-cancer and received treatment in return for a small donation that she struggled to afford. Without that treatment, she told the magazine, she might well have progressed to a life threatening status.

So-called low-grade pre-cancers can resolve on their own. Higher grade pre-cancers have a 30 to 40 percent incidence of progressing to outright malignancy, which has been estimated can occur within a year. The magazine also noted that most cervical cancers occur before age 50. Once the cancer occurs, potentially more uncomfortable and extensive treatment is required for a cure, unless the disease is too advanced, when it becomes life threatening.

But according to *Self*, the CDC has characterized cervical cancer as among the malignancies “easiest to prevent,” given the screening, diagnostic and treatment technologies now available. In the last 50 years, cervical cancer rates in the US fell 50 percent, due to the availability for many women of screening and treatment of early disease.

Planned Parenthood Federation of America (PPFA) operates out of 650 centers in the US. Fifty-four percent of these are in so-called shortage service areas, providing preventive exams for women, birth control education and counseling, contraception, early genital and cervical cancer treatments, and abortions.

In 2014, PPFA health professionals provided care for

2.5 million patients while performing 271,539 exams and pap smear screenings, providing 24,063 HPV vaccines, and administering over 2000 pre-cancer treatments. In 2013, PPFA reported that it provided some 320,000 clinically safe abortions for women with limited financial resources.

PPFA obtains fully a third of its revenue, about \$450 million, from the federal government by way of Medicaid dispensed to and through the states, and from Title X family planning grants. PPFA, however, is barred by reactionary federal laws from using these fund to provide abortions.

Far-right religious groups and individuals, who have given significant political support to Donald Trump, have long worked to defund PPFA. This includes his current nominee for secretary of Human Health and Services (HHS), Republican Georgia congressman and orthopedic surgeon Tom Price. Price is on record favoring draconian cuts to Medicare and Medicaid, which some 130 million people depend upon for life-saving health care.

If Price receives Senate confirmation he will be positioned to advocate and push through Congress the drastic cutting of health care funds for the elderly, the poor, as well as Planned Parenthood, the object of religious-right hatred. He would also oversee the 11 divisions comprising the HHS Department, which includes the CDC, the Food and Drug Administration, and the National Institutes of Health.

According to *Cosmopolitan* magazine, a reporter from ThinkProgress at the Conservative Political Action Conference asked Price about the loss of contraception coverage for women in his health care proposals. He reportedly replied, “Bring me one woman who has been left behind. Bring me one. There’s not one. The fact of the matter is this is a trampling on religious freedom and religious liberty in this country.”

The chairwomen of PPFA, Cecile Richards, said, “Tom Price poses a grave threat to women’s health in this country.” Sasha Bruce, senior vice president of NARAL Pro-Choice America, told *Cosmopolitan* that with Price’s nomination Trump is sending “a clear signal that he intends to punish women who seek abortion care.”



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