

Subcommittee on Criminal Justice,  
Drug Policy and Human Resources

Opening Statement of Chairman Mark Souder

**“Cervical Cancer and HPV”**

March 11, 2004

Good morning and thank you all for being here.

Today’s hearing will examine the latest medical science regarding cervical cancer and ongoing federal efforts to treat the disease and prevent infection from the virus that causes it.

Each year in the United States, over 12,000 women develop cervical cancer and more than 4,000 women die of the disease. By way of comparison, about the same number of women die from HIV/AIDS every year.

In 2001, cervical cancer was estimated to be the 12<sup>th</sup> most commonly new diagnosed cancer

among women in the U.S. According to the American Cancer Society, non-invasive cervical cancer may be 4 times as widespread as the invasive type.

Experts agree that infection by certain strains of human papillomavirus (HPV) is the primary cause of nearly all cervical cancers. HPV infection is also associated with other cancers and more than one million pre-cancerous lesions.

About 20 million Americans are currently infected with HPV. An estimated 5.5 million Americans become infected with HPV every year and 4.6 million of these are acquired by young Americans between the ages of 15 and 24.

In 1988, Dr. Stephen Curry from the New England Medical Center in Boston said HPV “is rampant. If it weren’t for AIDS, stories about it would be on the front page of every newspaper.”

Fifteen years later most Americans still have never heard of HPV and most are unaware of the dangers the virus can pose or how to protect

themselves against infection and it is still rampant.

On Monday of this week, researchers reported that an alarming one-third of women in a recent study were found to be infected with a strain of HPV linked to cervical cancer.

In January of this year, the Centers for Disease Control and Prevention issued its first-ever comprehensive HPV prevention report. The CDC report states:

“Because genital HPV infection is most common in men and women who have had multiple sex partners, abstaining from sexual activity (i.e. refraining from any genital contact with another individual) is the surest way to prevent infection.

“For those who choose to be sexually active, a monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. For those who choose to be sexually active but who are not in a monogamous relationship, reducing the number of sexual partners and choosing a partner less

likely to be infected may reduce the risk of genital HPV infection.”

The CDC report notes that “The available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection.”

The CDC’s findings echo a 2001 report entitled “Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention” prepared by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health in consultation with the Food and Drug Administration, the U.S. Agency for International Development and CDC, which evaluated all published data on latex condoms and STD prevention and concluded that “there was no evidence that condom use reduced the risk of HPV infection.”

These scientific findings are important because Public Law 106-554, signed by President Clinton on December 21, 2000, requires the CDC to educate the public and health care professionals about HPV prevention and directs the FDA to “reexamine existing

condom labels ... to determine whether the labels are medically accurate regarding the overall effectiveness or lack of effectiveness of condoms in preventing sexually transmitted diseases, including HPV.”

Because of the lack of awareness about HPV, there has been much confusion about the virus. I would like to emphasize two important points.

First, not everyone infected with HPV will develop cancer, but those with persistent, high risk strains of HPV are at increased risk.

And second, while treatment can prevent the progression of cervical cancer, treatment should not be confused with HPV prevention. Treatment is often invasive, unpleasant, and costly and does not preclude the necessity for additional treatments or adverse side effects.

Today, I look forward to learning what efforts federal agencies are taking to protect the public against HPV and cervical cancer, and in particular, what actions the CDC is undertaking to promote the agency’s HPV prevention recommendations.

I also look forward to an update on the status of federal programs to diagnose and treat cervical cancer and to develop an effective HPV vaccine. Congress has passed a number of laws over the past decade to increase access to testing and treatment. Because deaths from cervical cancer are largely preventable, it is vitally important that women have access to and are routinely screened for HPV and cervical cancer, and, if necessary, treated.

Finally, I look forward to hearing from the experts on our second panel who are on the frontlines every day treating patients with HPV and learning what advice they may have for federal policy makers for improving efforts to educate, prevent and treat HPV and cervical cancer.

Thank you all for being here today. We look forward to your testimony and insights on this very important issue.