



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**HOUSE COMMITTEE ON HEALTH**

**HCR 51, REQUESTING THE DEPARTMENT OF HEALTH TO INCREASE  
EDUCATIONAL EFFORTS TO PREVENT AND ERADICATE CERVICAL  
CANCER**

**Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health**

**February 24, 2009, 9:30 AM**

1 **Department's Position:** The Department of Health supports the intent of H.C.R. 51 to expand  
2 education about the causes, cures and prevention of cervical cancer. Additional resources will be needed  
3 to expand education and develop new and innovative measures to disseminate information on the  
4 prevention of cervical cancer.

5 **Fiscal Implications:** No appropriation amount has been identified.

6 **Purpose and Justification:** Human papillomavirus (HPV) is the name of a group of viruses that  
7 includes more than 100 different types (of which 30 have been identified). Almost all (more than 99%)  
8 cervical cancers are related to HPV. Of these, about 70% are caused by HPV types 16 or 18. About  
9 500,000 pre-cancerous cell changes of the cervix, vagina, and vulva are diagnosed each year in the  
10 United States, and over half are related to HPV 16 and 18. Most women who have a cervical HPV  
11 infection do not know they are infected. The only way to be tested for HPV is through a DNA-based test  
12 done on a sample obtained from the cervix. There is currently one FDA-approved test for the detection  
13 of cervical HPV infection in women. There are no FDA-approved HPV tests for men. A Pap test can  
14 reveal abnormal cell changes that may result from an HPV infection; however, it does not test for HPV.

1 The Pap test can find early cell changes in the cervix before these changes turn into cancer. If the Pap  
2 test finds cell changes early enough, it can prevent cervical cancer.

3 In June 2006, the U.S. Food and Drug Administration (FDA) approved Quadrivalent Human  
4 Papillomavirus (Type 6, 11, 16, 18) Recombinant Vaccine (Gardasil, Merck & Co., Inc.) for vaccination  
5 of females 9 to 26 years of age for prevention of diseases caused by Human Papillomavirus (HPV)  
6 Types 6, 11, 16, and 18. Gardasil is the first vaccine developed to prevent cervical cancer and other  
7 diseases in females caused by certain types of genital human papillomavirus (HPV). The vaccine,  
8 Gardasil, has an efficacy rate of 95-100% and protects against four HPV types, which are responsible  
9 for 70% (types 16 & 18) of cervical cancers and 90% (types 6 & 11) of genital warts.

10 The Department of Health recognizes the importance of encouraging all women, especially those  
11 among vulnerable populations, to get regular examinations and to emphasize the importance of  
12 screening for early detection of cervical cancer. Also of importance is providing educational programs  
13 with accurate and appropriate information on HPV and the link between HPV infection and cervical and  
14 other cancers.

15 Thank you for the opportunity to testify.

Testimony in support of HCR 51  
February 24, 2009 9:30 a.m. Room 329  
House Health Committee Hearing  
Written testimony from Dr. Mark Hiraoka

Aloha. Thank you, Chair Ryan Yamane, Vice Chair Scott Nishimoto and members of the House Committee on Health, for this opportunity to provide testimony on House Concurrent Resolution 51. My name is Mark Hiraoka, MD.

I am offering this testimony as an individual, who serves as Director of the Cervical and Vulvar Disease Clinic in the Department of Obstetrics, Gynecology and Women's Health at the John A. Burns School of Medicine.

Cervical cancer is the third most common cancer arising from the female genital tract in the United States. It is estimated that over 11,000 American women were diagnosed with cervical cancer in 2008 and that over 3000 women died from the disease. In addition, 330,000 new cases of high grade pre-invasive cervical disease and 1.1 million new cases of low grade pre-invasive cervical disease are diagnosed in the U.S. each year. Probably the most distressing fact is that we have the ability to prevent a majority of these cases.

Cervical cytology has long been the cornerstone of cervical cancer screening and prevention. Based on the dramatic reduction in cervical cancer rates in the United States, it could be argued that cervical cytology is the most effective cancer screening test ever developed. However, despite its proven effectiveness, not all women in Hawaii participate in regular screening.

In June 2006, a new vaccine to prevent cervical cancer and pre-invasive cervical disease was introduced. The quadrivalent (Human Papilloma Virus) HPV vaccine was approved by the FDA for the prevention of HPV related diseases, including cervical cancer and pre-invasive cervical disease. A bivalent HPV vaccine is also currently in development. Published studies have demonstrated both vaccines to be highly effective in preventing invasive cervical cancer and pre-invasive disease. However, to achieve optimal effectiveness, the vaccines need to be administered prior to the initiation of sexual activity.

Despite the clear preventive benefits of the vaccine, there are a number of challenges hindering the widespread utilization of the HPV vaccine. First, many potential vaccine recipients are unaware of the vaccine or its benefits. Second, the administration of the vaccine can be costly, even with insurance coverage. The HPV vaccine is one of the more expensive vaccines on the market. Lastly, some groups believe that vaccine administration may encourage teenage sexual activity.

Increased efforts to educate the public, regarding the natural history of cervical cancer, impact of cervical cancer screening and the effectiveness of available HPV vaccines, would potentially improve efforts to prevent both invasive and pre-invasive cervical

cancer. Effective prevention would likely result in decreased morbidity and mortality from the disease and should eventually lead to decreased health care spending.

Thank you for the opportunity to testify.

Mark Hiraoka, MD