

Cervical Cancer: Burden of Illness

If stakeholders are to establish the impact of cervical cancer and its related complications on managed care organizations (MCOs) and providers, they must first gain a realistic understanding of the implications of the disease. This supplement consists of 3 articles that discuss and quantify issues known to exacerbate the overall impact of cervical cancer and cervical dysplasias caused by oncogenic human papillomavirus (HPV) infections. It also emphasizes the significant value afforded by primary prevention methods like HPV vaccination.

Most MCOs believe that the primary clinical and financial burdens of cervical cancer derive from invasive cervical cancer. In fact, the main burden centers around costs related to screening for and managing precancerous dysplasias. The first article of this supplement will help healthcare organizations better understand the true impact of cervical disease progression. It will also begin to quantify the various elements that contribute to the overall burden of cervical disease. The article delves into the prevalence of HPV infection and the ease with which it is transmitted from person to person, the difficulties associated with accurately detecting and managing cervical abnormalities, the direct and indirect costs associated with oncogenic HPV infections, and the cervical abnormalities that persistent HPV infections can cause.

The second article examines the impact of secondary identification and prevention methods in detecting cervical cancer, along with progress that has been made in these areas. Data and results related to the different tests and procedures will be quantified and discussed. Despite the positive results secondary prevention methods have produced, their ultimate impact is limited. Even when secondary prevention methods and procedures work perfectly, they can only detect existing disease. As the second article illustrates, only primary prevention methods such as HPV vaccination

can offer women complete protection against specific types of cervical disease.

The third article addresses inequalities associated with the detection, follow-up, and treatment of cervical cancer and cervical dysplasias in women of varying ethnic origins. This article explores the main reasons for these inequalities, which include differences in educational and cultural backgrounds; socioeconomic status; geographic location; and, to some degree, the access to care afforded by different types of insurance coverage. Many of these issues are complex, and resolving them would take years of effort and extensive resources. The recent and growing availability of new vaccines that protect women against HPV infection represent a legitimate option for improving the health outlook for women in underserved populations, whose needs are not being met by the existing secondary prevention methods.

Overall, this supplement discusses the extent of the financial and clinical impact of cervical cancer and cervical dysplasias on managed care with the intent of helping managed care stakeholders recognize the value of offering a primary prevention method like HPV vaccination. A primary prevention method could compensate for some of the barriers and inadequacies related to cervical cancer screening and care, while conferring more short-term benefit than previously expected.

Many MCOs intuitively believe that invasive cervical cancer—frequently linked to oncogenic HPV infection—accounts for most of the illness burden and is the largest hurdle to be managed. The collection of data presented herein will impart a firmer understanding of the real clinical, financial, and humanistic burdens of cervical cancer and cervical dysplasias. It will also quantify the effects of these elements on MCOs, examining how each one contributes to the disease toll and what actions can be taken to counter their impact.