

NATIONAL CERVICAL CANCER
SCREENING MONTH

HON. MICHAEL G. OXLEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 27, 2004

Mr. OXLEY. Mr. Speaker, in honor of National Cervical Cancer Screening Month in January, I would like to bring attention to the tremendous opportunity our country has to make cervical cancer the first real victory in the war on cancer. For the first time in over 50 years, we have a new screening approach that offers great hope for finally eliminating cervical cancer. We must seize this opportunity by ensuring that all women have access to the best tests available.

Worldwide, cervical cancer is the second most-common cancer among women. Approximately 470,000 women are afflicted and 230,000 die each year, according to the World Health Organization. In the United States, incidence and deaths from cervical cancer have decreased by almost half since the early 1970s, largely due to widespread screening with the Pap test, according to the American College of Obstetricians and Gynecologists. However, research shows that cervical cancer rates have remained steady for the past few years. According to the American Cancer Society, over 10,500 American women will be diagnosed with cervical cancer this year and 3,900 will die.

No American woman, however, should die of cervical cancer because it is nearly 100 percent preventable. It is a slow-developing disease that can usually be treated easily before abnormal cells develop into cancer. According to the American Cancer Society, when detected at an early stage, cervical cancer has one of the highest 5-year survival rates of all cancers. The key to prevention and successful outcomes is to screen women early using the best screening approaches possible.

While the Pap test has gone a long way toward reducing cervical cancer rates, it is not perfect. It relies upon a visual examination of cervical cells, and errors in collecting the cells or interpreting them can lead to false-negative results. According to the Agency for Healthcare Research and Quality, the accuracy of the conventional Pap smear at identifying women with cervical cancer or precancerous conditions was only 51 percent. Newer, improved Pap tests bring that accuracy up to a range of 61 percent to 95 percent, depending upon the study cited.

While imperfect, the Pap test has been so successful to date largely because it is done with high frequency. If cervical cancer or its precursors are missed in one screening round, they are likely to be detected in a subsequent screening round. At the same time, women who receive "false-positive" results from the Pap test usually undergo necessary follow-up Pap tests or other procedures.

We know that a virus, human papillomavirus, (HPV) is the cause of cervical cancer. Studies show that it is found in 99.7% of cervical cancers and must be present for the disease to develop. Most people will be infected with HPV at some point in their lives, but their body's immune system will clear the virus without any noticeable symptoms. However, persistent infection over several years with high-risk types of HPV can lead to cer-

vical cancer in women. Persistent HPV infections are more likely to be found in women aged 30 and older.

In 2003, a DNA test for HPV was approved by the U.S. Food and Drug Administration for routine screening in women aged 30 and over in conjunction with a Pap test. Numerous studies show that adding an HPV test to a Pap test can increase to almost 100 percent the ability to identify women with cervical cancer or precursor conditions. Additionally, HPV testing gives clinicians important information: the ability to identify which women are at increased risk of cervical cancer and who should therefore be monitored more closely to ensure that cervical cancer is not missed. Women who test negative with both tests can be better reassured, while reducing their need for unnecessary, invasive exams.

Since its approval last year by the FDA, HPV testing has gained rapid acceptance in the healthcare community. Already, leading medical organizations, including the American College of Obstetricians and Gynecologists, the American Cancer Society and the Association of Reproductive Health Professionals, have updated their screening guidelines to include HPV testing in routine screening for women aged 30 and over.

These groups' guidelines recommend that, because HPV testing is so sensitive and because cervical cancer develops so slowly, that women can be safely screened with the combination of a Pap test and an HPV test every three years. Research shows that this can also result in lower long-term costs. With this approach, however, it is important that we not confuse infrequent cervical cancer screening with infrequent gynecologic visits. This essential annual exam also screens for such conditions as breast cancer, hypertension, osteoporosis and STDs. For many women, the gynecologic exam is their only opportunity each year for routine, preventive medical care.

Major private insurers now reimburse for HPV testing as well as covering a woman's annual gynecologic exam. These include Aetna, Cigna and many Blue Cross Blue Shield plans. Last month, Kaiser Permanente, the nation's leading health maintenance organization, announced that its largest region will now offer HPV testing, along with a Pap test, as standard-of-care cervical cancer screening for all women aged 30 and over. Earlier this month, the nation's largest women's health practice in the country also announced that it will offer HPV testing to all of its patients who are 30 and over as part of their routine cervical cancer screening program.

As the private healthcare system brings newer and better technology to women, we must make sure that all women have access to these advanced screening techniques. All women deserve to benefit from the most effective screening technologies available. Having advanced testing technology is the first step in eliminating cervical cancer.

250TH ANNIVERSARY OF
HAMPSHIRE COUNTY

HON. SHELLEY MOORE CAPITO

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 27, 2004

Mrs. CAPITO. Mr. Speaker, I rise today to honor the 250th Anniversary of Hampshire

County, West Virginia, which I proudly represent here in Congress. The Virginia General Assembly authorized the creation of Hampshire County effective May 1, 1754, removing the South Branch, Patterson Creek, New Creek, and Capon River valleys from Frederick County, Virginia. It was named after the English county of the same name.

Hampshire County was established to provide an accessible local government for citizens on the north side of Cape Capon and Warm Spring Mountain and to more effectively deal with the conflicts stemming from the onset of the French-Indian war.

The history of Hampshire County extends longer than that of the United States or the State of West Virginia. The county has undergone several border changes over the years; at one time it included all of present day Mineral, Hardy, and Grant counties, along with portions of Morgan and Pendleton counties, an area extending 2,800 square miles. Today, the county has an area of just over 640 square miles, but continues to grow in population. The county's population grew by 22.5 percent between 1990 and 2000, and currently 20,798 people call Hampshire County home.

I am honored to represent Capon Bridge, Mill Creek, Romney, and the other communities of Hampshire County here in Congress. I congratulate Hampshire County on its 250th anniversary and wish the county all the best for the next 250 years.

WELCOME TO DANISH FOREIGN
MINISTER DR. PER STIG MOLLER

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 27, 2004

Mr. LANTOS. Mr. Speaker, I invite my colleagues to join me today in welcoming to the United States and to the American Congress the Foreign Minister of Denmark, Dr. Per Stig Moller. Dr. Moller has served as his country's Foreign Minister since 2001. During his tenure, Denmark has shown strong support for the United States in the war against terrorism and has provided military forces to assist us in Afghanistan and Iraq. In a time of strained trans-Atlantic relations, the Danes have remained steadfast and unwavering supporters of the United States.

Denmark has contributed one of the largest Special Forces contingents in support of Operation Enduring Freedom in Afghanistan, as well as providing F-16 aircraft for use there. From the very beginning of Operation Iraqi Freedom, Denmark has been an active member of the coalition and has contributed combat forces including a submarine and a corvette, as well as a medical team. Denmark has shown its willingness to continue its support in Iraq with stabilization forces and financial and human support. To date, Denmark has appropriated more than 500 million US Dollars for Operation Iraqi Freedom, including assistance for humanitarian aid and reconstruction. This represents a contribution of some 100 dollars per person, making Denmark the country that has contributed the most per capita except for the United States and the United Kingdom. At present, more than 500 Danish soldiers are daily risking their lives in Iraq.