A large, stylized orange globe graphic with a grid of latitude and longitude lines, positioned in the background of the slide.

Cervical cancer prevention and beyond: Optimizing HPV vaccine uptake in all eligible individuals

Practice aid for HPV vaccination

For more information, visit: www.touchONCOLOGY.com

Disease related to HPV infection

HPV-related cancer incidence^{1,2}

4.5% of all cancers*

620,000[†]

70,000[†]

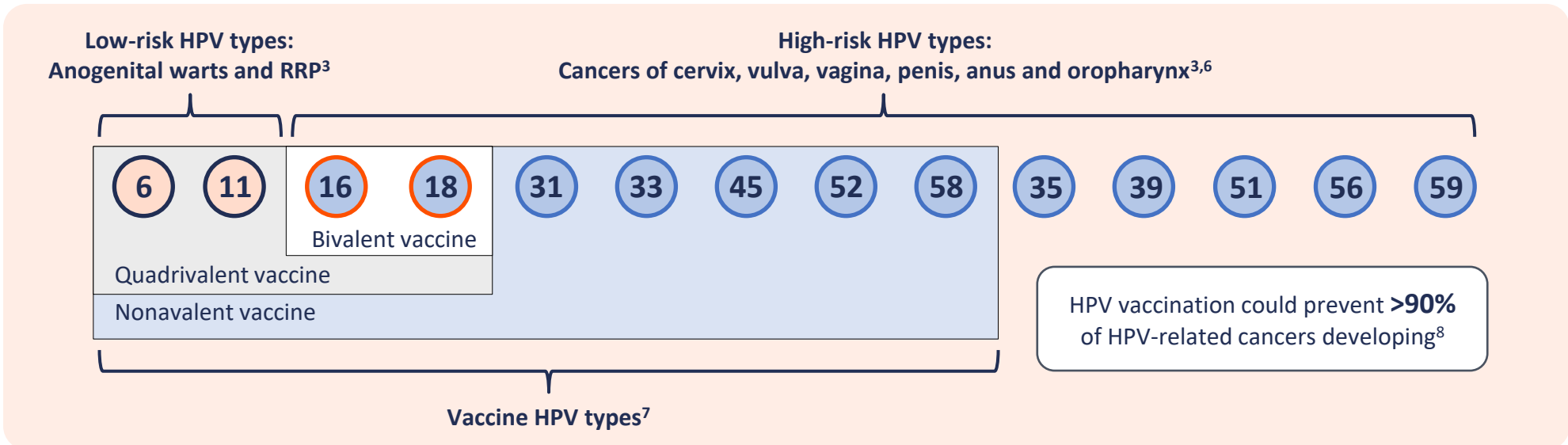
HPV association with cancers³⁻⁵

- ~100% Cervical cancers globally
- ~80% Vaginal cancers globally
- ≤50% Vulval cancers globally
- ~50% Penile cancers globally
- ~100% Anal cancers globally
- ~70% Oropharyngeal SqCC in US

Non-cancer³

- Anogenital warts
- RRP

HPV types causing most HPV-related disease and targeted by HPV vaccines



*Data from 2012; †Data from 2018.

HPV vaccine dosing schedules

TWO-DOSE SCHEDULE^{9,10}

 Individuals 9–14 years



Nonavalent vaccine USA/Europe approved indication
Recommended WHO schedule for individuals ≥ 9 years³

THREE-DOSE SCHEDULE^{9,10}

 Individuals ≥ 15 years*



Nonavalent vaccine USA/Europe approved indication

THREE-DOSE SCHEDULE^{3,11}

 Immunocompromised individuals



CDC- and WHO-recommended

SINGLE-DOSE SCHEDULE³

 Individuals 9–20 years



Off-label schedule recommended by WHO as an alternative

Missed a dose? Resume the schedule, don't restart!

Maintain minimum intervals per label; complete all recommended doses for full protection¹²

Country recommendations and approved indications vary by geography and vaccine type. Always consult local guidance and vaccine labels.

HPV vaccine eligibility

Eligibility is broad



Most HPV vaccines approved for **girls and boys**³



Recommended for **immunocompromised individuals** including those living with HIV^{3,11}



HPV vaccination may benefit **adults in certain circumstances**¹³

HPV vaccine efficacy

Vaccine preventative not therapeutic¹⁴



Prevents **new infections** with HPV types in vaccine, even if **previously exposed** to other HPV types



Not effective in clearing active HPV infection caused by vaccine-covered types



Does not treat **existing** HPV lesions/disease but still **protects against other vaccine HPV types**

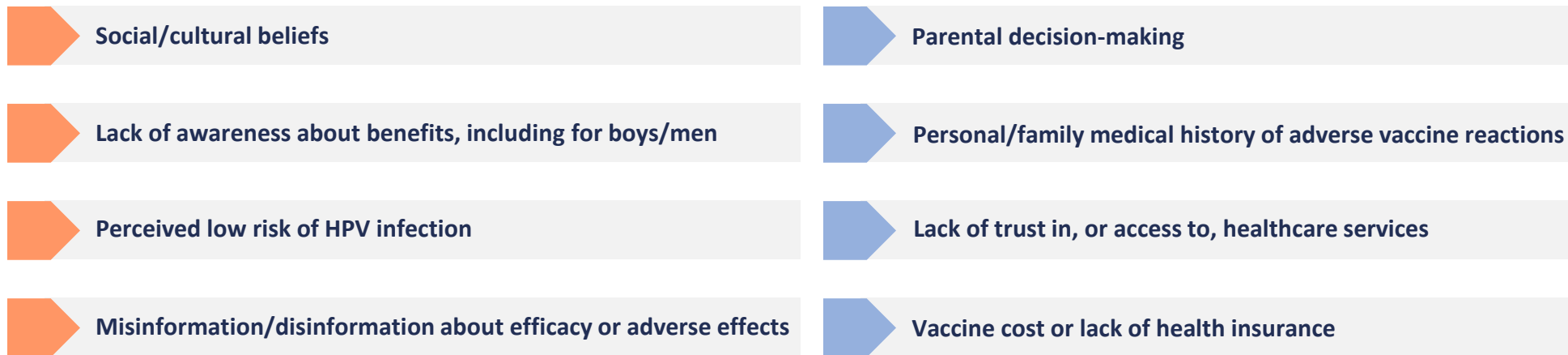
HPV screening**

- **Cervical cancer** screening well-established and critical^{3,6}
- **Anal cancer** screening recommended for certain individuals, e.g. MSM^{6,16}
- **Oropharyngeal, penile, vaginal and vulvar cancers** lack routine screening, early symptom recognition and referral ideal⁶

*In Europe there is no maximum age limit in the nonavalent vaccine label, in the USA the maximum indicated age is 45 years.^{9,10}

**Individuals who have been treated for HPV-related pre-cancers or cancer may still be at risk and have ongoing screening needs.¹⁵

Factors limiting HPV vaccine uptake¹⁷



Strategies to increase HPV vaccine uptake^{18–20}



Abbreviations and references

Abbreviations

CDC, Centers for Disease Control and Prevention; HPV, human papillomavirus; MSM, men who have sex with men; RRP, recurrent respiratory papillomatosis; SqCC, squamous cell carcinoma; WHO, World Health Organization.

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