



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

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A conversation between:



Dr Marc Steben

HPV Global Action and Université de Montréal
Canada



Dr Barbara Moscicki

UCLA Health and University of California
Los Angeles, CA, USA



Agenda

Going beyond cervical cancer: Other cancers and diseases related to HPV

Recommended HPV vaccination schedules and approved indications

The role of primary care providers in education and overcoming vaccine hesitancy

Going beyond cervical cancer: Other cancers and diseases related to HPV

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The burden of HPV

HPV causes a range of diseases

Estimated annual incidence of new HPV-related cancers worldwide^{1,2}

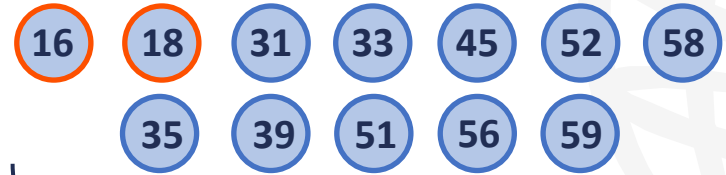


4.5% of all cancers[†]

HPV types causing most HPV-related disease^{3,4}



Anogenital warts or recurrent respiratory papillomatosis^{3,4}



Cancers of the cervix, vulva, vagina, penis, anus and oropharynx^{3,4}

*Data from 2018; †Data from 2012. HPV, human papillomavirus.

1. de Martel, C et al. *Lancet Glob Health*. 2020;8:e180–90; 2. de Martel, C et al. *Int J Cancer*. 2017;141:664–70; 3. National Cancer Institute. HPV and Cancer. Available at: www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer (accessed 14 January 2025);

4. World Health Organization. Human papillomavirus vaccines: WHO position paper (2022 update). Available at: www.who.int/publications/i/item/who-wer9750-645-672 (accessed 14 January 2025).

Recommended HPV vaccination schedules and approved indications

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Effectiveness and specificity of HPV vaccines

HPV vaccines are among the **most effective** prophylactic vaccines available¹

Vaccines offer sterilizing immunity against HPV types in vaccine for **up to 14 years**^{1,2}

Estimates suggest HPV vaccination could prevent more than **90% of HPV-related cancers** developing³

Anogenital wart diagnoses decreased

- **67% in girls**
- **48% in boys**

aged 15–19 years after 5–8 years of HPV vaccination⁴

HPV types targeted by HPV vaccines⁵

6

11

16

18

Bivalent HPV vaccine

31

33

45

52

58

Quadrivalent HPV vaccine

Nonavalent HPV vaccine

Vaccine availability varies by country; only the nonavalent vaccine is available in high-income countries/regions such as Australia, Canada, Europe and the USA

HPV, human papillomavirus.

1. Markowitz LE, Schiller JT. *J Infect Dis.* 2021;224(Suppl. 2):S367–78; 2. Kjaer, SK et al. *EClinicalMedicine.* 2020 Jun;23:1004013; 3. Centers for Disease Control. Clinical overview of HPV. Available at: www.cdc.gov/hpv/hcp/clinical-overview (accessed 14 January 2025); 4. Drolet M, et al. *Lancet.* 2019;394:497–509;

5. European Commission. Proposal for a council recommendation on vaccine-preventable cancers. Available at: https://health.ec.europa.eu/system/files/2024-01/com_2024_45_1_act_en.pdf (accessed 14 January 2025).

The role of primary care providers in education and overcoming vaccine hesitancy

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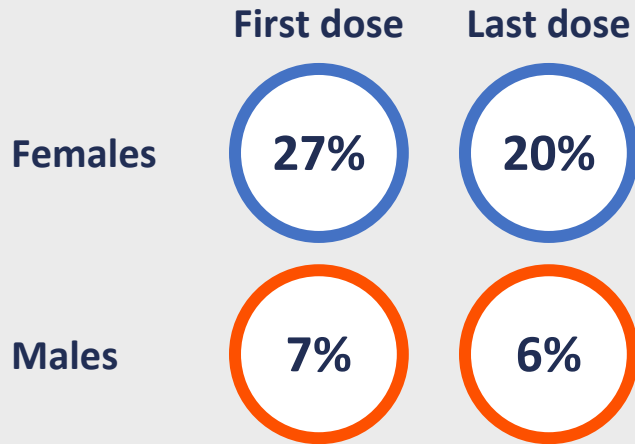
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Global HPV vaccine coverage

In 2022, 64% of countries had national HPV vaccination programmes for girls, 24% for boys¹

WHO global HPV vaccine coverage, 2023²



Wide range of vaccine coverage across countries, ranging from 0 to 100% coverage²

Affordability remains a key barrier to vaccination in many countries³

Globally, HPV vaccine coverage is lower in males than females²

HPV, human papillomavirus; WHO, World Health Organization.

1. World Health Organization. Human papillomavirus vaccines: WHO position paper (2022 update). Available at: www.who.int/publications/i/item/who-wer9750-645-672 (accessed 14 January 2025);
2. World Health Organization. HPV vaccination coverage. Available at: [https://immunizationdata.who.int/global/wiise-detail-page/human-papillomavirus-\(hpv\)-vaccination-coverage](https://immunizationdata.who.int/global/wiise-detail-page/human-papillomavirus-(hpv)-vaccination-coverage) (accessed 14 January 2025);
3. Spayne J, Hesketh T. *BMJ Open*. 2021;11:e052016.

Examples of discrepancies in perception between physicians and adult consumers in Canada

39% of unvaccinated women stated that a reason they weren't HPV-vaccinated is that **their doctor had not discussed it with them**¹

83% of GPs said they **routinely administered or recommended** HPV vaccination to adult patients²

55% of unvaccinated women said a recommendation from their doctor would **motivate them to get an HPV vaccination**¹

GPs believed **cost or lack of private insurance** was the major reason preventing HPV vaccination; **95%** stated it was a major or moderate barrier²

Only **20%** of unvaccinated women cited cost or lack of insurance as a barrier to HPV vaccination¹

36% of GPs believed **dislike of needles** was a major or moderate barrier to HPV vaccination²

Only **5%** of unvaccinated women cited dislike of needles as a barrier to HPV vaccination¹