

Human Papillomavirus (HPV) – Related Cancers: Assessment of prevention programs, policies and measures

Opportunities to improve **HPV prevention** and **cancer control**

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This report is available online at:
<http://healthoregon.org/cancer>

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Executive summary

Introduction

Senate Bill 722 was passed by the 2013 Oregon Legislative Assembly. The bill requires the Oregon Health Authority (OHA) to prepare a Human Papillomavirus (HPV) and related cancer plan as an addendum to the Oregon Comprehensive Cancer Control Plan. The HPV-related cancers are cervical, anal and genital (anogenital), and cancers of the mouth and throat (oral cavity and pharyngeal).

The bill requires OHA to assess the following in an HPV-related cancer control plan: prevention programs, surveillance, policies, measures, public and health care provider awareness, gaps in knowledge, opportunities to improve disease prevention, and policy recommendations.

Work group process

This report is the product of an internal Public Health Division (PHD) work group, on behalf of OHA. The PHD was delegated to establish an internal work group to prepare a report in response to SB722. The work group met monthly, beginning in August 2013. Members included representatives from PHD Adolescent Health, HPV Impact, Immunization, Oral Health and Oregon State Cancer Registry programs. The work group also contacted major health systems to inquire about HPV-related activities and research. Kaiser Permanente Northwest provided information about research on cervical and oral HPV screening, cervical surgical procedures and vaccine effectiveness.

The PHD work group reviewed statewide programs, data measures and policies related to HPV prevention and cancer control. This is a limitation of the findings and opportunities identified in this report. The development of a comprehensive HPV-related cancer control plan would require input and engagement with stakeholders and partners at the state and local level. The plan would require the development of objectives, strategies and outcome measures which are feasible and adequately resourced.

The work group made this assessment by reviewing:

- Data on HPV-related cancers and HPV vaccine use in Oregon;
- Literature on HPV awareness and knowledge of the public and health care providers;
- Information from special projects related to HPV prevention, screening and incidence in Oregon; and
- National recommendations from the Center for Disease Prevention and Control.

Work group findings

- The annual rate of new HPV-related cancers in Oregon has increased since 2002.
- The most common HPV-related cancers in Oregon are cancer of the cervix for women and cancer of the mouth and throat (oropharynx) for men.

- Knowledge and awareness of HPV-related diseases and HPV vaccine is low for the general public in the U.S., and limited for health care providers.
- Evidence strongly supports the use of HPV vaccine for prevention of HPV and related cancers.
- Health care provider recommendations increase the chances that HPV vaccine will be given.
- Health care providers in the U.S. are less likely to recommend HPV vaccine for children under 13 years of age than for older children.
- Focusing on the use of HPV vaccine for cancer prevention increases its acceptance.
- In the U.S., states that mandate HPV vaccine for school attendance have lower rates of HPV vaccination than the national average.
- There is currently no coordinated or comprehensive approach for HPV prevention and cancer control in Oregon.

Opportunities to improve HPV prevention and cancer control

The following opportunities were identified as key components of a comprehensive approach to HPV prevention and cancer control. The work group emphasized that state and local engagement and adequate funding are essential to fully explore these opportunities and make any efforts successful.

1. Use strategies outlined in the Centers for Disease Control and Prevention (CDC) call to action. In particular, encourage health care providers to recommend HPV vaccine.
2. Encourage use of vaccine reminder systems for health care providers and patients.
3. Collaborate with non-traditional partners to raise HPV awareness and provide HPV vaccination.
4. Support a coordinated care organization metric for HPV vaccine provision.
5. Address cost barriers for HPV vaccination and screening.
6. Explore the possibility of school vaccine clinics.

Other approaches considered

The work group had extensive discussions about other potential strategies to improve HPV prevention and cancer control. The group concluded that a better understanding of the available evidence, systems impacts and policy implications is needed before these approaches can be considered. Key work with education and health systems partners at the state and local levels is needed to fully understand the impact of these strategies and determine if they should be pursued.

Other approaches considered included:

1. Increase capacity and support for adolescent well-visits.
2. Lower the age of consent for vaccination from 15 years to 11 years.
3. Require HPV vaccination for school attendance.