NCI-DESIGNATED CANCER CENTERS

HPV JOINT STATEMENT MEDIA TOOLKIT

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KEY MESSAGES

The general public should be aware of important information regarding the human papillomavirus (HPV), vaccination and preventing cancer. The following points can be shared with news media to highlight this information when pitching an HPV-related story.

- HPV infections are incredibly common. Almost all sexually active people (75-80%) will be infected at some point in their lives.

- Most HPV infections have no symptoms and are naturally cleared. However, in some cases, HPV infection can lead to several types of devastating cancers later in life, including cervical, oropharyngeal, anal and genital cancers.

- The incidence of these cancers is rapidly increasing, so we must take action now to prevent a future epidemic.

- The majority of these cancers could be prevented with the HPV vaccine, which has been proven safe and effective.

- Vaccination rates in the United States remain low, especially when compared to many other countries in the world.

- Countries with government-supported vaccine programs, such as Australia and Denmark, have documented evidence of fewer HPV infections and genital warts.

- Pediatricians must advocate for the vaccine to increase uptake and protect the future health of our children. As oncologists, we ask pediatricians to recommend HPV vaccination to prevent your patients from becoming our patients.

- Parents must become vocal advocates for protecting their children and insist that their doctors give the HPV vaccine when recommended. Avoiding the vaccine now is a missed opportunity to protect their children against pain and suffering from cancer in the future.
FACTS & FIGURES

When sharing information about HPV with the news media, it is important that it be based in scientific evidence from reliable sources. For ease of reference, important data related to HPV vaccination and HPV-related cancers have been compiled here, with sources included.

What is HPV?

- The human papillomavirus (HPV) is a group of more than 150 related viruses. Some HPV types cause warts or papillomas (non-cancerous tumors) and others cause cancers. (CDC)

- HPV is the most commonly sexually transmitted infection in the world, and is transmitted through intimate skin-to-skin contact. (CDC)

- HPV will infect 75-80% of people at some point in their lives. Nearly 80 million people are currently infected in the United States, and 14 million new infections occur every year. (CDC)

HPV and Cancer

- HPV is responsible for almost all cervical cancers, more than 90% of anal cancer, roughly 2/3 of oropharyngeal cancers and the majority of vulvar, vaginal and penile cancers. (CDC)

- Each year in the United States, nearly 39,000 new HPV-related cancers are diagnosed. This includes roughly 15,800 men and 23,000 women. (CDC)

- Worldwide, more than 600,000 new HPV-related cancers are diagnosed each year: 530,000 cervical cancers, 22,000 oropharyngeal cancers and 24,000 anal cancers. (Forman et al)

- Worldwide, more than 250,000 women currently die of cervical cancer each year. (WHO)

- Oropharyngeal cancers are more common in men and are expected to surpass cervical cancers in annual incidence by the year 2020. (Chaturvedi et al)

- There is no effective early screening test for oropharyngeal cancers. Most cancers are therefore diagnosed at later stages, when current treatments are less effective. (Schmeler and Sturgis)

- In the United States, the overall annual direct medical cost burden of preventing and treating HPV-related diseases is at least $8 billion. (Chesson et al)
The HPV Vaccine

- Each HPV vaccine passed extensive safety testing before being approved by the FDA. The most common side effects are mild, including pain, redness, and swelling at the injection site. (CDC)

- Since its introduction in 2006, more than 80 million doses of the HPV vaccine have been distributed nationally and more than 200 million doses globally. (CDC, WHO).

- The CDC recommends all children complete the vaccine series between ages 9-13. Children younger than 15 should receive two doses of the vaccine six months apart. Although less effective, the vaccine is approved for men and women up to age 26. Those above age 15 should complete a three-dose series. (CDC)

- The recommended ages are based on the most robust immune response. Further, the vaccine is protective, not curative, meaning that maximum effectiveness is achieved when administered before any exposure to HPV. (ACIP)

- Nationally, 41.9% of girls and 28.1% of boys have completed the HPV vaccine series. Approximately 36% of girls and 50% of boys have received at least one dose. (CDC)

- The Department of Health and Human Services, through the Healthy People 2020 initiative, has introduced a goal of reaching 80% vaccination rates by the year 2020. (Healthy People 2020)

- The U.S. has already seen a 64% decline among girls aged 14-19 in the 4 HPV types protected for by the vaccine. There was a 34% decrease among girls 20-24. (Markowitz et al)

- Due to government-sponsored vaccination programs, several countries have achieved high vaccination rates including Rwanda (99%), United Kingdom (86%), Belgium (82%), Portugal (87%), Denmark (82%) and Australia (73%). (Markowitz et al)

- In Australia, a government-funded vaccination program resulted in significant reductions in HPV infection (Tabrizi et al, Kahn et al) and cervical pre-cancers. (Brotherton et al)

- Danish HPV vaccination programs have resulted in a significant decrease in genital warts among young Danish women. (Baandrup et al)

- In the United States, the HPV vaccine is currently only mandated in Rhode Island, Washington D.C. and Virginia.

- Studies show that many pediatricians are not recommending the HPV vaccine to parents, for a number of possible reasons. (Gilkey et al)

- Vaccination rates may be improved by addressing physician's perceptions about parental acceptance of HPV vaccination. (Allison et al)

- The HPV vaccine has been shown not to increase promiscuity. Vaccination in the recommended ages was not associated with increased sexual activity-related outcome rates. (Bednarczyk et al)
Cancer centers are encouraged to issue a press statement announcing the publication of this joint statement. Timing will be coordinated across the centers with the expected release of the CDC’s MMWR announcing the updated recommendations, on a date to be determined. The following is provided as a template statement. Feel free to use as much or as little as is beneficial to your institution.

____________ and nation’s cancer centers jointly endorse updated HPV vaccine recommendations

Statement supports fewer vaccinations, urges action to increase national vaccination rates

CITY, STATE — Recognizing a critical need to improve national vaccination rates for the human papillomavirus (HPV), ______________ has again united with each of the 69 National Cancer Institute (NCI)-designated cancer centers in issuing a joint statement in support of recently revised recommendations from the Centers for Disease Control and Prevention (CDC).

“Quote from your center director or appropriate expert,” said Name, Title.

According to the CDC, incidence rates of HPV-associated cancers have continued to rise, with approximately 39,000 new HPV-associated cancers now diagnosed each year in the United States. Although HPV vaccines can prevent the majority of cervical, anal, oropharyngeal (middle throat) and other genital cancers, vaccination rates remain low across the U.S., with just 41.9 percent of girls and 28.1 percent of boys completing the recommend vaccine series.

The new guidelines from the CDC recommend that children aged 11 to 12 should receive two doses of the HPV vaccine at least six months apart. Adolescents and young adults older than 15 should continue to complete the three-dose series.

“Additional quote,” said Name.

Research shows there are a number of barriers to overcome to improve vaccination rates, including a lack of strong recommendations from physicians and parents not understanding that this vaccine protects against several types of cancer.

In an effort to overcome these barriers, NCI-designated cancer centers have organized a continuing series of national summits to share new research, discuss best practices, and identify collective action toward improving vaccination rates.

The original joint statement, published in January 2016, was the major recommendation from a summit hosted at The University of Texas MD Anderson Cancer last November, which brought together experts from the NCI, CDC, American Cancer Society and more than half of the NCI-designated cancer centers.

“We have been inspired by the White House Cancer Moonshot to work together in eliminating cancer,” said Electra Paskett, Ph.D., co-leader of The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) Cancer Control Research Program. “Improving HPV vaccination is an example of an evidence-based prevention strategy we can implement today to save thousands of lives in the future.”

The updated statement is the result of discussions from the most recent summit, hosted this summer by The Ohio State University Comprehensive Cancer Center. Nearly 150 experts from across the country gathered in Columbus to present research updates and plan future collaborative actions across NCI-designated cancer centers.

“Final quote,” said Name.

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