

Barbara K. Rimer, DrPH
Chair, President's Cancer Panel



Update to the National Cancer Advisory Board and the NCI Board of Scientific Advisors

December 4, 2018



Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.



Chair

Barbara K. Rimer, DrPH
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Past Members

Hill Harper, JD

Cancer Survivor, Actor, and Best-Selling Author (service ended March 2018)



Owen N. Witte, MD

University of California Los Angeles (service ended August 2017)





Overview

- q **2 0 1 8 Report to the President**
Promoting Value, Affordability, and Innovation in Cancer Drug Treatment
- q **2 0 1 8 Report to the President**
HPV Vaccination for Cancer Prevention: Progress, Opportunities, and a Renewed Call to Action



Promoting Value, Affordability, and Innovation in Cancer Drug Treatment

Released
March 2018



<https://prescancerpanel.cancer.gov/report/drugvalue>

Drug Costs Are a Burden on Cancer Patients



90% of Americans say cancer drugs are too expensive



Most new cancer drugs are priced higher than \$100,000 per patient per year

Financial Toxicity: Harmful Effects of Care Costs on Patients' Well Being

Financial toxicity can lead to:



Shortened survival



Skipped medication doses



Debt, depleted savings and bankruptcy

Discussions About Cost and Value May Help Patients



Nearly 66% of cancer patients express interest in talking with their doctors about costs



27% of cancer patients and less than half of oncologists report having had cost-related discussions



Recommendations

President's Cancer Panel Recommendations

Critical actions to maximize the value and affordability of cancer drugs and to support investments in science and research that will drive future innovation:

Promote value-based pricing and use

Enable communication about treatment options and costs

Minimize contributions of drug costs to financial toxicity

Stimulate generic and biosimilar market competition

Ensure adequate resources for FDA

Invest in biomedical research



Key Conclusions

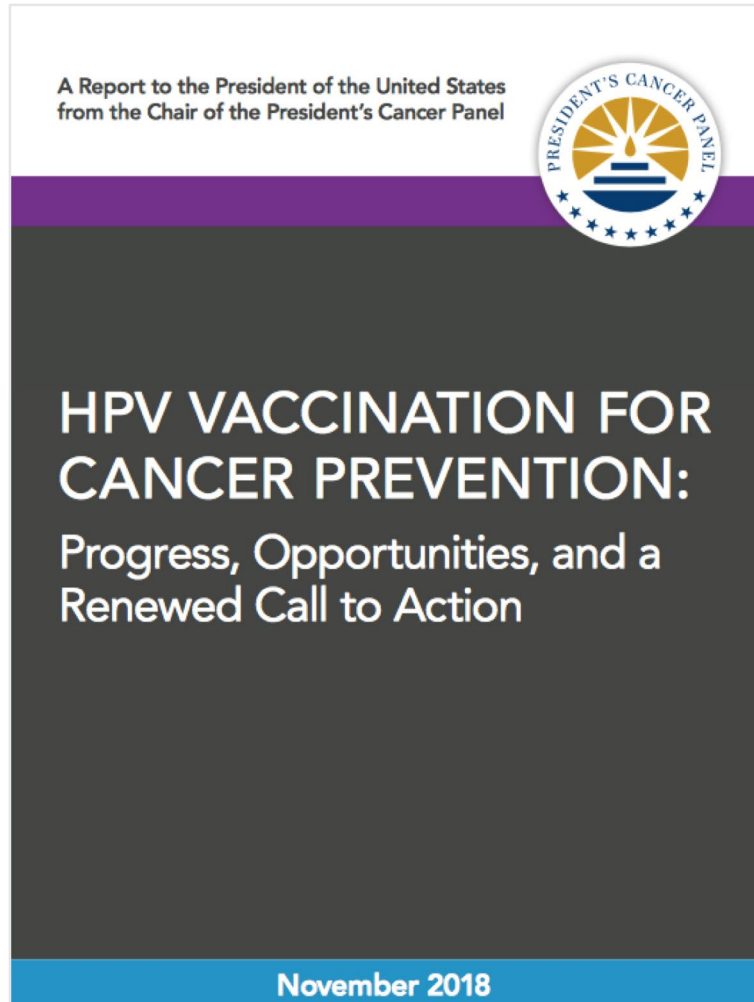
Rising cancer drug costs are a significant problem and cannot be ignored—the consequences for patients, families, and society are too great. More than ever, affordable access to drugs will be the difference between life and death for cancer patients. The following principles should guide action:

- Cancer drug prices should be aligned with value to patients.
- All patients should have affordable access to appropriate cancer drugs.
- Investments in science are essential to drive future innovation.



HPV Vaccination for Cancer Prevention: Progress, Opportunities, and a Renewed Call to Action

**Released
November 2018**



<https://prescancerpanel.cancer.gov/report/hpvupdate>



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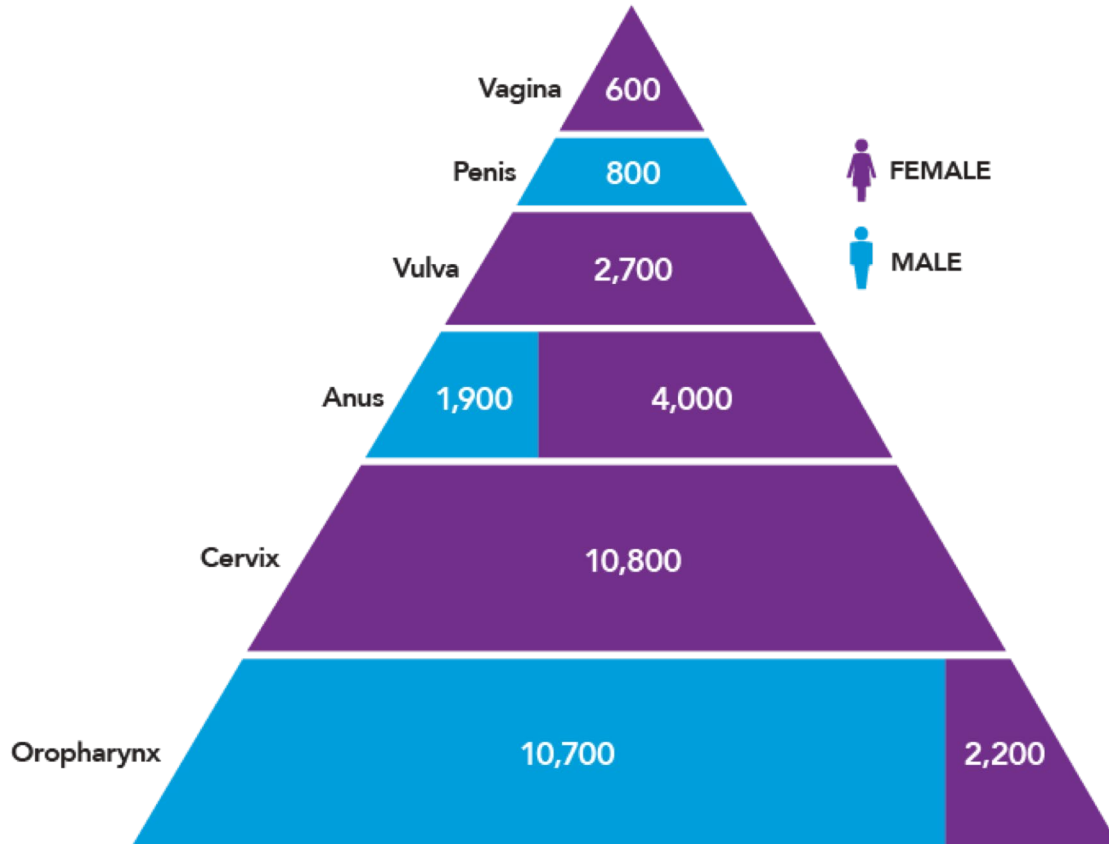
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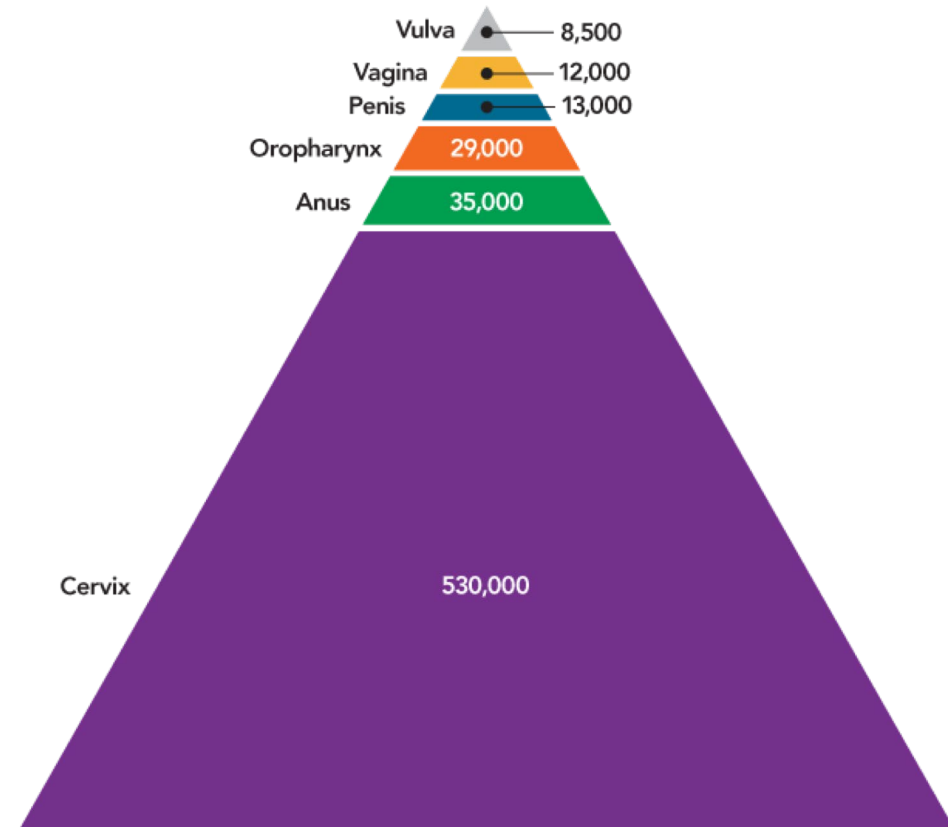
Numbers of Cancers Caused by HPV

United States



Data from: Centers for Disease Control and Prevention. How many cancers are linked with HPV each year? [Internet]. Atlanta (GA): CDC; [updated 2018 Aug 22; cited 2018 Aug 26].

Worldwide

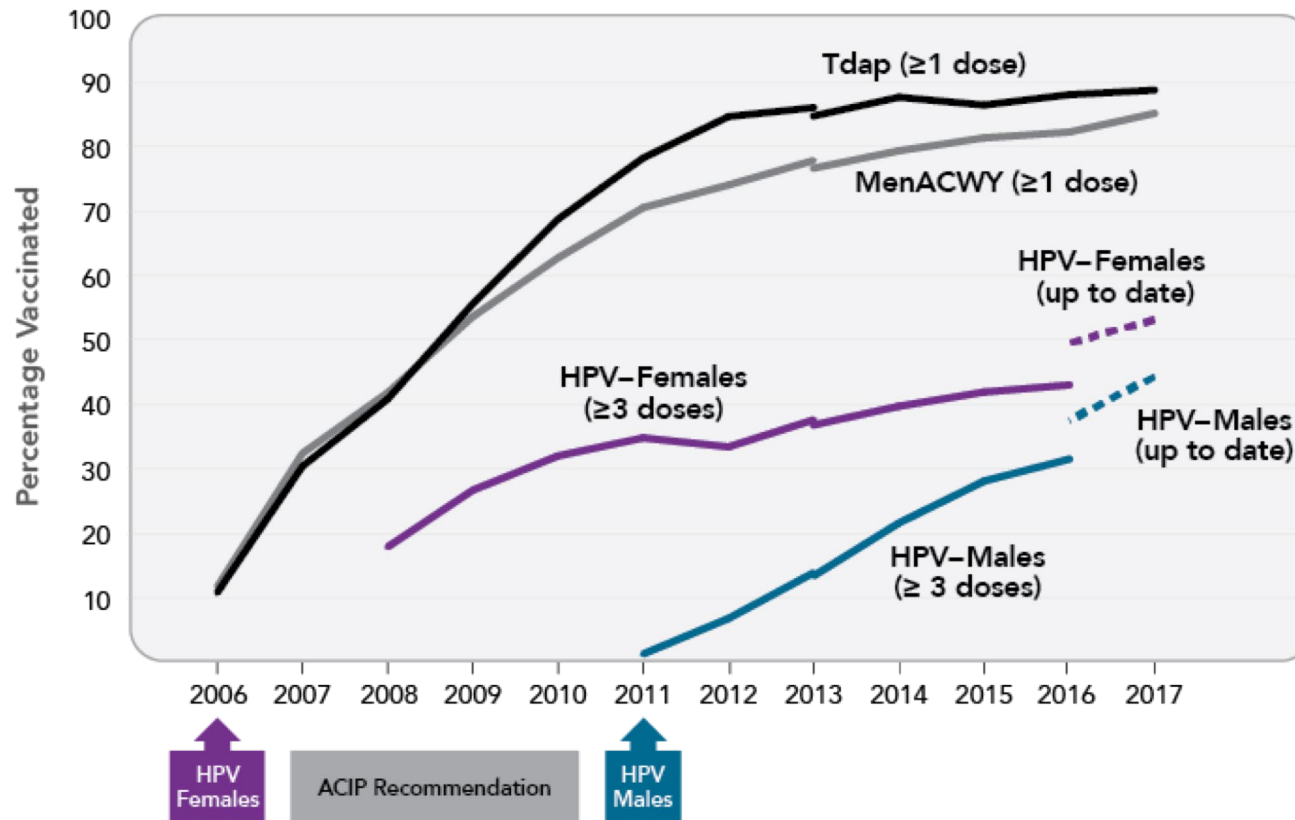


Data from: de Martel C, Plummer M, Vignat J, Franceschi S. Worldwide burden of cancer attributable to HPV by site, country and HPV type. *Int J Cancer*. 2017;141(4):664-70.



U.S. HPV Vaccine Uptake: Progress

Vaccine Uptake Among U.S. Adolescents Aged 13-17 Years, 2006-2017

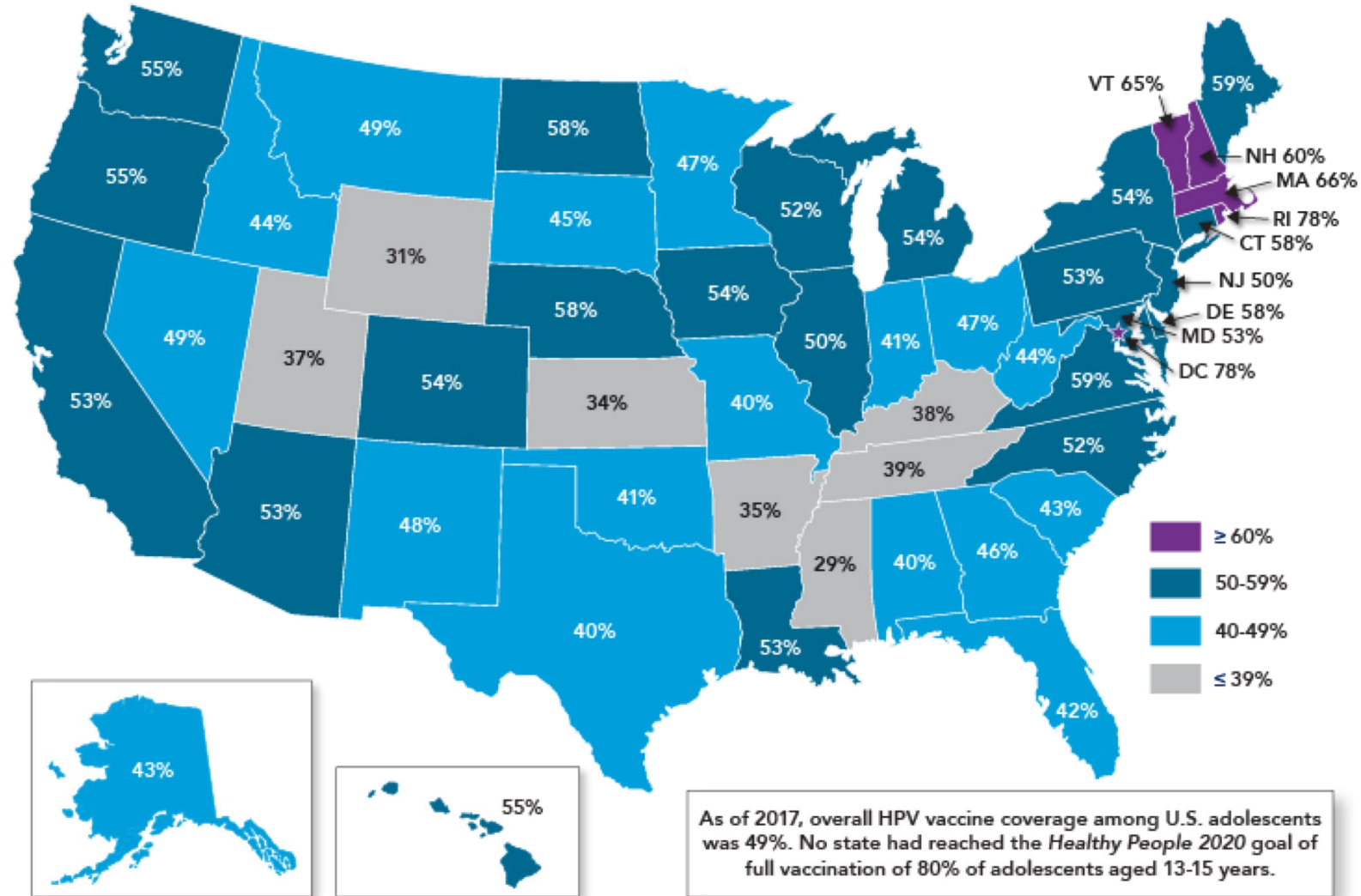


On average, the percentage of adolescents who started the series increased 5 percentage points each year from 2013-2017. Increases have been particularly pronounced among males and in many states across the U.S.

Data from: Walker TY, Elam-Evans LD, Yankey D, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2017. MMWR Morb Mortal Wkly Rep. 2018;67(33):909-17.



Up-to-Date HPV Vaccination Among U.S. Adolescents Aged 13-17 Years, 2017



Data from: Walker TY, Elam-Evans LD, Yankey D, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2017. MMWR Morb Mortal Wkly Rep. 2018;67(33):909-17.



U.S. HPV Vaccine Uptake: Continuing Challenges

- **HPV vaccination coverage remains lower than that of other adolescent vaccines.** In 2017, nearly 90% of 13- to 17-year-old adolescents received the Tdap vaccine, and 85% received the initial dose of MenACWY vaccine. Only 49% had received all recommended doses of the HPV vaccine.
- **HPV vaccination coverage in the United States remains lower than in other countries.** In Australia, in 2016, 79% of females and 73% of males had received three doses of the HPV vaccine by 15 years of age. In the U.S., among 13- to 17-year-olds, only 53% of females and 44% of males had received all recommended doses.
- **HPV vaccine uptake is uneven across the United States.** Coverage varies substantially by state—rates of up-to-date HPV vaccination range from a low of 29% in Mississippi to a high of 78% in the District of Columbia.



Goals and Opportunities to Increase HPV Vaccine Uptake

The President's Cancer Panel concluded in its 2012-2013 report to the White House, *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*, that underuse of HPV vaccines was a serious but correctable threat to progress against cancer. That report identified several goals and objectives to increase HPV vaccine uptake in the United States and globally.

Research and discussions with key stakeholders on the current landscape of HPV cancers and HPV vaccination led the Panel Chair to conclude that the goals outlined in the 2012-2013 report are still relevant. The report describes priorities and strategies that will help to achieve these goals. Several research priorities also are highlighted.



Goals and Opportunities to Increase HPV Vaccine Uptake

**GOAL
1**

Reduce missed clinical opportunities to recommend and administer HPV vaccines.

**GOAL
2**

Increase parents', caregivers', and adolescents' acceptance of HPV vaccines.

**GOAL
3**

Maximize access to HPV vaccination services.

**GOAL
4**

Promote global HPV vaccine uptake.



Goal 1: Reduce Missed Clinical Opportunities to Recommend and Administer the HPV Vaccine

Communication strategies and systems changes are essential to ensure that all eligible adolescents and young adults are offered the HPV vaccine when they visit their healthcare providers.

Provider- and systems-level changes hold the greatest potential for eliminating missed clinical opportunities, normalizing HPV vaccination, and ensuring that U.S. adolescents and future generations are optimally protected from HPV cancers.

Healthcare providers are urged to strongly recommend HPV vaccination for all eligible adolescents. In addition, health system leaders should make HPV vaccination a high, measurable priority.



Goal 2: Increase Parents' Acceptance of HPV Vaccination

Communication campaigns and promotion of the HPV vaccine by a growing number of healthcare providers have contributed to recent progress in vaccination rates.

More must be done to ensure that parents have access to clear, accurate information about the HPV vaccine.

The Centers for Disease Control and Prevention, American Cancer Society, and other trusted organizations should be encouraged to continue to develop and deploy evidence-based communication campaigns to increase parents' acceptance of HPV vaccination.



Goal 3: Maximize Access to HPV Vaccination Services

Ensuring that HPV vaccination is affordable and convenient for all U.S. adolescents will support optimal vaccine uptake. National, regional, and local efforts are needed to understand and address existing and potential barriers to access.

While sources of private and public financing currently ensure that the vaccine's cost is covered for most adolescents, insurance coverage for preventive services must be maintained to ensure that cost does not limit U.S. adolescents' access to HPV vaccination.



Goal 4: Promote Global HPV Vaccine Uptake

The potential impact of HPV vaccination is greatest in less developed countries, where the vast majority of cervical cancer cases and deaths occur and HPV vaccination rates are disproportionately low.

The United States should continue to support implementation and sustainability of HPV vaccination programs around the world, particularly in low- and middle-income countries.



High-Priority Research to Advance Prevention of HPV Cancers

- Establish natural history of oral HPV infections and develop tools to detect precancers.
- Understand and address inequities among populations with high rates of HPV cancers.
- Identify ways to harness social media to communicate about HPV and HPV vaccination.
- Determine efficacy and duration of protection of a single HPV vaccine dose.



Key Conclusions

Knowledge and experience suggest that the following priorities likely will have the greatest population-level impact on HPV vaccination rates:

- **Provider- and systems-level changes hold the greatest potential to increase U.S. HPV vaccination rates.** Providers should clearly and strongly recommend same-day vaccination of all eligible adolescents. Systems-level changes that prioritize HPV vaccination and provide easy access to the vaccine also would reduce missed clinical opportunities.
- **Partnerships and collaborations are essential.** Stakeholders should continue to engage in and support collaborations to accelerate progress in HPV vaccine uptake.



A Renewed Call to Action

Progress and momentum built over the past half decade have created a compelling opportunity to further increase HPV vaccine uptake and dramatically reduce—and perhaps, eventually largely eliminate—the preventable burden of HPV cancers.

Cancer and immunization stakeholders worldwide must renew their collective commitment to achieving HPV vaccination targets. All should rally around the goal of cancer prevention.



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