PRESIDENT’S CANCER PANEL UPDATE

NATIONAL CANCER ADVISORY BOARD MEETING

2/8/2013

Barbara K. Rimer, DrPH
Overview

- Update: HPV Vaccine Series
- Release of 2010-2011 report
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 rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Service Act, as amended.
PCP Members

- **Barbara K. Rimer, DrPH, Univ. of North Carolina at Chapel Hill (Chair)**
- **Owen N. Witte, MD, University of California Los Angeles (Member)**
- **Hill Harper, JD, Cancer Survivor, Actor and Best-Selling Author, Los Angeles, CA (Member)**
Accelerating Progress in Cancer Prevention: The HPV Vaccine Example

Four Workshops (3/4 completed)

1. HPV Vaccination as a Model for Cancer Prevention
2. Achieving Widespread HPV Vaccine Uptake
3. Creating an Integrated HPV Vaccination and Screening Program
4. Challenges of Global HPV Vaccination
HPV vaccination as a Model for Cancer Prevention (San Francisco, 7/2012)

Workshop Co-Chairs

- Doug Lowy, MD (NCI)
- Cosette Wheeler, PhD (University of New Mexico)
HPV Vaccination as a Model for Cancer Prevention

Workshop Focus

- Fundamental science and efficacy of HPV vaccines
- Global distribution of HPV-related cancers—surveillance and epidemiology
- High priority populations for vaccination
- Next-generation vaccines
HPV Vaccination as a Model for Cancer Prevention

Key Points

- Increasing HPV vaccine uptake, especially among males, should be a high priority.

- Data from ongoing studies on the efficacy/duration of protection from <3 vaccine doses may influence changes in vaccination recommendations and policies (e.g., number of doses required).
Research is needed to define natural history of oropharyngeal HPV infections.

Validated screening methods should be developed for non-cervical (e.g. oral) HPV-associated cancers.

High quality data systems are essential to support vaccine monitoring and surveillance.
Achieving Widespread HPV Vaccine Uptake (Washington, DC, 9/2012)

Workshop Co-Chairs

- **Noel Brewer, PhD** *(Gillings School of Global Public Health at UNC)*

- **Robert Croyle, PhD** *(NCI, Div. of Cancer Control and Population Sciences)*
Achieving Widespread HPV Vaccine Uptake

Workshop Focus

- Barriers and behavioral factors influencing uptake
- Programmatic approaches, including policies, to increase vaccine uptake and dissemination
- Financing, development, and implementation of large-scale HPV vaccine efforts
- Lessons from countries with high vaccine uptake
Achieving Widespread HPV Vaccine Uptake

Key Points

- Major opportunity to increase vaccine uptake and realize goal of cancer prevention

- Endorse Healthy People 2020 HPV goals; encourage adding male vaccination goal.

- HPV vaccine is an anticancer vaccine that prevents several forms of cancer; most effective when given to adolescent males and females.
Achieving Widespread HPV Vaccine Uptake

Key Points: Health Providers

- Educate physicians/providers about cancer prevention benefits and efficacy of HPV vaccine.

- Efforts are needed to overcome vaccine hesitancy.

- Vaccine uptake could be improved by allowing pharmacists (and other providers?) to administer booster vaccines.
Achieving Widespread HPV Vaccine Uptake

Key Points

- Consider HPV vaccination as part of broader adolescent health platform.
- Give special attention to increasing vaccination rates in areas with low uptake.
- Monitoring and surveillance depend upon EHRs and vaccine registries, integrated with reminder systems, and linked to cancer registries.
Creating an Integrated HPV Vaccination and Screening Program (Chicago, 11/2012)

Workshop Co-Chairs

- Marcus Plescia, MD, MPH (CDC)
- Tamera Coyne-Beasley, MD, MPH (UNC-Chapel Hill; ACIP)
- Mona Saraiya, MD, MPH (CDC)
Creating an Integrated HPV Vaccination and Screening Program

Workshop Focus

- Potential population health and economic impacts of widespread HPV vaccination—esp. on cervical cancer screening

- Tools and resources to support integrated approaches to HPV vaccination and screening, e.g., EHRs, linked vaccine and cancer registries

- Health professionals authorized to
Creating an Integrated HPV Vaccination and Screening Program

Key Points

- Widespread uptake of HPV vaccines will shift balance of screening risks and benefits—may enable reductions in screening (*initiation & interval*) and provide rationale for primary HPV testing.

- Physicians need tools to facilitate adherence to guidelines and communication with patients about evidence-based screening practices in the HPV era.
Creating an Integrated HPV Vaccination and Screening Program

Key Points

- Effective consumer education/information campaign, using social media and other strategies, is needed.

- Electronic health records and vaccine registries linked to cancer registries are critical for monitoring, surveillance and evaluating impact of HPV vaccination.
Cervical cancer screening should begin at age 21.

Women aged 21-29 should have Pap tests every 3 years. HPV testing should not be used in this age group unless needed after an abnormal Pap test result.

Women aged 30-65 should have Pap tests + HPV tests ("co-testing") every 5 years. It is also OK to have Pap tests alone every 3 years. (ACS)

USPSTF: Women aged 21-65 should have Pap smears every 3 years or, for women aged 30-65, option of Pap tests and HPV testing every 5
New Cervical Cancer Screening Guidelines (ACS, 2012)

- Women over age 65 who’ve had regular cervical cancer testing with normal results should not be tested.

- A woman who had her uterus removed (also cervix) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.

- A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.
1. Develop new and improved vaccines.

2. Enhance the vaccine safety system.

3. Support communications to enhance informed vaccine decision-making.

4. Ensure a stable supply of recommended vaccines and achieve better use of existing vaccines to prevent disease, disability and death in the United States.

5. Increase global prevention of disease.
Challenges of Global HPV Vaccination

(Miami, 4/23 - 24, 2013)

Workshop Co-Chairs

- Anne Schuchat, MD (CDC)
- Ted Trimble, MD, MPH (NCI)
- Funmi Olopade, MD, FACP (University of Chicago)

Workshop Focus

- Global epidemiology of HPV infection and HPV vaccination coverage
- Global HPV vaccine policy and financing
- Global vaccine program development, implementation, monitoring and evaluation
The Future of Cancer Research: Accelerating Scientific Innovation

- Final report of the previous Panel
- Full report will be available at http://pcp.cancer.gov
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