PRESIDENT’S CANCER PANEL UPDATE

NATIONAL CANCER ADVISORY BOARD MEETING

6/24/2013

Barbara K. Rimer, DrPH
Overview

- Update: HPV Vaccine Series
- 2013-2014 Series
PCP 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 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,
  
  *Univ. 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 (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
Early HPV Vaccine Impact in the US


First published online: June 19, 2013

“We found a [56%] decrease in vaccine type HPV prevalence among females 14-19 y.o. in the vaccine era (2007-2010) compared with the pre-vaccine era (2003-2006).”
Figure 1. Prevalence of individual human papillomavirus (HPV) types among females aged 14–19 years, 2003–2006 and 2007–2010. Data are for all females aged 14–19 years, including those who did not report having had sex. HPV types ordered from highest to lowest prevalence in the prevaccine era within each HPV type category. Estimates with a relative standard error (RSE) of >30% or <10 observations: 2003–2006, HPV-11, -26, -33, -64, -69, -71, -72, -82 and -IS30; 2007–2010, HPV-11, -18, -21, -26, -31, -33, -35, -45, -55, -56, -58, -64, -69 -70, -72, and -81 (Supplementary Table 1 provides further detail). *P<.05.
Challenges of Global HPV Vaccination
(Miami, 4/23 - 24, 2013)

Workshop Co-Chairs
- Rima Khabbaz, MD (CDC)
- Ted Trimble, MD, MPH (NCI)
- Funmi Olopade, MD, FACP (University of Chicago), NCAB
Challenges of Global HPV Vaccination

Workshop Foci

- Global epidemiology of HPV infection and HPV vaccination coverage
- Global HPV vaccine policy and financing
- Global vaccine program development, implementation, monitoring and evaluation
22 participants from various global regions and organizations

| Argentina | IARC |
| Australia | PAHO |
| Canada | University of Chicago |
| Mexico | University of North Carolina |
| Rwanda | US Centers for Disease Control and Prevention |
| Spain | US DHHS |
| Bill & Melinda Gates Foundation | US National Cancer Institute |
| GAVI Alliance | WHO |
| PATH | GlaxoSmithKline Biologicals |
| Merck Vaccines | |
Challenges of Global HPV Vaccination

Key Points

- Effective communications are a critical component of all HPV vaccine programs, in high- and low-resource settings.

- Clear, concise messages from credible sources increase vaccine uptake.
Challenges of Global HPV Vaccination

Key Points

- Financial resources and infrastructure (e.g., cost of purchasing and delivering vaccines) are implementation barriers for low and middle-income countries.

- US should continue to support programs like GAVI that make HPV vaccines available in low-resource areas.
GAVI ALLIANCE TACKLES CERVICAL CANCER

Every year, 275,000 women die of cervical cancer. Over 85% of those deaths are in developing countries.

Countries Eligible for GAVI’s HPV Vaccine Funding

Countries with National HPV Vaccine Programmes

Countries without National HPV Vaccine Programmes

Changing the Balance

Developing Countries

High-income Countries

GAVI’s support for HPV vaccines will help redress the inequity, delivering vaccines to countries with the highest burden.

About HPV Vaccine

Safe and effective, human papillomavirus (HPV) vaccines protect against 70% of cervical cancer.

Lowering the Price

Current lowest public price, circa: US$ 13

In wealthy countries the same vaccines can cost more than US$ 100

Price achieved by GAVI: US$ 4.50

The new low price of US$4.50 per dose marks a two-thirds reduction on the current lowest public sector price.

Dramatic Acceleration

By 2020, over 30 million girls in more than 40 countries will be vaccinated against HPV

The first GAVI-supported HPV vaccines will be delivered in May 2013.
What can the US learn from the rest of the world?

- Champions should be recruited to promote HPV vaccination within US.
- US should develop stronger public health messages to encourage HPV vaccination and use multiple channels.
- US should support research to make vaccine delivery affordable and sustainable.
  - Vaccine research (e.g., reduced dosage)
  - Health delivery systems research
Next Steps...

- Cross-walks to show how our recommendations complement those of others
- Designs for online and mobile versions
- Report completed late summer
- Examine ways to assess
EMERGING MEDIA AND CANCER PREVENTION

Prospects, Perspectives & Partnerships
Emerging Media and Cancer Prevention

- Massive shifts in how people get information
  - 85% of US adults use the Internet.
  - 72% of them looked for health information online.
  - 56% of US adults use smartphones.

- Emerging media enable access to the vast universe of information about how to prevent, detect, diagnose, and treat cancer.

Emerging Media and Cancer Prevention

- The Internet has altered boundaries between communicators and the public.
- Older technologies, such as print, television and radio, co-exist with new technologies.
- Online sources and communities are vital communication portals.
- Government and NGO communicators often play important roles in media campaigns.
Emerging Media and Cancer Prevention

Social Media Landscape

New Media
Emerging Media and Cancer Prevention

- More information, more ways to access it, and more communicators than ever before.
- Content can be created by anyone.
- Established organizations (incl. government) are no longer the only respected or sought after communicators.
- Rapid pace of technological innovation creates a growing gap between public
How can we accelerate use of emerging media for cancer control, especially, prevention?

- Today, no major cancer organization has a free or low-cost E-book on how to prevent or cope with cancer. (Google search 6/17=0)
- Could we have known, even before Twitter, that we would need to highlight the benefits of quitting smoking in 140 characters?
- On 6/18, 6-10 tweets/minute mentioned HPV vaccines.
- Mobile health applications are proliferating, but...
Emerging Media and Cancer Prevention

- Still, millions of people in the US lack access to credible health information.
- Inequities in communication may widen knowledge gaps instead of bridging them.
- May also exacerbate health disparities.
- Emerging media could improve reach of communication about cancer prevention to diverse audiences.
Emerging Media and Cancer Prevention: Planning Workshop

- Invitees--people who can anticipate the future

- Leaders and innovators from communication, technology (including EHR, mHealth, and HIT developers), policy, academic, health, government and advocacy sectors

- Shape series on use of emerging media to accelerate cancer prevention and reduce cancer communication inequities
Emerging Media and Cancer Prevention: Planning Workshop

- Identify who should participate to discuss:
  - Strategies to overcome barriers to health organizations’ use of emerging media to improve health and reduce communication inequities;
  - How to increase individuals’ access to emerging media; and
  - Opportunities to link EHRs w/ individualized health messages.
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