

P R E S I D E N T ' S C A N C E R P A N E L

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Creating an Integrated HPV Vaccination and Screening Program November 16, 2012

The President's Cancer Panel held the third workshop in its 2012–2013 series, *Accelerating Progress in Cancer Prevention: The HPV Example*, on November 16, 2012, in Chicago, Illinois. During this workshop, entitled *Creating an Integrated HPV Vaccination and Screening Program*, invited participants discussed the health and economic effects of HPV vaccination, the impact that widespread HPV vaccination could have on cervical cancer screening, and the tools and resources needed to achieve an integrated approach to HPV vaccination and cervical cancer screening. Representatives from government, academic, nonprofit, and private sectors were present, including an HPV-related cancer survivor; a representative from a patient advocacy organization that serves Latina women; researchers with expertise in cancer screening, cancer control, health economics, and decision making; physicians specializing in pediatrics and obstetrics/gynecology; and experts in vaccine registries and monitoring.

Widespread uptake of the HPV vaccine will alter the balance of risks and benefits as well as the cost-effectiveness of cervical cancer screening, making it important to avoid over-screening. Participants discussed recent changes in cervical cancer screening guidelines and the importance of encouraging physicians and patients to adhere to these guidelines in order to optimize cancer detection and minimize potential harms of screening (e.g., anxiety, discomfort and risks from additional procedures, and increased risk of pregnancy complications). Physicians and other health providers need tools to facilitate adherence to guidelines and communication with patients about evidence-based screening practices. Consideration should be given to whether in the future separate cervical cancer screening guidelines based on HPV vaccination status would be more appropriate than a single set of guidelines. Cervical cancer prevention efforts also may benefit from the development of new clinical management strategies and screening tools that take into account the impact of the HPV vaccine.

Women at highest risk for cervical cancer may be among the least likely to complete the HPV vaccine series. Participants discussed the need to develop innovative ways to promote vaccine uptake among populations at highest risk for cervical cancer and other HPV-associated cancers. Well-trained community health workers may be one way to effectively interface with traditionally underserved populations, particularly those who may distrust the medical system or have anxiety about accessing it.

Data systems have potential to facilitate HPV vaccine uptake. For example, vaccine registries can help inform patients and their providers about vaccine status and can support reminder/recall systems to promote timely HPV series initiation and completion. Such functions will become more useful as adoption of electronic health records increases. Data systems also are critical for evaluating impact of HPV vaccination and providing evidence to support modification of cervical cancer screening guidelines. Information collected can inform modeling studies for cervical cancer as well as public policy. Ideally, vaccine registries would be linked to registries that include information on screening results (e.g., HPV status, presence of precancerous lesions and/or cervical tumors) as well as clinical outcomes.

The Panel will summarize findings and recommendations from this meeting, along with the other meetings in the series, in its 2012–2013 Annual Report to the President of the United States.