



The Farrah Fawcett Foundation.



October 25, 2011

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road, N.E., Mailstop A27
Atlanta, GA 30333

Dear Members of the Committee:

We write as a growing coalition of health care advocacy organizations committed to reducing rates of human papillomavirus (HPV)-related cancers, and the virus that causes these cancers, HPV. HPV-related cancers and diseases affect men, women and their families. We urge the Advisory Committee on Immunization Practices (ACIP) to vote to change the status of male HPV vaccination from permissive to routine. The ACIP has already issued routine recommendations for females and permissive recommendations for males to obtain the vaccine for the prevention of HPV-related diseases. The effect of expanding the vaccination recommendation to include boys will result in a decrease in HPV-related malignancies for future generations of men and women.

- **HPV causes cancer in both males and females.** Every year, approximately 30,000 men and women in the United States are diagnosed with a cancer caused by HPV. HPV causes multiple cancers, which include cervical, anal, vulvar, vaginal, penile and head and neck cancers.
- **The vaccine is our best chance at preventing HPV-associated malignancies.** Screening protocols for HPV-associated cancer sites other than the cervix are not widespread, while systemic therapies for those with advanced HPV-associated disease are limited. The most effective way to reduce the risk of future generations developing cancer and HPV-related disease is by vaccinating both males and females.
- **The vaccine protects against the HPV types that cause the majority of HPV-associated illnesses.** The vaccine prevents infection from HPV types 16 and 18, the two strains responsible for most HPV-related cancers in the United States. Protecting against high-risk HPV types will dramatically decrease the amount of people living with HPV-associated cancers. The quadrivalent vaccine also protects against genital warts, which carries a heavy social stigma.
- **The federal government has recognized the benefits of the vaccine.** The Food and Drug Administration has certified that the quadrivalent HPV vaccine protects against the development of cervical, vaginal and vulvar cancers in women, as well as anal cancer and genital warts in both genders. The ACIP has issued routine recommendations for women and

permissive recommendations for men to obtain the vaccine for the prevention of these diseases.

- **HPV-related cancer and precancer is difficult to have and to treat.** Therapeutic treatments that target HPV-related lesions and cancer are often toxic and uncomfortable. Systemic disease is difficult to cure and the therapeutic pipeline remains underdeveloped. The stigma associated with such cancers also presents social challenges for patients living with the disease.
- **By promoting a female-only campaign which focuses on girls and women to routinely vaccinate against HPV, we are sending the incorrect message that HPV is a single-sex issue.** As men and women both harbor HPV infections and act as transmitters, we must acknowledge the reality of this virus by educating the public so that men are also aware of HPV-related malignancies that can affect them and their partners. The focus on women also results in the exclusion of entire populations who would otherwise benefit from herd immunity, including men who have sex with men (MSM).
- **The MSM community is especially at risk for anal cancer as they are not protected by the benefit of herd immunity from female HPV vaccination.** However, we warn against considering a recommendation for males based on their sexual behavior. A recommendation to routinely vaccinate only MSM would require self-reporting, a particularly sensitive issue among adolescent boys who may fear stigma from disclosing same-sex behavior and may result in missed opportunities to vaccinate those at increased risk of anal cancer. Moreover, young men may not identify as MSM until sexual activity has commenced.
- **Vaccination rates for females in the United States are very low, and rates for males are significantly lower.** By routinely vaccinating men we can actively protect a larger portion of the population as vaccination rates in the U.S. are low, especially when compared to the United Kingdom and Australia. In a recent study of girls aged 13 to 17 in the U.S., the Centers for Disease Control and Prevention found that 32% completed the HPV vaccination three-dose series in 2010. Adolescent female vaccination rates in Australia, in contrast, were higher than 70% for all three doses in 2009, the most recent year for which data could be obtained. Australian citizens will thus see a lower HPV-associated cancer burden in the coming decades. The United States can follow this model and decrease future cancer burdens by routinely vaccinating males and increasing female vaccination and catch-up vaccination campaigns.

The HPV cancer burden is significant. There are tens of thousands of men and women in the United States who are currently living with an HPV-related cancer. The quality of life effects and deaths caused by this disease are preventable for future generations of people by increasing vaccination rates.

Cervix: It is estimated that there will be 12,710 patients with 4,290 mortalities in 2011. Almost all cases of cervical cancer are caused by HPV.

Anus: It is predicted that there will be 5,820 males and females diagnosed with anal cancer this year. About 770 patients will die from anal cancer in the same time. There has been an increasing trend in diagnosis of around 2% a year since the 1970's, a trend that continues today. About 95% of anal cancer is caused by HPV.

Vulva: 4,340 cases of vulvar cancer are diagnosed in the United States and 940 mortalities are expected from it this year. Approximately half of vulvar cancers are caused by HPV.

Vagina: 2,570 women receive a vaginal cancer diagnosis in the United States every year, and 780 women lose their lives to this cancer. About 65% of vaginal cancers are caused by HPV.

Penis: 1,360 men are diagnosed with penile cancer and approximately 320 deaths are expected this year. Approximately 35% of penile cancers are caused by HPV.

Head and Neck: It is estimated that 5,700 men and 1,700 women receive a diagnosis of HPV-associated head and neck cancers each year, and that number is growing. According a recent study published in the Journal of Clinical Oncology, there could be more HPV-related oropharyngeal cancers in the United States than cervical cancers by the year 2020. The study also found that the incidence rate of HPV-positive oropharyngeal cancers increased by 225% from 1988 to 2004. Males are more likely than females to be diagnosed with HPV-related oropharyngeal cancers. Around 60% of oropharyngeal cancers are HPV-related.

HPV types 6 and 11 also causes genital warts and recurrent respiratory papillomatosis, a rare and serious throat condition that is passed from mother to child during childbirth. Genital warts are generally medically harmless, but have social and emotional impacts on the people who have them. Treatment of warts is associated with substantial cost and morbidity.

We urge you, as members of the body charged to evaluate immunization programs, to consider the impact you will have on future generations of Americans. A vaccine exists that can decrease stigmatized and painful diseases from development in thousands of people. Please use your capacity as advisors to the federal government to advance a routine recommendation for males. We thank you for your consideration of this testimony and your commitment to examining the data regarding U.S. men and women affected by HPV.

Sincerely,



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