

Introduction of gender-neutral HPV vaccination in the UK: Male rates of oropharyngeal cancer now higher than rates of cervical cancer, lack of awareness

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The announcement in July 2018 of the expansion of the UK national HPV vaccination programme to include boys age 12-13 is welcome¹. It will be implemented from 2019, and will accelerate the impact of vaccination on the reduction in HPV-associated cancers, particularly those that occur predominantly in men, such as oropharyngeal cancer. Male rates of oropharyngeal squamous cell cancer (OPSCC) overtook cervical cancer in the UK for the first time in 2016, as it did in the US in 2012^{2,3} (Supplemental Material). Both the rates of OPSCC, and the proportion that are caused by HPV are set to rise further over the next 20-30 years, before the benefits of the vaccine programme start to be seen. Earlier diagnosis is associated with improved survival⁴, but there is as yet no screening methodology that would achieve this. While this is awaited, there may nonetheless be benefit in increasing awareness of HPV and OPSCC.

We gathered preliminary evidence regarding the public awareness of HPV-associated disease in men and women in the UK with an online, UK-wide, population-based survey. Of 1200 respondents (54% female; see Supplemental Material) 444 (37%; 95% CI 34.3, 39.7) had ever heard of HPV. Of these, 69.5% (65.2, 73.7) knew that HPV could be transmitted during sex, and 38.7% (34.3, 43.3) recognised HPV as a risk factor for OPSCC (Figure 1), while 63.7% (59.2, 68.1) knew that there was a preventative vaccine. Women were almost twice as likely to be aware of HPV as men (44.6% vs. 27.9%, $p < 0.001$).

To maximize the potential benefits of HPV vaccination, it will be important to maintain the high uptake among school pupils aged 12-13, which requires the consent of an adult. Raising awareness of HPV and that HPV is not just associated with cervical cancer, but also with cancers at other sites, may help to ensure this. This should be in parallel with efforts to raise awareness among health care professionals⁵.

To support the recent introduction of a gender-neutral HPV vaccination strategy, interventions to increase awareness of HPV and the association with non-cervical cancer should be considered. At the same time, the development of early detection strategies to reduce the proportion of HPV-associated cancers that present late, including OPSCC and anal cancers, should be prioritised.

References

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Survey results: 1200 gender-matched and aged-matched members of the UK population

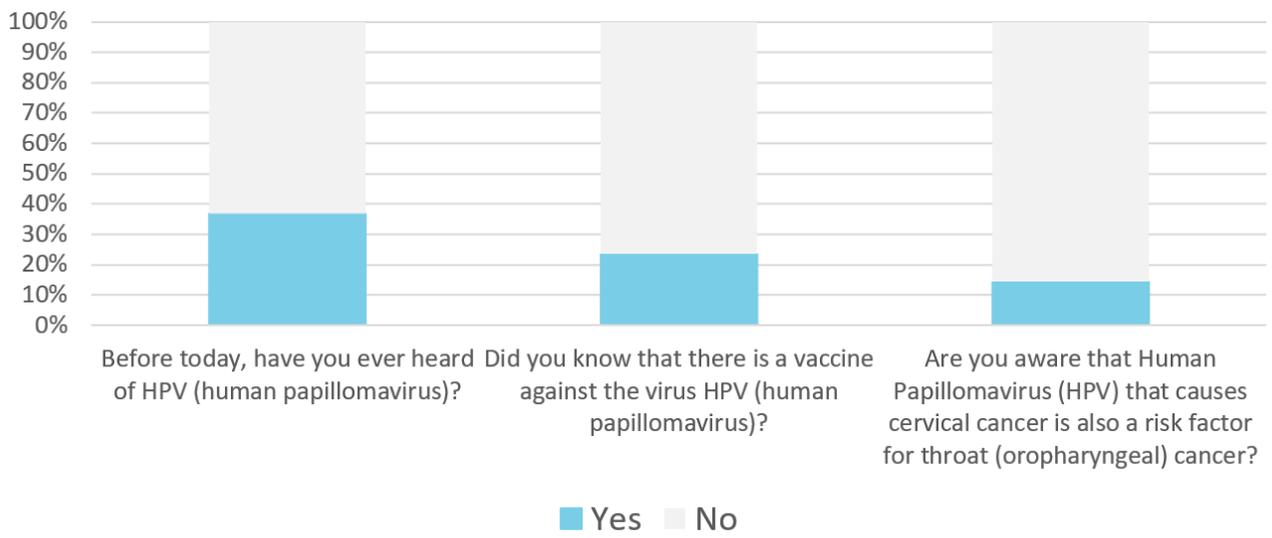


Figure 1: Illustration of survey results. 1200 gender-matched and age-matched members of the UK population were surveyed. Only 37% (444/1200) had ever heard of HPV.