2024 Make SD HPV Cancer Free Virtual Summit

Monday, March 4th, 2024
Summit Reminders

01 AUDIO
Please make sure your line is muted throughout the duration of the summit.

02 ZOOM CHAT
Use the chat to introduce yourself & ask questions throughout the summit!

03 SUMMIT RECORDING
Slides, summit recording and resources will be shared with all attendees.
Today's Agenda

• Welcome Remarks
• 2024 Update on HPV Cancer Burden
• Status Report on HPV Vaccination in San Diego County
• Who Do You Trust? Addressing Vaccine Beliefs and Behaviors
• Case Studies for Success: Local HPV Vaccination Success Stories and Best Practices
• Closing Remarks
Joslyn Paguio
Cervivor Ambassador
Welcome Remarks
FROM PATIENT TO ADVOCATE
WELCOMING PERSPECTIVES

JOSLYN CHAIPRASERT-PAGUIO
CERVICAL CANCER SURVIVOR
CERVIVOR PODCAST HOST & AMBASSADOR
“I HAD ABSOLUTELY NO SYMPTOMS, NO CAUSE FOR A PAP SMEAR OR SCREENING, I WAS 18.”
According to WHO, "HPV was estimated to cause almost half a million cases and 250,000 deaths from cervical cancer in 2002, of which about 80% occurred in developing countries." (1)

2001-2002, Dr. Laura Koutsky provides proof of principle and then efficacy for the monovalent (HPV16) vax. This trial proved evidence of protection, and paved the way for the development of HPV vaccines — cancer-preventing and life-saving tools (2)

(2) https://sjr-redesign.stjude.org/content/dam/research-redesign/initiatives/hpv-cancer-prevention-program/hpv-advocacy-campaign/history-hpv-vaccination.pdf
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Gardasil (HPV4) licensed and approved for girls, aging 9-12 in the US by the US FDA, offering protection against 4 types of HPV.</td>
</tr>
</tbody>
</table>
| 2009 | • Gardasil (HPV4) now approved for boys ages 9-26 by the US FDA  
• Cervarix (HPV16 & HPV18) approved for girls by US FDA approved for the prevention of cervical pre-cancers and cervical cancer associated with HPV types 16 and 18 in girls and young women. The vaccine was later pulled from the US market in 2016 following the success of Gardasil 9, but continues to be used abroad for HPV cancer prevention. |
| 2014 | Gardasil 9 (HPV9) approved by US FDA which now covers 9 HPV types including the 2 high-risk strains. The trials that led to its approval found it to be nearly 100% effective in preventing the 6 HPV cancers caused by all 7 cancer-causing HPV types. |
| 2016 | In US, CDC revises dosage guidelines to recommend children ages 11 and 12 receive 2 doses at least 6 months apart and individuals older than 15 receive 3 doses. |
| 2018 | US FDA expands vaccine approval to include both females and males ages 27-45 |
| 2019 | 100 countries worldwide now incorporate HPV vaccine into their regular vaccine schedule |
| 2019 | US FDA approves the expansion of Gardasil 9 from prevention of cervical cancer to include vaginal, vulvar, anal, oropharyngeal, and other head and neck cancers |
According to WHO:

- HPV infection causes about 5% of all cancers worldwide, with an estimated 625,600 women and 69,400 men getting an HPV-related cancer each year.
- Cervical cancers account for 93% of HPV-related cancers in women.

https://www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer
WE CAN DO BETTER
WE MUST DO BETTER
WE WILL DO BETTER, TOGETHER
Margaux Stack-Babich, MPH
UC San Diego Moores Cancer Center, Community Outreach & Engagement
2024 Update on HPV Cancer Burden
AGENDA

• Update on HPV Cancer Data
  ○ New & emerging trend data
• HPV Cancer Disparities
• Resources You Can Use!
5% OF ALL CANCER GLOBALLY IS CAUSED BY HPV
37,000 CASES OF HPV CANCER PER YEAR IN THE US
690,000 CASES OF HPV CANCER PER YEAR GLOBALLY

2022

de Mortel et al, Lancet Global Health 2023
United States Department of Health and Human Services, Centers for Disease Control and Prevention. Released June 2023, based on the 2022 submission.
RECENT HPV CANCER TRENDS

-Cervical Cancer (recently stabilized)
-Vaginal Cancer (rise)
-Vulvar Cancer (rise)
-Oropharyngeal Cancer (rise)
-Anal Cancer (rise)
-Penile Cancer (rise)
Cervical

- CC incidence and death rates in the US have stagnated, and in some regions increased, in recent years
  - In a study published in the International Journal of Gynecological Cancer, almost 30,000 individuals were diagnosed with late-stage cervical cancer between 2001 to 2018.
  - In a first time reversal, a 3% per year increase in cervical cancer incidence in women in their early 30s began in 2012.

Anal

- AC incidence increased more than 1.5-fold among persons age ≥ 50 years between 2014 and 2018 as compared with 2001-2005 rates.
  - Risk factors associated for women in this study were smoking behaviors, and HIV/AIDS status for men.
- Anal cancer in women aged 50 and over had become almost as common as cervical cancer in some states in the midwest and south-east of the United States by 2014-2018.
LET’S LOOK CLOSER, CONT'D...

Oropharyngeal
- HPV-positive oropharyngeal cancers increased by 225% from 1988 to 2004
- Men are 4-5x more likely to be diagnosed with oropharyngeal cancers than women & have oral HPV
- Incidence among men continues to rise rapidly in nearly all 50 states & among women living in the Midwest and Southeast regions; the number of people diagnosed with large tumors as well as the death rate has increased in the last 10yrs
- Nearly 1M oropharyngeal cancers could be prevented by the 2070s, and eliminated, if 80% HPV vaccination rates reached by 2025

Vaginal
- 700 cases of vaginal cancers caused by HPV in 2023
- About 75% of vaginal cancer is caused by HPV

Vulvar
- 6,900 vulvar cancers diagnosed in 2024
- 1,670 deaths from this cancer
- About 69% of vulvar cancer is caused by HPV

Penile
- 2,100 cases of penile cancer diagnosed in 2024
- 470 deaths from penile cancer in 2023
- A 2022 study found the incidence-based mortality rate of penile cancer significantly increased from 2000 to 2018, and 5-year relative survival rate did not improve.

SPOTLIGHT ON HPV CANCER DISPARITIES

Cervical
- Communities of color experience disparities in cervical cancer incidence and mortality.
  - The rate for new cervical cancer cases is highest for Hispanic women, but the death rate is highest for non-Hispanic Black women.
  - Native American women are 2x more likely to be diagnosed.
  - The LGBTQIA+ community faces increased barriers to healthcare access.

Oropharyngeal
- Although Black individuals have lower rates of oropharyngeal cancer, Black patients have increased risk of presenting with advanced disease and potentially incurable disease.

Anal
- HIV+ MSM are 80 times more likely to develop anal cancer than HIV- men, but
  - A 2023 study found 19.1% of all male anal cancer occurred in HIV- MSM.
- White women 50+ have the highest incidence of anal cancer.
- Black and Hispanic patients are more likely to have longer delays in starting definitive chemoradiation; men also have longer delays than women.

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Image credits:
- Cover image credit: National Cancer Institute Cancer Control and Global Health Program, 2023.
- Internal image credit: National Cancer Institute, 2023.

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Glossary:
- HPV: Human papillomavirus
- MSM: Men who have sex with men
- LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
RESOURCES YOU CAN USE!

Data Sources
- American Cancer Society
  ◦ Facts and Figures Annual Report
- CDC - HPV Cancer Data
- National Cancer Institute
- World Health Organization
- National HPV Vaccination Roundtable
- California HPV Vaccination Roundtable
- NIS-Teen Survey
- Peer-reviewed scientific articles

Patient/Caregiver/Thriver Support and Advocacy
- Cervivor
- HPV Cancer Alliance
- Team Maureen
- Anal Cancer Foundation
  ◦ NOMAN Race
- Head and Neck Cancer Alliance
- Oral Cancer Foundation
- HPV and Me
- National LGBT Cancer Network
- Check out your medical home for support!
THANK YOU!

- mstackba@health.ucsd.edu
- https://moorescancercenter.ucsd.edu/
Status Report on HPV Vaccination in San Diego County

Alana McGrath, MPH, HHSA

Mark Sawyer, MD, SDIP/Rady Children's Hospital/UCSD
HPV vaccine: It shouldn’t be this hard

MARK H. SAWYER, MD
MARCH 4, 2024
Three reasons you should care about HPV vaccine

HPV causes lots of cancer

HPV vaccine prevents cancer

We are doing a terrible job of immunizing our population with HPV vaccine to prevent cancer
HPV vaccine prevents cancer

Risk of cervical cancer was 88% lower in girls vaccinated before age 17 years compared to unvaccinated

Risk of cervical cancer was 53% lower in women vaccinated between 17-30 years of age

84% of cervical cancers caused by HPV16 and HPV18

FIGURE. Estimated coverage with ≥1 dose of tetanus, diphtheria, and acellular pertussis vaccine, ≥1 dose of quadrivalent meningococcal conjugate vaccine, and ≥1 dose of human papillomavirus vaccine, and percentage of adolescents up to date with human papillomavirus vaccination, among adolescents born during 2002–2009* by age 13 years† (A) and 14 years§ (B) — National Immunization Survey-Teen, United States, 2015–2022
Do you ..........

Know your personal/office/group HPV vaccination coverage rate?
Use a reminder system to inform patients they are due for vaccines?
Use a recall system to bring in patients who are behind on immunizations?
Give HPV vaccine during acute care visits?
Give a “presumptive” HPV vaccine recommendation along with the other adolescent vaccines?

Do you give HPV vaccine at 9 years of age? If not, is duration of protection important in deciding when you give HPV vaccine?
<table>
<thead>
<tr>
<th>Concern</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>My child won’t get exposed to that virus=my child will never have sex</td>
<td>Two studies show that getting vaccinated doesn’t make you have sex earlier</td>
</tr>
<tr>
<td>I want to wait on that one</td>
<td>It’s too late after you are already infected</td>
</tr>
<tr>
<td>The vaccine is too new</td>
<td>It’s been used since 2006 with over 100 million doses given</td>
</tr>
<tr>
<td>The vaccine has dangerous side effects</td>
<td>One of the safest vaccine we have</td>
</tr>
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**HPV vaccine starting at age 9 years!**

**RECOMMENDATIONS**

The AAP recommends 2 doses of the HPV vaccine series between 9 and 12 years of age.

The American Cancer Society recommends 2 doses of the HPV vaccine series between 9 and 12 years of age.

The CDC/ACIP recommends the series at age 11 or 12 years but indicates that it can be administered starting at age 9 years.

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**ADVANTAGES OF STARTING EARLIER**

Minimizes discussion about sexual transmission.

Enhances completion of the series by age 13 years.

Reduces the number of injections at the 11-12yo visits.

Makes it more likely that you will complete the series before onset of sexual activity.

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AAP-https://redbook.solutions.aap.org;
CDC-https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.html
CDC endorses HPV at age 9 years and older

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19–23 mos</th>
<th>2–3 yrs</th>
<th>4–6 yrs</th>
<th>7–10 yrs</th>
<th>11–12 yrs</th>
<th>13–15 yrs</th>
<th>16 yrs</th>
<th>17–18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human papillomavirus (HPV)</td>
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*HPV at age 9!*

Data on HPV at age 9

Younger age at initiation of the Human Papillomavirus (HPV) vaccination series is associated with higher rates of on-time completion

Jennifer L. St Sauver, PhD, MPH1,2, Lila J. Finney Rutten, PhD, MPH1,2, Jon O. Ebbert, MD2,4, Debra J. Jacobson, MS5, Michaela E. McGree, BS5, and Robert M. Jacobson, MD1
1Division of Epidemiology, Department of Health Sciences Research, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905
2Robert D and Patricia E Kern Center for the Science of Health Care Delivery, College of Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905
3Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905
4Division of Primary Care Internal Medicine, Department of Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905
5Division of Biomedical Statistics and Informatics, Department of Health Sciences Research, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

Abstract

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>9–10 years</th>
<th>11–12 years</th>
<th>P*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed 3 doses of the vaccine</td>
<td>N=725</td>
<td>N=1,613</td>
<td>0.006</td>
</tr>
<tr>
<td>Duration between first and third dose (months), median (IQR)</td>
<td>9.5 (6.7, 17.0)</td>
<td>8.3 (6.5, 14.7)</td>
<td>0.006</td>
</tr>
<tr>
<td>Completed 3 doses of the vaccine by age 13.5</td>
<td>707 (97.5)</td>
<td>1,258 (78.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Completed 3 doses of the vaccine by age 15</td>
<td>722 (99.6)</td>
<td>1,517 (94.0)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
HPV Vaccine at age 9 years

Give it a try!!
Evidence-based strategies to improve vaccination coverage

Reminder/recall system
- Provider level (e.g., EMR prompts)
- Parent/patient level (e.g., postcards, telephone calls, text messaging)

Standing orders

Provider assessment and feedback
- Assessment of vaccination coverage levels within the practice and discussion of strategies to improve vaccine delivery

Utilizing immunization information systems

www.thecommunityguide.org/vaccines/universally/index.html
Impact of Reminder/Recall on Vaccination Rates among Adolescents

What can health care providers do?

Don’t miss opportunities to give HPV vaccine
Make it a routine recommendation for all your patients, just like any other vaccine
Give a strong recommendation
Don’t anticipate a long discussion about the need for HPV vaccine
Measure your own rates-they are probably not as good as you think they are
Be an HPV champion in your own group/clinic/hospital
Get your office/clinic staff on board
What can health systems do?

Promote HPV vaccine as routine along with all other vaccines
Provide reminder/recall systems
Measure missed opportunities to immunize
Get providers connected to the California Immunization Registry (CAIR)
Provide incentives for high coverage rates
References


Biancarelli DL. Provider experience recommending HPV vaccination before age 11 years. J Pediatr 2020;217:92-7

St Sauver JL et al. Younger age at initiation of the HPV vaccination series is associated with higher rates of on-time completion. Prev Med 2016;89:327-333
Who Do You Trust? Addressing Vaccine Beliefs and Behaviors

Kalyani Sonawane, PhD, MUSC Hollings Cancer Center
HPV Vaccination in the US: Emerging Data and Public Health Implications

Kelly Sonawane, Ph.D.
Associate Professor of Public Health Sciences
Member, MUSC Hollings Cancer Center
Medical University of South Carolina
Outline

- Data insights
- Implications for policy, practice, and community outreach
Recent trends: HPV-associated cancers

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**HPV-associated cancer trends**
- Cervical Cancer (recently stabilized)
- Vaginal Cancer (rise)
- Vulvar Cancer (rise)
- Oropharyngeal Cancer (rise)
- Anal Cancer (rise)
- Penile Cancer (rise)

*Deshmukh et al JNCI 2021; Deshmukh et al JNCI 2020*
HPV vaccination rates

13-17-year-old (2023 report)

Up-to-Date: 62.6%

CDC MMWR Report, August 2023
NCHS Data Brief No. 495, February 2024

For the first time in 10 years, HPV vaccinations did not increase among teens. Make sure your teen is protected from serious diseases like cancers caused by HPV and up to date on their vaccinations, especially the HPV vaccine: bit.ly/mm7234a3

9-17-year-old (2024 NHIS report)

≥1 dose: 38.6%

Where we should be
Key Findings

- 58% parents had no intent to initiate the vaccine for their unvaccinated adolescents [4.3 million]
- Parents of 23.5% adolescents who received the first dose will not complete the vaccine series [0.5 million adolescents]
- Consistent for boys and girls

Key Findings
- Parents citing ‘safety concerns’ as a major reason for HPV vaccine hesitancy: 13.0% in 2015 to 23.4% in 2018
- Largest increases (more than 200%) were observed in California, Hawaii, South Dakota, and Mississippi.

**Key Findings**

- HPV vaccine hesitancy increased with increasing socioeconomic status
- Important differences in reasons for not vaccinating by socioeconomic status
- Hesitancy most acute among NH Whites (>60% regardless of socioeconomic status)

Overall Annual Changes in Vaccines for Children (VFC) Program Provider Orders of Select Vaccines Compared to Fiscal Year (FY) 2020

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>FY2020</th>
<th>FY2021</th>
<th>Year-to-date FY2022 (as of 3/27/22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Non-Flu</td>
<td>-15%</td>
<td>-7%</td>
<td>-6%</td>
</tr>
<tr>
<td></td>
<td>(-8.5M doses)</td>
<td>(-4M doses)</td>
<td>(-1.6M doses)</td>
</tr>
<tr>
<td>HPV</td>
<td>-25%</td>
<td>-9%</td>
<td>-10%</td>
</tr>
<tr>
<td></td>
<td>(-1M doses)</td>
<td>(-391K doses)</td>
<td>(-156K doses)</td>
</tr>
<tr>
<td>Tdap</td>
<td>-27%</td>
<td>-1%</td>
<td>+7%</td>
</tr>
<tr>
<td></td>
<td>(-676K doses)</td>
<td>(-16K doses)</td>
<td>(+68K doses)</td>
</tr>
<tr>
<td>MenACWY</td>
<td>-24%</td>
<td>+1%</td>
<td>+3%</td>
</tr>
<tr>
<td></td>
<td>(-873K doses)</td>
<td>(+32K doses)</td>
<td>(+46K doses)</td>
</tr>
</tbody>
</table>

Statewide Vaccination Among Adolescents (11-17)

- ≥2 Doses MMR
- ≥1 Dose Tdap
- ≥3 Doses Hep B
- ≥2 Doses Hep A
- ≥2 Doses HPV
- ≥1 Dose Mening
# RECENT SETBACKS

## Adolescents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Vaccinated by 14 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007 Born</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>56.6 (54.0–59.2)</td>
</tr>
<tr>
<td>At or above poverty level</td>
<td>58.9 (56.5–61.4)</td>
</tr>
<tr>
<td>Privately insured</td>
<td>60.4 (57.3–63.5)</td>
</tr>
</tbody>
</table>

§§§ Decline was statistically significant

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For the first time in 10 years, HPV vaccinations did not increase among teens. Make sure your teen is protected from serious diseases like cancers caused by HPV and up to date on their vaccinations, especially the HPV vaccine: [bit.ly/mm7234a3](https://bit.ly/mm7234a3)
RECENT SETBACKS
Young Adult

Key Findings
- **No improvement** in HPV vaccine coverage (≥ 1 dose) from 2019 to 2022
- Coverage is higher among LGBQ+ young adults

MOVING FORWARD

- Addressing individual-level barriers: knowledge and misperceptions
- Reinforcements with additional interventions (system, community, or policy-level)
- Tracking misinformation and vaccine confidence/sentiment
Clinical Analytics & Decision Science (CADS) Lab

Co-investigators: Ashish A Deshmukh, PhD, Haluk Damgacioglu, PhD

Mentors and Collaborators: Katie Sterba, PhD
            Marvella Ford, PhD
            Jihad Obeid, PhD
            Naomi Brownstein, PhD
            James R Roberts, MD, MPH

Trainees and Staff: Ashvita Garg, PhD, MPH; Poria Dorali, PhD;
            Victoria Roy, MPH; Quadray Hughes; Ketki Borse, MPH; Alexis Nuzzo, MPH

Supported by
• Hollings Cancer Center
• National Institute on Minority Health and Health Disparities [K01MD016440]
• National Cancer Institute [R01CA232888, R01CA256660]
• American Cancer Society

Call for papers: Human papillomavirus
We are pleased to launch this new article collection which will welcome papers that have an impact on our understanding of human papillomavirus (HPV).

!! CALL FOR HPV PAPERS!!
Submission Deadline: 28 February 2025
BMC Medicine IF(5 yr): 10.4
Thank you!
Case Studies for Success: Local HPV Vaccination Success Stories and Best Practices

Cy England, MPH
and Melissa Villa, MPH, Indian Health Council

Erik Hogen, MD, Scripps Health
Fighting Dis/Misinformation in the Community

Cy England, MPH
Quality infection control officer

Melissa Villa, MPH
Project Coordinator
Vaccine

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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<tbody>
<tr>
<td>HPV9</td>
<td>168</td>
<td>100</td>
<td>172</td>
<td>181</td>
<td>152</td>
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</table>

HPV Vax Administered IHC

HPV Vax IHC Administered
<table>
<thead>
<tr>
<th>Year</th>
<th>9 - 14</th>
<th>15 - 45</th>
<th>Completions</th>
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<tr>
<td>2019</td>
<td>319</td>
<td>127</td>
<td>446</td>
</tr>
<tr>
<td>2020</td>
<td>328</td>
<td>121</td>
<td>449</td>
</tr>
<tr>
<td>2021</td>
<td>364</td>
<td>133</td>
<td>497</td>
</tr>
<tr>
<td>2022</td>
<td>401</td>
<td>144</td>
<td>545</td>
</tr>
<tr>
<td>2023</td>
<td>439</td>
<td>152</td>
<td>591</td>
</tr>
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PRINTED MEDIA

SOCIAL MEDIA

COMMUNITY OUTREACH
Printed Media

- Bulletin Board
- Awareness Cards with Pins
- Informational Pamphlets
OUR MISSION

CHERISH is an IHC Research and Student Development project. Our goal is to increase cervical cancer prevention and screening.

- Promote regular cervical cancer screenings for all women aged 21-65 through education and community engagement.
- Raise awareness of human papillomavirus (HPV)

CERVICAL CANCER & HPV

HPV = Human Papillomavirus

- HPV can cause cervical cancer and other cancers.

CERVICAL CANCER SCREENING

- A cervical cancer screening is a test done to look for early signs of cancer.
- There are several types of cervical cancer screening:
  - Pap Test
  - HPV Test
  - Hybrid Capture 2 (HC2)

HPV VACCINE

The HPV vaccine is a vaccine against cancer caused by HPV infections.

- The HPV vaccine is recommended for:
  - Ages 11-12 years old
  - Ages 13-18 years old

ESTHER CALAC, N.P.

A strong advocate for women’s health, Esther’s legacy continues to fuel IHC preventative health programs.

Printed Media
Social media

• Cervical Cancer Awareness Month Campaign
• HPV Awareness Day
• California HPV Awareness Week (August)
Social media

HPV AWARENESS DAY
MARCH 4TH

CERVICAL CANCER SCREENING IS RECOMMENDED EVERY 3-5 YEARS FOR WOMEN AGES 21-65.

HPV VACCINATION CAN PREVENT CANCER.

HOW WE CAN BEAT HPV; VACCINE & SCREEN

- 80% of people will get an HPV infection in their lifetime.
- 40% of cervical cancer cases per year linked to HPV.
- HPV is a common virus that is spread through intimate skin to skin contact.
- HPV can infect both males and females.

DID YOU KNOW?

CERVICAL CANCER IS THE FOURTH MOST COMMON CANCER IN WOMEN GLOBALLY.

OVER 90% OF CERVICAL CANCER CASES ARE CAUSED BY HPV (HUMAN PAPILLOMAVIRUS).

IF DIAGNOSED EARLY, CERVICAL CANCER CAN BE CURED AND TREATED.

AMERICAN INDIAN/ALASKA NATIVE WOMEN ARE NEARLY TWICE AS LIKELY TO DEVELOP CERVICAL CANCER.

WOMEN LIVING WITH HIV ARE 6 TIMES MORE LIKELY TO DEVELOP CERVICAL CANCER COMPARED TO THOSE WITHOUT HIV.

HAVE YOU SCHEDULED YOUR CERVICAL CANCER SCREENING?

- Who should get screened?
  - It is recommended that women aged 21-65 years old get screened every 3-5 years.

- A cervical cancer screening is often known as a "pap smear" or "pap test".

MAKE AN APPOINTMENT
Rincon: (760) 749 - 1410
Santa Ysabel: (760) 765 - 4203

*source: CDC.gov
Community outreach

- Movie Drive-In’s
- On-site tabling
- Off-site Community Events
1. Involve people trusted by the community
2. Ensure information is available and accessible
3. Consistently share the facts (check your sources)!
4. Remove the stigma
Questions?
HPV Summit
Preteen Vaccine Week
March 4, 2024

Scripps Clinic HPV Initiatives and Projects
SCMG DEPARTMENT OF PEDIATRICS
HPV IMPROVEMENT PROJECTS AND INITIATIVES

1: Care Gap/Lapsed Well Check Visit Recall
2: Start Age 9 Years Pediatric Board, Maintenance of Certification (MOCA-peds)
3: Care Gap Alerts Parent and Provider Facing Activated at Age 9 Years
4: HPV Appointment Scheduled Before Patient Leaves for Next Dose and Recall
5: HPV Vaccination March Madness
Care Gap/Lapsed Well Check Recall

Monthly EPIC Report Run for Patients Who Have Turned 11, 11.5, or 12 Years in the Past Month and Point of Investigation is if they have a Well Check Scheduled in the Next Year. APCs utilize Patient Quality Hours in Day to Run and Check Report.

If no Appointment for Well Check Scheduled "cc'd Chart Message" sent in EPIC to PSR/Office Staff to contact Patient to Make an Appointment.

PSR/Office Staff Enter Their Work in a Grid which is reviewed Site by Site Monthly at the Pediatric Quality Meeting. Evaluated for 3 Values to Ensure System Functioning and any need for Adjustment.
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<tr>
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# Pediatrics Care Gap Outreach - Totals based on January 2024 Report

Total # of CC'd Charts = 55  
Goal: 100% of CC'd charts addressed daily

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<th>DATE</th>
<th>PROVIDER</th>
<th># OF OUTREACH MADE</th>
<th>APPOINTMENTS MADE</th>
<th>Under 2 Years Old Scheduled</th>
<th>Adolescent 11 years+ Scheduled</th>
<th>NO LONGER PATIENT</th>
<th>PARENT DECLINED</th>
<th>CALLED X3 TIMES AND LETTER SENT</th>
<th>CALLED AND LEFT MESSAGE</th>
<th>PSR ASSIGNED INITIALS</th>
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Number of Outreaches Made per Appointment Made or Percent of appointments Made per total Patient Reports or Percent of Any Positive Result per Total Patient Reports

RB Peds

Outreaches Made per Appointment Scheduled
Percent Appointments Made of Total Monthly Patient Reports
Percent Any positive result of Total Monthly Patient Reports
Start Age 9 Years Pediatric Board, Maintenance of Certification (MOCA-peds)

Data Pulled for HPV Series Starts for each SCMG Pediatric PCP Based upon Age of Series Start for Period 7/1/22-6/30/23. Similar Data Pull will be Made for Period 7/1/23-6/30/24.

MOCA-Peds Category Part 4 Points (Quality Improvement Project) to Increase Percentage of Total HPV Series Starts by 10% Year over Year.

Category Part 4 Points Applied for either Individually or in Groups.
### HPV Starts 7/1/22-6/30/23 By Provider and Age <11 years

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<th>Name</th>
<th>Total Number</th>
<th>HPV Dose #1 Age 9-21 years 7/1/22-6/30/23</th>
<th>Number and Percent of HPV Total Dose#1 Dose #1 Age 9y 7/1/22-6/30/23</th>
<th>Number and Percent of HPV Total Dose#1 Dose #1 Age 9-10y 7/1/22-6/30/23</th>
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<td>10 (8.1%)</td>
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<tr>
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<td>9 (9.0%)</td>
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<tr>
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<td>7 (3.7%)</td>
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<td>20 (23.8%)</td>
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**MOCA-Peds Starting Data**
EPIC CARE GAP ALERTS ACTIVE DOWN TO AGE 9 YEARS FOR BOTH PROVIDERS AND PATIENTS/PARENTS

Last Summer SD PATH met with Representatives from the National HPV Roundtable. CDSi uses age 11 years for HPV to indicate to EMRs when Patient Facing and Provider Facing Care Gaps become Active.

SD PATH met with the National Roundtable to Discuss-- as being able to Alert Both Parents and Providers to Age 9 Start would Increase Uptake of HPV. (Miracle Happens)

January 2024 Scripps received Notification that these Alerts are now Possible.

We will activate them in mid March 2024!!!
**HPV Appointment Scheduled Before Patient Leaves for Next Dose--and Recall System**

Daily Pediatric RN Triage Nurses Run a Report in EPIC that lists each HPV Dose Given in a Pediatric Site. Reports Shows whether a Visit for Next Dose Follow-up was made and can see also if Series Completed/Need Additional Dose.

If Appointment Not Made for Follow-up Dose in Series, RN Triage Nurse sends "Telephone Encounter" EPIC message to PSR/Office Staff to contact patient to bring in for Nurse Visit to Complete

Review of Monthly Data for this Process occurs at Monthly Pediatric Quality Meeting
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<th>Patient</th>
<th>DOB</th>
<th>Age Sex</th>
<th>Next Follow-Up Date</th>
<th>Next Appt</th>
<th>Next PCP Visit</th>
<th>HPV Due?</th>
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Percent of Patients who had Follow up Visit for Next HPV Vaccine Scheduled Before Leaving Clinic
When: March 1-31st
Where: All of Scripps Clinic Medical Group Pediatrics
       (Santee, Rancho San Diego, Mission Valley, Carmel Valley, Rancho Bernardo)
Why: HPV Vaccine protects against the viral infection that is the cause of cervical cancer, cervical precancer, other genital cancers and head and neck cancers (which are increasing and now exceed the number of cervical cancers caused by the virus). By ensuring early completion of the HPV Vaccine series, you can prevent these future cancers in your patients.

How: When a patient receives an HPV vaccine and is due for an additional dose in the series, schedule a nurse visit for the follow up shot before the patient leaves the exam room and the Clinic. In the 6-month period ending in January 2024, the percentage of patients who received an appointment before leaving the Clinic for their next dose of HPV vaccine was:
       Santee 39.3%; Rancho San Diego 59.5%; Mission Valley 33%, Carmel Valley 29.5%, Rancho Bernardo 63.2%.

Having an appointment for the next dose in the HPV series before a patient leaves the Clinic is shown to increase completion of the series by 8 fold.
At the end of March, the Clinic site with the most percentage change in March above these 6 month baselines will be the winner. Prizes will be given to the Nursing and PSR staff at the winning site. Additional prizes will be awarded for best Physician/APC/Nurse Team improvement and additional awards of special merit may be awarded at each site. Additionally bragging rights for the Scripps Championship for 2024!

There will be a special kickoff Teams meeting on March 5th at 12 noon and March 7th at 12:30 with invite in your email. The talks will be the same on both days to accommodate schedules and will be given by Margaux Stack-Babich, coordinator of the San Diego PATH (San Diego HPV Coalition) with potential special guest Dr Mark Sawyer as available. Our local Merck representative will provide lunch to all sites on March 7th as well.

Let’s vaccinate our patients and complete their vaccine series and bring an end to HPV related cancers!!
HPV Vaccination March Madness Brackets: Please Mark your weekly predicted winners for each week indicated: Select the order of the 5 Pediatric Clinic Sites: Rancho Bernardo, Carmel Valley, Mission Valley, Santee, Rancho San Diego.

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Unbroken Brackets will receive a prize

Your Name:
GET INVOLVED
Sign the pledge to help Make SD HPV Cancer Free and become part of our SD PATH community (link in chat)

STAY CONNECTED
Sign up for our SD PATH newsletter (link in the chat) and follow us on Twitter @UCSDCancer_COE for the latest updates!

FEEDBACK
Have comments for us? We would appreciate your feedback on today's event - link coming via recap email!
Thank you!

Summit recording, slides and resources coming soon

- sdpath@health.ucsd.edu
- moorescancercenter.edu
- @UCSDCancer_COE