I'll Have Another Shot, Please!

A decade ago, one of the most important advances in the history of oncology occurred. After the understanding that human papillomavirus (HPV) infection increased the risk of cervical cancer by more than 400-fold, vaccines were created to prevent HPV infection with high-risk serotypes. These vaccines were shown to reduce the risk of cervical carcinoma in situ, and the FDA quickly approved them for use in young girls. As our understanding grew regarding the impact of HPV infection on the risk for other cancers, such as head and neck and penile cancers, the vaccine was recommended for young boys as well.

This was not just a victory for the United States, of course. Worldwide, HPV-related malignancies, especially in underdeveloped countries, are among the most common causes of cancer-related deaths. Thus, the global impact of this form of cancer prevention is huge.

You would think that with such a powerful tool available, there would be a stampede in every pediatric and family medicine practice for rapid adoption. In fact, the recommendation for the vaccine was rapidly incorporated into every relevant guideline. But the striking fact is that only approximately 40% of girls and 22% of boys have been vaccinated! I find that stunning. Even more stunning is the speculation that it is a failure of pediatric and family medicine practices to recommend, or at least strongly reinforce the need for, the vaccine, rather than reluctance of children and parents to receive it. After all, the safety of the vaccine has never been an issue, and the bizarre concern that the vaccine would encourage sexual promiscuity appears unfounded.

If it's true that providers caring for preadolescents haven't bought in, we have some work to do. And I guess I can understand how this might seem to be a distant problem. After all, when you have a busy practice full of needs that must be met now, worrying about a problem that may surface 30 or 40 years from now isn't a high priority. And when you aren't witnessing a serious problem directly, it's never as real.

Another issue might simply be how we have branded the vaccine. True, it's a vaccine to prevent HPV infection, which in turn should prevent cancer. Because prevention takes time, we won't see the true magnitude of effect in cancer prevention for at least another decade. This was true with smoking and tobacco control as well. So based on the FDA guidelines, we can't market it as cancer prevention, at least not yet. But maybe this is one product for which an exception should be made. It's worth thinking about.

In the meantime, oncologists everywhere need to drive home the importance of HPV vaccination, and we should not rest until every child is protected. We are in the best position to educate our colleagues and inform public thought. This is every bit as important for public health as tobacco control and prevention of obesity. Roll up your sleeves. It's up to us.

What do you think? Please e-mail correspondence (include contact information) to JNCCN@nccn.org.

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