

# HPV Strategic Plan

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# Presentation Overview

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# Introduction

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Senate Bill 200, 84th Legislature, Regular Session, 2015, charged the Health and Human Services Commission (HHSC) with developing a strategic plan to significantly reduce morbidity and mortality from human papillomavirus (HPV) associated cancer.

HHSC, the Department of State Health Services (DSHS), and the Cancer Prevention and Research Institute of Texas (CPRIT) will work together to develop the plan and may convene any necessary workgroups.

# Strategic Plan Requirements

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Senate Bill 200, 84th Legislature, Regular Session, 2015 requires HHSC and DSHS to:

- Identify barriers to effective prevention, screening, and treatment for HPV cancer, including specific barriers affecting providers and patients
- Identify methods, other than a mandate, to increase the number of people vaccinated against HPV
- Identify methods to increase use of evidence-based screening to enhance the number of people screened regularly for HPV-associated cancer
- Review current technologies and best practices for HPV-associated cancer screening
- Review technology available to diagnose and prevent infection by HPV
- Develop methods for creating partnerships with public and private entities to increase awareness of HPV-associated cancer and of the importance of vaccination education and regular screening

# Strategic Plan Requirements

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Senate Bill 200, 84th Legislature, Regular Session, 2015 requires HHSC and DSHS to:

- Review current prevention, screening, treatment, and related activities in Texas and identify areas in which the services for those activities are lacking
- Estimate the annual direct and indirect state health care costs attributable to HPV-associated cancers
- Identify actions necessary to increase vaccination and screening rates and reduce the morbidity and mortality from HPV-associated cancer and establish a schedule for implementing those actions
- Make recommendations to the Legislature on policy changes and funding needed to implement the strategic plan.

# Strategic Plan Requirements

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HHSC must submit the strategic plan and recommendations to the Office of the Governor, the Legislative Budget Board, and the members of the Legislature by:

**December 31, 2016.**

# What is HPV?

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- HPV is the most common sexually transmitted infection.
- Nearly all sexually active men and women will get at least one type of HPV in their lifetime:
  - 79 million Americans are infected.
  - 14 million new infections occur each year.
- Most people do not know they are infected and may never develop symptoms.

## What is HPV?

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There are more than 150 types of HPV. Two types –Type 16 and Type 18 – are responsible for most HPV-related cancers, including:

- **Cervical cancer** – virtually all cervical cancers are caused by HPV.
- **Anal cancer** – 95 percent are caused by HPV.
- **Oropharyngeal cancer** – 70 percent are caused by HPV.
- **Rarer cancers** – HPV causes about 70 percent of vaginal and vulvar cancers, and 60 percent of penile cancers.\*

\*Chaturvedi AK, Engels EA, Pfeiffer RM, et al. Human papillomavirus and rising oropharyngeal cancer incidence in the United States. *Journal of Clinical Oncology* 2011; 29(32):4294–4301.



# Associated Cancer Data

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## In Texas:

- Each year, there are about 4,000 HPV-associated cancers diagnosed
- Cervical cancer is the most common HPV-associated cancer among women:
  - Since 1995, there has been a decline in the number of women diagnosed with HPV-associated cancers. In 2013, 8.8 per 100,000 women were diagnosed (compared to the 13.6 per 100,000 women in 1995).

# Associated Cancer Data

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Oropharyngeal cancers (cancers of the back of the throat, base of the tongue, and tonsils) are the most common HPV-associated cancers among men, but occur in women as well.

- The incidence rate of oropharyngeal cancers has been increasing in the past decade.

# Direct and Indirect Costs

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Direct costs will be calculated using Texas Medicaid data (medical claims) associated with diagnostic and treatment procedures for HPV-related cancers.

Data for indirect costs will be analyzed and calculated in the following manner:

- Indirect costs are earnings lost due to cancer mortality<sup>1</sup>, specifically cervical cancer.
- Total indirect costs are estimated as the number of deaths and the expected future earnings of each individual factoring in their age and life expectancy.
- This estimate is called present value of lifetime earnings, or PVLE.

1. Max W, Rice DP, Sung HY, Michel M, Breuer W, Zhang X. The economic burden of gynecologic cancers in California, 1998. 2003. *Gynecol Oncol.* 88(2):96-103.

# Prevention

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The steps to prevention of HPV-associated cancers are:

- Awareness
- Education
- Vaccination

# Prevention-Vaccination

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HPV vaccines are safe and effective. It is recommended as a three-dose series for all 11-12 year olds (male and female).

There are three vaccines licensed by the FDA:

- **HPV2 (Cervarix®)** – prevents types 16 and 18, which cause 70 percent of cervical cancer.
- **HPV4 (Gardasil®)** – prevents types 16, 18, 6, and 11, which cause 70 percent of cervical cancer and 90 percent of genital warts.
- **HPV9 (Gardasil® 9)** – prevents types 16, 18, 6, 11, 31, 33, 45, 52, and 58, which cause 90 percent of cervical cancer and 90 percent of genital warts.

# Barriers to Prevention

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According to the National Immunization Survey-Teen, the top three reasons Texas parents give for not vaccinating their children against HPV are:

- The vaccine is not necessary (19 percent).
- The provider did not recommend the vaccine (16 percent).
- Lack of knowledge about the vaccine and HPV disease (14 percent).

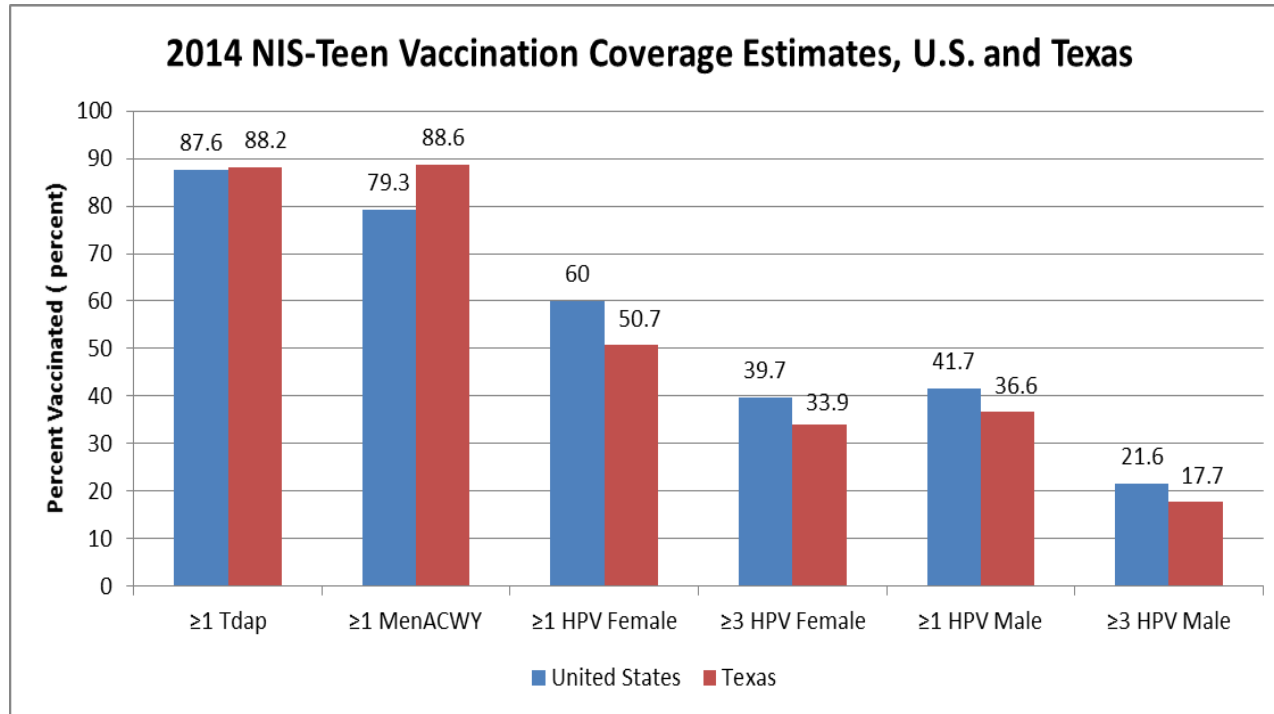
# Barriers to Prevention

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Providers report not recommending the vaccine for several reasons, including:

- Limited knowledge of HPV-associated diseases.
- Lack of knowledge regarding when to administer the vaccine.
- Poor understanding of the three doses.
- Misconceptions regarding required STD tests.
- Little time to discuss HPV vaccine due to competing priorities.

# Vaccine Coverage Levels



In 2014, Texas' coverage levels for HPV vaccine lagged behind national averages. The rate for three doses in females was 33.9 percent (national average 39.7), and 17.7 percent in males (national average 21.6). The Healthy People 2020 goal is 80.0 percent for males and females. Texas' coverage for the Tdap and Meningococcal vaccines are at or above national averages.



# HHS System Resources

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## DSHS's Immunization Program

## HHSC Women's Health Programs

- Texas Women's Health Program (Until June 30, 2016)
- Expanded Primary Health Care program (Until August 31, 2016)
- Healthy Texas Women (July 1, 2016)
- Family Planning program

# Screening and Diagnosis

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Primary screening tool for cervical cancer is the Pap smear (or test):

- Recommended every three years for women 21 – 29 years of age.
- Recommended every three years for women 30 – 65 years of age, or Pap smear and HPV co-testing every five years.
- Pap smears have allowed for the early detection of precancerous cells which has led to a decrease in cervical cancer incidence and mortality rates over the last 40 years.

# Screening and Diagnosis

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Testing for the presence in the body of HPV itself is a more recent technology available for women:

- Shows whether a high-risk type of HPV is present in cervical cells.
- May be conducted for women 30 – 65 years of age every five years or every three years in conjunction with a Pap smear.

Currently, there are no recommended routine screening tests for oropharynx, anal, or penile cancers as more research is needed to develop effective screening tests.

# Barriers to Screening & Diagnosis

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Barriers to screening for and diagnosis of HPV-associated cancers include:

- Lack of a medical home
- Lack of insurance coverage
- Lack of ability to pay co-payments and insurance premiums
- Lack of access to screening facilities
- Lack of awareness of screening recommendations
- Lack of transportation
- Fear of or discomfort with the screening procedure
- Fear of potential positive results

# Barriers to Treatment

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Barriers to treatment of HPV-associated cancers include:

- Lack of insurance.
- Inability to travel to central healthcare facilities for multiple follow-up visits.
- Shortage of locally-available and trained providers to manage abnormal cervical cancer screening tests.
- Clients must meet eligibility criteria in order to receive services through the Medicaid for the Breast and Cervical Cancer.

# Partnerships

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Partnerships include:

- The Texas Immunization Stakeholder Working Group (TISWG) created by the DSHS Immunization Program
- HHSC Women's Health Services Division
- External stakeholders including, but not limited to:
  - CPRIT
  - MD Anderson
  - Professional associations
  - Community and advocacy groups

## Partnerships-CPRIT

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CPRIT awards grants for a wide variety of cancer-related research and for the delivery of cancer prevention programs and services by public and private entities located in Texas.

- In one example, a CPRIT grant led to an increase in vaccine initiation rate from 26 percent to nearly 80 percent in the target population and series completion rates of 59 percent, well above the national average.

Grantees are implementing provider recommendation as routine practice, eliminating missed opportunities for vaccination

## Partnerships- MD Anderson

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MD Anderson Cancer Center HPV Moonshot Group developed relationships with key partners across Texas during the data gathering phase of the Texas HPV Environmental Scan (<http://www.texascancer.info/hpv/>).

- Key partners include: DSHS, Texas Medical Association, Texas Pediatric Society, Texas Association of Obstetricians and Gynecologists, Texas Academy of Family Physicians, The Immunization Partnership, Harris Health System (LBJ Hospital), and several FQHCs including Legacy Clinics in Harris County.

Since the publication of the scan, the Information Transfer project is targeting areas of Texas with lower rates. During these monthly visits staff are meeting with local HPV coalitions to discuss opportunities to replicate efforts in high performing parts of the country.



Public comments can be submitted to:

[HPVStrategicPlan@dshs.state.tx.us](mailto:HPVStrategicPlan@dshs.state.tx.us)