

Head and Neck Cancer:

A Vaccine Preventable Disease!



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STATEMENT OF SUPPORT:

"The CMA supports public awareness campaigns to help patients understand the benefits of HPV vaccines. The CMA recognizes vaccination as a key aspect of overall health care."

The most recent global data from GLOBOCAN 2012 found that around 30% of oropharyngeal cancers are caused by human papillomavirus (HPV); however, this varies greatly worldwide. This is highest in more developed countries (over 40% in Europe, Northern America, Australia, New Zealand, Japan and Republic of Korea), but much lower (<20%) in less-developed countries.

More recent data from the Centers for Disease Control and Prevention (CDC) estimates that **~70% of oropharyngeal cancer cases overall** are likely caused by HPV. The incidence rate of HPV-associated oropharyngeal cancer (OPC) was **4.5x higher** in males than females in 2012. The incidence rate of OPC increased in both sexes but at a **much faster rate among males**.

Over a decade of evidence has determined that HPV is the **principal cause of an increase in incidence** of certain head and neck squamous cell cancers in some regions of the world. Case-control studies have **established oral HPV infection is the principal risk factor** for HPV-positive oropharyngeal cancer.

Furthermore, misconceptions and lack of public awareness add a further challenge to preventative care. At large, HPV is still misunderstood as a disease only affecting women, the young and only related to cervical cancer. Men, older patients and others who may be at risk, continue to be overlooked and undertreated. Medicine must proactively address this gap in care by investing time in education.

We now appreciate the extent of this devastating diagnosis in terms of both morbidity and mortality. As we see a decline in cervical cancer, head and neck cancers are now becoming the most prevalent HPV related cancers. This could be attributed to the well established screening mechanisms in place for cervical cancer, while head and neck cancers do not have the same mechanisms.

What does this mean for the average person?

HPV exposure at some point in one's adult life is very likely. There is a risk (especially for men) of being diagnosed with a vaccine preventable cancer.

What do we know about these cancers?

While these cancers respond well to chemotherapy and radiation, this does not reflect the severe burden of the disease. Survival rates don't paint the entire picture. Let me share the journey of a patient in my practice, a survivor...

*Stay away from
negative people.
They have a problem
for every solution*

- Albert Einstein

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My male patient presented at age 50 with a lump in his neck, a very common presentation. There was no dysphagia, no change in voice, and nothing to suggest a mass in the throat. Very quickly, imaging was done and a diagnosis of stage 4 OPC was made.

He was assessed and cancer was found at the base of the tongue. Given the location, there was great relief when he was able to be treated without surgery.

After extensive radiation and chemotherapy, he was cancer free. This remission was obviously a triumph, but again does not reflect the extent of his suffering.

While cancer free, he was left with an inability to swallow properly, resulting in recurrent aspiration pneumonia, hemoptysis and overall debilitation, which led to a cascade of serious health challenges.

Over the next few years he lost about 50 pounds, could no longer eat solid food and could not speak easily. Soon after he was unable to swallow liquids and the decision was made to go to a permanent feeding tube. Now, he cannot eat or drink, cannot speak clearly, cannot travel, cannot work and does not socialize given his disability.

Yes, he has survived this cancer. But at a great cost.

We know there is a high suicide rate in patients post diagnosis.

An analysis of SEER data for over 4 million cancer survivors from 2000-2014 found that for survivors of head and neck cancers:

- There was a **27% increase in the risk of suicide** in 2010-2014 compared with 2000-2004
- Suicide rates were **twice as high** (63.4/100,000) as for other cancers (23.6/100,000)

Sources of distress that result from treatment unique to head and neck cancer survivors include:

- facial disfigurement
- difficulty swallowing
- loss of taste or smell
- difficulty speaking
- depression

For my patient, vaccination was not an option 10 years ago. However, that has changed and we now have the ability to prevent this disease.

The 9-valent HPV vaccine received Health Canada approval for the prevention of **oropharyngeal cancer and other head and neck cancers** caused by HPV types 16, 18, 31, 33, 45, 52, and 58 in individuals 9 through 45 years of age.

The vaccine has been issued market authorization with conditions, pending the results of a trial for **prevention of oral persistent HPV infection in males 20-45 years of age** in a randomized, placebo-controlled confirmatory trial (V503-049; NCT04199689).

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What is the role of vaccination?

The role of the vaccination is to prevent infection, understanding that we are likely preventing cancer.

What is our role and strategy right now?

We need to educate, promote, advocate and vaccinate!

If we don't act now to promote this vaccine, we are risking the lives of many more patients, with many more heartbreaking stories and catastrophic outcomes. We cannot become hesitant, succumb to vaccine fatigue or overall stress and burnout.

As often stated, "Good medicine treats disease. Excellent medicine prevents disease."

Resource Of The Month

[Canada vs HPV Initiative](#)



Back in Time

George Nicholas Papanicolaou devised the Papanicolaou test, commonly known as the Pap smear, which revolutionized the early detection of cervical cancer.

[George Papanicolaou \(1883–1962\): Discoverer of the Pap smear](#)

Across The Globe



[35th International Papillomavirus Conference, April 17 to 21, 2023 Washington, DC](#)

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*Cancer
won't
wait*

Help Prevent HPV and
Cervical Cancer Now



Clinic Of The Month

Dr Cheryl E Cable BSc, DDS, MBA, FRCD(C)
Prosthodontist and Maxillofacial Prosthodontist
Associate Professor University of Alberta, Faculty of Medicine and Dentistry
Lead, Alberta Head and Neck Dental Leadership Team
Founding President, Canadian Association of Women Dentists
Empire Dental Associates

"What if I told you that I could give you a prescription today to prevent cancer? Would you be interested?"
That is my **favourite** conversation starter in discussing HPV vaccinations.

"But Dr Cable, why are you as a dentist talking to me about a women's vaccine for cervical cancer? Isn't that a little outside of your scope of practice?"

Me: smiling and reaching for the wide-open door to educate and empower the person in front of me.

The Alberta Head and Neck Dental Cancer Leadership Team is working closely with the College of Dental Surgeons of Alberta, the University of Alberta Continuing Dental Education Division and many multidisciplinary medical and health care providers.

Some of the team's primary goals are to raise awareness of HPV related cancers, advocate the benefits of the HPV vaccine, develop communication tools for dental teams to talk to these patients and their families, and facilitate dental rehabilitation in a timely and localized manner.

This team was able to submit service code changes to the national guide for all dentists of Canada to code and bill for vaccine consultation, prescription writing, and vaccine provision. National voting resulted in successful acceptance administration of these codes in January of 2023. A member of this team was the first registered dentist in Canada to administer an HPV vaccine in a dental office in 2022!

Oral health care is part of health care and every interaction with a patient is an opportunity to educate and empower their decision to become vaccinated. With so many missed health care interactions through the pandemic, patients still attend dental appointments regularly. With the on label indication for the HPV vaccine for oral cancer, the conversation is relevant and urgent.

Did You Know?

Oropharyngeal cancers have traditionally been caused by tobacco and alcohol, but recent studies show about 70% of cancers of the oropharynx may be linked to HPV.

Hot off the Press!

*New Head and Neck
Cancer Health Canada*

Join The Movement!

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Disclosure: The Cancer Won't Wait initiative is a joint collaboration between FMWC and Merck Canada. FMWC has received financial support from Merck Canada for the publication of the newsletters and is exclusively responsible for the content therein. The opinions expressed in the newsletters are solely those of FMWC and/or the contributing authors, and not those of Merck Canada.