HPV and Texans: What we need to know
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Why I am here today
• For the patients I have cared for and lost
• For the children we can protect from this fate
• For the patients who can be cured if diagnosed early
• For those who have survived and need understanding and continued care
It's About So Much More Than Cervix Cancer!

- Vulvar cancer
- Vaginal cancer
- Tonsillar cancer
- Anal cancer
- Mouth and tongue cancer

- Throat cancer
- Genital Warts
- Pain
- Suffering
- Death

Average Number of New Cancers Probably Caused by HPV, by Sex, United States 2006-2010

Women (n = 17,600)
- Cervix: 10,400 (59%)
- Vagina: 600 (3%)
- Vulva: 2,200 (13%)
- Anal: 1,400 (8%)
- Mouth and tongue: 1,300 (7%)
- Throat: 1,200 (7%)

Men (n = 9,300)
- Penis: 700 (8%)
- Oropharynx: 7,200 (77%)
- Anus: 1,400 (15%)
- Cervix: 1,000 (11%)
- Vagina: 600 (6%)
- Vulva: 100 (1%)

CDC. United States Cancer Statistics (USCS), 2006-2010
HPV-Associated Deaths

Annual Deaths from Whooping Cough, Meningitis, and Three HPV-Associated Cancers

- Whooping cough
- Meningitis
- Anal cancer
- Oropharyngeal cancer
- Cervical cancer

Deaths in US
Deaths in Texas

We Need to Talk about HPV

- As Nurse Practitioners we all have opportunities to teach and screen for HPV related illnesses
- As Nurse Practitioners we are on the front lines to fight the diseases associated with HPV
- Education – other providers and patients
- Vaccination
- Screening and Early detection
- Appropriate referral for treatment

Cervix cancer
Our dream – is to never have to see this

Side effects of the disease and the treatment

Risk factors for vulvar, vaginal, and cervical disease
- Early onset sexual activity
- Multiple sexual partners
- High-risk partner
- History of sexually transmitted infection
- Immunosuppression
- Low socio-economic status
- Previous history of vulvar, vaginal or cervical squamous dysplasia
Cervix cancer in Texas – 8 to almost 14 per 100,000 women

Consequences of HPV Infection

26 million: number of girls under 13 years of age in the United States
168,400: number who will develop cervical cancer if none are vaccinated
54,100: number who will die from cervical cancer if none are vaccinated

Evita Peron
Vulvar cancer

Last resorts when treatment fails

Pelvic Exenteration
Reconstructive Phase:
- Urostomy
- Colostomy
- Vaginal reconstruction

Exent specimen
Head and Neck cancer

Oral Cancer

It is not just about cervix cancer – not just about Women!
80% of sexually active people ages 14-44 have had oral sex with an opposite sex partner.

Michael Douglas had HPV related oral cancer.

Anal cancer
Anal cancer by State – Men

Anal cancer can effect anyone – Farrah was from Corpus Christi Texas

Genital Warts
Genital HPV

- Genital HPV infection
  - Most females & males will be infected with at least one HPV type at some point
  - 80 million Americans currently infected
  - 14 million new infections/year in the US
  - the most common “STD”
  - most are asymptomatic
  - most common in teens & early 20s


You can see by the CDC chart that warts are on the rise in the U.S.

2013 Teen Vaccine Uptake Rates

Vaccine Rates in Teens Age 13-17 in 2013

Tdap - Meningococcal - 3+ HPV
Females >3+ HPV Males
Australia has proven that the vaccine works to prevent warts
The HPV vaccine is a vaccine against cancer—don’t let the conversation be about sex—it is about cancer.

- Vaccinate boys and girls ages 9-11 if possible—some sources (CDC) recommend ages 11 or 12 to start—current recommendation is up to age 27 for women and up to age 22 for men.
- No major side effects reported—side effect profile similar to that of other vaccinations required for children who attend public school.
- Most common side effects are pain at injection site, fever, dizziness, and nausea.
- Sandwich your recommendation between other routine vaccines—e.g. Your child needs DT, HPV, and Hepatitis vaccine today.

Studies showed that in 2012 the HPV vaccination rate among girls could have been over 90%—so many girls came to visit a provider and were offered other vaccines. Some due to lack of recommendation, some due to weak recommendation, and some due to parental concerns that are not properly addressed.

**BARRIERS**
- Identified missed clinical opportunities: Office systems gaps, ineffective provider communication, lack of recommendation for vaccine, lack of statewide databases for immunizations
- Parent/Caregiver/Adolescent Acceptance gaps: more education needed—need to be sure education is in appropriate language and appropriate reading level—providers need to understand and address cultural and social trends
- Gaps in Access to vaccine: over 800,000 children in Texas are uninsured—Texas failed to adopt Medicaid expansion—some are not enrolled that are eligible—many parents do not know about the program “Vaccines for Children”—there are some restrictive rules in place for Medicaid and vaccine services

**FACILITATORS**
- Provider education key
- Office systems, documentation, and EHR systems need to be updated to help with reminders for vaccinations
- Increase parent, caregiver, and adolescent acceptance through use of interactive tools and educational materials they can understand and relate to
- Involve the schools—use mobile units—provide letters to parents—provide vaccinations at the school
- Provide postpartum vaccinations for no charge
- Make the vaccine more available at local pharmacies
How do we help?

- Be aware of your resources
- Spread the word about vaccination – does your patient have children? Have they been vaccinated?
- Ask about pap smears – has your mother been?
- Use a positive tone when talking with patients – don’t be afraid to discuss the facts and leave emotion out of the conversation
- Have a champion in your office to keep everyone informed
- Ask questions – LOOK !!! LISTEN !

Nilsen, 2015

Classic symptoms of cervix cancer

- Abnormal vaginal bleeding – often bleeding with intercourse
- Post–menopausal bleeding
- Watery vaginal discharge
- Foul smelling vaginal discharge
- Back or pelvic pain
- Weight loss
- Fatigue
- Urinary symptoms – urgency, pain, frequency – not relieved with standard treatment

PEARLS

- If you see Women and do pap smears – download the ASCCP app and use it as a guide for screening and management !
- If a patient comes to you with persistent symptoms – LOOK and FEEL – too often we hear stories of patients who have been to multiple providers and valuable time is lost starting treatment
- Have patient educational information available in your patient areas – to help with education about HPV – the vaccine and the diseases
- Talk to your patients – have their kids been vaccinated? Has their mother had a pap smear? Do they have questions? START A CONVERSATION !!
- Know who your local resources are – know where they are – for example – Texas has a Medicaid program just for breast and cervix cancer patients –
A few of my stories -

- M.A. – a young wife and mother with everything to live for
- M.C. – this patient was in her early 60’s – spent her life caring for others
- M.K. – another kind person and gentle soul – has a young daughter
- M.H. – never got to be a mom
- I have too many stories and too many memories - a nurse who came to us at 60 with advanced stage disease – we cured her cancer, but she urine and feces streaming out of her vagina from the radiation damage – she would not leave her home and died a terrible death from failure to thrive – she had a loving husband – she had not had a pap smear in more than 20 years – always reminded women that they need pap smears even when they are no longer having children – you would be amazed at how many do not know this.

Cervix cancer survivor

HPV is an equal opportunity offender
For George Harrison –

What is the controversy? Life is short – Let’s do our part to help prevent HPV related cancers ----

References