

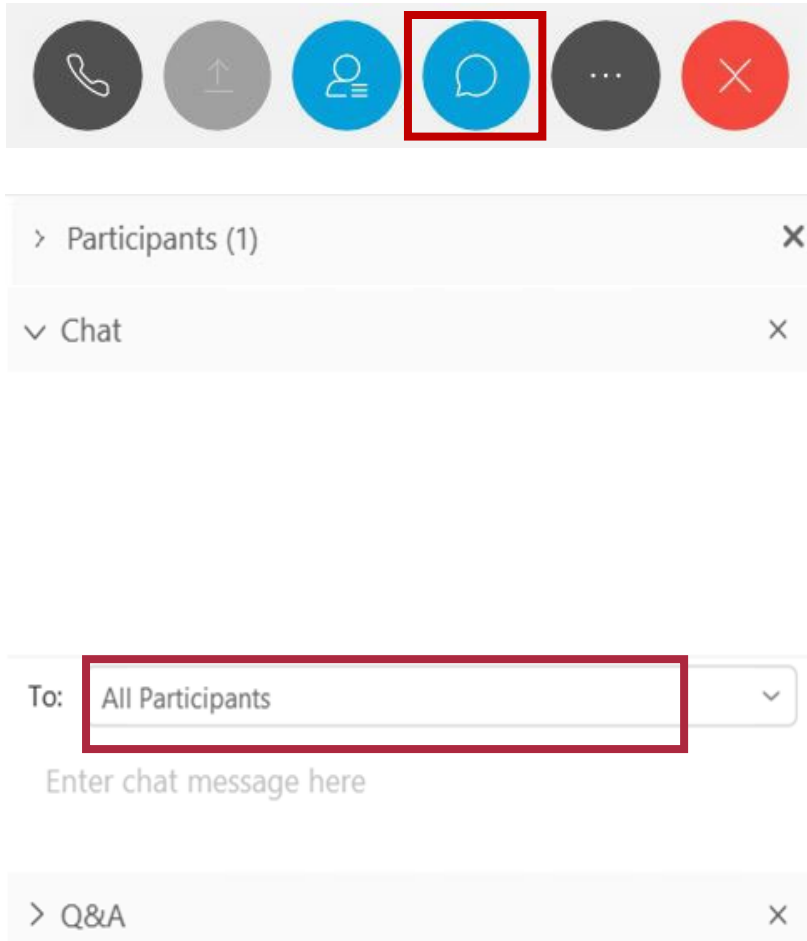
# HPV CANCER CENTER CONSORTIUM

**Welcome**

FRIDAY, FEBRUARY 17  
WEDNESDAY, FEBRUARY 22



NATIONAL CANCER INSTITUTE  
Division of Cancer Control & Population Sciences



We have muted all lines to avoid background noises and to allow for greater engagement.

Submit questions at any time using the Chat panel. Select *All Participants* and type in your questions and a moderator will ask your questions on your behalf.

This webinar is being recorded.

If you have any technical issues, send a message to Larisa Crewalk via the chat box. You can also email [Larisa.Crewalk@icfnnext.com](mailto:Larisa.Crewalk@icfnnext.com)

# Welcome & Introductions



**Katrina Goddard, Ph.D.**

Director, Division of Cancer Control and Population Sciences, National Cancer Institute



**Jasmin Tiro, Ph.D., M.P.H.**

Associate Director, Cancer Prevention and Population Sciences, University of Chicago Medicine Comprehensive Cancer Center

# History & Recap of the HPV Cancer Center Consortium



**Sarah Kobrin, Ph.D., M.P.H.**

Chief, Health Systems and Interventions  
Research Branch, Division of Cancer Control and  
Population Sciences, National Cancer Institute



**Cynthia A. Vinson, Ph.D., M.P.A.**

Senior Advisor, Implementation Science Team,  
Office of the Director, Division of Cancer Control  
and Population Sciences, National Cancer Institute

# History and Recap of the HPV Vaccine Cancer Center Consortium

February 17, 2023

Sarah Kobrin  
Cynthia Vinson

# It all began with an idea . . .

- How can NCI help cancer centers respond quickly to new topics in cancer control?
- A combination of administrative magic and good thinking led to the offering of small \$ to supplement the big \$\$\$ cancer center budgets

# HPV Vaccination Center Supplements

Goals:

- ***Primary Prevention***
  - Promoting uptake of HPV vaccine
  - Understanding vaccine hesitancy
- ***Engaging cancer centers***
  - Increase focus on local communities
  - Increase collaborations with local partners

# Initial Phase of HPV Cancer Center Consortium

Initiated by grantees in 2014 (no monthly calls!)

Annual meetings with participants from dozens of cancer centers

With and without supplement funding

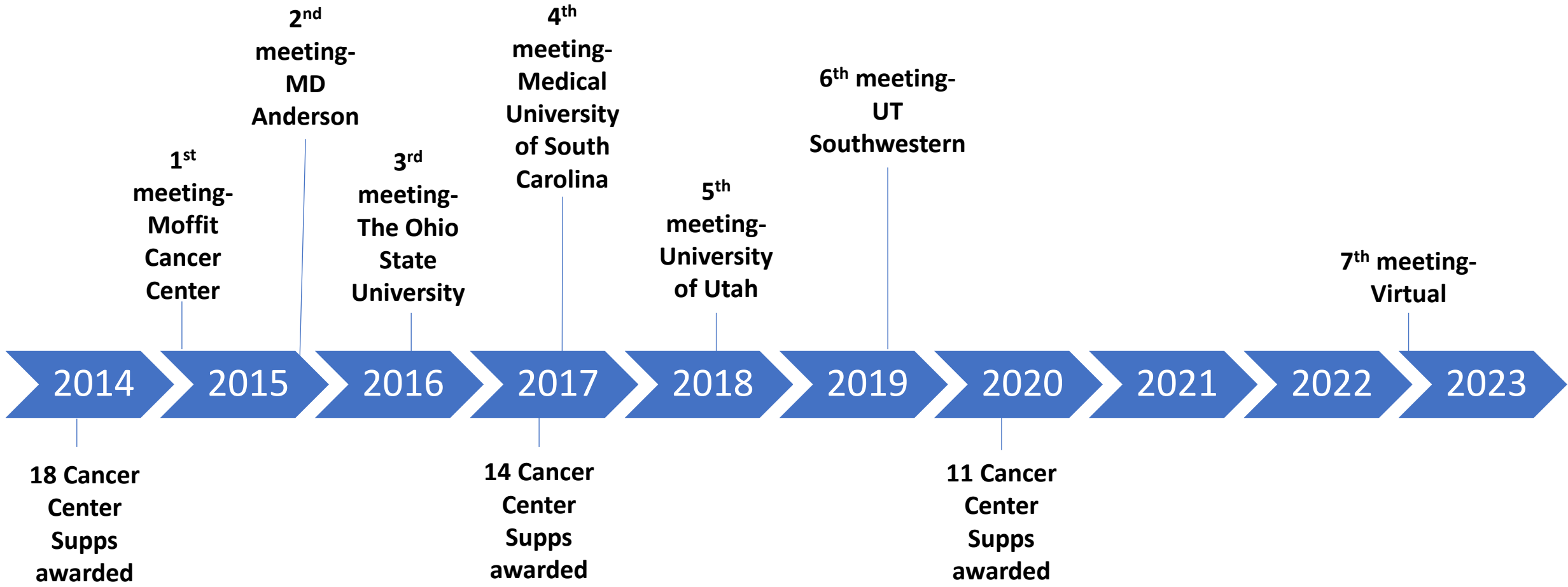
With and without NCI designation

Hosted at cancer center – volunteer to plan, fund, highlight local needs/strengths

First combined statement by cancer centers, Feb. 2015, support HPV vaccine uptake, 3<sup>rd</sup> statement released May 2021



# HPV Cancer Center Supplements and Consortium



# It all began with an idea . . .

- How can NCI help cancer centers take on new topics in cancer control?
- A combination of administrative magic and good thinking led to the offering of small \$ to supplement the big \$\$\$ cancer center budgets
- After the success of the HPV vax supplements, the idea of this small nudge to the cancer centers really took off
  - Many of you have received those funds and helped those areas grow
  - We want to talk about how to move the different supplemented topics together efficiently and successfully

# Cancer Center Supplements Timeline

2014

- HPV- Vaccine Uptake

2015

- Population Health Assessment in Catchment Areas

2016

- HPV-vaccine Uptake
- Tobacco Cessation

2017

- Population Health Assessment in Catchment Areas
- Rural
- Tobacco Cessation

2018

- Rural

2019

- Cancer and Aging
- Community Outreach and Engagement
- Financial Hardship
- HPV-Vaccine Hesitancy
- National Childhood Cancer Registry
- Patterns of Cannabis Use
- Tobacco Cessation

2020

- Community Outreach and Engagement
- Childhood Cancer Survivors
- Persistent Poverty

2021

- Sexual Orientation and Gender Identity (SOGI) Data Collection

2022

# Management Model for Meetings (2015-2019)

## Planning committees:

- Immediate past chair
  - Other past chairs may join
- Current year chair
- NCI representatives
- CDC representative
- ACS HPV Roundtable representative
- Considering 3 year planning model for next meeting

## Local control of consortium meetings:

- Engage cancer center Director
  - For approvals but also for integrating other priorities
  - Directors often give welcome
- Engage Immunization Programs
- Agenda can highlight local issues
  - Community successes/concerns
  - Political priorities
  - Research at cancer center
- Local media will cover the meeting

# Management model (2023 and beyond)

- Focus of this meeting (breakout groups will be addressing on day 2)
- Looking to make Consortium sustainable
- Distinguishing from other Consortium/Roundtables/etc
- Opportunities for additional engagement beyond annual meeting
  - How to be efficient with other NCI Cancer Center Consortium

# Evaluation of HPV vaccine cancer center administrative supplements

3 waves funded to 29 cancer centers  
(FYs '14, '17 and '20)

Survey responses from 29 centers,  
recipients of first two rounds, on:

- Activities and collaborations initiated with funding
- Sustaining of activities and collaborations since end of funding
- Leveraging of other resources
- Products – academic and community dissemination, new research

# Restart Evolve

Today, Day 1, we are restarting, with reminders of our past and updates on what has been happening with HPV vaccine uptake

On Day 2, next week, we will all look forward together, planning how this consortium can evolve to meet current and future needs

# Updates on National Immunization Survey-Teen HPV Vaccination Coverage



Speaker:

**Cassandra Pingali, M.P.H., M.S.**

Epidemiologist, Immunization Services Division,  
National Center for Immunization and Respiratory  
Diseases, Centers for Disease Control and Prevention



Moderator:

**Shannon Stokley, Dr.P.H, M.P.H.**

Deputy Division Director, Immunization Services  
Division, National Center for Immunization and  
Respiratory Diseases, Centers for Disease Control and  
Prevention



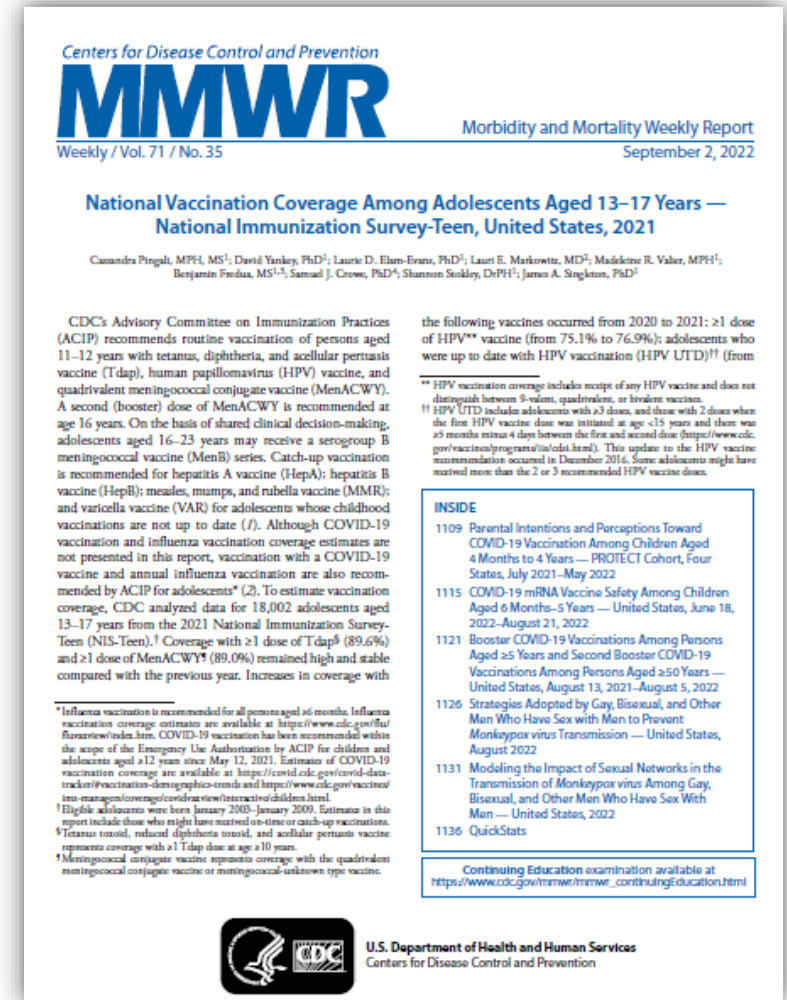


## National Vaccination Coverage Among Adolescents: 2021 National Immunization Survey-Teen

HPV Cancer Center Consortium  
Friday, February 17<sup>th</sup>, 2023

Cassandra (Sandy) Pingali, MPH, MS  
Epidemiologist  
Immunization Services Division  
ncu9@cdc.gov

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention



## Presentation Outline

What is the National Immunization Survey-Teen (NIS-Teen)?

NIS-Teen Methodology

Key Findings: 2021 NIS-Teen MMWR

Impact of the COVID-19 Pandemic on Routine Vaccination



# What are the National Immunization Surveys?

- **Purpose:** Maintain an accurate and efficient surveillance system that provides national and state level vaccination coverage estimates:
  - Comparable across states and over time
  - Identify pockets of need and vaccine inequities
  - Help engage and motivate key partnerships
- **Design:** The National Immunization Surveys (NIS) are a group of phone surveys
  - › 19-35 months (NIS-Child)
  - › 13-17 years (NIS-Teen)
  - › 6 months – 17 years (NIS-Flu)
  - › Age eligible children (NIS-CCM) and adults 18+ years (NIS-ACM)



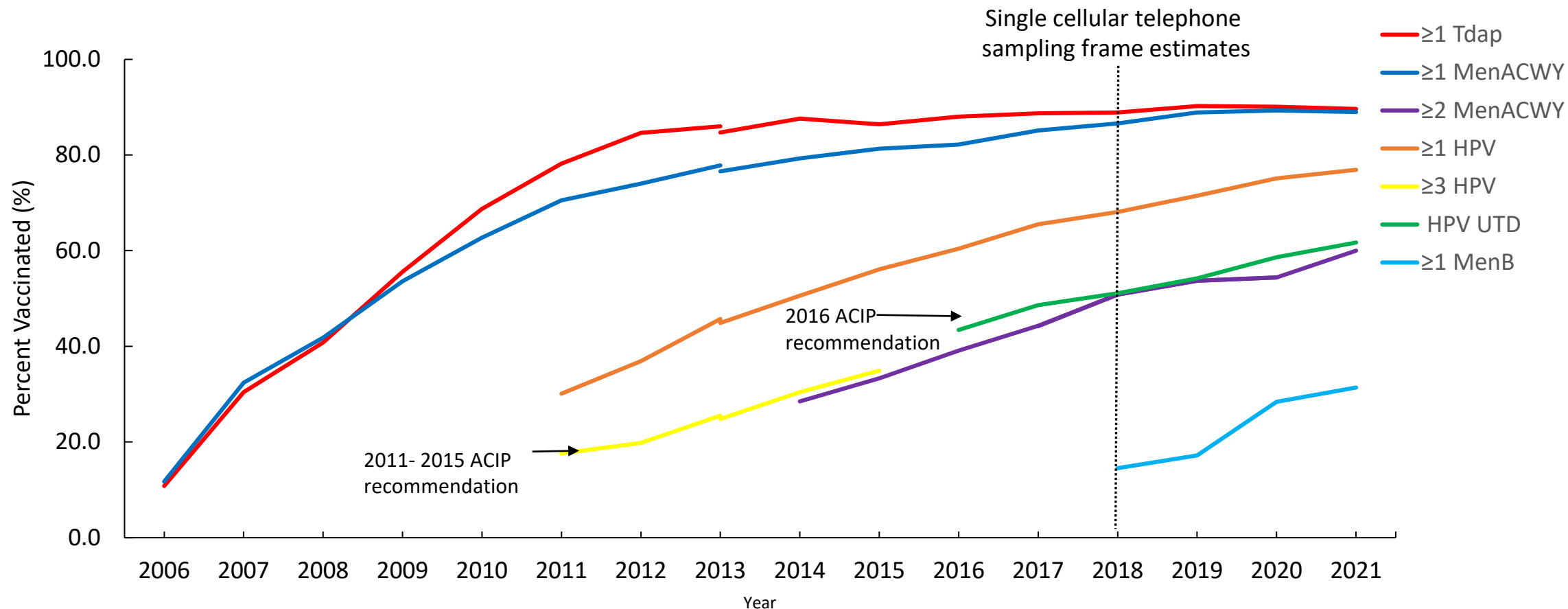
# NIS-Teen Methodology

- **Two phase survey**
  - 1<sup>st</sup> phase: random digit dialed cell phone survey of parents in households with teens aged 13-17 years
  - 2<sup>nd</sup> phase: mailed survey of vaccination providers
- **Household survey** collects socio-demographics, health insurance status, and consent for provider survey
- **Provider survey** collects dates of administration, vaccination types, and number of doses.
  - Teens are classified as being up to date based on the ACIP-recommended numbers of doses for each vaccine.
- **2021 survey sample** included 18,002 adolescents
  - Born January 2003-January 2009



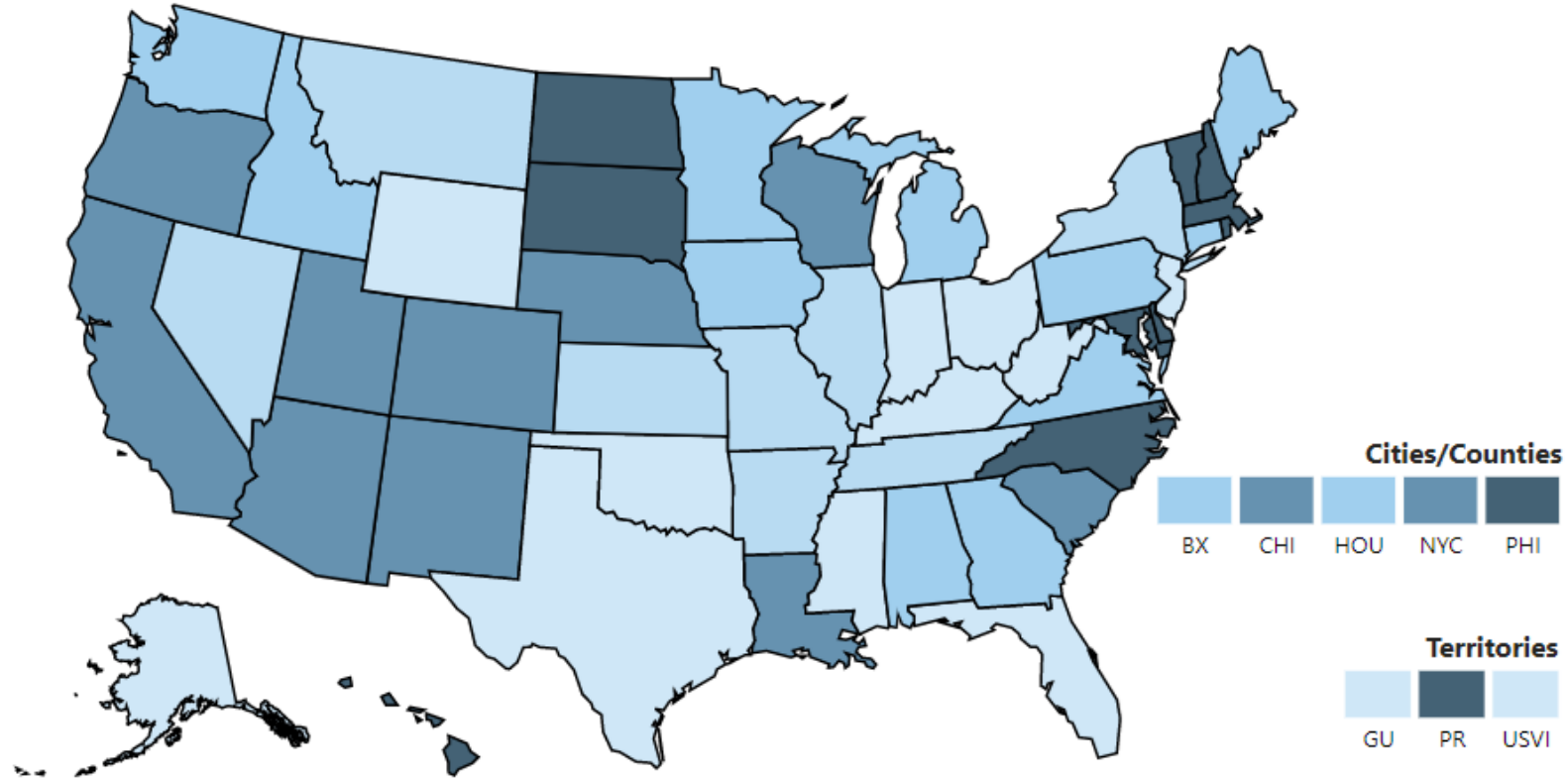
# HPV Vaccination: Key results from the 2021 NIS-Teen Survey

# Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13-17 years, by survey year—National Immunization Survey-Teen, United States, 2006-2021

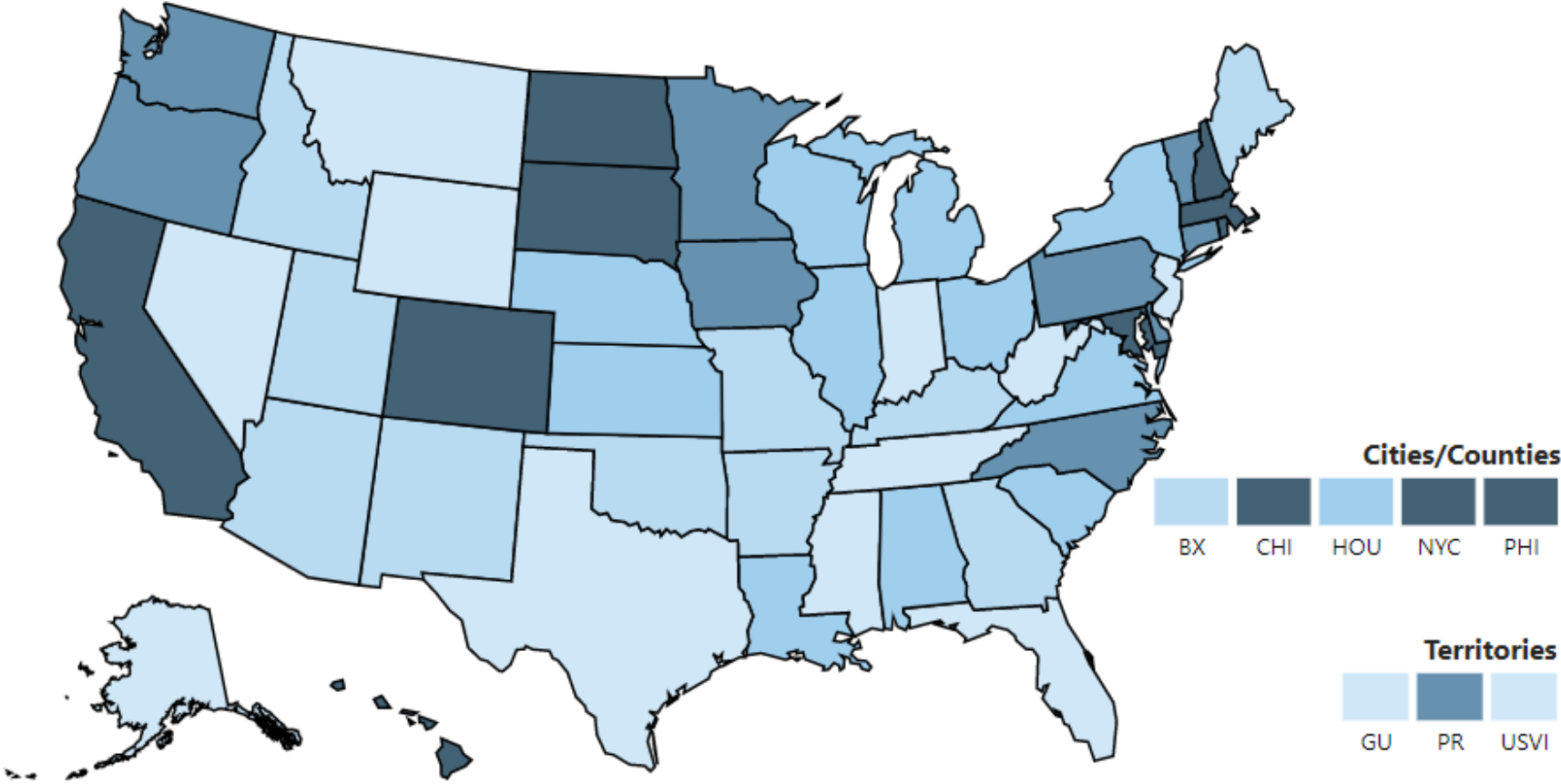


Abbreviations: Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; ACIP = Advisory Committee on Immunization Practices.

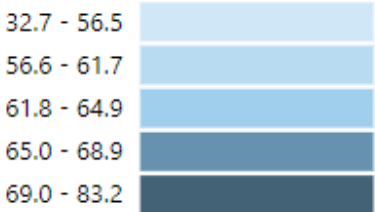
# Estimated vaccination coverage with $\geq 1$ HPV vaccine - 2021



# Estimated Percentage HPV Up to Date - 2021



**Legend – Coverage (%)**

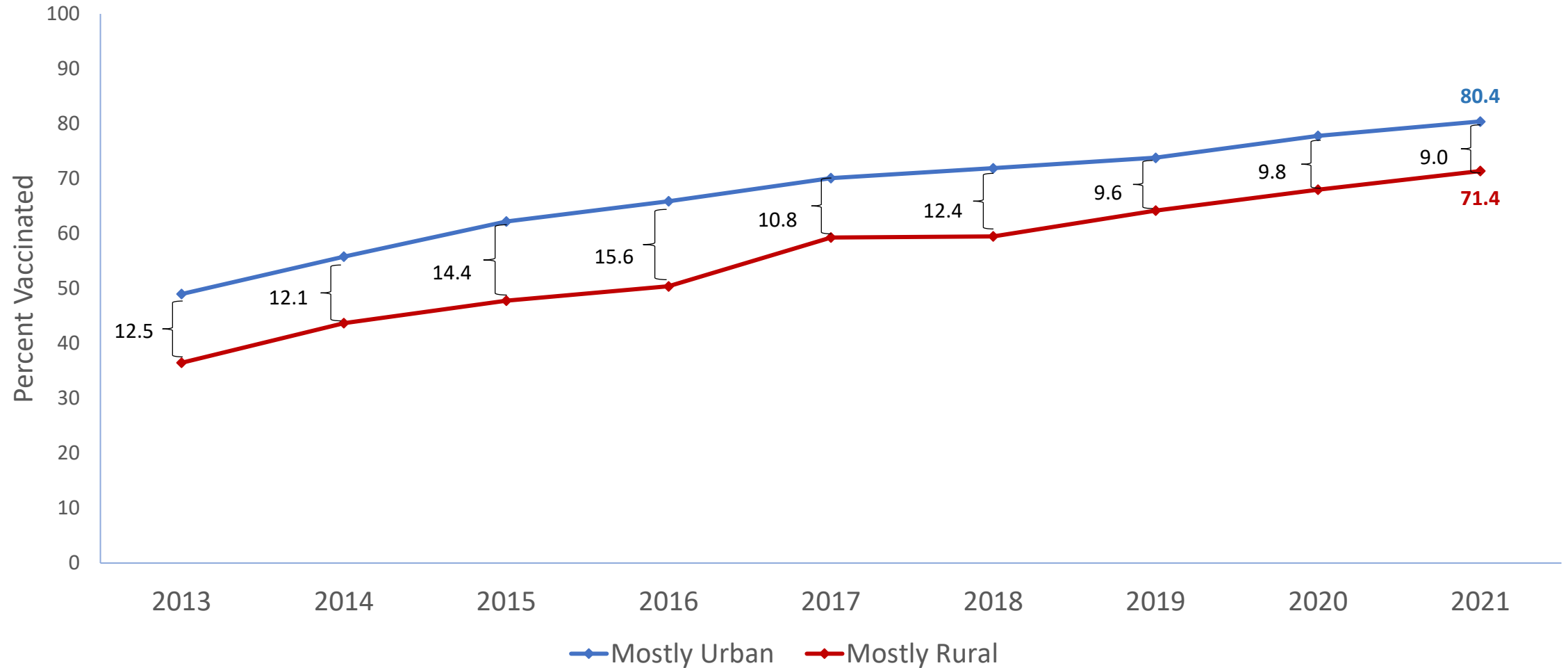


**National Coverage: 61.7%**  
**Range: 32.7% (MS) to 83.2% (RI)**

Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>



# ≥1 HPV Coverage by Urbanicity



Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html>

# Impact of the COVID-19 Pandemic on Routine Vaccination

# HPV vaccination coverage during the pandemic

HPV Vaccine	2020 coverage increase	2021 coverage increase
HPV-1	+3.6 percentage points	+1.8 percentage points
HPV-UTD	+4.4 percentage points	+3.1 percentage points

- 2020 NIS-Teen: Limited ability to assess the impact of the pandemic
- 2021 NIS-Teen: includes teens who reached ages 12 and 13 during the pandemic
  - Enables evaluation of the impact of the pandemic on younger birth cohorts

# Vaccination coverage by age milestone and year of birth

- Combined 2015 – 2021 NIS-Teen data
- Kaplan-Meier estimation to account for censoring of vaccination status at ages 14 and older

Vaccination coverage of the birth cohort reaching milestone age **during** the pandemic

**COMPARED TO**

Vaccination coverage of the birth cohort reaching milestone age **before** the pandemic.

# Vaccination coverage by age milestone and year of birth

Vaccination coverage of the birth cohort reaching milestone age during the pandemic

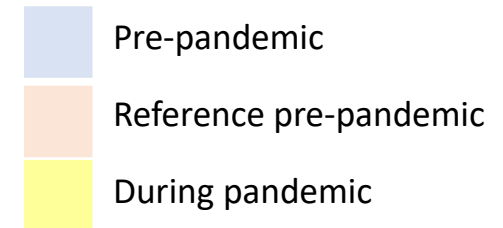
COMPARED TO

Vaccination coverage of the birth cohort reaching milestone age before the pandemic.

Year of Birth	Year reached age 12 years	Year reached age 13 years
2006	2018	2017
2007	2019 (pre-pandemic)	2020 (during pandemic)
2008	2020 (during pandemic)	2021 (during pandemic)

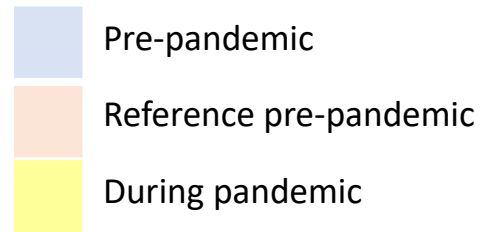
# Uptake of $\geq 1$ HPV by age and birth year, NIS-Teen 2015-2021

Birth Year	N	By Age 12	By Age 13	By Age 14	By Age 15	By Age 16	By Age 17
		Weighted % (95% C.I.)	Weighted % (95% C.I.)	Weighted % (95% C.I.)	Weighted % (95% C.I.)	Weighted % (95% C.I.)	Weighted % (95% C.I.)
2002	19,931	43.6 (42.2-44.9)	53.7 (52.4-55.0)	62.4 (61.1-63.8)	67.6 (66.2-69.1)	72.0 (70.4-73.5)	74.2 (72.5-75.9)
2003	20,085	48.8 (47.4-50.1)	59.4 (58.1-60.7)	67.2 (65.9-68.4)	71.5 (70.2-72.8)	74.4 (73.1-75.7)	76.4 (74.9-77.9)
2004	17,562	54.1 (52.6-55.6)	64.3 (62.9-65.8)	71.3 (69.9-72.7)	74.9 (73.4-76.3)	77.0 (75.5-78.5)	77.8 (76.2-79.3)
2005	13,559	58.9 (57.3-60.6)	68.0 (66.4-69.6)	73.8 (72.2-75.3)	76.1 (74.5-77.7)	76.3 (74.6-77.9)	
2006	9,992	62.7 (60.7-64.7)	69.8 (67.9-71.7)	74.7 (72.6-76.7)	75.4 (73.2-77.4)		
2007	5,914	66.6 (64.0-69.2)	72.4 (69.9-74.9)	73.8 (71.2-76.3)			
2008	1,735	66.0 (61.4-70.5)	69.8 (65.3-74.2)				



# Uptake of $\geq 1$ HPV by age and birth year, NIS-Teen 2015-2021

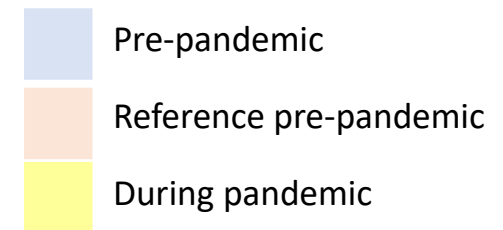
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<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/pubs-presentations/NIS-teen-vac-coverage-estimates-2015-2021.html>

# Uptake of $\geq 1$ HPV by age and birth year, NIS-Teen 2015-2021

Birth Year	N	By Age 12	By Age 13	By Age 14	By Age 15	By Age 16	By Age 17
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# Pandemic effects on other routine vaccinations

- $\geq 1$  MenACWY
  - Age milestone: age 13 years
  - Coverage for 2008 birth cohort was 5.1 percentage points **lower** than 2006 birth cohort
- $\geq 1$  Tdap
  - Age milestone: age 12 years
  - Coverage for 2008 birth cohort was 4.1 percentage points **lower** than 2007 birth cohort

## Next Steps for Assessing Pandemic Effects

- Stratify the data by sociodemographic factors.
  - Poverty status, urbanicity, race/ethnicity, and health insurance status.
- Did not see any significant differences by these factors for HPV vaccination coverage.
- Tdap coverage varied by poverty status, urbanicity, and race/ethnicity.
- MenACWY coverage varied by urbanicity and health insurance status.

# Key findings – 2021 HPV Vaccination Coverage

- HPV vaccination initiation and percentage HPV UTD increased among adolescents 13-17 years.
  - Coverage is still lower than that for other routinely recommended adolescent vaccines.
  - In the 2021 data, only those in the youngest birth cohorts likely had routine vaccinations affected by the COVID pandemic.
  - Continue to see differences in HPV vaccination coverage by sociodemographic factors.
- 

## Key Findings - Pandemic Disruption

- There were drops in vaccination coverage associated with the COVID-19 pandemic for Tdap and MenACWY vaccines.
- HPV vaccination coverage did not drop in the youngest birth cohorts, but coverage also did not significantly increase.
- The full impact of the COVID-19 pandemic can be better examined as more children who were aged 11–12 years when the COVID-19 pandemic was declared age into the NIS-Teen survey sample,.

# Thank You!



**QUESTIONS?**



NATIONAL CANCER INSTITUTE  
Division of Cancer Control & Population Sciences

# Consequences of COVID-19 for HPV Vaccine Implementation



Moderator:  
**Sarah Kobrin, Ph.D., M.P.H.**  
Chief, Health Systems and  
Interventions Research Branch,  
National Cancer Institute



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Associate Professor, Population and Public Health Sciences,  
Keck School of Medicine, University of Southern California



**Abraham Aragones, M.D., M.S.**

Assistant Attending/Assistant Professor, Immigrant Health and Cancer  
Disparities Service, Memorial Sloan-Kettering Cancer Center



**Paul Reiter, Ph.D., M.P.H.**

Professor, Health Behavior and Health Promotion,  
The Ohio State University College of Public Health



**Jenna Reno, Ph.D.**

Senior Digital Strategist, RTI International



**QUESTIONS?**



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# Closing Remarks

**Heather M. Brandt, Ph.D.**

Director, HPV Cancer Prevention Program,  
St. Jude Children's Research Hospital



# HPV/ **CANCER CENTER CONSORTIUM**

**Thank you!**

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