HPV Preventable Cancers Nobody Wants to Discuss

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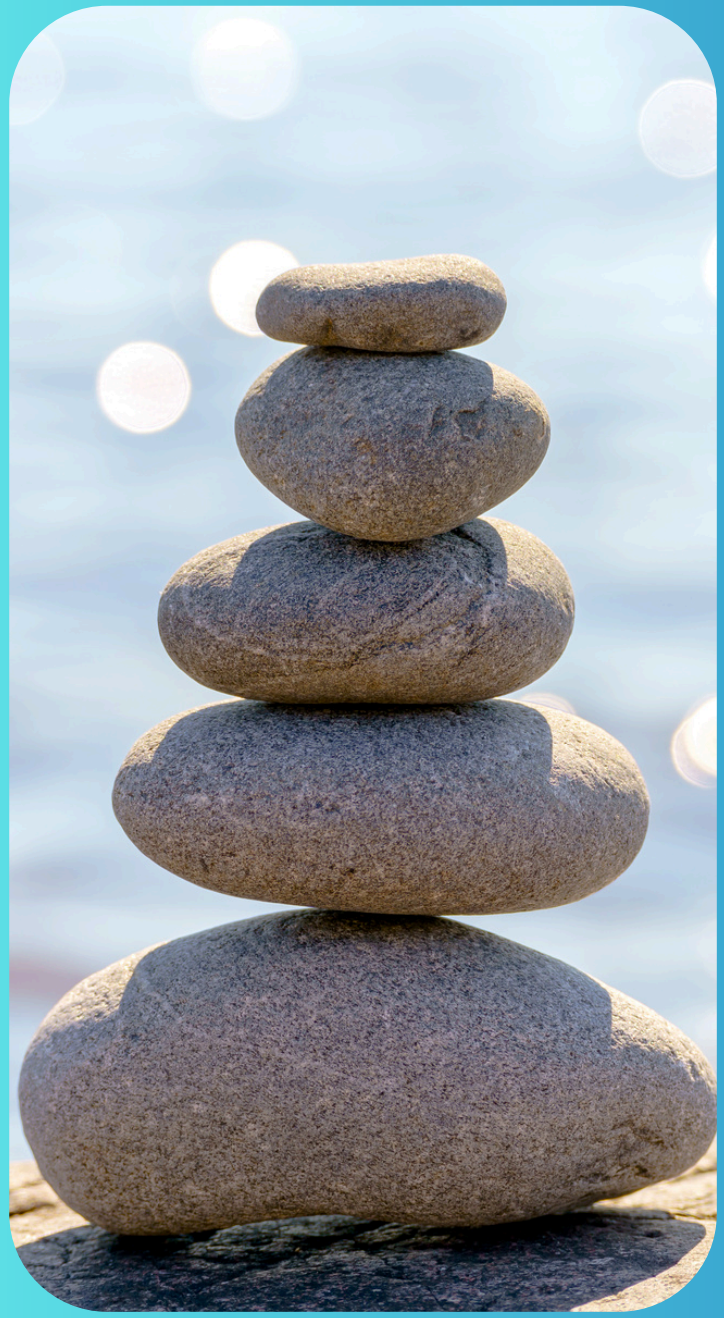
Disclosures

- No conflicts to report
- No financial disclosures

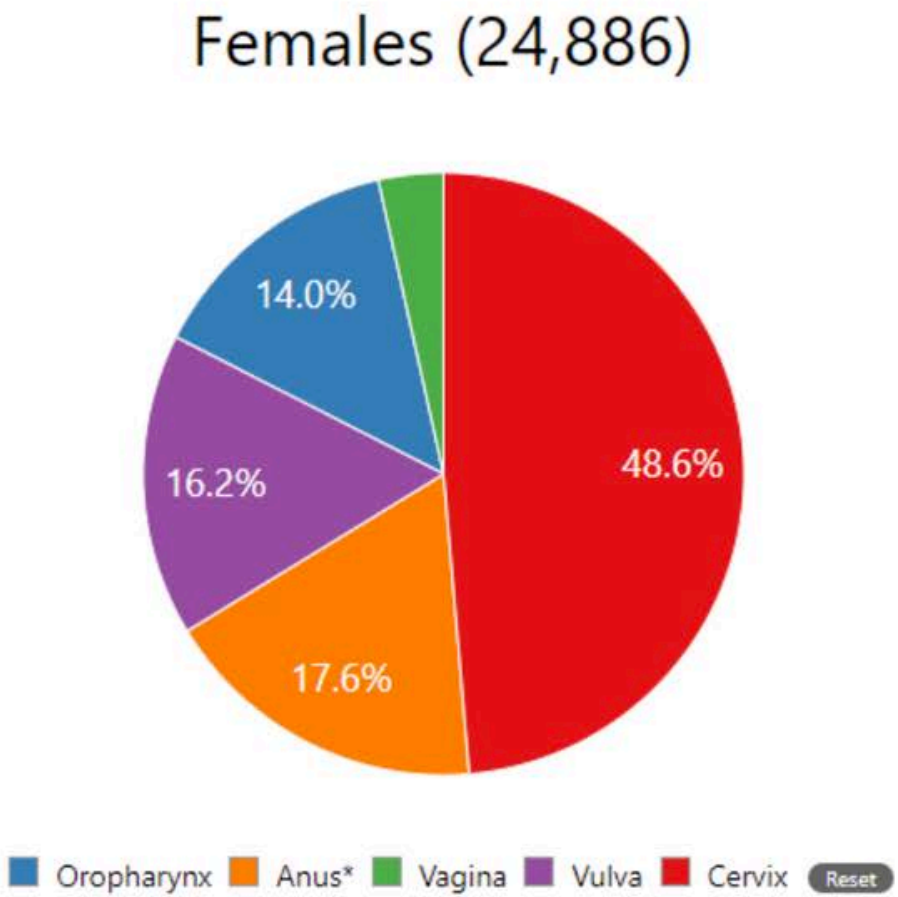
Objectives

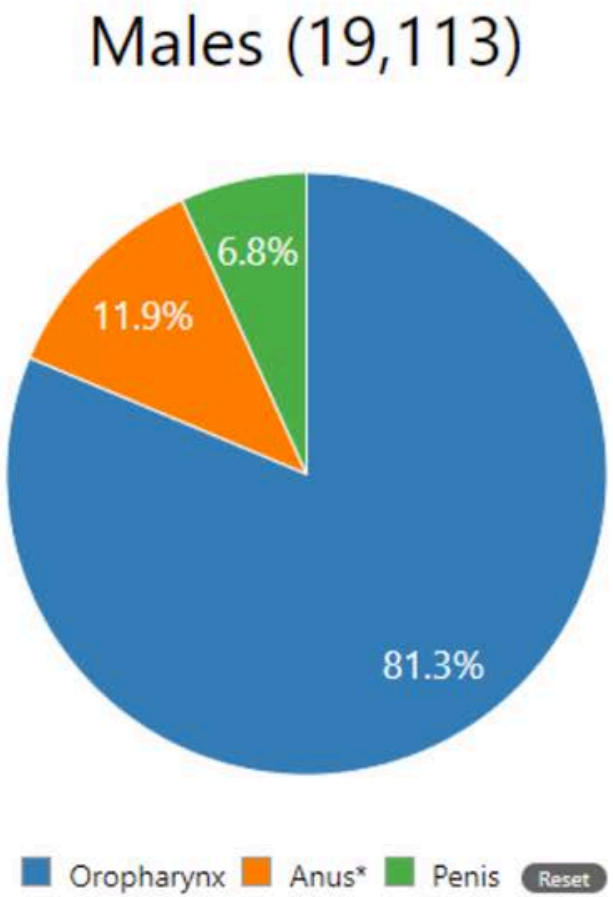


- Highlight the growing impact of HPV related cancers beyond cervical and oropharyngeal cancer in the U.S.
- Describe evidence-based prevention strategies, including vaccination, screening, and early detection.
- Recognize disproportionately affected populations and the importance of targeted prevention initiatives.
- Explore ways for clinicians and public health professionals to reduce stigma and improve HPV cancer prevention efforts.

“We have to be bold in health care.
We take the necessary steps to care for the public.”
Morgan Zentner, CNM, FNP

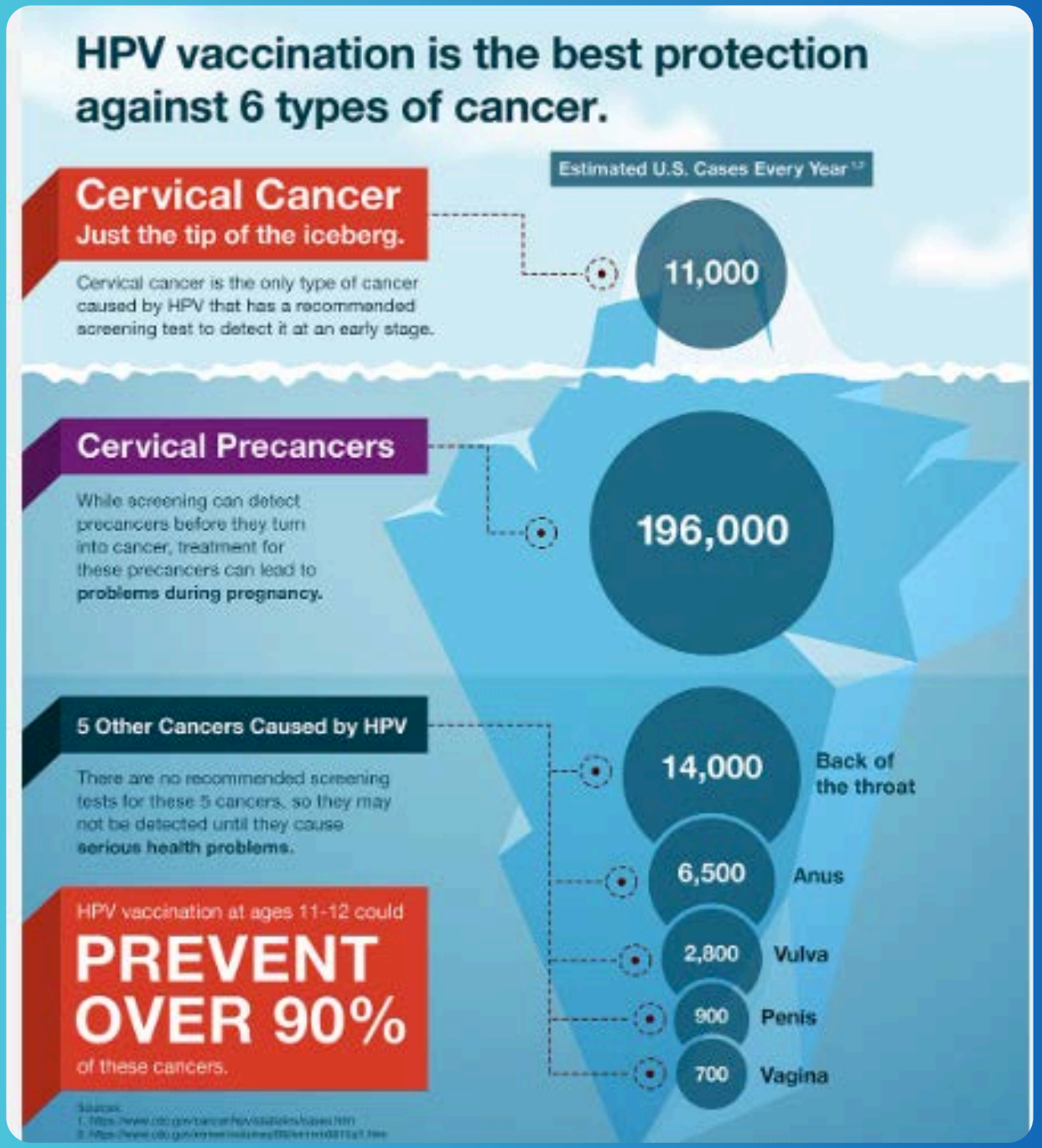
U.S. HPV-Associated Cancer Burden
(Annual Estimates)



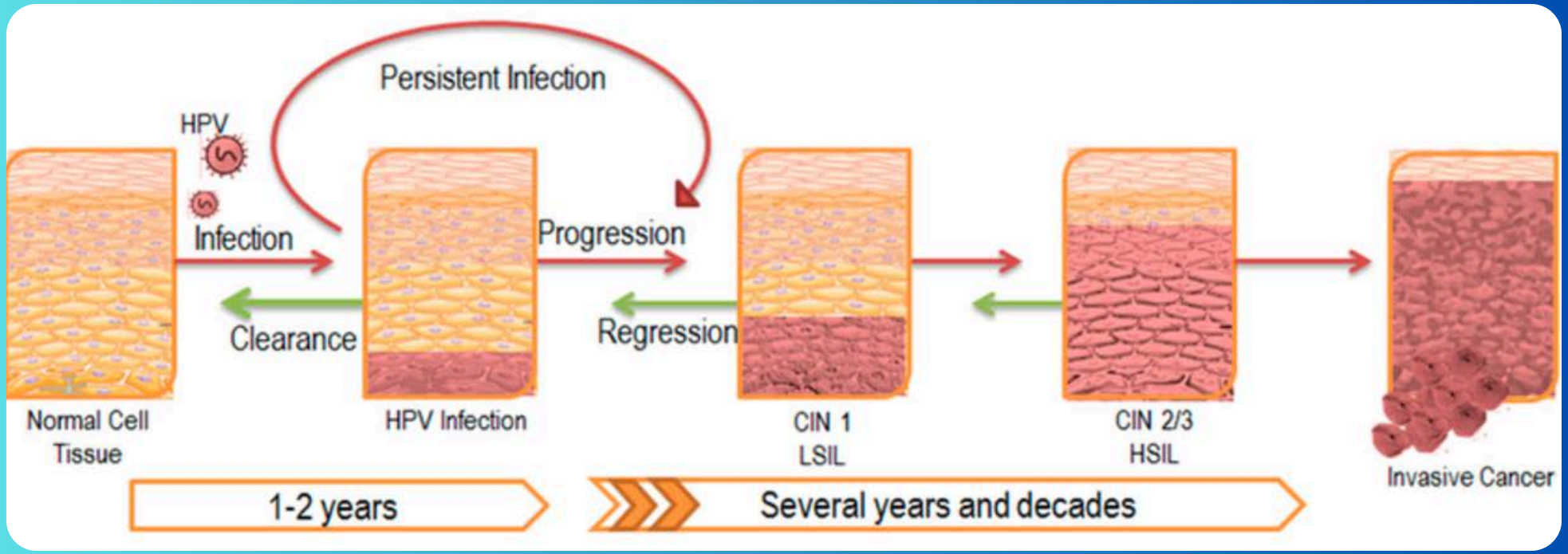


Centers for Disease Control and Prevention. Cancers Associated with Human Papillomavirus. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services: 2025.

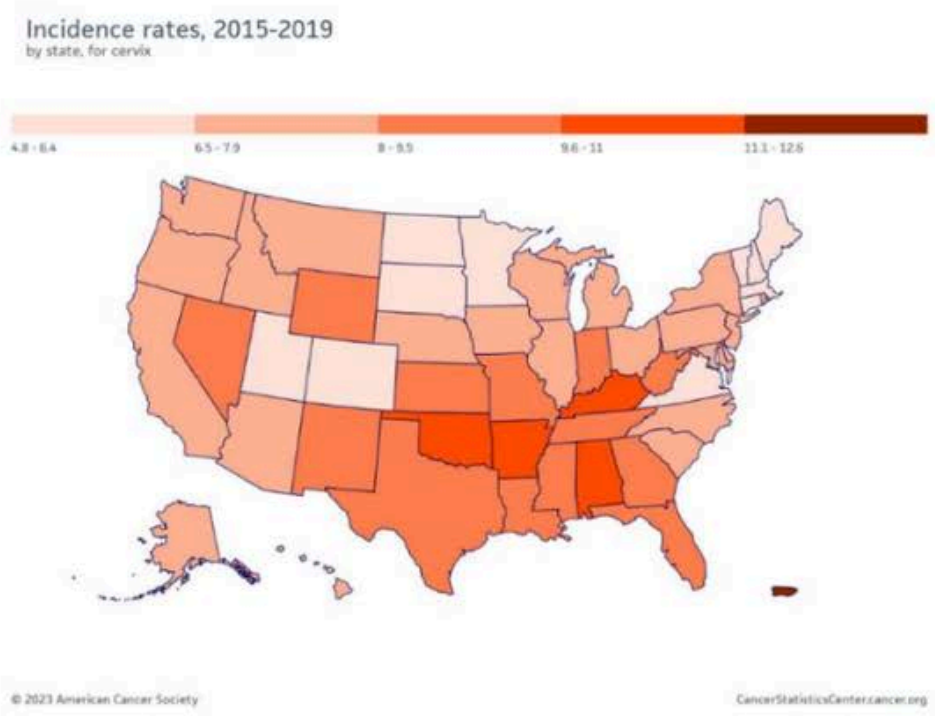
HPV vaccination is the best protection against 6 types of cancer.



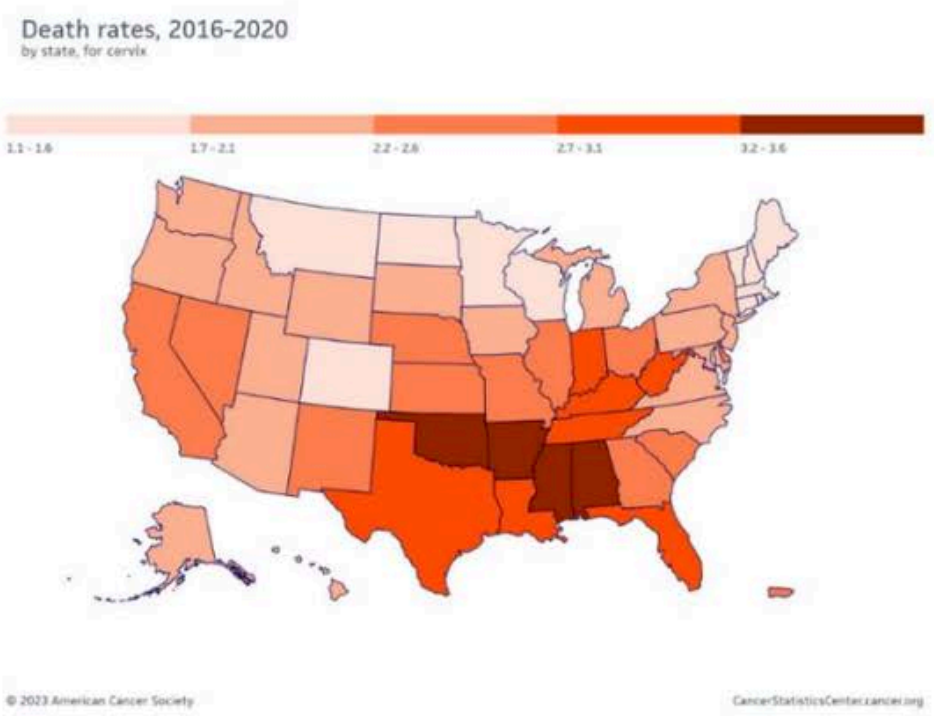
Progression of HPV Infection and Associated Disease



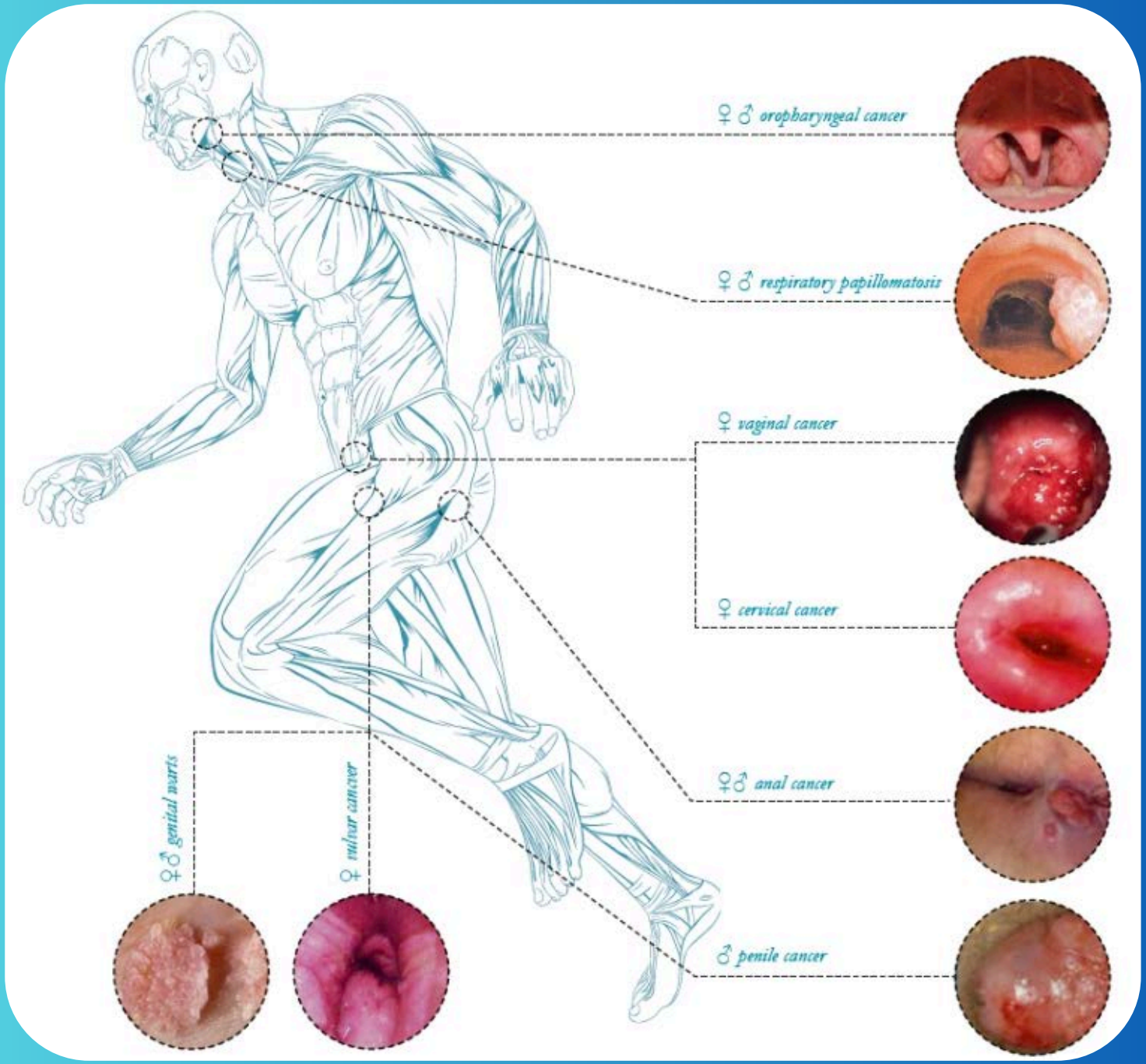
Disparities and Opportunities



Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: North American Association of Central Cancer Registries (NAACCR), 2022. Accessed at https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix



Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2022. Accessed at https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix



HPV World Spectrum of HPV-related diseases in women and men, 2020.

Clinical Approach

What Should Prompt Evaluation?

- Persistent symptoms
- Visible lesions
- New or unexplained changes

Clinical Tools:

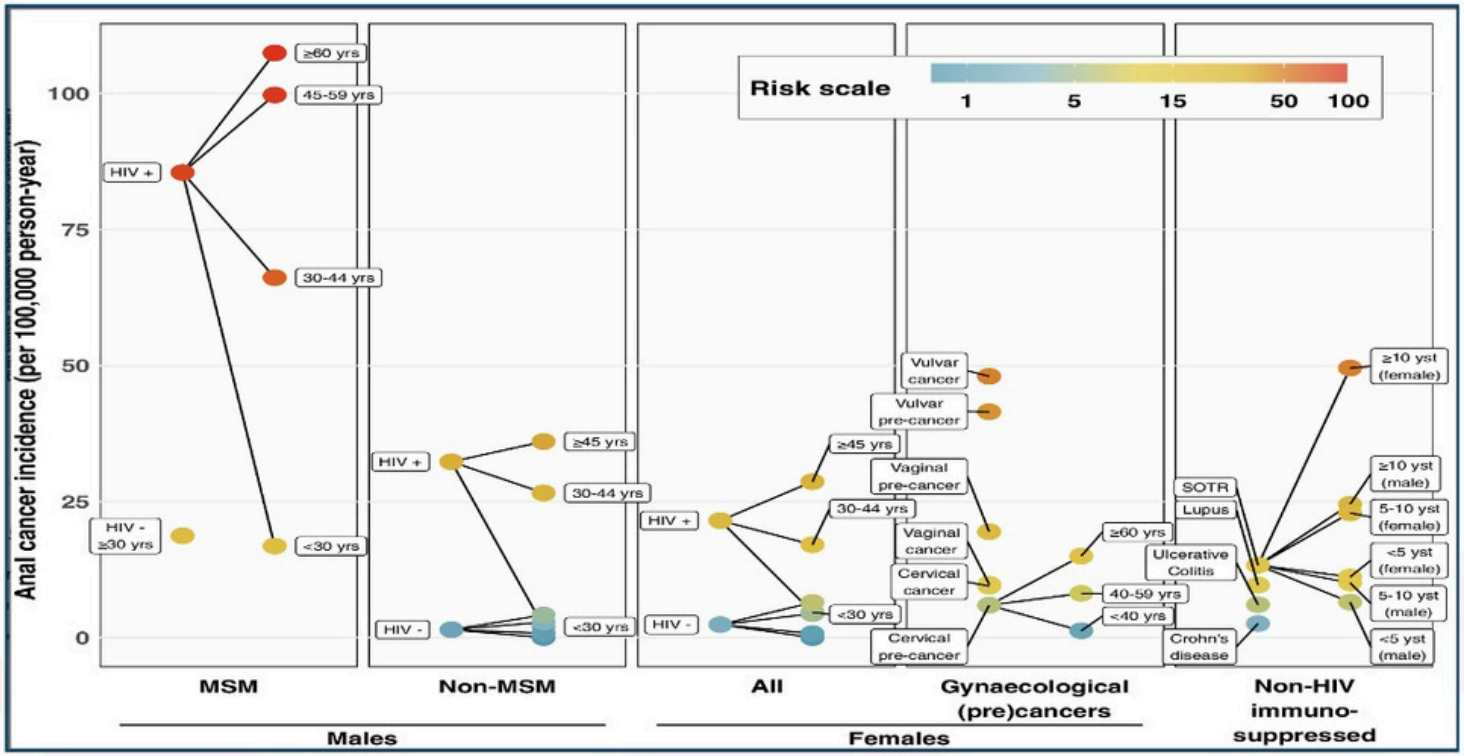
- Focused history
- Visual inspection
- Palpation
- Low threshold for biopsies
- Consider dermatologic vs HPV-related disease
- Refer as appropriate

Risk-Based Clinical Thinking

Identifying People at Increased Risk:

- Prior HPV-related infection, dysplasia, SCC
- Immunosuppression
- Incomplete HPV vaccination
- Tobacco use

Anal Cancer Risk Scale

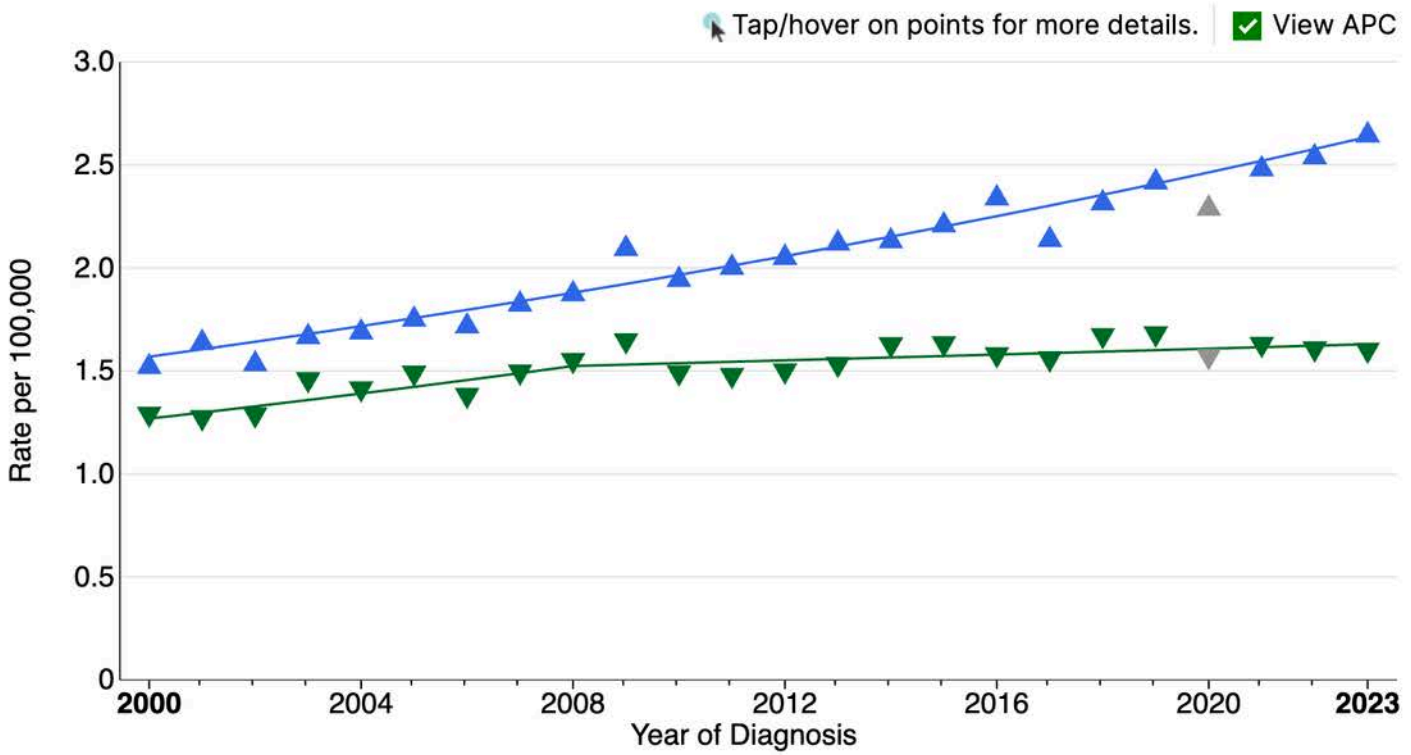


A meta-analysis of anal cancer incidence by risk group: Toward a unified anal cancer risk scale (Clifford et al., 2020)

Anus, Anal Canal & Anorectum
Recent Trends in SEER Age-Adjusted Incidence Rates, 2000-2023

By Sex, Delay-adjusted SEER Incidence Rate, All Races / Ethnicities, All Ages, All Stages

The 2020 incidence rate(s) were not used in the fit of the trend line(s) and are displayed on the graph as gray data points. Impact of COVID on SEER Cancer Incidence 2020 data



Annual Percent Change (APC)

Choose an option:

Female

Year Range	APC %	Direction
2000-2023	2.3	↑

Legend (Sex)

▲ Female ▼ Male

SEER Incidence Data, November 2025 Submission (1975-2023), SEER 21 registries.

Anorectal Carcinoma

Common Symptoms:

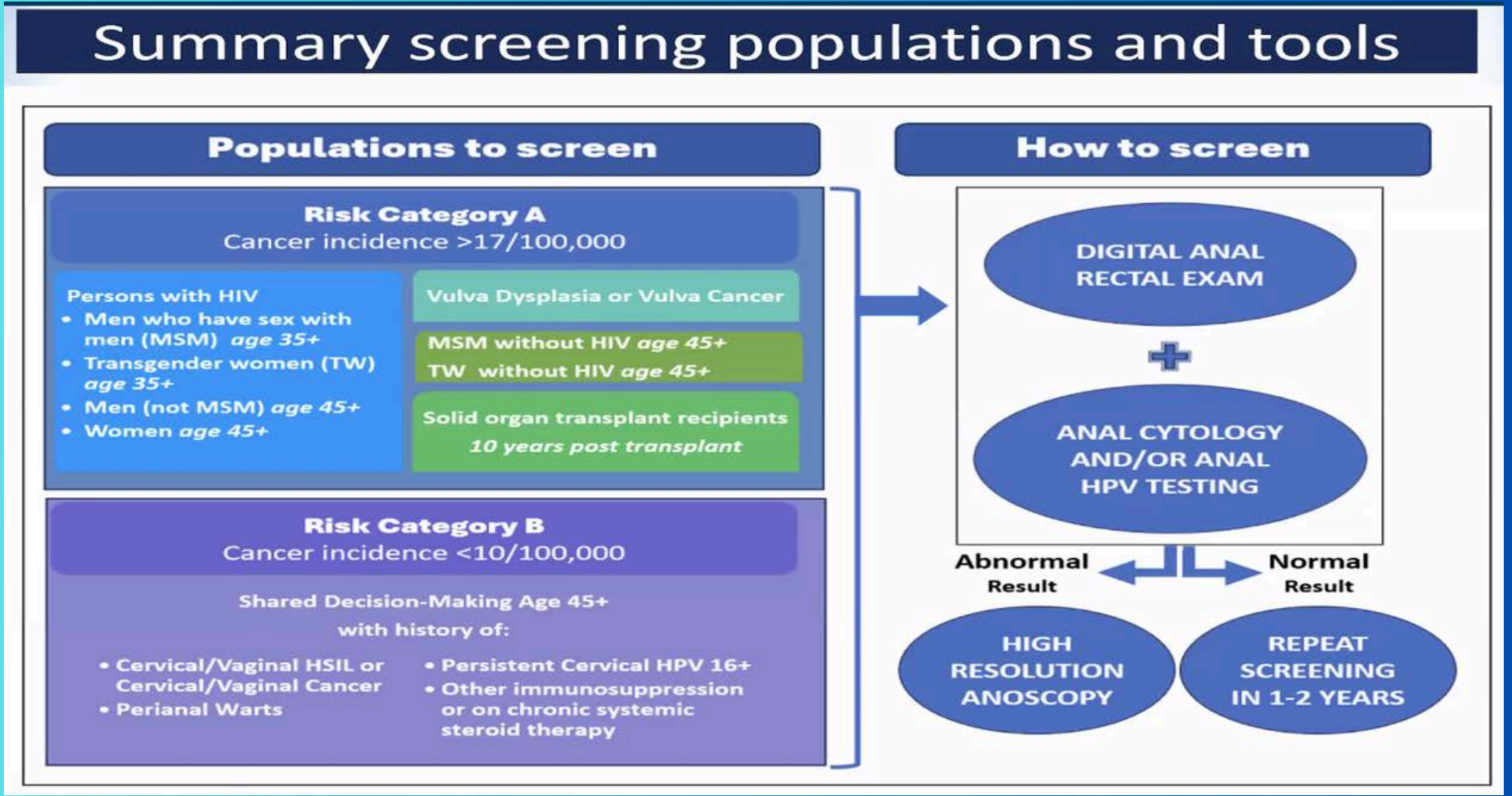
- Bleeding
- Pain, itching, or pressure
- Palpable lump or mass

Persistent symptoms require evaluation.

Know your normal.

Dare to do the DARE.

2024 IANS International Consensus Anal Cancer Screening Guidelines



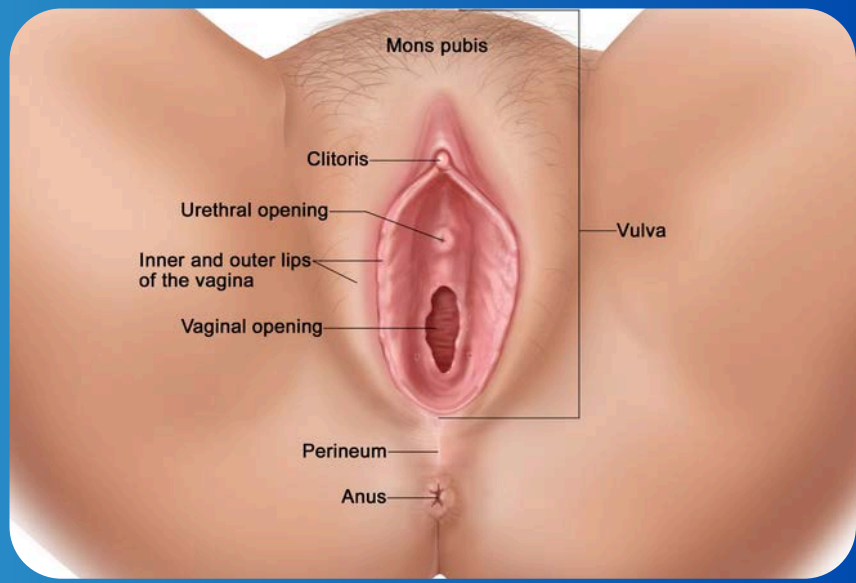
Vulvar Carcinoma

Risk Factors:

- High Risk HPV
- Tobacco use
- Immunosuppression
- History of an HPV-associated pelvic cancer
- Inflammatory vulvar conditions*
- History of VIN
- Incomplete HPV vaccination

Screening:

- No routine screening guidelines



Vulvar Carcinoma

Key differences of the two pathways to Vulvar Squamous Cell Carcinoma

Type of Pathway	HPV	Non-HPV
Patient age	<65 years old	>65 years old
Risks	High-risk HPV, smoking	Inflammatory conditions (e.g. Lichen Sclerosus)
Precursor lesions	HSIL	dVIN
Relative % of all precursor lesions	Majority (approx. 90%) *	Minority (approx. 10%) *
Progression to SCC by precursor	3-9%*	33%*
Time to Progression to SCC by precursor	41-43 months*	6-22 months*
SCC with adjacent respective precursor	<50%*	>50%*

Legend: SCC=invasive squamous cell carcinoma, HSIL=High Grade Squamous Intraepithelial Lesion, dVIN=Differentiated Vulvar Intraepithelial Neoplasia.
*the exact percentage depends on study, but the range given approximates most studies and an exact number will reflect the most detailed study.

Jason C. Reutter, MD Table 1, HPV World
https://www.hpvworld.com/articulos/hpv-and-non-hpv-related-vulvar-cancers-two-etiological-pathways/

Vulvar Carcinoma

Common symptoms:

- Often asymptomatic
- Pruritus
- Bleeding
- Skin-colored plaque, ulcer or nodule

Diagnosis:

- Visual inspection
- Punch biopsy
- Vulvar colposcopy

Penile Carcinoma

Risk factors:

- High-risk HPV
- Phimosis
- Lack of circumcision, lack of hygiene education
- Tobacco use
- Immunocompromised
- History of PeIN
- Incomplete HPV vaccination

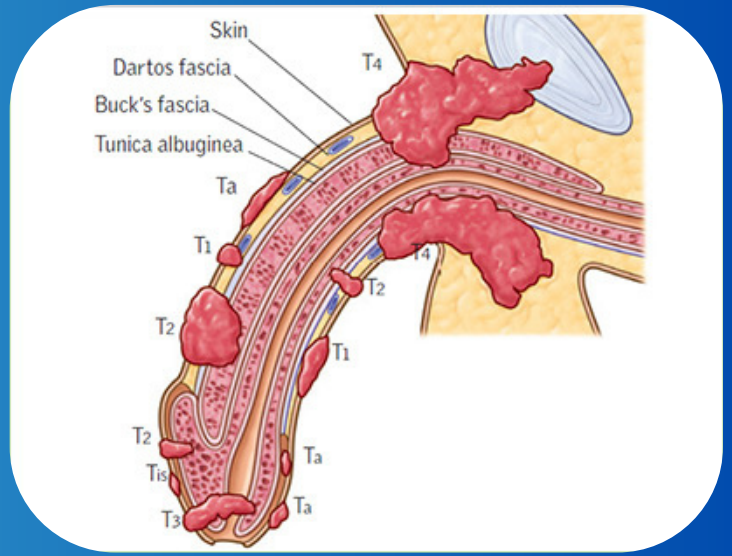
Screening:

- No routine screening guidelines

Penile Carcinoma

Common Symptoms:

- Persistent sore or growth on the glans, foreskin, or shaft
- Skin Changes: Erythema, skin thickening, or changes in color (bluish-brown)
- Penile discharge and/or bleeding
- Pain and/or difficulty urinating
- Lymphadenopathy



Diagnosis:

- Referral to urology for further work-up and biopsy

Vaginal Carcinoma

Risk factors:

- High-risk HPV
- History of an HPV-associated (pelvic) cancer
- Tobacco use
- Immunocompromised
- DES exposure
- History of VaIN
- Incomplete HPV vaccination

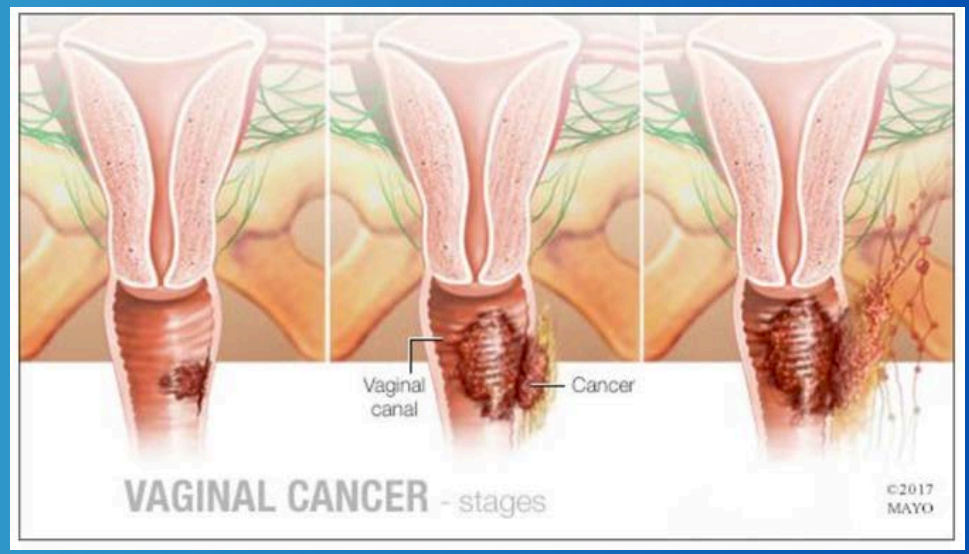
Screening:

- No routine screening guidelines
- Vaginal cytology is only recommended for women who have had a hysterectomy for cervical cancer or high-grade precancer

Vaginal Carcinoma

Common Symptoms:

- Abnormal vaginal bleeding
- Abnormal vaginal discharge
- Lump or mass in the vagina
- Urinary changes (pain or frequency)
- Constipation
- Pelvic pain



Diagnosis:

- Vaginal cytology
- Colposcopy with biopsy

Common Pitfalls

- Lack of targeted history
- Repeated empiric treatment without exam
- Limited visual inspection
- Delayed biopsy of persistent lesions
- Delayed referral to specialists*
- Limited use of multidisciplinary management approach

Summary

- HPV affects multiple anatomical sites
- Most arise from detectable precursors
- Risk-based evaluation improves early detection
- Awareness drives intervention and improved outcomes
- Vaccination is cancer prevention

Get Involved

Professional Organizations:

- American Cancer Society
- Society of Gynecologic Oncology
- American Head & Neck Society
- International Anal Neoplasia Society
- American College of Obstetricians and Gynecologists

Public Health & Advocacy Organizations:

- Immunize Arkansas
- HPV Cancers Alliance
- Anal Cancer Foundation
- Foundation for Women's Cancer

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