Children's Hospital of Philadelphia
PolicyLab

# We have a tool to protect our kids from cancer. Let's use it.

Adolescent Health & Well-Being

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One of my first experiences as a pediatrician in 2005 was providing family planning and sexually transmitted infection (STI) testing and treatment services to adolescents and young adults. I regularly performed pap smears and referred many girls with potentially cancer-causing lesions for more extensive evaluation. Around the same time, I treated my first case of genital warts, which required multiple visits and significant discomfort to a young teen.

Both cancer-causing lesions and genital warts are caused by human papillomavirus (HPV), the most common STI in the U.S. and one that disproportionately affects adolescents and young adults. While most infections resolve on their own, HPV is responsible for nearly 27,000 cancer cases among women and men in the U.S. each year, and more than 500,000 cases of cervical cancer worldwide.

Back then, our clinical options to manage HPV were mostly reactive - we could treat genital warts, remove suspicious lesions and monitor risky infections. But now we have a tool to prevent this type of infection from occurring in the first place - HPV vaccines.

HPV vaccines can prevent the types of HPV that cause the majority of these cancers and more than 90% of genital warts cases. They are also extremely safe and effective. In the 10 years since their introduction, studies show fewer HPV infections in vaccinated compared to unvaccinated women.

But despite its lifesaving potential, we continue to struggle with getting teens vaccinated. HPV vaccination is recommended for all 11-12 year olds as a part of the routine adolescent vaccine schedule, which also includes pertussis and meningococcal vaccines, in order to protect them before ever being exposed to the virus. Rates of HPV vaccination for both girls (60%) and boys (42%), however, lag significantly behind those for other adolescent vaccines (80% or greater) and leave many people at unnecessary risk.

In a new *Evidence to Action* brief, my colleagues and I explore some of the reasons for slow vaccine uptake, share what we have learned from our own research and offer recommendations to help ensure that all teens have the chance to be protected against HPV-associated cancer.

Just as teens are at risk of being exposed to pertussis or meningococcus, adolescence is the time of greatest risk of exposure to HPV.  We can't know when exposure to any of these infections may happen, but we do know that we want our teens to be protected when that time comes. HPV vaccines are an important opportunity to help keep our children safe and healthy as they move toward adulthood.

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