



President Biden and Dr. Biden  
1600 Pennsylvania Ave  
Washington, DC 20500

May 15, 2023

Dear President Biden and Dr. Biden:

Thank you for relaunching the Cancer Moonshot. As individuals and organizations committed to ending cancer as we know it, we stand ready to work with you to accomplish your goal of reducing the death rate from cancer by at least 50% over the next 25 years. We are particularly grateful that the Moonshot prioritizes cancer prevention and specifically references the importance of HPV vaccination in that effort. We urge you to take concrete action to realize the full benefit of cancer prevention through vaccination. We thank you for taking the important step of allocating \$15 million from your FY 2024 budget to encourage HPV vaccine uptake, but this is only the first step!

As you may know, cancers caused by human papillomavirus (HPV) remain a significant public health problem in the United States. The HPV vaccine protects against the types of HPV that cause most cervical and other HPV-associated cancers, such as throat, head, anal, penile and vaginal cancer. Virtually all cervical cancers are caused by high-risk types of HPV, and cervical cancer is the fourth most common cancer in women worldwide [6-8]. Over 14,000 women in the United States will be diagnosed with cervical cancer in 2022, with an estimated 4,300 deaths from cervical cancer [1]. Cervical cancer is most frequently diagnosed in women between the ages of 35 and 44, though the average age of diagnosis is 50 [2]. Many women are unaware of the persistent and elevated risk of a cervical cancer diagnosis as they age.

It is important to note that an objective for *Healthy People 2030* is to reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer through screening, early intervention and clinical management [10-16]. Vaccination for HPV fits into that objective as early prevention.

Vaccination against HPV is a major advancement for all, since it offers primary prevention against the infectious agent that is the main cause of the disease. Prior to the introduction of widespread screening with the Pap test, cervical cancer was the leading cause of cancer death for women in the U.S.; however, incidence and mortality rates have decreased significantly over the past several years [1;3]. Analysis from the CDC has demonstrated that HPV vaccination could prevent more than 90% of HPV-caused cancers, which correlates to a reduction of 33,000 cases each year [21].

Racial/ethnic disparities may reflect differences in cervical cancer screening rates and outcomes that vary by socioeconomic status and access to quality care [18]. For instance, more American Indian/Alaska Native, African American and Hispanic women develop and die from cervical cancer than women of other races or ethnicities, possibly as a result of decreased access to screenings, preventive vaccines, and/or timely follow-up [1]. Because regular and timely screening can detect HPV, preclinical cervical lesions and early stage cancer, access to screening services and follow-up of abnormal tests can affect stage at diagnosis and overall cervical cancer incidence; yet, many in rural areas experience barriers to optimal cervical cancer prevention, early detection and treatment [18]. Non-Hispanic white women in rural counties had a higher incidence than those in urban counties at every stage; however, the incidence for non-Hispanic white women was lower than for non-Hispanic Black or Hispanic women [18]. Rural counties had higher incidence of cervical cancer than urban counties at every stage [18]. Overall, cervical cancer incidence and mortality rates are higher in rural and nonmetropolitan areas than in metropolitan areas, as studies have shown lower use of screening services in rural areas [18].

Unfortunately, routine vaccination rates have been decreasing over the years, and the rate has plummeted because of the ongoing COVID-19 pandemic. This is of particular concern as disparities in access to, and utilization of, vaccines are a long-standing challenge for African American, Hispanic and economically challenged communities. There is a great concern that women and their families will forego life-saving vaccinations as they resume their routine healthcare and cause an influx of preventive illnesses in the months and years ahead.

The American Cancer Society recently released a report on data from women ages 20 to 24 who were first to receive the HPV vaccine that showed a 65% drop in U.S. cervical cancer rates between 2012 and 2019 — accomplished through HPV vaccination. Despite the demonstrated success of the HPV vaccine, vaccination rates still fall below national targets, and only worsened during the pandemic. Recent CDC data indicated HPV vaccination has been disproportionately impacted despite adequate availability, resulting in many individuals from adolescents to adults up to age 45 missing recommended HPV vaccine doses. Further, the pandemic has exacerbated long-standing health disparities, leaving historically marginalized and underserved populations at even greater risk for missed doses of recommended vaccines, including this important cancer prevention vaccine. Research confirms that, based on missed HPV vaccinations because of the pandemic, preventable HPV-related cancers will rise.

The pandemic will continue to affect routine and recommended vaccinations this year and, as a nation, we risk falling further behind on protecting communities from diseases and cancers. It is urgent to act now to ensure those eligible — particularly adolescents — receive their recommended HPV vaccination. We believe that the following actions could significantly help reduce the incidence of cancer from HPV across the country:

- *Promote Proven Practices:* Organizations, health systems, providers and others across the country are engaged in proven practices to promote cancer prevention, like initiating HPV vaccination at age 9, for which it is approved and may start, and as a CDC recommended routine adolescent vaccine ages 11-12. We encourage you to highlight and better resource these proven practices and challenge others to identify and adopt proven practices in vaccination.

- *Enhance Outreach & Education:* We encourage you to support campaigns specifically designed to improve outcomes with respect to HPV vaccination by (1) working with healthcare offices and clinics to educate front office staff to create callback methods and reminders to help identify individuals who may have missed their HPV vaccine as a result of the pandemic (or did not complete their series), (2) educating on the consequences of not receiving this important vaccine, (3) creating greater equitable access through mobile vaccination/screening in communities without easy access to a clinic, and (4) educate/promote/raise awareness on vaccine safety and efficacy through community health workers and health networks.
- *Leverage Data & Technology:* When taken together, state immunization information systems (IIS) along with new and existing health information technology systems help providers meet patients where they are and guide public health action. We encourage the Administration to work with states to ensure these systems are maximizing opportunities to vaccinate individuals against HPV, and are leveraged to tailor healthcare services to populations in need.
- *Protect the Armed Forces:* We encourage you to ensure that, as part of a unified approach to care, every member of the military has the same access to cancer-preventing HPV vaccination, including use of electronic health records as applicable from site to site to identify individuals who may be eligible for HPV vaccination at the point of care. HPV vaccines should be tracked for all service members in all service specific immunization tracking systems as it's already done in each respective branch's vaccine tracking system.

Again, thank you for relaunching the Cancer Moonshot. We look forward to working with you to accomplish this important mission.

Sincerely,

HealthyWomen  
HPV Cancers Alliance

Academy of Managed Care Pharmacy  
Alliance for a Healthier Generation  
Alliance for Immunizations in Michigan  
Alliance for Women's Health and Prevention  
American Cancer Society Cancer Action Network  
American Medical Women's Association  
American Sexual Health Association  
Arkansas Immunization Action Coalition (Immunize Arkansas)  
Black Women's Health Imperative  
Bone Health and Osteoporosis Foundation  
Cancer Fashionista Foundation  
Cancer Pathways  
CancerCare

Cervivor, Inc.  
Fred Hutchinson Cancer Center  
Global Initiative Against HPV and Cervical Cancer  
Head & Neck Cancer Alliance  
Healthy Men Inc.  
Immunize Colorado  
Immunize.org  
Indiana Immunization Coalition  
International Anal Neoplasia Society  
Kentucky Rural Health Assoc. Inc  
Louisiana Families for Vaccines  
Maine Families for Vaccines  
Massachusetts Families for Vaccines  
Miami Cancer Institute

Moffitt Cancer Center  
National Association of Nurse Practitioners  
in Women's Health  
National Association of Pediatric Nurse  
Practitioners  
National Association of School Nurses  
National Coalition for LGBTQ Health  
National Comprehensive Cancer Network  
National Consumers League  
National Grange  
National Patient Advocate Foundation  
Oncology Nursing Society  
SAFE Communities Coalition  
School-Based Health Alliance  
Shazia Ahmad, HPV Cancers Alliance,  
Advisory Board

Society for Women's Health Research  
South Dakota Families for Vaccines  
St. Jude Children's Research Hospital  
Tell Every Amazing Lady About Ovarian  
Cancer Louisa M. McGregor Ovarian  
Cancer Foundation also known as  
T.E.A.L.®  
Tennessee Families for Vaccines  
TOUCH, The Black Breast Cancer Alliance  
Unity Consortium  
University of North Carolina  
Vaccinate Your Family  
VAX 2 STOP CANCER  
Voices for Vaccines

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2. [American Cancer Society. Cancer Facts & Figures 2023.](#)
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