

Dr. Anna R. Giuliano

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DR. ANNA GIULIANO HAS DISCLOSED THE FOLLOWING RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS:

Consultant/Independent Contractor: Merck
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Speaker's Bureau: Merck

Communicating an Integrated HPV Message

Anna R. Giuliano, PhD

Director, Center for Infection Research in Cancer

Moffitt Cancer Center



Disclosure

- Dr. Giuliano: Grants/Research Support: Merck & Co., Inc.;
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*“Knowledge is not enough; we must apply.
Willing is not enough; we must do.”*

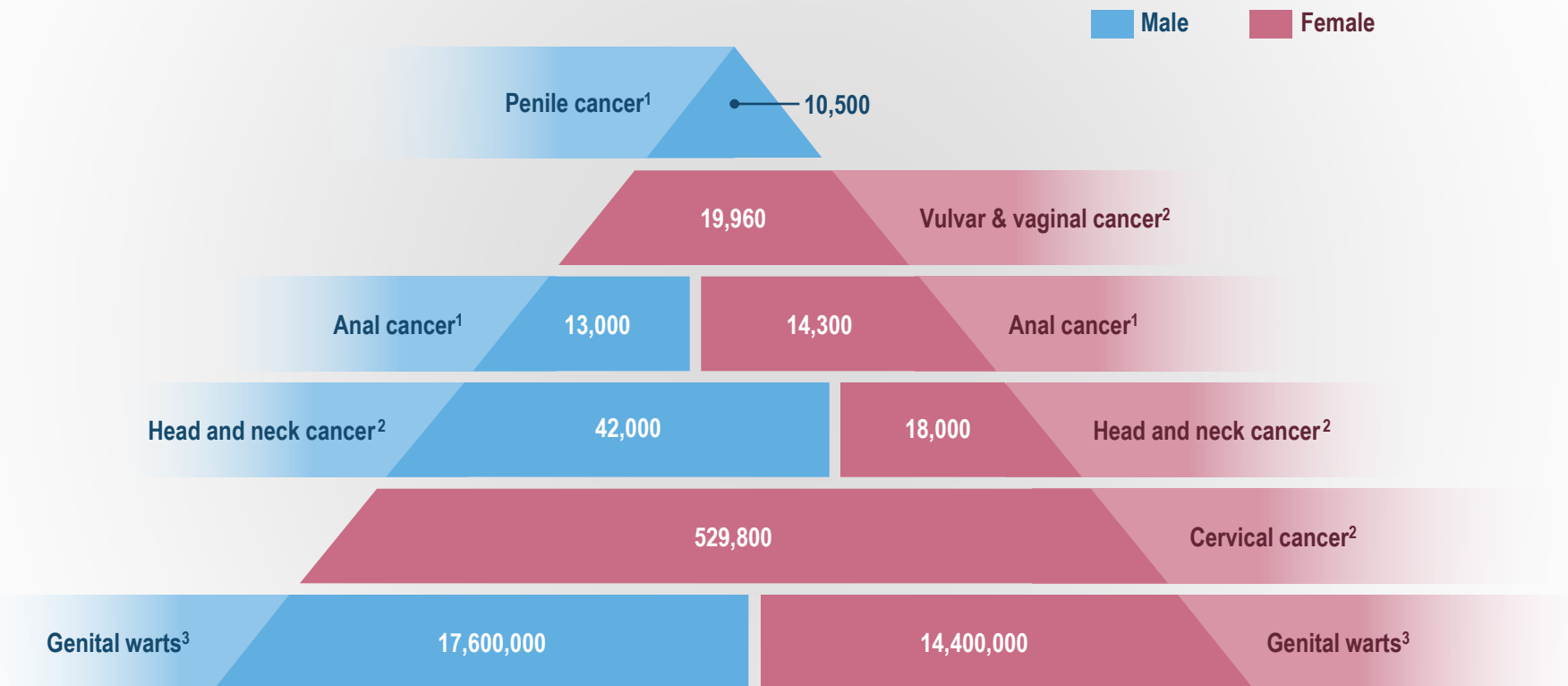
Johann Wolfgang von Goethe

HPV is a Necessary Cause of Cervical Cancer

- Association of cervical neoplasia with sexual activity
- In the mid-1970's Professor zur Hausen identified HPV as a likely viral candidate in cervical neoplasia.
- ~100% of cervical cancer and majority of HgSIL contain HPV DNA
- Strong and consistent associations between HPV and cervical cancer (OR=9 to >100)
- HPV infection precedes onset of disease
- ~50% of cervical tumors contain HPV 16 DNA, an additional ~20% of tumors contain HPV 18, and an additional 20% HPV 31, 45, 33, 52, 58 DNA

There Is a High HPV Disease Burden Among Males and Females Globally

Estimated annual new HPV-related disease cases in males and females globally



Published HPV prevalence rates were applied as follows: Parkin D et al. *Vaccine*. 2006 (penile, vulvar, anal, cervical cancers); WHO/ICO 2010 (head and neck cancer); De Vuyst H et al. *Int J Cancer*. 2009 (vaginal cancer); Greer CE et al. *J Clin Microbiol*. 1995 (genital warts).

1. Parkin DM et al. *Vaccine*. 2006;24(Suppl 3):S3/11–S3/25. 2. WHO/ICO Information Centre on HPV and Cervical Cancer (HPV Information Centre). Human Papillomavirus and Related Cancers in World. Summary Report 2010. <http://www.who.int/hpvcentre/en/>. Accessed June 21, 2012. 3. World Health Organization (WHO). Executive summary: the state of world health. 1995. http://www.who.int/whr/1995/media_centre/executive_summary1/en/index3.html#. Accessed June 7, 2012.

Disease Endpoints Evaluated in Women

Disease Endpoint	GARDASIL™	Cervarix™
Immediate Cervical Cancer Precursors¹		
HPV 16/18-related CIN 3	✓	
HPV 16/18-related AIS	✓	
Immediate Vulvar Cancer Precursor²		
HPV 16/18-related VIN 2/3	✓	
Immediate Vaginal Cancer Precursor²		
HPV 16/18-related VaIN 2/3	✓	
High-grade Cervical Dysplasia^{1,3}		
HPV 16/18-related CIN 2/3	✓	✓
HPV 16-related CIN 2/3	✓	✓
HPV 18-related CIN 2/3	✓	✓
Low-grade Cervical Dysplasia³⁻⁵		
HPV 16/18-related CIN 1	✓	✓
HPV 6/11-related CIN 1	✓	
External Genital Lesions⁴		
Genital warts	✓	

Gardasil Vaccine Efficacy

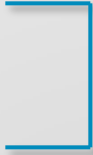
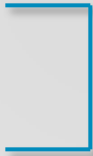
Per-Protocol Populations

Population	HPV 6/11/16/18-Related Endpoints	Per Protocol Efficacy (%)	95% CI
16-26 year-old women	CIN 2/3	98	93, 100
	VIN 2/3	100	67, 100
	VaIN 2/3	100	55, 100
	Genital warts	99	96, 100

FDA Approval and CDC routine vaccination recommendation for females in 2006

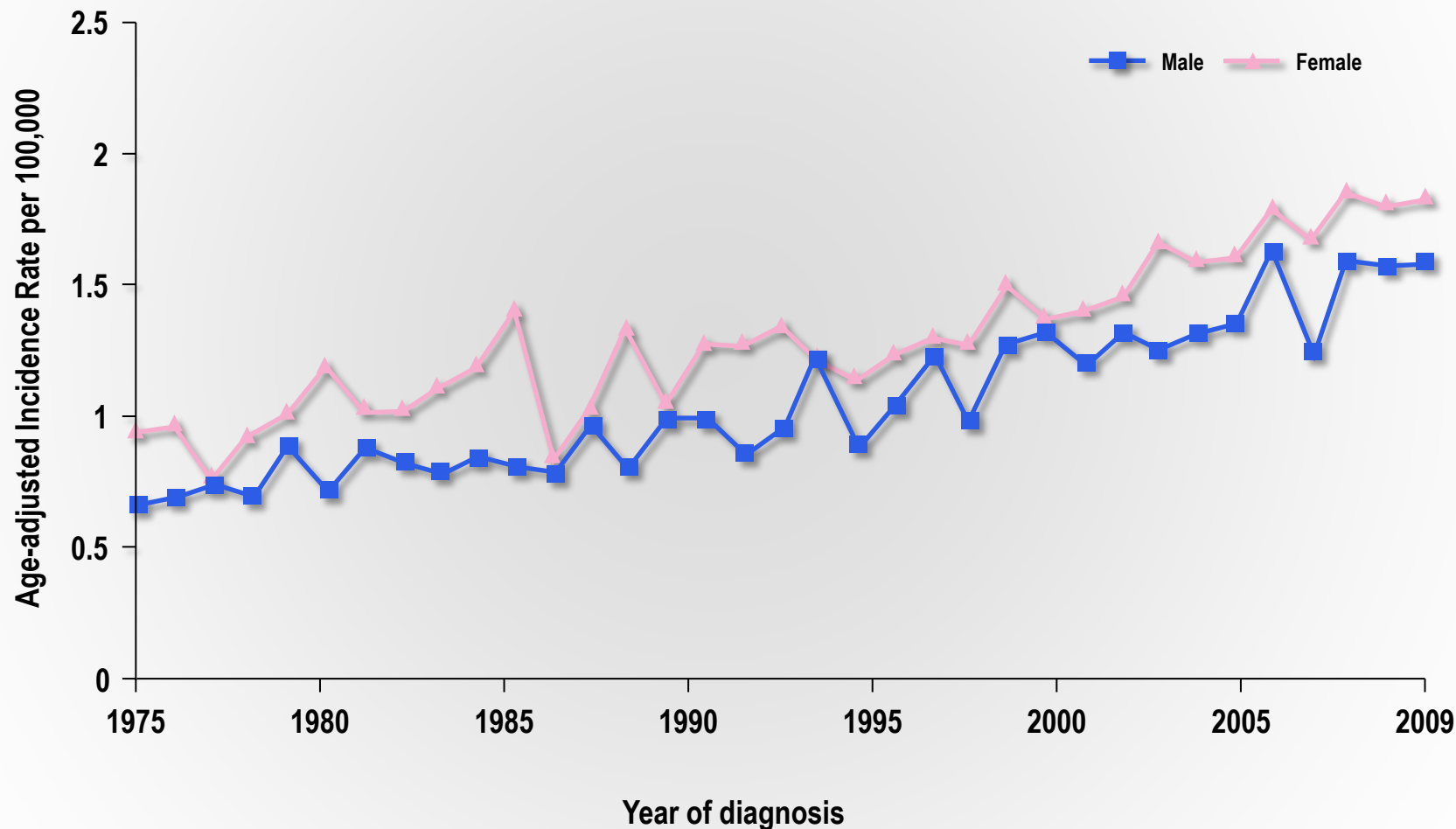
9-Valent HPV Vaccine in Final Year of Phase III Testing in Females

Burden of HPV-Related Disease in Males

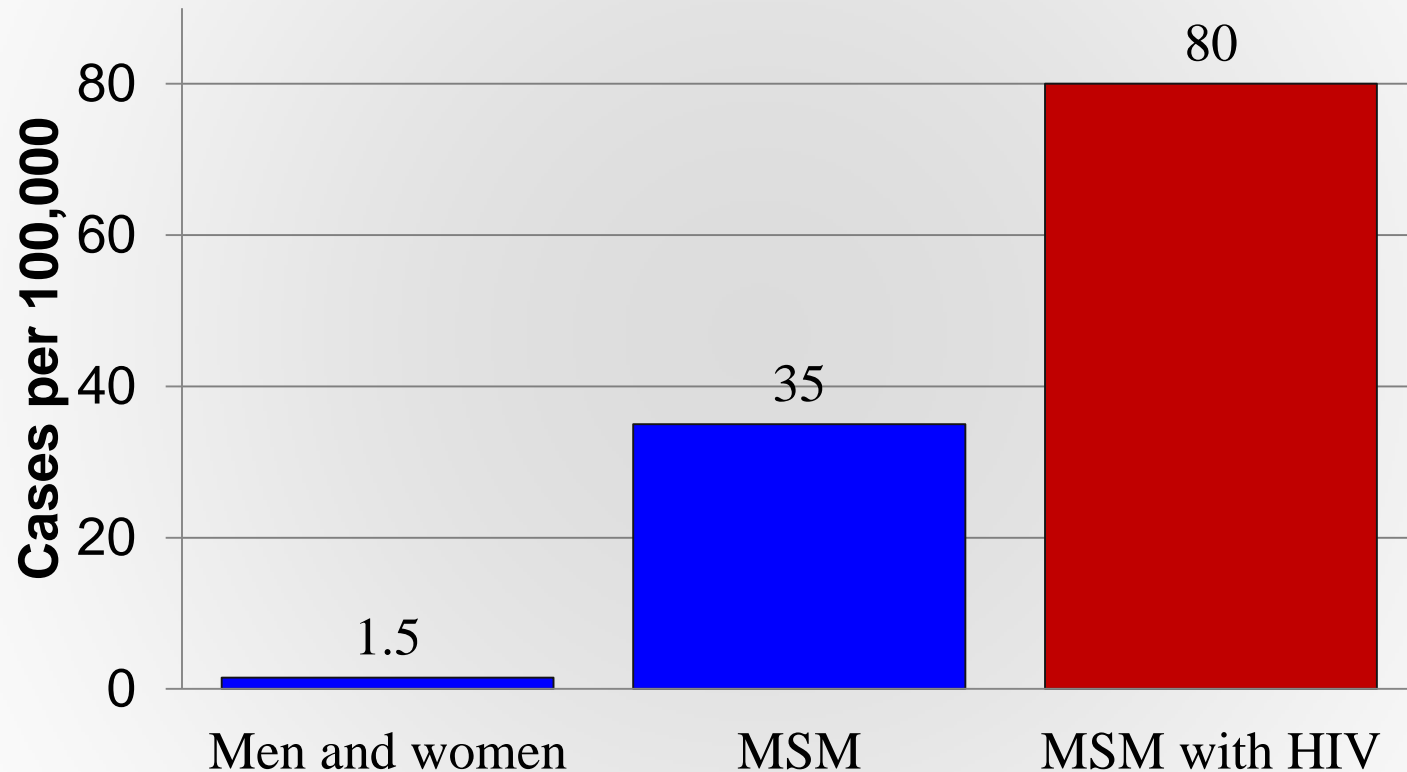
- Genital warts
 - Recurrent respiratory papillomatosis
- 
- >90% caused by HPV 6 & 11^{1,2}
-
- Anal cancer
 - Penile cancer
 - Oropharyngeal and oral cavity cancers
- 
- ~30%–90% caused by HPV 16 & 18³⁻⁵

There are no routinely available reliable screening methods for cancers caused by HPV in men

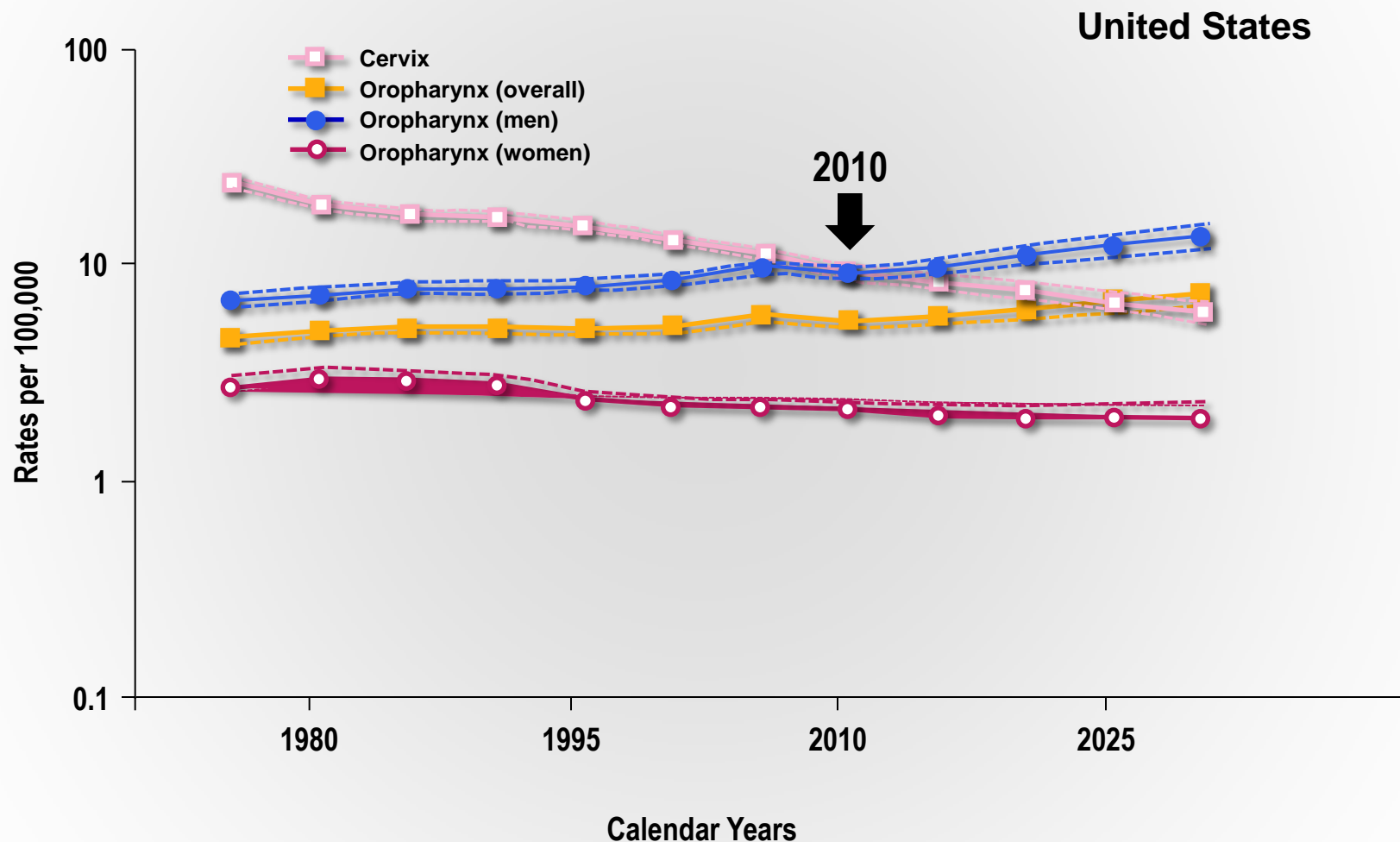
Age-Adjusted Incidence of Invasive Anal Cancer by Gender and Year of Diagnosis: United States



US Annual Incidence of Invasive Anal Cancer

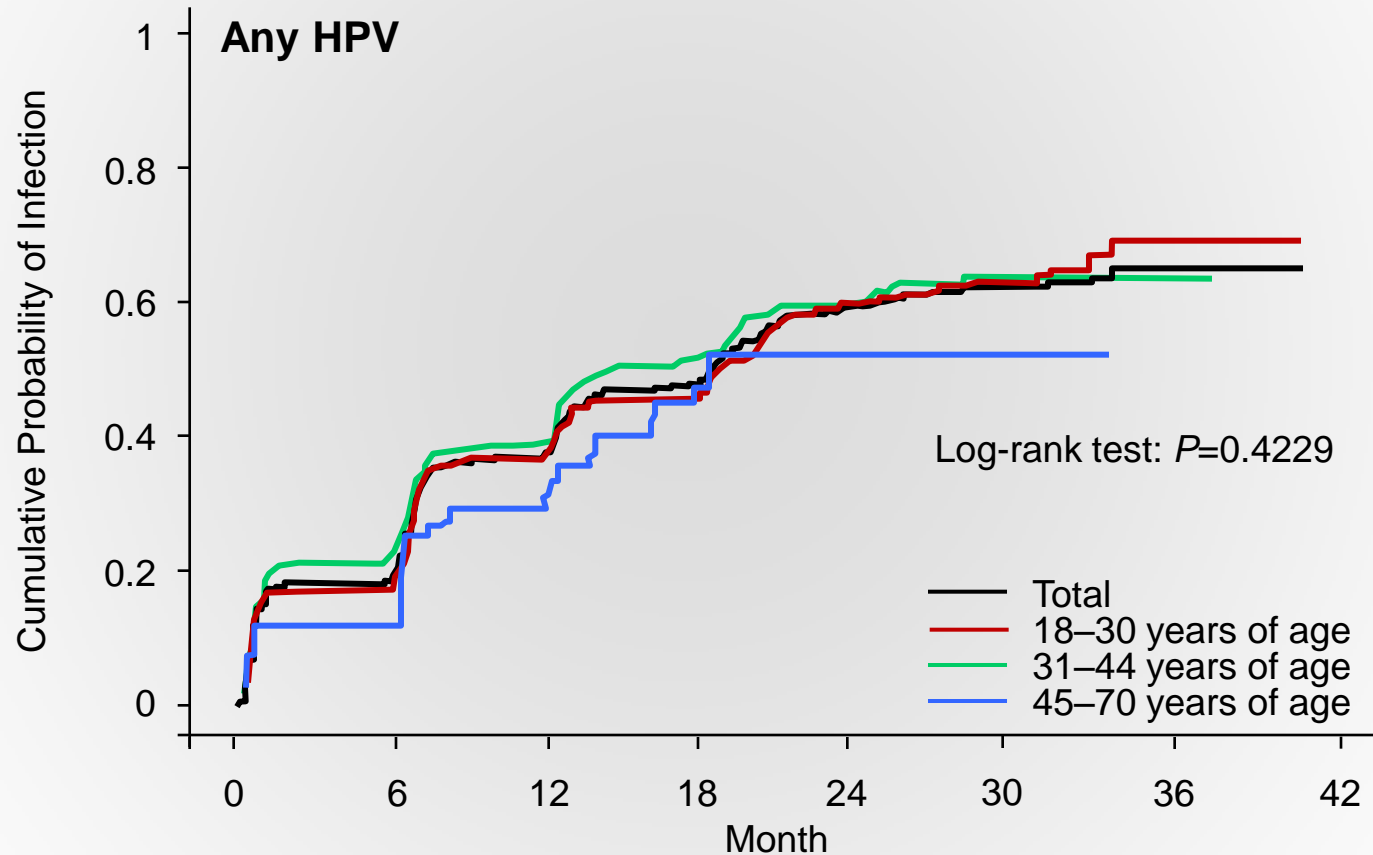


Observed and Projected Incidence Rates for Oropharyngeal Cancers and Cervical Cancer

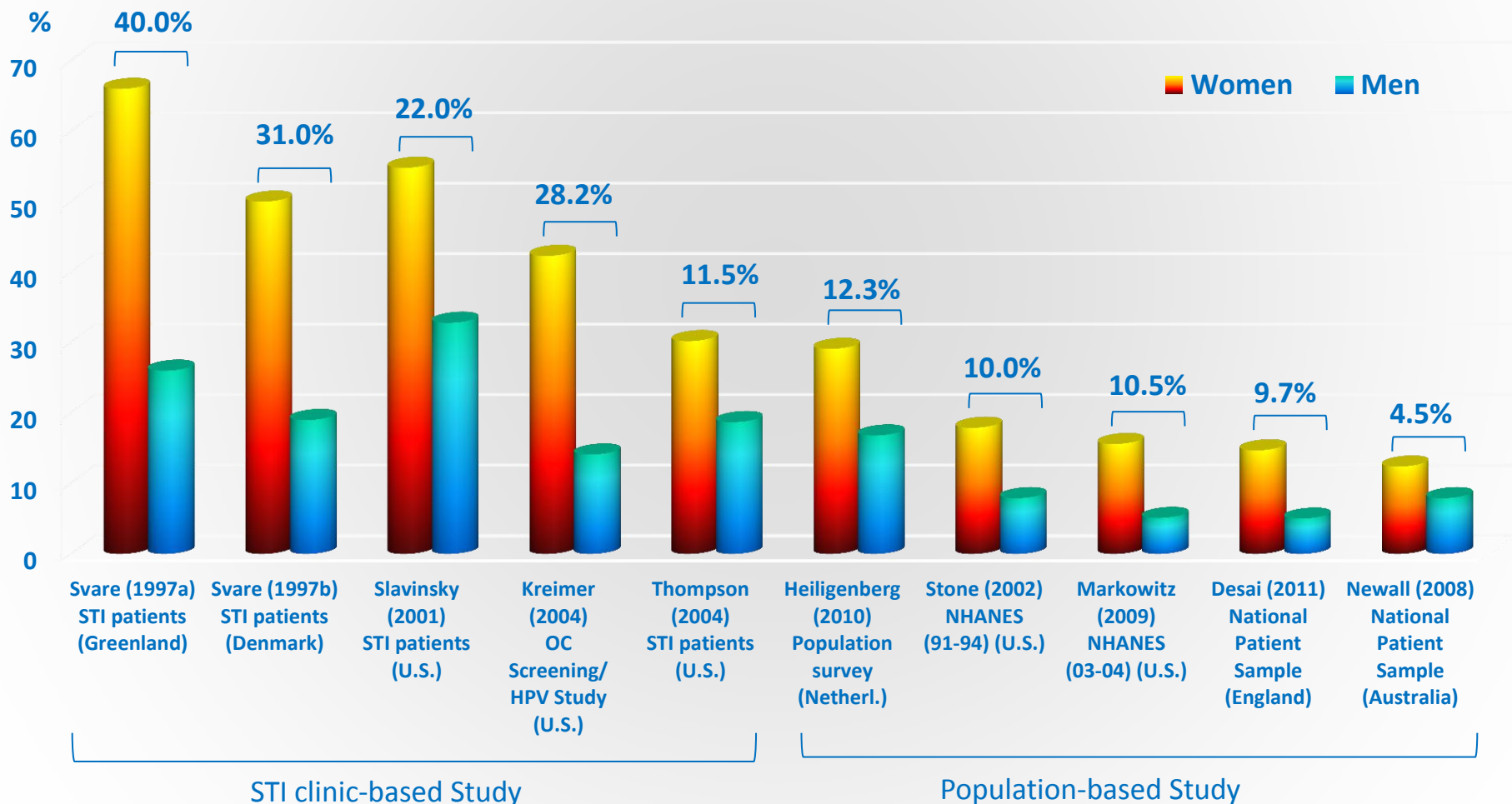


Risk of Acquiring an HPV Infection in Males Does Not Differ by Age

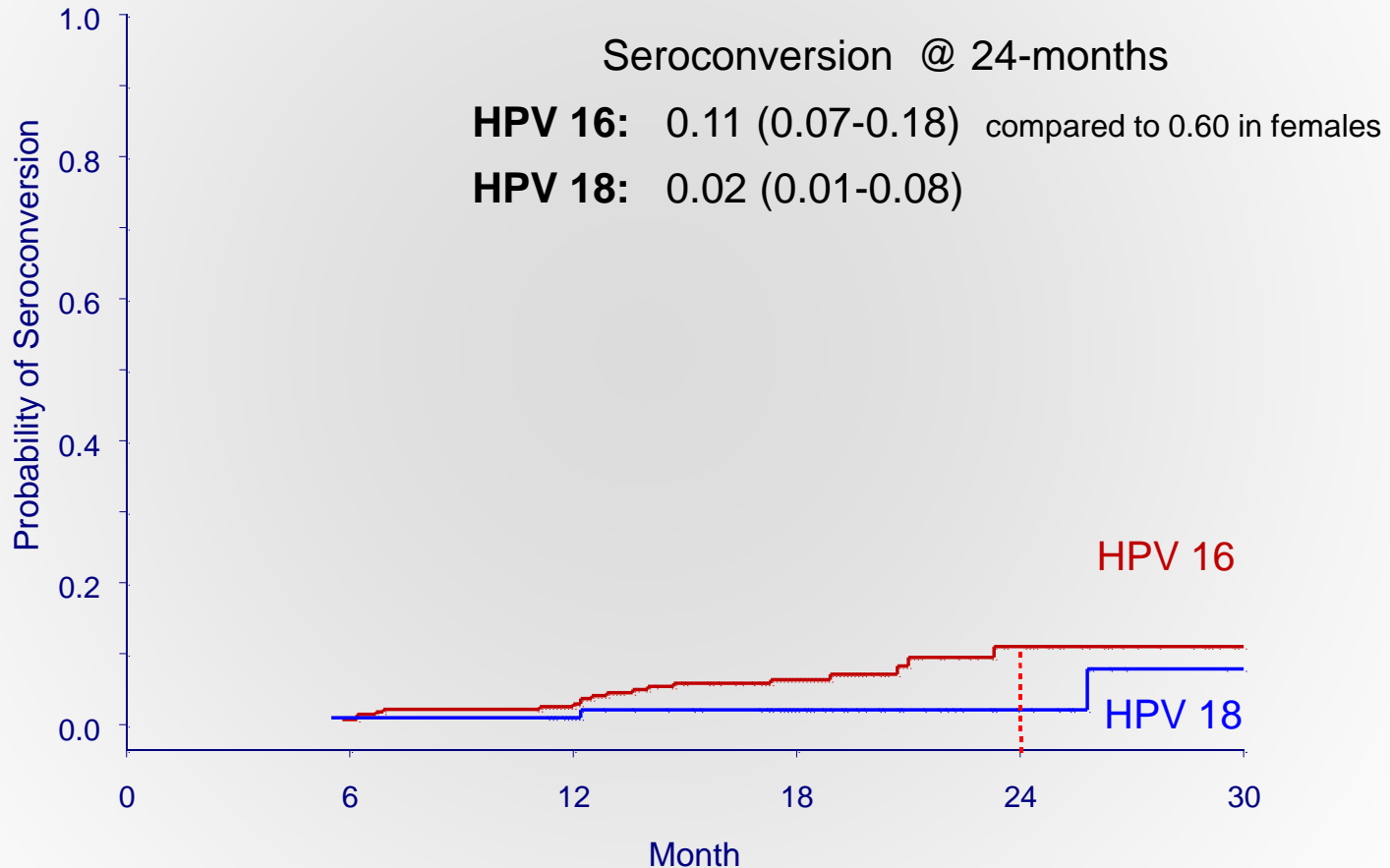
Total 12-month probability=0.39 (95% CI: 0.35, 0.44)



Gender Gaps in HPV 16 Seroprevalence



Low Seroconversion Following HPV HPV 16 and 18 DNA Detection



HPV VACCINATION OF MALES REDUCES DISEASE BURDEN

Efficacy Against HPV 6/11/16/18 Related External Genital Lesions (EGL)

Per-protocol population

Endpoint	qVaccine (n = 1,397)		Placebo (n = 1,408)		% Efficacy	95% CI	p-value
	Cases	Inc. per 100 PY	Cases	Inc. per 100 PY			
All subjects	3	0.1	31	1.1	90.4	69.2, 98.1	<0.001

EGLs include external genital warts, penile/perianal/perineal intraepithelial neoplasia (PIN), penile, perianal, or perineal cancer; case counting began after month 7.

Efficacy Against HPV 6/11/16/18–Related Anal Disease Among MSM

Per-protocol population

Endpoint	qHPV vaccine (n=299)		Placebo (n=299)		% Efficacy	95% CI	P value
	Cases	Inc. per 100 PY	Cases	Inc. per 100 PY			
All subjects	5	1.3	24	5.8	77.5	39.6–93.3	<0.001

- Anal intraepithelial neoplasia
- Case counting began at month 7

Vaccine Indications in Men in Several Countries

- Prevention of genital warts - 2009
- Anal cancer prevention (males and females) – 2010

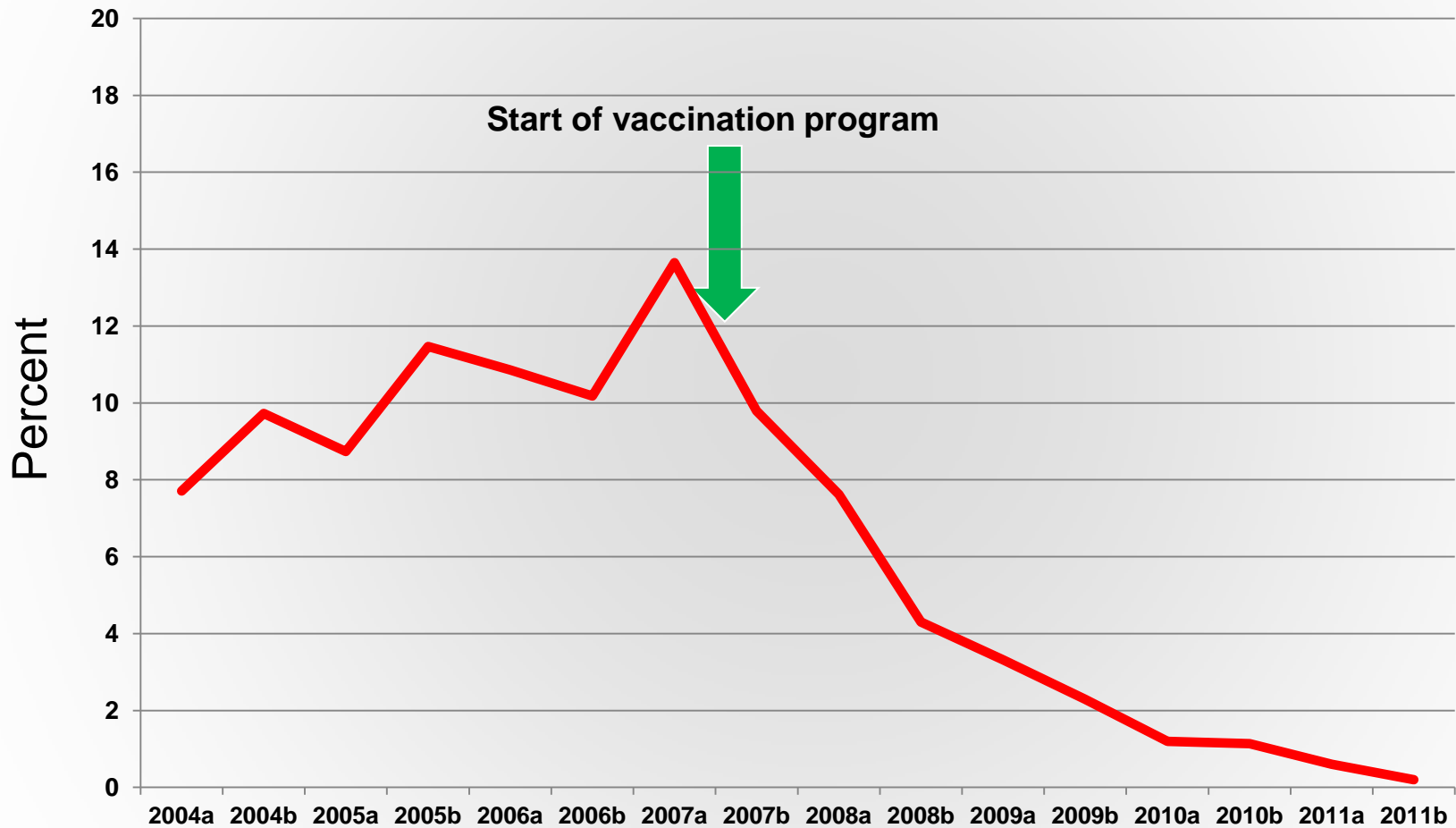
US ACIP approved **routine vaccination** of males - 2011



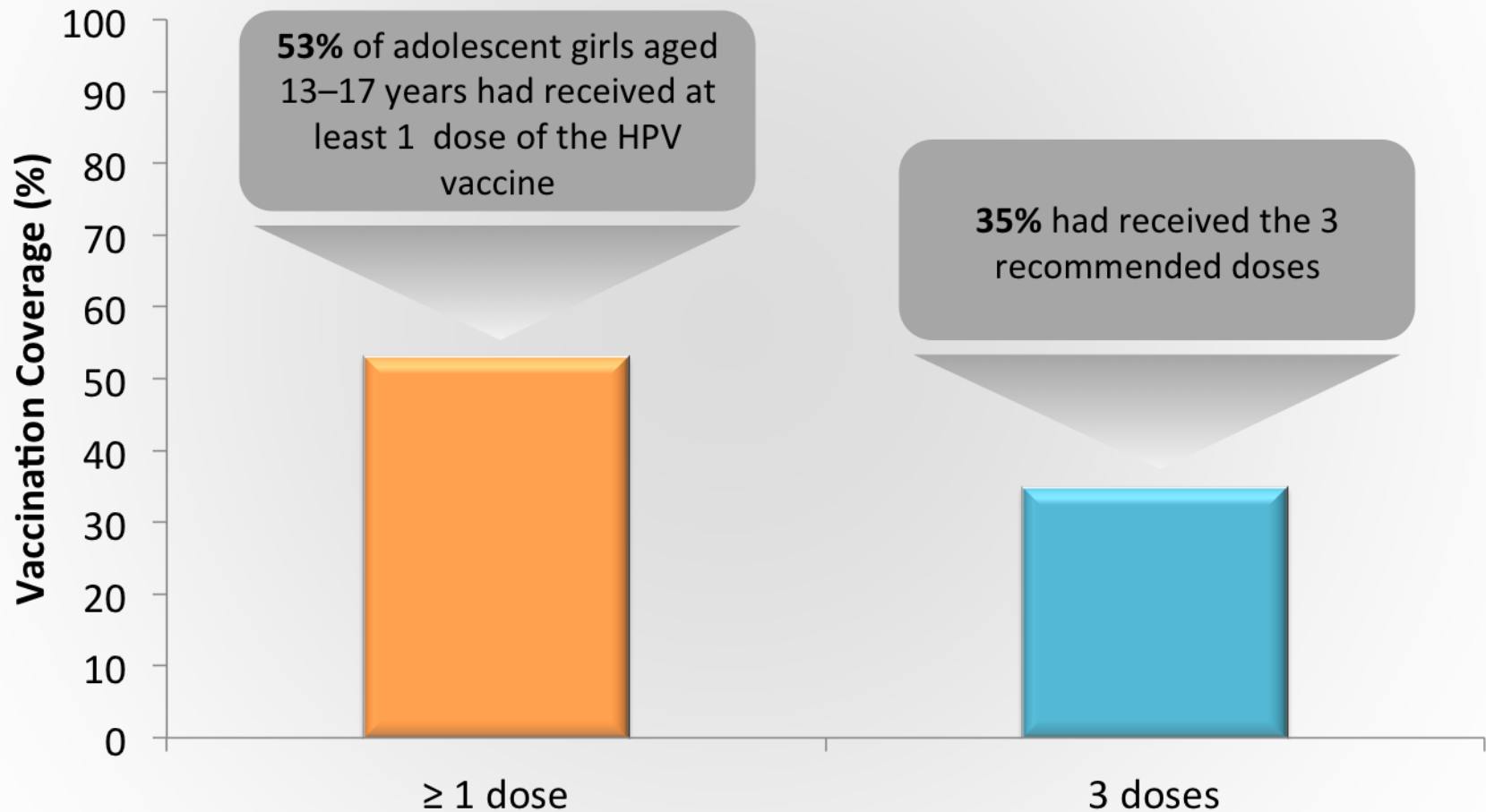
HMO coverage

MDs advised to actively recommend vaccine to boys as well as girls

Proportion of Australian born women under 21 years with genital warts, 2004-2011



US HPV Vaccination[†] Coverage 2011



[†] Quadrivalent or bivalent vaccine

Source: National Immunization Survey (NIS) Teen, US, 2011

Summary

- HPV causes multiple diseases in females and males
- Currently licensed and recommended 4-valent HPV vaccine will prevent in women:
 - Genital warts, cervical, vaginal, and vulvar cancers
- Currently licensed and recommended 4-valent HPV vaccine will prevent in men:
 - genital warts and anal cancer
- HPV vaccine dissemination in the US is <50% in females and <10% in males

Eliminating HPV related disease depends on dissemination of proven technologies

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HIM Study Team

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Questions and Comments?