

University of Groningen

Maximising the potential of HPV vaccines

Luttjeboer, Jos; Wondimu, Abrham; Van der Schans, Jurjen; Postma, Maarten J.

Published in:
The Lancet Global Health

DOI:
[10.1016/S2214-109X\(20\)30073-5](https://doi.org/10.1016/S2214-109X(20)30073-5)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2020

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Luttjeboer, J., Wondimu, A., Van der Schans, J., & Postma, M. J. (2020). Maximising the potential of HPV vaccines. *The Lancet Global Health*, 8(4), E460-E461. [https://doi.org/10.1016/S2214-109X\(20\)30073-5](https://doi.org/10.1016/S2214-109X(20)30073-5)

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Maximising the potential of HPV vaccines



See [Articles](#) page e536

In *The Lancet Global Health*, Kaja M Abbas and colleagues¹ present revised estimates of the worldwide impact of human papillomavirus (HPV) vaccination on prevention of cervical cancer, using the Papillomavirus Rapid Interface for Modelling and Economics (PRIME) model. Their updated analysis uses population demography data from the UN World Population Prospects 2019 revision, disability weights from the Global Burden of Disease 2017 study, and cervical cancer burden from the Global Cancer Incidence, Mortality and Prevalence 2018 database.²⁻⁴ The revised estimates suggest that the potential health impact of HPV vaccines is higher than was previously forecast, with health benefits increased to 15–19 cases, 12–14 deaths, and 243–306 disability-adjusted life-years averted per 1000 vaccinated 9-year-old girls, with the upper and lower limits reflecting the estimates for the nonavalent vaccine and bivalent or quadrivalent vaccine, respectively.^{5,6} These increased health benefits are assumed to result in improved cost-effectiveness of the vaccines—ie, the costs per fully immunised girl remain similar, while at the same time more cases are averted. The WHO African region is estimated to benefit the most from HPV vaccination introduction and scale-up. However, this will be a challenge in the present situation of HPV vaccine scarcity.⁷ In the context of the report by Abbas and colleagues, three issues warrant further consideration: potential differences between the vaccines, potential reduced vaccination schedules, and prevention of cancers other than cervical cancer.

In this study, Abbas and colleagues assume equal effectiveness of the bivalent and quadrivalent vaccine in targeting two oncogenic types, HPV 16 and 18.¹ Although this assumption holds when considering the effectiveness of both vaccines against HPV 16 and 18, a substantial difference in effectiveness against cervical intraepithelial neoplasia grade 3 (CIN3+) lesions, irrespective of HPV type, has been noted previously. Randomised controlled trials have shown that in baseline HPV-negative cohorts, the effectiveness against CIN3+, irrespective of HPV type, was 93% for the bivalent vaccine and 43% for the quadrivalent vaccine.⁸ This trend is also seen in girls routinely vaccinated against HPV in Scotland (89% effectiveness against CIN3+, bivalent vaccine) and Sweden (64%, quadrivalent

vaccine).^{9,10} Therefore, the impact of the bivalent vaccine might exceed the benefits estimated by Abbas and colleagues.¹ However, the effectiveness of all HPV vaccines is based on surrogate outcomes for cervical cancer, because follow-up to assess the vaccines' impact on cervical cancer would span over decades. Over time, we will learn how these surrogate outcomes relate to cervical cancer and if there are differences between the bivalent and quadrivalent vaccine.

In a meeting in October, 2019, the WHO Strategic Advisory Group of Experts on Immunization noted the shortage of HPV vaccines. The group advised potentially pausing implementation of extended vaccination strategies for older girls or women and boys, and applauded the ongoing research on single-dose effectiveness.¹¹ Pragmatic analyses of data in two clinical trials in which planned doses were missed, as well as evaluations in real-world contexts, have shown the effectiveness of one-dose schedules. In a white paper published by the Single-Dose HPV Vaccine Evaluation Consortium (led by PATH), 23 studies are identified in a systematic review, most of which found the highest effectiveness with three doses, followed by two doses, and then one dose.¹² Of note, the more recent studies with younger vaccines showed small or no differences by the number of doses. A single-dose strategy would help to alleviate the issues concerning shortages of HPV vaccine, and would enhance the potential to introduce and scale up vaccination in regions where the burden of cervical cancer is highest. Although the evidence for the effectiveness of single-dose vaccination is not yet as clear as for two or three doses, we could consider taking a leap of faith, as was done with the surrogate cervical cancer outcomes, to increase the potential of HPV vaccines by switching to a single-dose strategy.

This study, and much of the debate around HPV vaccination, focuses on cervical cancer. However, HPV is known to infect other areas in the anogenital tract, including the vagina, vulva, penis, and anus, and also areas in the head and neck.⁸ Globally, the annual incidence of non-cervical HPV-related cancers is estimated to be 113 000 in both sexes.¹³ Averting these infections and associated cancers by vaccination will potentially improve the cost-effectiveness of the vaccine, and could even make it cost-saving. Including

these non-cervical HPV-related cancers in cost-effectiveness analyses of HPV vaccines could add an additional incentive for introducing HPV vaccination.

JL works part-time for Asc Academics, a consultancy with various pharmaceutical companies among its clients, including two companies (Merck Sharp & Dohme and GlaxoSmithKline) that are developing, producing, and marketing HPV vaccines. MJP reports grants and personal fees from Merck Sharp & Dohme, GlaxoSmithKline, Pfizer, Boehringer Ingelheim, Novavax, Bristol-Myers Squibb, AstraZeneca, Sanofi, IQVIA, and Seqirus; personal fees from Quintiles, Novartis, and Pharmerit; grants from Bayer, BioMerieux, WHO, the EU, the FIND project, Antilope, DIKTI, LPDP, and Budi; acts as an advisor to Asc Academics; and holds stocks in Ingress Health and PAG. AW and JvDs declare no competing interests.

Copyright © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Jos Luttjeboer, Abraham Wondimu, Jurjen Van der Schans, *Maarten J Postma, m.j.postma@rug.nl

Department of Medical Microbiology (JL) and Department of Health Sciences (AW, JvDs), University Medical Center Groningen, Department of Economics, Econometrics and Finance, Faculty of Economics & Business (JvDs, MJP), and Unit of Pharmacotherapy, Epidemiology and Economics, Department of Pharmacy (MJP), University of Groningen, Groningen 9713 AV, Netherlands; Department of Pharmaceutics, School of Pharmacy, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia (AW); and Department of Pharmacology and Therapy, Airlangga University, Surabaya, Indonesia (MJP)

- 1 Abbas KM, van Zandvoort K, Brisson M, Jit M. Effects of updated demography, disability weights, and cervical cancer burden on estimates of human papillomavirus vaccination impact at the global, regional, and national levels: a PRIME modelling study. *Lancet Glob Health* 2020; **8**: e536–44.
- 2 UN Department of Economic and Social Affairs. World Population Prospects 2019. 2019. <https://population.un.org/wpp> (accessed Feb 20, 2020).

- 3 Salomon JA, Haagsma JA, Davis A, et al. Disability weights for the Global Burden of Disease 2013 study. *Lancet Glob Health* 2015; **3**: e712–23.
- 4 Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2018; **68**: 394–424.
- 5 Jit M, Brisson M, Portnoy A, Hutubessy R. Cost-effectiveness of female human papillomavirus vaccination in 179 countries: a PRIME modelling study. *Lancet Glob Health* 2014; **2**: e406–14.
- 6 Jit M, Brisson M. Potential lives saved in 73 countries by adopting multi-cohort vaccination of 9–14-year-old girls against human papillomavirus. *Int J Cancer* 2018; **143**: 317–23.
- 7 UNICEF. Human papillomavirus vaccine: supply and demand update—January 2020. Jan 10, 2020. https://www.unicef.org/supply/index_82529.html (accessed Feb 9, 2020).
- 8 Lehtinen M, Dillner J. Clinical trials of human papillomavirus vaccines and beyond. *Nat Rev Clin Oncol* 2013; **10**: 400–10.
- 9 Palmer T, Wallace L, Pollock KG, et al. Prevalence of cervical disease at age 20 after immunisation with bivalent HPV vaccine at age 12–13 in Scotland: retrospective population study. *BMJ* 2019; **365**: l1161.
- 10 Herweijer E, Sundström K, Ploner A, Uhnöo I, Sparén P, Arnhem-Dahlström L. Quadrivalent HPV vaccine effectiveness against high-grade cervical lesions by age at vaccination: a population-based study. *Int J Cancer* 2016; **138**: 2867–74.
- 11 WHO. Meeting of the Strategic Advisory Group of Experts on Immunization, October 2019: conclusions and recommendations. *Wkly Epidemiol Rec* 2019; **94**: 541–59.
- 12 Single-Dose HPV Vaccine Evaluation Consortium. Review of the current published evidence on single-dose HPV vaccination, 2nd edition. June 30, 2019. https://path.azureedge.net/media/documents/SDHPV_Whitepaper_Update2019_R1.pdf (accessed Feb 9, 2020).
- 13 de Sanjosé S, Serrano B, Tous S, et al. Burden of human papillomavirus (HPV)-related cancers attributable to HPV types 6/11/16/18/31/33/45/52 and 58. *JNCI Cancer Spectr* 2019; **2**: pky045.