

## CANADIAN DERMATOLOGY ASSOCIATION POSITION STATEMENT USE OF HPV VACCINE IN MEN

There are over 100 strains of Human Papilloma Virus (HPV) a small number of which account for the majority of cases of anogenital warts (i.e. types 6 & 11) and for over 70% of cases of Cervical Cancer (types 16 & 18). Each of these subtypes produces a unique outer protein and these proteins have served as targets in the development of HPV vaccines. Two vaccines are currently approved for use in Canada. These are Gardasil®, a quadrivalent vaccine directed against HPV types 6, 11, 16, 18 which is approved for use in 9-26 year old males and females and Cervarix® which provides protection against HPV types 16 & 18 and is approved for use in females only.

Males play a significant role in the spread of HPV via sexual contact<sup>1</sup>. Additionally, beyond their role in cervical cancer and anogenital warts, HPV are also responsible for some anogenital and oropharyngeal cancers in men<sup>2</sup>. In addition to direct reduction of these issues causing morbidity and mortality in males, reduction of HPV infection in males likely represents a significant “field effect” in the total reduction of HPV infections in the population at large<sup>2</sup>.

Recent data continue to demonstrate the efficacy of quadrivalent HPV vaccine in men & boys<sup>3</sup>. Though the bivalent vaccine is very effective in limiting the development of cervical cancer related to HPV Types 16 & 18, it eliminates the utility of the vaccine in the prevention of HPV related diseases in males. For these reasons, **the Canadian Dermatology Association recommends that males be included in the evolving HPV vaccination programs geared towards Canadian children as this approach, in addition to being more equitable, offers the best hope to impact on several aspects of HPV disease in a broad, safe and effective way.** Policy and funding decisions regarding HPV vaccination should be based on this more comprehensive perspective rather than on consideration of up-front costs alone.

### References

1. Burchell AN. Winer RL. de Sanjose, et al. Chapter 6: Epidemiology and transmission dynamics of genital HPV infection. *Vaccine* 24S3 (2006) S3/52–S3/61.
2. Garland SM. Prevention strategies against human papillomavirus in males, *Gynecologic Oncology*, Volume 117, Issue 2, Supplement 1
3. Giuliano AR. Palefsky JM. Goldstone S., et al. Efficacy of quadrivalent HPV vaccine against HPV Infection and disease in males. *N Engl J Med*. 364(5):401-11, 2011 Feb 3