



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

April 11, 2024

Dear President Biden and Dr. Biden:

Thank you for your efforts to end cancer as we know it through the Cancer Moonshot Initiative. As organizations that are committed to eliminating human papillomavirus (HPV)-related cancers, starting with cervical cancer, we commend your continued efforts to invest time, attention, and resources into this important public health concern and galvanize key stakeholders around education, prevention, early detection, and treatment. We write to urge you to take action that would help ensure 90% of individuals are vaccinated against HPV, a key milestone in the mission to eliminate cervical cancer.

Many of the signatories on this letter sent you a letter in May of last year urging additional action on cervical cancer elimination and HPV vaccination, specifically. We appreciate your leadership in elevating this important mission over the past year, including hosting the White House Cervical Cancer Forum on January 25. As Danielle Carnival, Deputy Assistant to the President for the Cancer Moonshot, mentioned during the event, the Cancer Moonshot has engaged leading organizations in public health and cancer prevention across the private and philanthropic sectors, with “more than 100 companies, philanthropies, academic institutions, and patient organizations being part of this work.” We represent many of these organizations and look forward to continued collaboration and additional actions from the Administration to help achieve the goal of ending cancer as we know it.

As you know, HPV is a common virus that can cause six types of cancer, including throat, head, anal, penile, vaginal, and cervical cancer. HPV-related cancers remain an alarming public health concern in the United States, impacting nearly 40,000 Americans each year.¹ Fortunately, the HPV vaccine is extremely effective at preventing HPV infections and HPV-related cancers — preventing more than 90% of HPV-related cancers when given between the recommended ages of 9 and 12.² Unfortunately, even though we clearly have the tools to prevent these cancers and virtually eliminate cervical cancer, we have yet to do so. It is within our power to achieve the important Cancer Moonshot goal of preventing more cancers before they start, and one crucial step to getting there will be to reach an HPV vaccination rate that exceeds 90%.

¹ American Cancer Society, Prevent 6 Cancers with the HPV Vaccine. Retrieved from <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>

² American Cancer Society, Prevent 6 Cancers with the HPV Vaccine. Retrieved from <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>

As discussed in the White House Cervical Cancer Forum, the challenges standing in the way of eliminating cervical cancer as a public health problem are well documented and well known, from access to and coverage of cervical cancer screening, lagging vaccination rates, fragmented approaches to initiating the vaccine series to children beginning at age 9, and longstanding inequities facing countless individuals and families across the country.

Access to and uptake of early and affordable cervical cancer screening continues to be a challenge in the fight against cervical cancer, one that was only exacerbated during the COVID-19 pandemic. In recent years, cervical cancer screening rates have declined, with the lowest rates among Asian and Hispanic women, as well as women who live in rural areas or are uninsured.³ We appreciate the Administration's commitment to closing the screening gap by making screening more accessible in underserved, under-resourced, and under-screened communities.

Vaccination rates have been decreasing in recent years, with HPV vaccination rates particularly affected. Concerningly, while all childhood and adolescent vaccines experienced declines during the COVID-19 pandemic, the HPV vaccine experienced the largest decrease in vaccinations and has been the slowest to rebound to pre-pandemic levels.⁴ The Centers for Disease Control and Prevention (CDC) released data from the 2022 National Immunization Survey – Teen (NIS – Teen) showing that, in 2022, only 63% of children ages 13-17 were up to date with the HPV vaccine.⁵ It is critical that we act now to increase HPV vaccination rates in order to make meaningful strides toward the goals laid out in Cancer Moonshot.

Underscoring all the challenges faced in the fight to prevent HPV-related cancers and eliminate cervical cancer are the disparities that continue to impact lower-income, under-resourced, uninsured and Black individuals, who have lower HPV vaccination rates, compared to White and Hispanic individuals. Addressing these challenges continues to be a priority for the Administration in its Cancer Moonshot efforts.⁶

As was made clear during the White House Cervical Cancer Forum, elimination is within our reach, but there remains work to be done. We are committed to working with you to accomplish the goals laid out in Cancer Moonshot as they pertain to HPV-related cancers. We encourage you to take the following actions, which could significantly help reduce the incidence of HPV-related cancers in the United States:

- *Support Immunization Forecasting at Age 9:* Initiating HPV vaccination at age 9 is proven to promote cancer prevention; however it has yet to become the norm, with fragmented approaches across state immunization registries leading to missed opportunities for provider recommendations. We know of at least 27 states that are now forecasting through their

³ Suk, Ryan, et al. (2022). Assessment of US Preventive Services Task Force Guideline—Concordant Cervical Cancer Screening Rates and Reasons for Under Screening by Age, Race and Ethnicity, Sexual Orientation, Rurality, and Insurance, 2005 to 2019. JAMA Network Open. Retrieved from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788175>

⁴ Eiden, Amanda, et al. (2023). Changes in vaccine administration trends across the life-course during the COVID-19 pandemic in the United States: a claims database study. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/37218717/>

⁵ Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. CDC Morbidity and Mortality Weekly Report, August 25, 2023/ 72(34):912–919 Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db495.htm>

⁶ American Cancer Society. Cancer Facts & Figures 2024. Retrieved from <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2024-cancer-facts-figures.html>

immunization registries to initiate HPV vaccination at age 9. However, the forecasting methods vary across states, there is uneven adoption by electronic health records, and anticipated technology updates threaten progress. We encourage you to explore options to streamline approaches to increasing initiation at age 9. The CDC, for instance, could facilitate this process by updating immunization information systems (IIS) at the federal level to enable forecasting at age 9 across the country.

- *Target At-risk Adults:* For adults ages 27-45, the ACIP recommends HPV vaccination based on shared clinical decision-making (SCDM), where the clinical recommendation to vaccinate is informed by the individual circumstances of a patient. We encourage you to help ensure providers and trusted voices are engaging patients with a strong recommendation for vaccination in a way that is tailored to ensure at-risk and eligible adults are aware of the benefits of HPV vaccination.
- *Ensure Compliance with Affordability Policies:* Current law and subsequent guidance from the Centers for Medicare and Medicaid Services (CMS) and the CDC and Prevention requires all commercial health plans to cover all ACIP-recommended vaccines without cost sharing, including vaccinations that occur through SCDM between a provider and patient. Despite this, countless adults with commercial coverage face out-of-pocket costs following HPV vaccination. We encourage the Administration to ensure that all payers are in compliance with the law and that no adult faces additional out-of-pocket costs for a vaccination that occurs following a shared clinical decision with their provider.
- *Protect our Military Members:* Active-duty military members and veterans are less likely to be vaccinated against HPV than civilians.⁷ We encourage you to ensure that members of the military and military families have access to HPV vaccination and are aware of its cancer prevention benefits. Specifically, we encourage you to prioritize a unified approach to care for military members and their families, including the 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.

Thank you for setting bold goals and continuing to take life-changing and lifesaving steps in the right direction to prevent cancers before they start and eliminate cancer as we know it. We are excited to continue partnering with you and your Administration as we work toward achieving HPV-related cancer elimination.

Sincerely,

HealthyWomen
HPV Cancers Alliance

⁷ Chidambaram, Smrithi, et al. (2023). Human Papillomavirus Vaccination Prevalence and Disproportionate Cancer Burden Among US Veterans. JAMA Oncology. Retrieved from <https://jamanetwork.com/journals/jamaoncology/article-abstract/2802135>



Academy of Managed Care Pharmacy (AMCP)
African-Caribbean Cancer Consortium
Alliance for a Healthier Generation
Alliance for Aging Research
Alliance for Women's Health and Prevention
American Association of Nurse Practitioners (AANP)
American Association of Public Health Dentistry
American Childhood Cancer Organization
American College of Obstetricians and Gynecologists
American Medical Women's Association
American Sexual Health Association
Anal Cancer Foundation
Arkansas Immunization Action Coalition (Immunize Arkansas)
Black Women's Health Imperative
Bone Health and Osteoporosis Foundation
Cancer Pathways
CancerCare
Cervivor, Inc.
Chronic Disease Coalition
Friends of Cancer Research
G2G
Global Initiative Against HPV and Cervical Cancer (GiAHC)
Hager Sharp
Head & Neck Cancer Alliance
Healthy Men Inc.
HealthyWomen
HPV Cancers Alliance
HPVANDME
Immunize Colorado
Immunize Kentucky Coalition Immunize.org
Indiana Immunization Coalition
International Anal Neoplasia Society
Kelsey-Seybold Clinic
Kentucky Rural Health Association
Massachusetts Families for Vaccines
Massachusetts HPV Coalition

Men's Health Network
Moffitt Cancer Center
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Caucus and Center on Black Aging
National Cervical Cancer Coalition
National Consumers League
National Grange
National Menopause Foundation
National Patient Advocate Foundation
National Women's Health Network
Nurses Who Vaccinate
Oncology Nursing Society
Penn State Cancer Institute
Penn State Health
Prevent Cancer Foundation
SAFE Communities Coalition
School-Based Health Alliance
Society for Women's Health Research
St. Jude Children's Research Hospital
STChealth LLC
Team Maureen
Tell Every Amazing Lady About Ovarian Cancer
Louisa M. McGregor Ovarian Cancer Foundation
DBA T.E.A.L.®
Tennessee Families for Vaccines
The Balm In Gilead, Inc
The National Association of Nurse Practitioners in Women's Health (NPWH)
TOUCH, The Black Breast Cancer Alliance
Unity Consortium
Vaccinate Your Family
Vanderbilt University Medical Center
VAX 2 STOP CANCER