

Cancer vaccine's use pushed

Group battles obstacles to cervical disease protection.

By Dorsey Griffith – Sacramento Bee Medical Writer
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The vaccine against the virus that causes cervical cancer is approved and on the market. Insurance companies have climbed on board, and the major medical organizations are gung-ho.

But it could be years before the benefits of Gardasil, the vaccine against human papilloma virus, are felt among the legions of girls and young women who would benefit.

At \$360 for the set of three shots, Gardasil is expensive, and those without health insurance might be hard pressed to pay for it. Some doctors, loath to talk to patients about sex generally, aren't sure how to discuss a vaccine designed to prevent a sexually transmitted disease. And some parents worry that vaccinating young girls poses unnecessary risks or sends the wrong message about sexual activity.

"We now have the first vaccine to protect against cancer," said Norman A. Constantine, a senior scientist and clinical professor at the Berkeley School of Public Health.

"This is an incredible medical accomplishment. Now comes the public health challenge: achieving universal coverage as quickly as possible."

To that end, today the California Medical Association Foundation is launching a campaign to push HPV vaccination and cervical cancer screening.

Gardasil prevents infection by four HPV strains, two of which are associated with 70 percent of all cervical cancer.

The two other strains covered by the vaccine are responsible for 90 percent of genital warts cases. Gardasil is designed to target girls before they become sexually active (ages 11-13) when it is most effective, although the vaccine is approved for use in females ages 9 to 26, the groups in which it was tested.

Once a young woman has become sexually active and likely exposed to one or more strains of the virus, the vaccine is less protective.

Approximately 80 percent of women are exposed to HPV by age 50, experts estimate.

Constantine said despite the challenges a vast majority of California parents say they would probably vaccinate their daughters against HPV.

Kristyn Williams, a Sacramento mother of three girls, including 10-year-old Kaitlin, heard about the vaccine on a television news program.

"My family has a very high risk of cancer already," said Williams.

"We have cervical, breast and uterine cancer. Anything to prevent cancer would be great."

Before immunizing her daughters, however, Williams said she'd want some questions answered.

"What are the side effects? Has it been out long enough to find out? I would want to know more information."

Williams' views are consistent with findings by Constantine and the Public Health Institute in Oakland to be published this week in the Journal of Adolescent Health.

The 2005 survey found that 75 percent of California parents would likely vaccinate a daughter against HPV before age 13.

More than 80 percent would vaccinate before age 16.

Of the remaining 20 percent, only a fraction expressed moral concerns.

Said one: "My vaccination is to teach her to be pure before God and do what is right."

Most of those in the minority, however, had more pragmatic worries.

Approved for use last June, some thought the vaccine is too new.

"As consumers, we are all wary of something that is new," suggested Dr. Ruth Shaber, women's health director for Kaiser Permanente, Northern California, which covers the vaccine for recommended groups. "There might be an attitude of wait and see."

Shaber said the giant HMO was bracing for a huge demand for the vaccine after its release last summer, noting Kaiser's push to educate patients and providers and the recent onslaught of direct-to-consumer advertising by Gardasil's maker, Merck & Co.

"The tsunami of interest has not been there," Shaber said.

"We are not connecting with the target audience."

Part of the problem, she said, is that adolescents don't often go to doctors, where discussions about immunizations and sexual health should take place. Because of that, Kaiser is considering contacting members directly about the vaccine's availability.

Even when patients get checkups, some doctors may lack the wherewithal to broach the subject, suggested Elissa Maas, vice president of the CMA Foundation.

"It hasn't been a significant part of the (doctor-patient) discussion because it starts to get into that piece that moves past the cancer to sexual activity," said Maas.

The foundation, a nonprofit wing of the CMA, is working to change that, with online tool kits for doctors about how best to communicate with patients.

Fortunately, she said, Medicaid and most health plans have agreed to cover the cost of HPV vaccine for those 18 and under.

Alina Salganicoff, vice president and director of women's health policy at the Henry J. Kaiser Family Foundation, is concerned about the 23 percent of American women ages 19-26 who lack health insurance -- particularly members of racial and ethnic minority groups.

"Cervical cancer often affects women who are low-income, of color, and immigrants," she said.

"These are women least likely to be able to afford health care and need the most help in terms of prevention and screening. They may also be the women least likely to get access to this vaccine because they are uninsured."