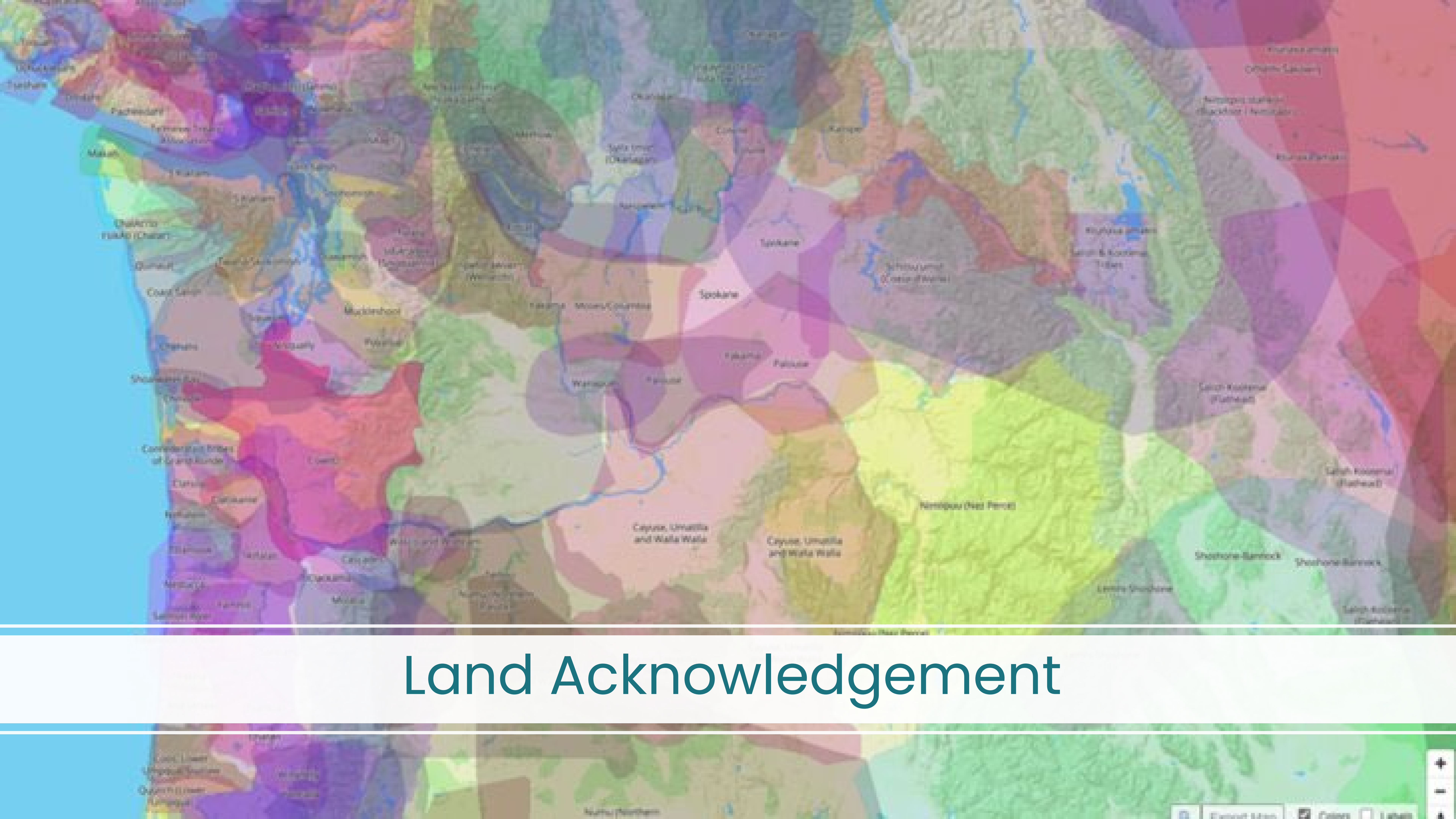
Washington State HPV Free Task Force Annual Roundtable

Friday, October 10th, 2025

HPV FREE Task Force

Agenda

- Welcome & Housekeeping
- Data Update: WA State Immunization Data
- Cervical Cancer Self-Sampling Testing Presentation with Courtnee Van Ord from the National Cervical Cancer Roundtable
- Immunize WA Awards Announcement
- Poll Questions
- Survivor Story
- BREAK
- HPV Vaccine Provider Survey Update
- Data Update: WA State HPV-Related Cancer Burden
- HPV, Oropharyngeal Cancer & How to Engage Dental Care Professional in HPV Cancer Prevention
- Updates & Upcoming Events
- Wrap Up



Land Acknowledgement

Welcome & Introductions

Please introduce yourself by typing in the chat your **Name, Organization and Title**

Housekeeping

- We will be recording this webinar so you can find it and all the resources referenced today on the WithinReach website. You will receive a follow up email with links to the material covered once it is available.

- While the focus is absolutely on HPV vaccination – we are also looking at adolescent immunizations collectively as they are all significantly impacted by pandemic, too narrow a focus on just HPV can create missed opportunities and the actions steps we are going to be discussing can increase rates and protection against many vaccine preventable disease.

Code of Conduct

A friendly reminder that the HPV Taskforce invites all who attend today to help us create a safe, positive experience for everyone. Members and participants agree to support our mission and strengthen HPV prevention efforts in Washington State based on evidence-based guidance from the Advisory Committee on Immunization Practices (ACIP).

If you are subjected to an unacceptable behavior, notice that someone else is being subjected to unacceptable behavior, or have any other concerns, please notify any of the HPV Task Force planning team members as soon as possible. All reports will remain completely confidential.

See the chat for more details.

Save the Date! 2026 HPV Task Force Meeting Dates:

Spring Quarter
Meeting (2.5 hrs.)

February 27, 2026
8:00 am - 10:30 am

Annual Roundtable
(4 hrs.)

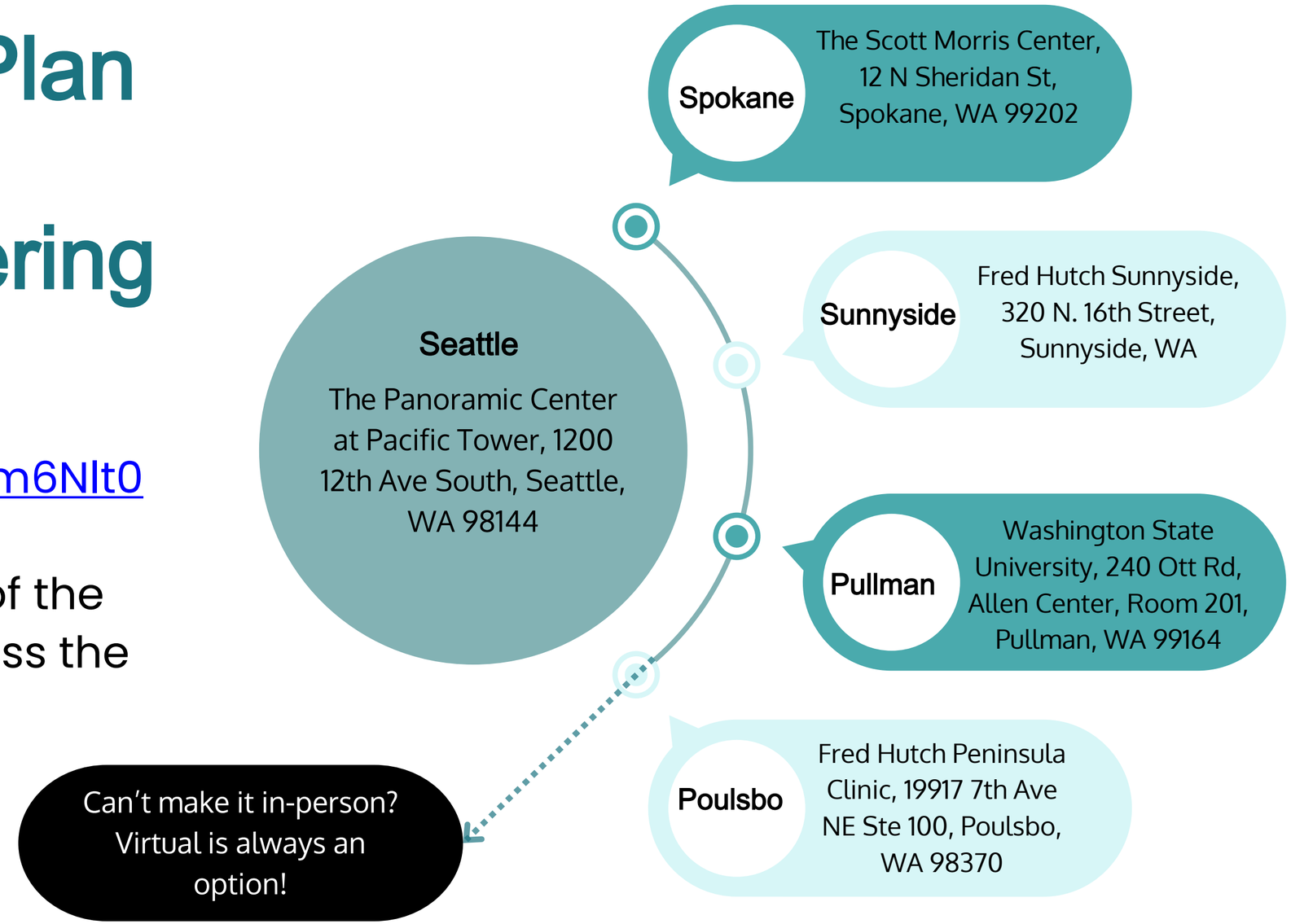
May 8, 2026
8:00am - 12:00 pm

Fall Quarter
Meeting (2.5 hrs.)

October 9, 2026
8:00 am – 10:30 am

Cancer Action Plan of Washington 2025 Fall Gathering

- Date: October 30, 2025
- Time: 9:30 am – 3:00 pm
- Registration Link: bit.ly/4m6NIt0
- Location: Hybrid
- Join us online or at one of the in-person locations across the state →



WA STATE HPV IMMUNIZATION DATA UPDATE

Washington State Department of Health

Leigh Wallis, MPH

She/Her

Immunization Health Educator

leigh.wallis@doh.wa.gov

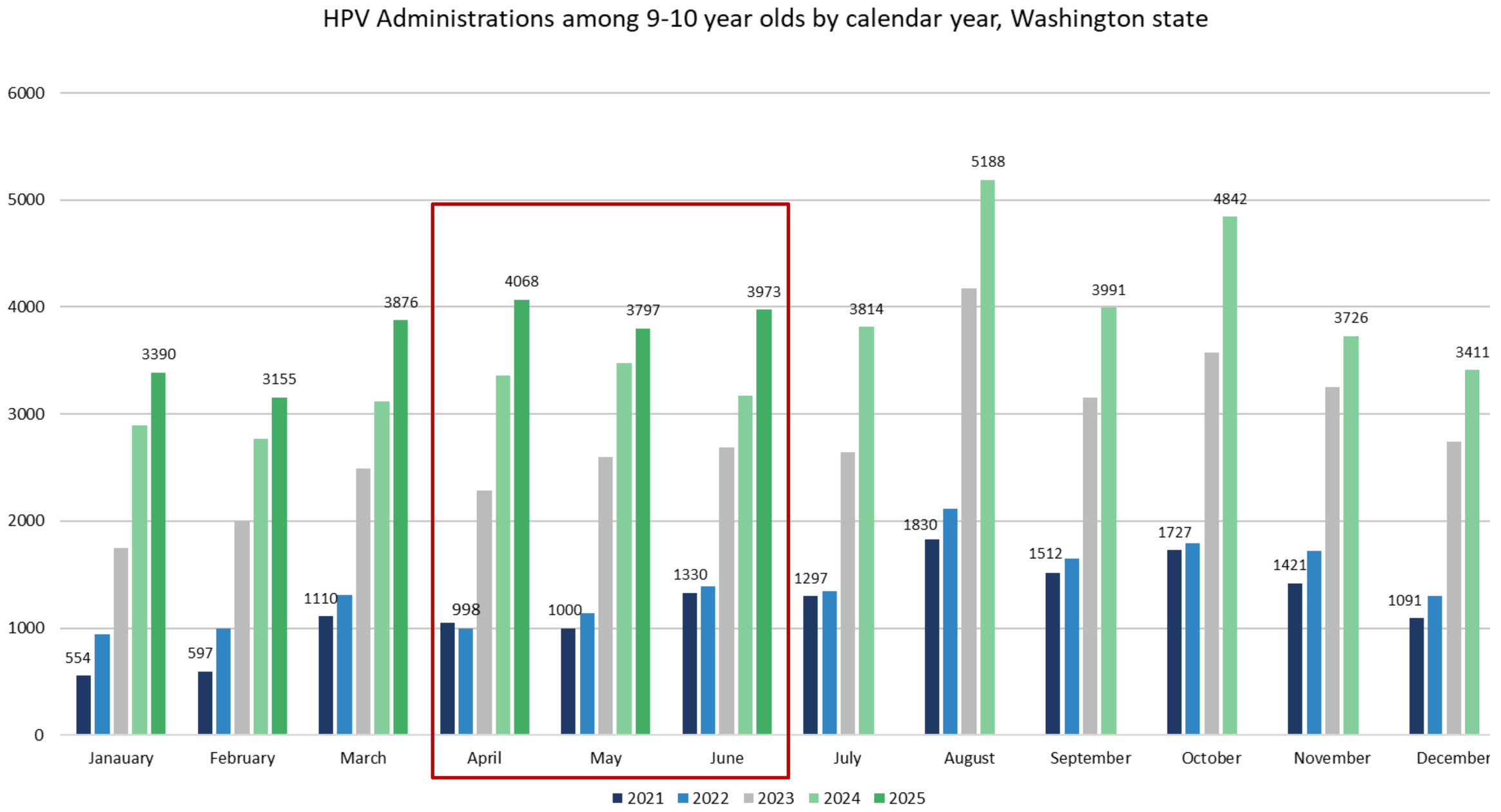
Health Promotion and Education (HPE)

Office of Public Affairs and Equity (OPAE)

Washington State Department of Health

Data: HPV Doses Administered

Note: Second quarter (April to June) data is available for 2025.


HPV Administrations among 9-10 year olds by calendar year, Washington state
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1297
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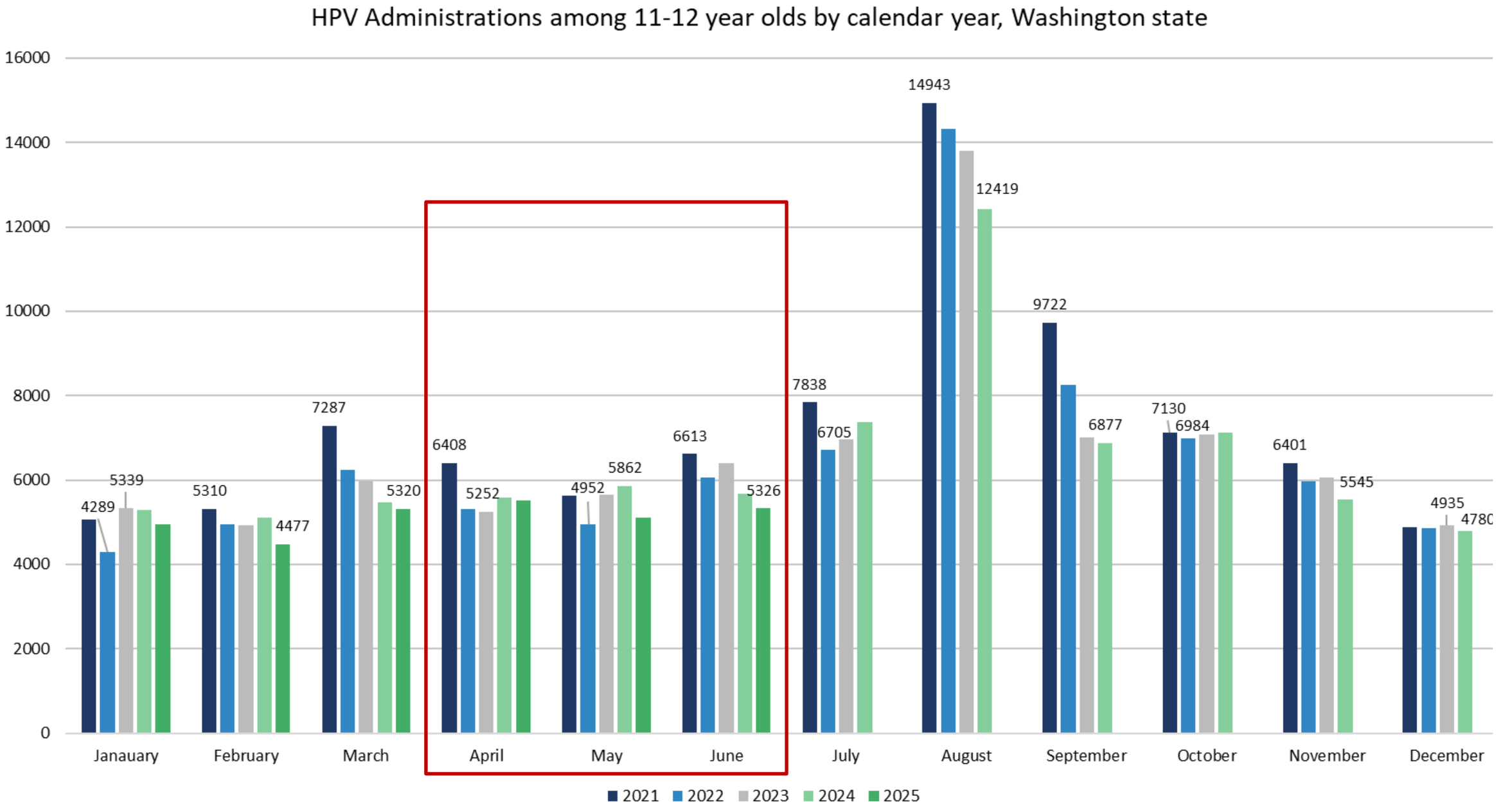
HPV Administrations among 11-12 year olds by calendar year, Washington state
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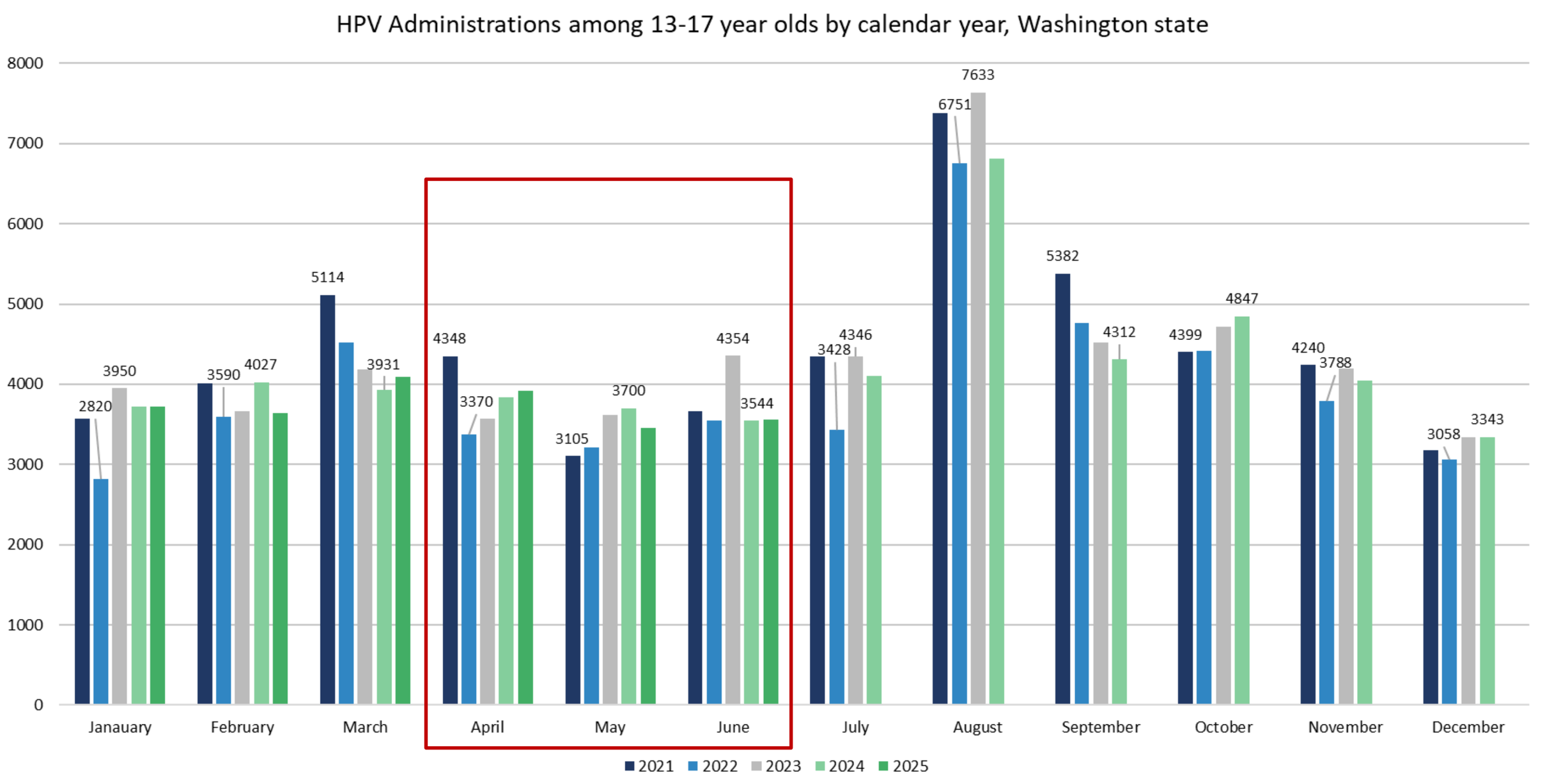
HPV Administrations among 13-17 year olds by calendar year, Washington state
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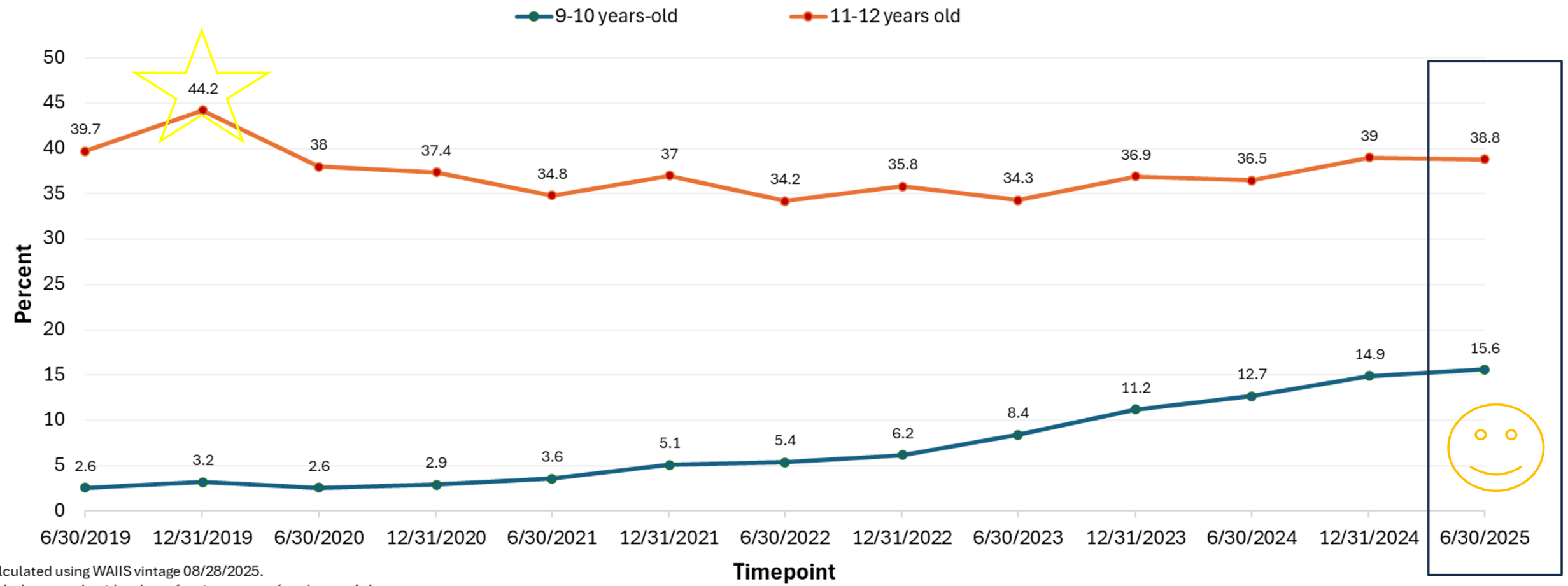
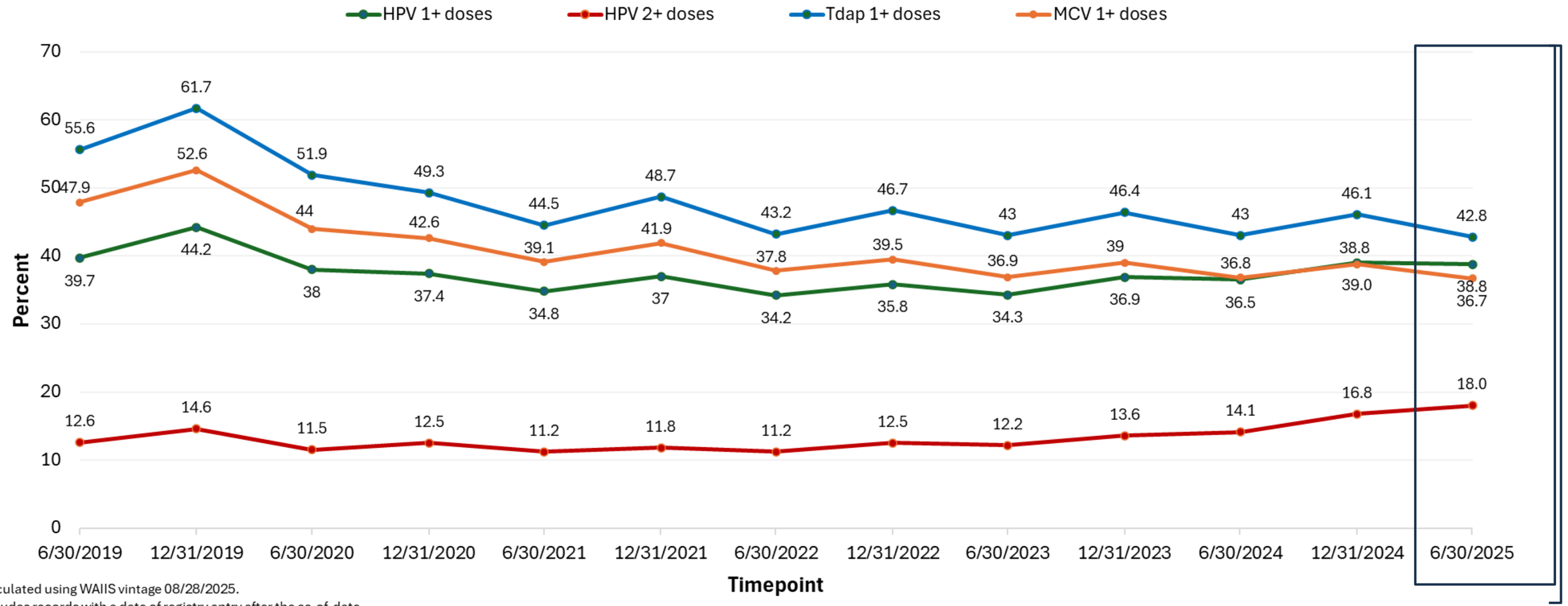
Data: HPV Coverage Rates

Percent of HPV-initiated (1+ dose) adolescents by age group, June 2019 - June 2025



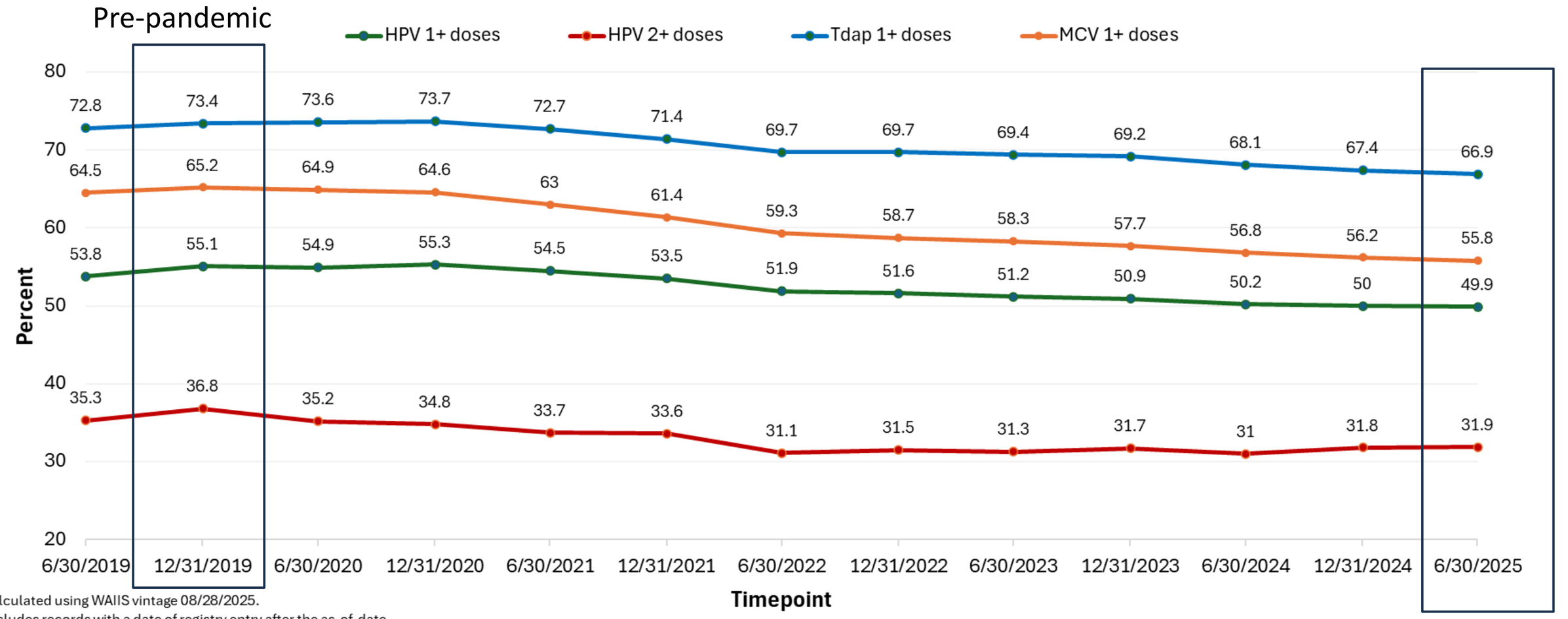
Calculated using WAIIS vintage 08/28/2025.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

Percent of 11-12 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2019 to June 2025



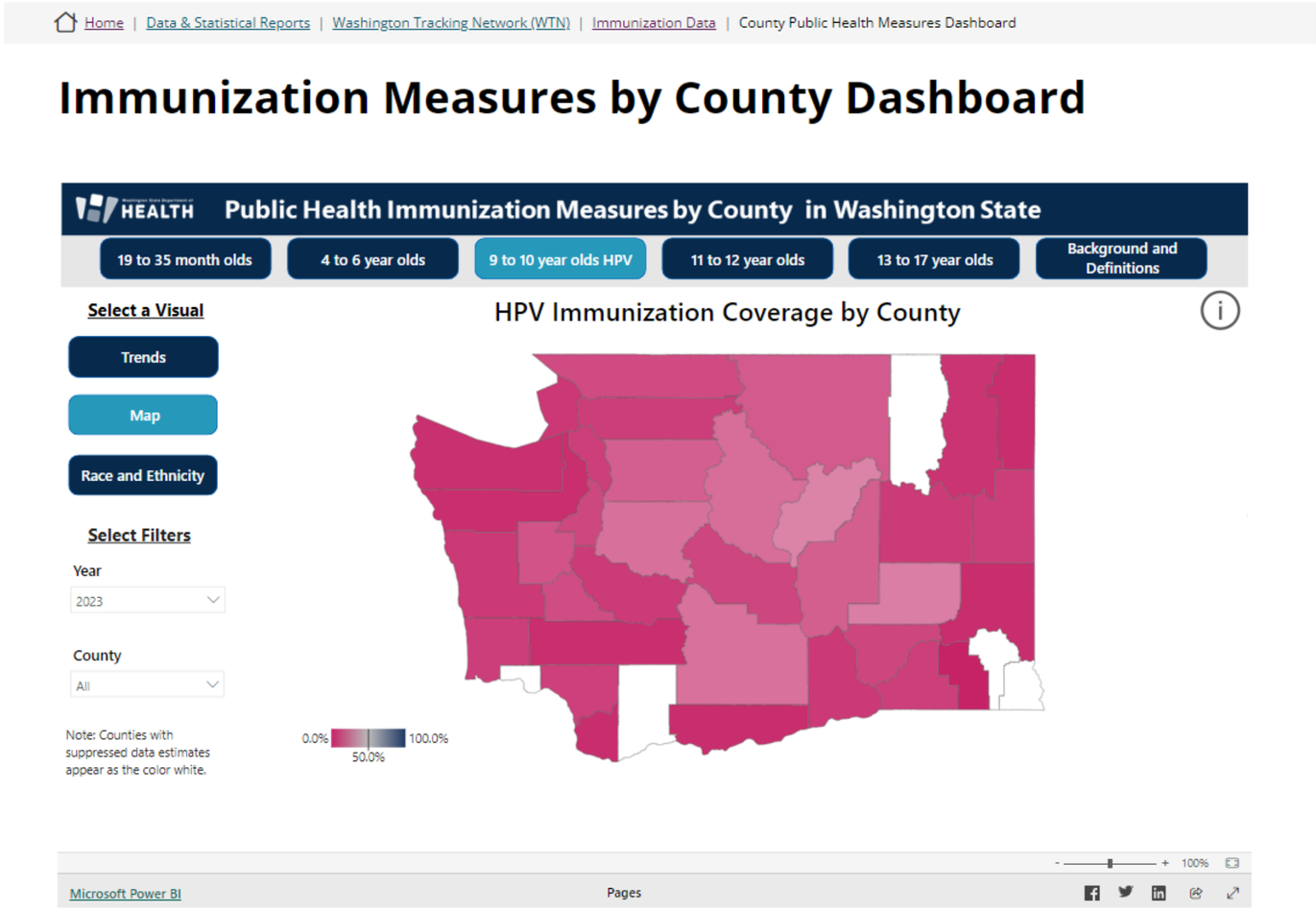
Calculated using WAIIS vintage 08/28/2025.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

Percent of 13 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2019 to June 2025



Calculated using WAIIS vintage 08/28/2025.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

DOH HPV Immunization Data Dashboard



Source: Immunization Measures by County Dashboard | Washington State Department of Health

What's Ahead for HPV at DOH?

Four new routine mailings will begin in 2026 for ages 7 to 10. The age 9 and 10 letters will emphasize HPV vaccination.

DOH HPV Resources

List of DOH webpages where you can find HPV information:

- Human Papillomavirus (HPV) Information Health Care Providers | Washington State Department of Health
- Human Papillomavirus (HPV) Vaccine at Age Nine | Washington State Department of Health
- Human Papillomavirus (HPV) | Washington State Department of Health
- Plain Talk About Immunizations | Washington State Department of Health
- For Preteens and Teens (7-18 Years) | Washington State Department of Health
- For College Students and Administrators | Washington State Department of Health
- Vaccine Stories | Washington State Department of Health
- Immunization Measures by County Dashboard | Washington State Department of Health

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov

HPV Self-collection Testing for Cervical Cancer Screening

American Cancer Society®

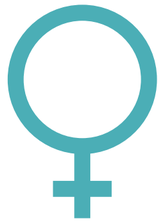
NATIONAL ROUNDTABLE ON CERVICAL CANCER

Presentation Topics

1. **Background:** Cervical cancer screening and impact of social drivers of health
2. **HPV Self-collection Testing:** Who, what, where, when, why, and how

Background

Cervical Cancer in the United States

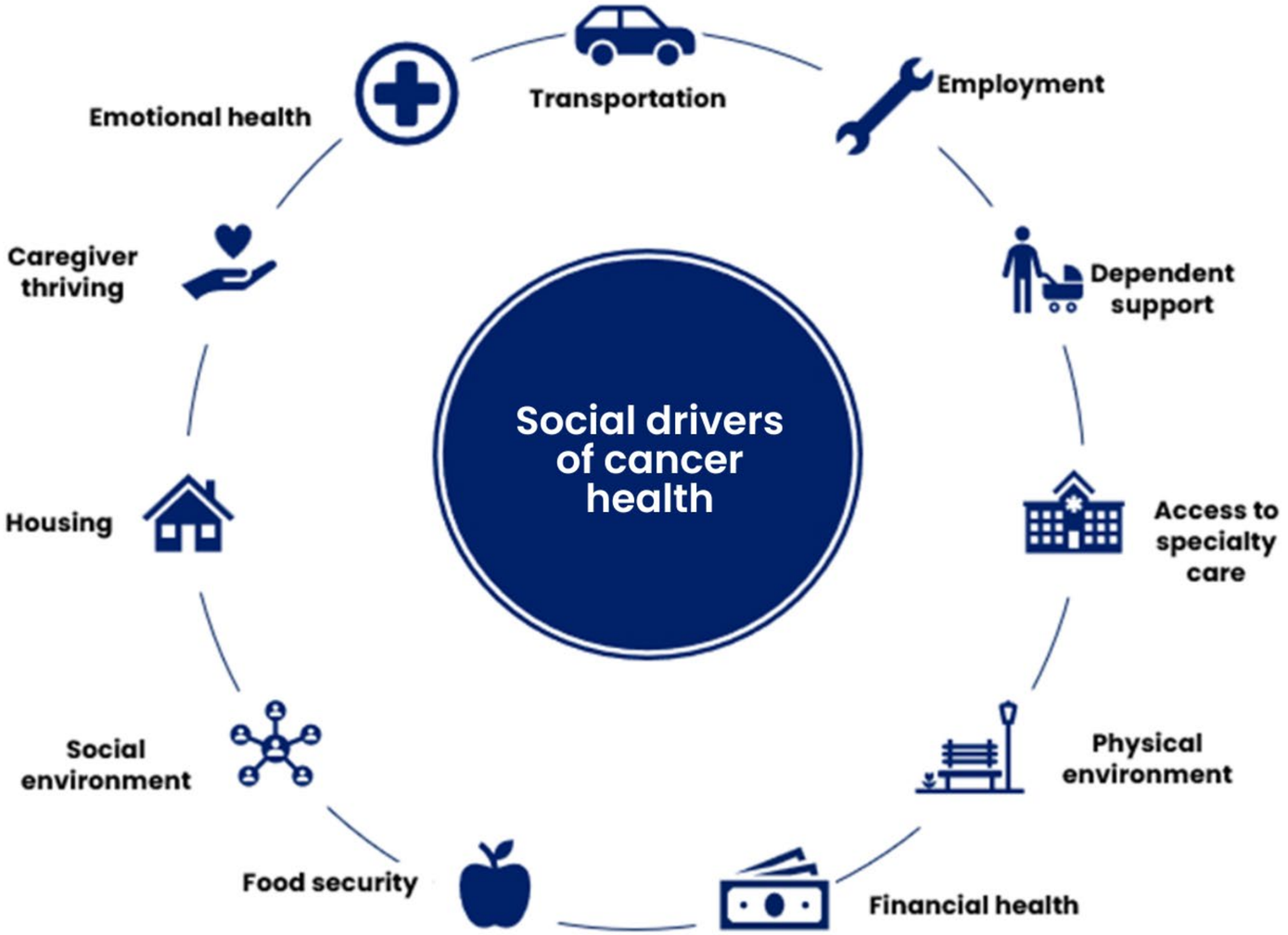
7.6	Incidence*	
2.2	Mortality*	
13,360 / 4,320	2025 Estimates incidence / mortality	

Almost all cases of cervical cancer are caused by high-risk types of human papillomavirus (HPV)

*Average annual rate per 100,000, age adjusted to the 2000 US standard population

Pulled from Cancer Facts and Figures 2025 →

Health-related Social Needs and Social Drivers of Health (SDoH) Contribute to Health Disparities

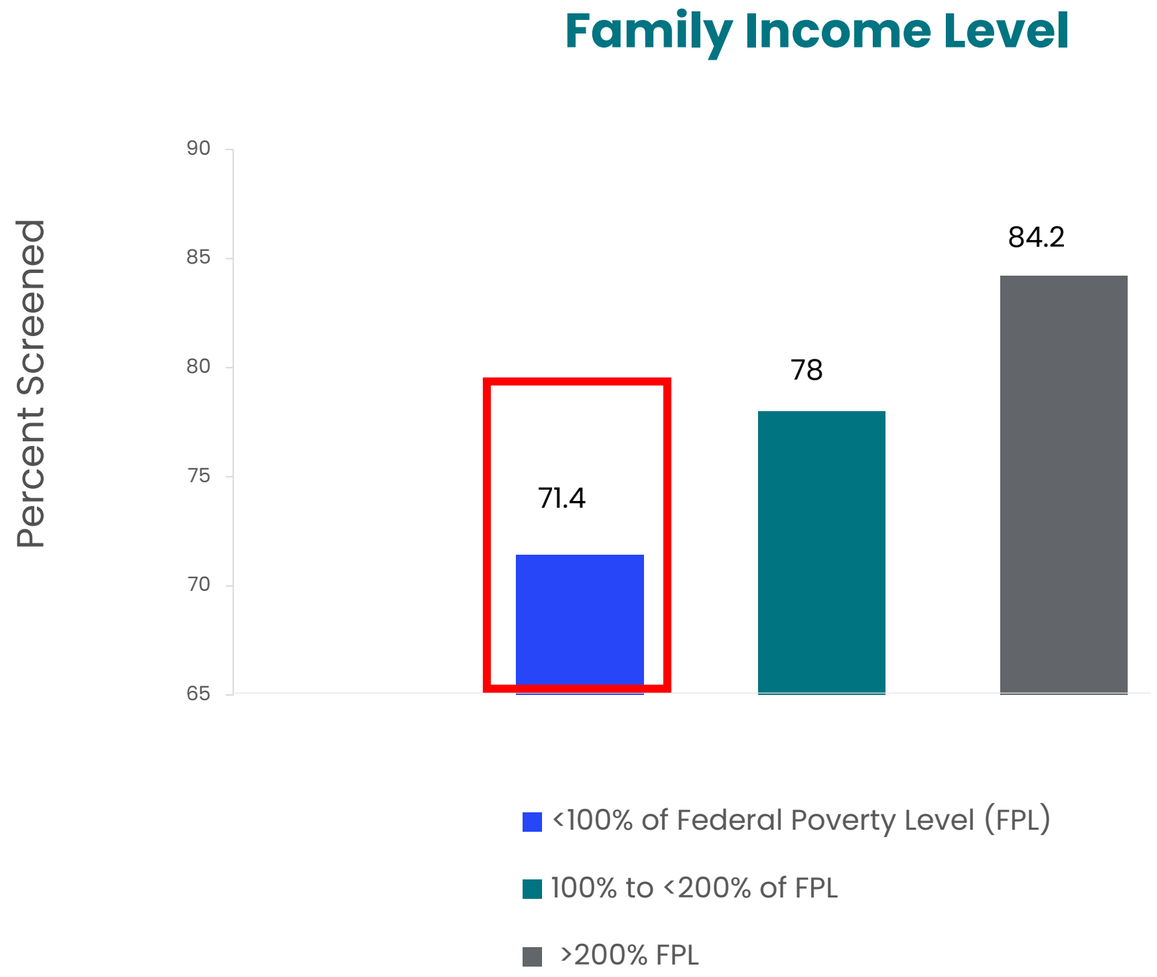


People who do not have access to the resources that **protect**, **improve**, and **maintain good quality of life** can cause them to experience unfair and **unjust cancer disparities.**

Learn more about health equity and cancer disparities→

Impact of SDOH: Cervical Cancer Screening (cont.)

Cervical Cancer Screening %, United States, 2021

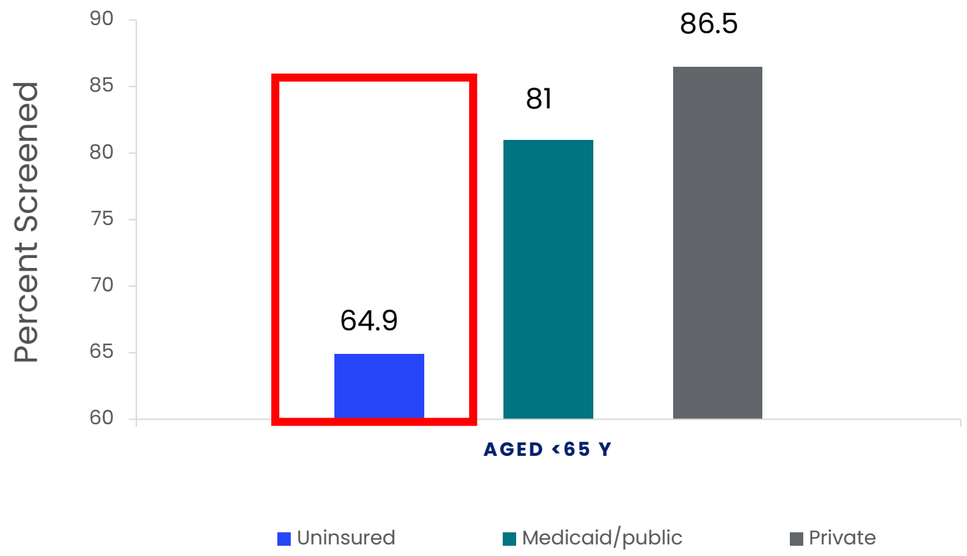


Source: https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21703

Impact of SDOH: Cervical Cancer Screening (cont.)

Cervical Cancer Screening %, United States, 2021

Insurance Status

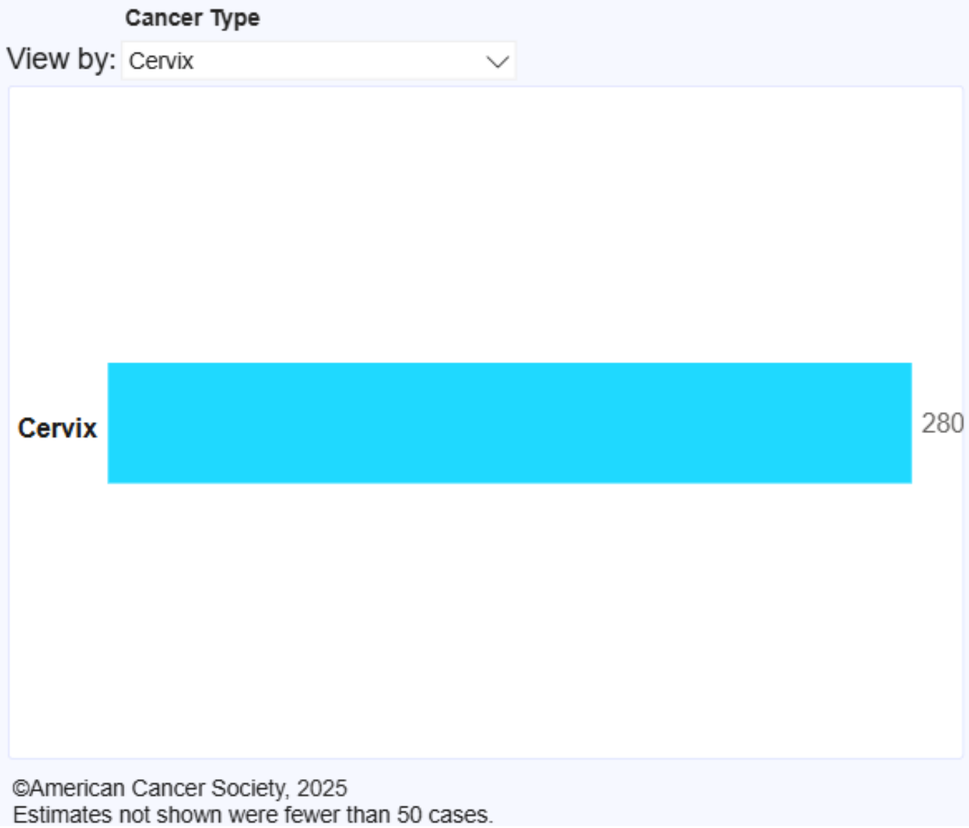


Source: https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21703

Cervical Cancer in Washington at a Glance

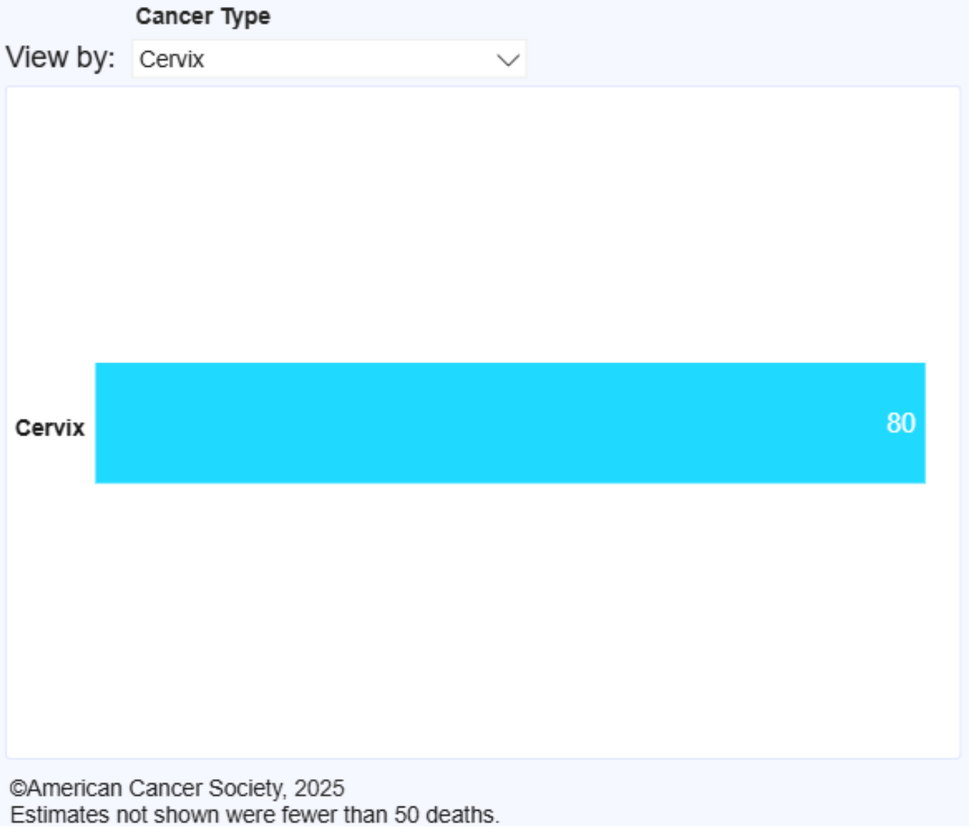
Estimated New Cases and Deaths

Washington New Case Estimates, 2025



©American Cancer Society, 2025
Estimates not shown were fewer than 50 cases.

Washington Death Estimates, 2025



©American Cancer Society, 2025
Estimates not shown were fewer than 50 deaths.

SOURCE: Cancer Statistics Center, 2025

ACS vs. ACOG vs. Draft USPSTF Cervical Cancer Screening Recommendations

American Cancer Society

	American College of Obstetricians and Gynecologists (ACOG), 2020[1]	Draft US Preventative Services Task Force (USPSTF), 2025[2]	American Cancer Society (ACS), 2020
Age to start screening	**21**	**21**	**25**
Screening test options and intervals	**Ages 21-65:** Cytology alone, every 3 years *OR* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** Cytology plus HPV testing, every 5 years *OR* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** HPV testing alone, every 5 years	**Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** Clinician- or patient-collected high-risk HPV testing alone, every 5 years **Alternative to HPV testing alone for ages 30-65:** Cytology alone, every 3 years *OR* HPV testing plus HPV testing (cotesting), every 5 years	**Ages 25-65+ Preferred:** HPV testing alone every 5 years *OR* **Acceptable:** Either Cytology plus HPV testing every 5 years *OR* Cytology alone every 3 years
Age to end screening	**65** if 3 consecutive negative Pap tests *OR* 2 negative cytology plus HPV tests *OR* 2 negative HPV tests *AND* no abnormal tests within the prior 10 years with the most recent within the prior 5 years AND no CIN2+ within the prior 25 years.		

USPSTF Guidelines are currently being drafted to include self-collection testing and will be finalized in the coming months.

ACS cervical cancer screening guidelines →

Cervical Cancer Screening Tests

New!

Pap Test
- Cytology

Co-test
- Cytology + HPV DNA test
- 8 tests FDA-approved with cytology

Primary HPV test
- HPV DNA test
- Clinician-collected sample

Self-collection HPV Testing
- HPV DNA test
- Patient-collected sample in clinical setting

Phasing out

ACS preferred

If options are limited, clinicians should encourage their patients to get screened with whatever tests they have access to.

Learn more about HPV testing →

HPV Self-Collection Testing

What is HPV self-collection testing?

HPV Self-collection testing is primary HPV testing.

- PCR is done to evaluate the presence of HPV DNA.

Self-collection is when a patient uses a collection device to take a vaginal sample that will be tested for HPV.

- This can be used as an alternative to clinician-collected cervical

Self-collection is an additional option for cervical cancer screening.

- It may help increase screening in populations who have never been screened or are overdue for screening.

Which self-collection tests are FDA-approved for primary HPV screening?

Roche
cobas®
with Copan 522C.80 swab or Evalyn Brush

Abbott
Alinity M
with simpli-Collect ™ or Evalyn Brush

BD
Onclarity™
with Copan 522C.80 swab

Teal Health
Teal Wand™
**in CA, NY, FL*

Who is eligible for HPV self-collection testing?

Eligible

- Barrier to speculum exam
- Must be eligible for primary HPV testing
- Asymptomatic (not to be used for diagnostic testing if Abnormal bleeding, pelvic pain, vaginal discharge)
- Patients should not be actively experiencing menstrual bleeding or have used a vaginal product within 2 days.

Not eligible

- History of cervical cancer
- HIV+ or other immunosuppression
- History of in utero DES exposure
- If 21 to 29 years old
- If the patient has Medicare insurance

Source: ACS NRTCC Preparing for Self - Collection: Clinician Communication Guide

What are potential benefits of HPV self-collection testing?

HPV self-collected screening is more sensitive and accurate than the Pap test alone and about as accurate as clinician-collected HPV testing.

It may be more appealing to patients with limited mobility, history of sexual trauma, gender diversity, medical mistrust, or discomfort with speculum exams.

Clinicians who offer in-clinic self-collection do not need to do a speculum exam, freeing up time to address other patient concerns.

Source: American Cancer Society National Roundtable on Cervical Cancer Preparing for Self - collection: Clinician Communication Gu ide

What should patients know before choosing self-collection?

About 1 in 10 patients will receive a positive result.

If patient receives a positive result for HPV 16 or HPV 18, they must be referred for colposcopy (speculum exam included).

If the patient receives a positive result for other HPV (not 16 or 18) using Roche, or if they have HPV types grouped as 45, 33/58, 31, 52/35/39/68, or 51 using BD, the patient must return for a speculum exam for dual-stain or cytology testing.

Learn more about HPV testing

How does self-collection compare to clinician collection?

	Clinician-collected	Self-collection
Who takes the sample?	Clinician	Patient (in-clinic)
Where is the sample taken from?	Cervix	Vagina
Is a speculum used?	Yes	No
What lab test is run?	PCR to detect HPV DNA/HPV genotyping	PCR to detect HPV DNA/ HPV genotyping
What other tests can be run on the sample?	Pap/cytology, dual stain	None
Next steps if HPV+?	Patient will need to return only if colposcopy is required	Patient will need to return. If HPV16/18+, for colposcopy. If positive for other HPV+, for Pap or dual stain
How often should screening occur if HPV-?	Every 5 years	Every 3-5 years
Is it more accurate than Pap testing alone?	Yes	Yes

Key Takeaways

1 **SDOH impact cervical cancer screening uptake.**
Current screening rates are lower in people who are minoritized, low-income, LGBTQ+, and recent immigrants. Members of these groups are at the highest risk for cervical cancer.

2 **HPV Self-collection testing is a new screening option.**
An advantage of self-collection is that it may be more acceptable to patients with limited mobility, history of sexual trauma, gender diversity, medical mistrust, or discomfort with speculum exams.

3 **HPV Self-collection testing should be repeated after 3 years if result is negative.**
This is expected to increase to five years after more research is done.*

4 **Patients must return for follow-up if the HPV self-collection testing result is positive.**
About 1 in 10 results is expected to be positive.

5 **HPV Self-collection testing is primary HPV testing.**
It is expected to be covered by insurance and the CPT codes and ICD-10 codes are not expected to change.

**USPSTF draft recommends five years for women aged 30 - 65.*

ACS National Roundtable on Cervical Cancer Self-collection Resources

Cervical Cancer Screening with the HPV Self-collection Test

Preparing for Self-collection
Clinician Communication Guide

FDA-approved Self-collection HPV Testing

Human papillomavirus (HPV) self-collection testing is FDA-approved for use in a health care setting when the patient and clinician agree that a clinician-collected cervical specimen is not the preferred option.[1] FDA-approved lab platforms and collection devices must be used.

Cervical cancer screening by vaginal specimen self-collection for HPV testing can increase health equity by expanding access and focusing efforts on those never screened or overdue for screening.

This approach can reduce barriers for all eligible people with a cervix to get screened to help prevent cervical cancer. Self-collected (vaginal) and clinician-collected (cervical) specimens perform similarly when tested for HPV.[2,3]

According to the American Society for Colposcopy and Cervical Pathology (ASCCP) and Enduring Consensus Cervical Cancer Screening and Management Guidelines (Enduring Guidelines), clinician-based HPV tests are preferred for surveillance after abnormal screening tests, colposcopy, or precancer treatments.[4]

FDA-approved Lab Platforms and Collection Devices

BD	Onclarity with Copan 522C.80 swab	*Check with your lab to ensure that this new option is available.*
Roche	cobas® with Evalyn brush or Copan 522C.80 swab	*Contact the manufacturer of the device you are using to get both written (print) and video-based instructions on how to use the device properly and safely.*

Patient Eligibility for Self-collection

- Asymptomatic and eligible for primary HPV testing
- No symptoms of abnormal bleeding
- Not HIV positive
- No active menstrual bleeding or use of vaginal product within two days
- No history of cervical cancer
- No DES exposure

Talking Points for Patients Eligible for Cervical Cancer Screening With Self-collection

- Vaginal self-collection for HPV testing is a new screening option.
- While positive HPV results from self-collected specimens (about 1 in 10) require a follow-up speculum exam, clinician-collected cervical specimens can be used for reflex testing (such as cytology or dual stain), eliminating the need for an additional visit.

-collected HPV Test Results

ociety defers to the ASCCP and Enduring Guidelines for cervical cancer screening eillance as shown below.[4,5]

n three years

18 detected:
t for colposcopy

cted (i.e., without extended genotyping):
nician-collected cervical specimen for cytology or dual stain

9/66 detected with extended genotyping:
ear at clinician's discretion

cted with extended genotyping:
nician-collected cervical specimen for cytology or dual stain

ons

lth Record (EHR):
information technology department to create a new vaginal self-collection order reminders and prompts for the appropriate intervals.

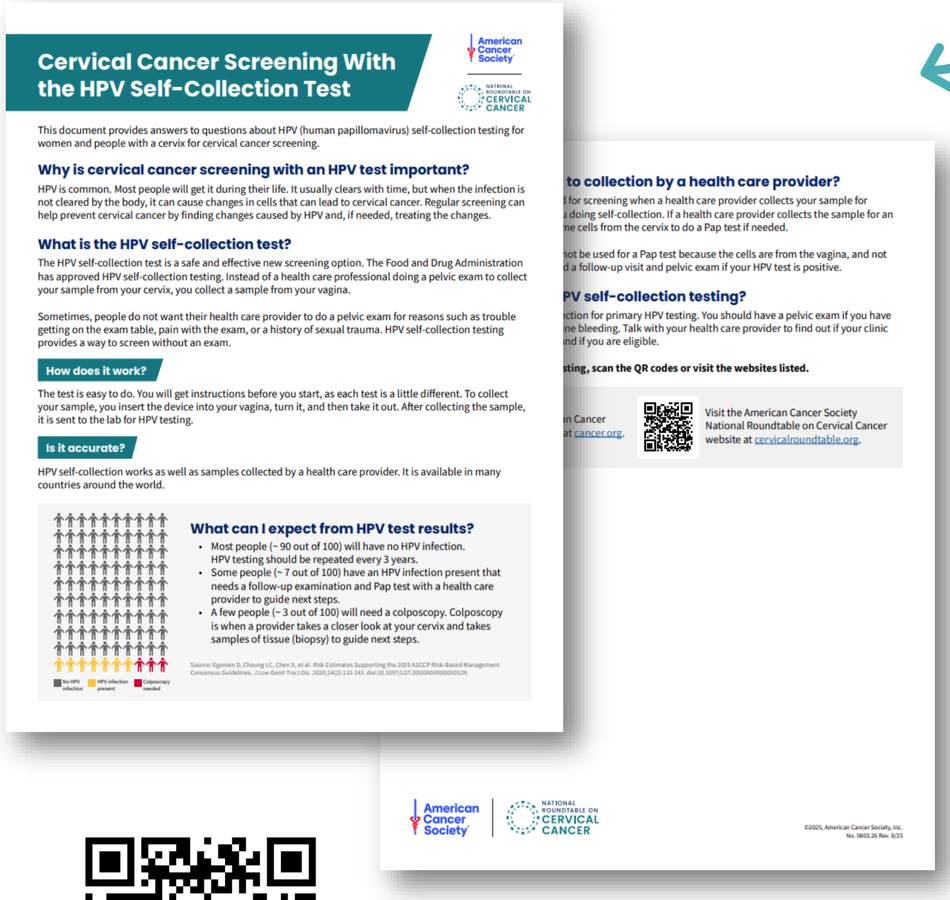
and clinician collection use the same laboratory HPV test code.

odes:
rvical cancer screening visit code Z12.4 for self-collection visit and also for return for speculum exam (screening cytology or dual stain).

r the latest resources from the American Cancer Society National undtable on Cervical Cancer, scan the QR code or visit rvicalroundtable.org/resource-center

124. Accessed April 7, 2025. https://www.fda.gov/news-events/press-announcements/fda-roundup-may-17-2024.
ultana F, Castle P; Collaboration on Self-Sampling and HPV Testing. Detecting cervical precancer and reaching underscreened n self samples: updated meta-analyses. *BMJ*. 2018;363:k4823. doi:10.1136/bmj.k4823.
M, Wentzensen N, Heckman-Stoddard B, Sahasrabuddhe VV. Meta-analysis of agreement/concordance statistics in studies comparing self- vs clinician-collected samples for HPV testing in cervical cancer screening. *Int J Cancer*. 2022;151(2):308-312. doi:10.1002/ijc.33967.
4. NCI. Enduring Consensus Cervical Cancer Screening and Management Guidelines. Accessed April 7, 2025. https://dceg.cancer.gov/research/cancer-types/cervix/enduring-guidelines#publications-from-the-enduring-guidelines-effort.
5. ASCCP. Enduring Guidelines Process. Accessed April 7, 2025. https://www.asccp.org/guidelines/enduring-guidelines/process.

Preparing for Self-collection: Clinician Communication Guide



Cervical Cancer Screening With the HPV Self-Collection Test

This document provides answers to questions about HPV (human papillomavirus) self-collection testing for women and people with a cervix for cervical cancer screening.

Why is cervical cancer screening with an HPV test important?

HPV is common. Most people will get it during their life. It usually clears with time, but when the infection is not cleared by the body, it can cause changes in cells that can lead to cervical cancer. Regular screening can help prevent cervical cancer by finding changes caused by HPV and, if needed, treating the changes.

What is the HPV self-collection test?

The HPV self-collection test is a safe and effective new screening option. The Food and Drug Administration has approved HPV self-collection testing. Instead of a health care professional doing a pelvic exam to collect your sample from your cervix, you collect a sample from your vagina.

Sometimes, people do not want their health care provider to do a pelvic exam for reasons such as trouble getting on the exam table, pain with the exam, or a history of sexual trauma. HPV self-collection testing provides a way to screen without an exam.

How does it work?

The test is easy to do. You will get instructions before you start, as each test is a little different. To collect your sample, you insert the device into your vagina, turn it, and then take it out. After collecting the sample, it is sent to the lab for HPV testing.

Is it accurate?

HPV self-collection works as well as samples collected by a health care provider. It is available in many countries around the world.

What can I expect from HPV test results?

- Most people (~ 90 out of 100) will have no HPV infection. HPV testing should be repeated every 3 years.
- Some people (~ 7 out of 100) have an HPV infection present that needs a follow-up examination and Pap test with a health care provider to guide next steps.
- A few people (~ 3 out of 100) will need a colposcopy. Colposcopy is when a provider takes a closer look at your cervix and takes samples of tissue (biopsy) to guide next steps.

Source: Egemen D, Cheung LC, Chen X, et al. Risk Estimates Supporting the 2019 ASCCP Risk-Based Management Consensus Guidelines. *J Low Genit Tract Dis*. 2020;24(2):132-143. doi:10.1097/LGT.0000000000000529.

to collection by a health care provider?

for screening when a health care provider collects your sample for doing self-collection. If a health care provider collects the sample for an ne cells from the cervix to do a Pap test if needed.

ot be used for a Pap test because the cells are from the vagina, and not d a follow-up visit and pelvic exam if your HPV test is positive.

PV self-collection testing?

ction for primary HPV testing. You should have a pelvic exam if you have ne bleeding. Talk with your health care provider to find out if your clinic nd if you are eligible.

sting, scan the QR codes or visit the websites listed.

n Cancer
at cancer.org.

Visit the American Cancer Society National Roundtable on Cervical Cancer website at cervicalroundtable.org.

Check out Resource Center

Self-collection Webinar Series

Target: FQHCs and Safety Net Health Systems

Session 1 | Thursday, October 30:
Landscape of HPV Self-collection Testing

Session 2 | Thursday, December 4:
System Readiness & Tracking

Session 3 | Thursday, January 15:
Implementation

Scan the QR or visit the Upcoming Webinar Page at cervicalroundtable.org

Questions

Thank You

References

1. Siegel RL, Giaquinto AN, Jemal A. Cancer statistics, 2024. *CA Cancer J Clin.* 2024;74(1):12-49. doi:10.3322/caac.21820
2. Islami F, Guerra CE, Minihan A, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin*. 2022;72(2):112-143. doi:10.3322/caac.21703
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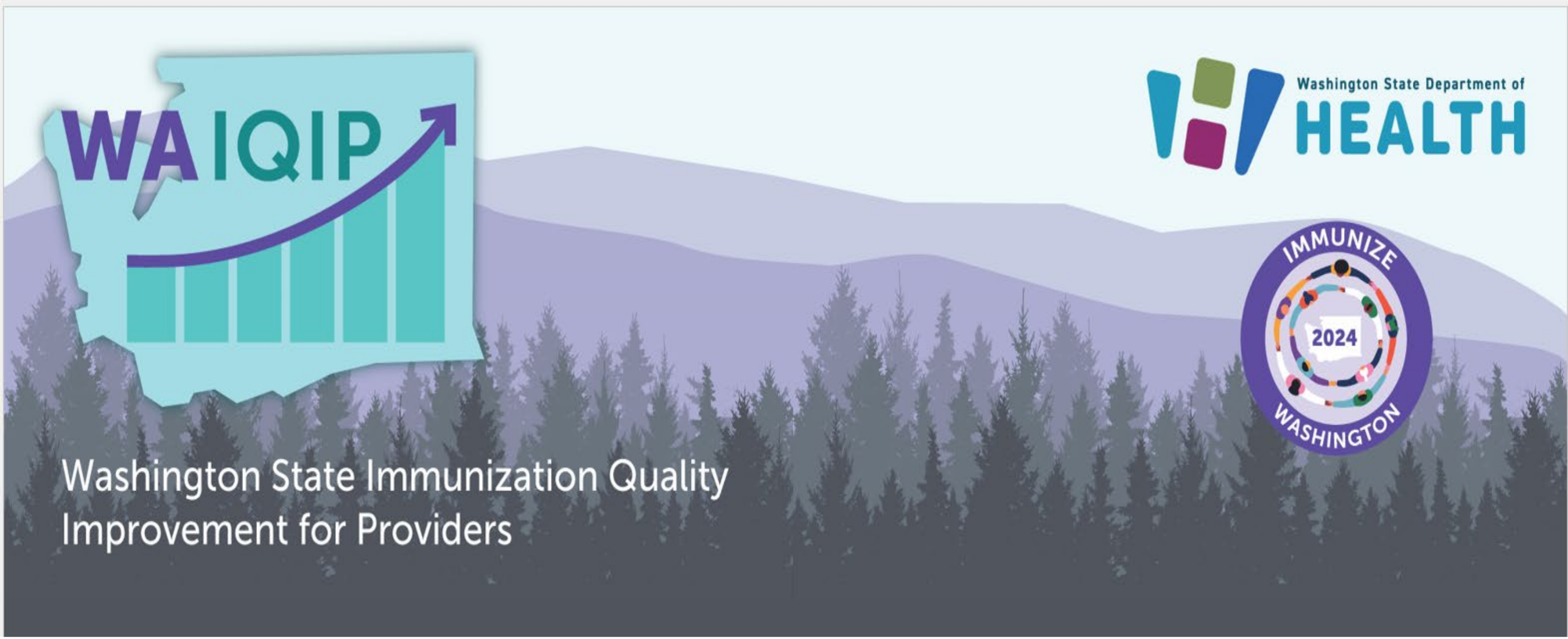


Washington State Department of HEALTH

IMMUNIZE WASHINGTON AND IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS (IQIP)

Office of Immunization Child Profile

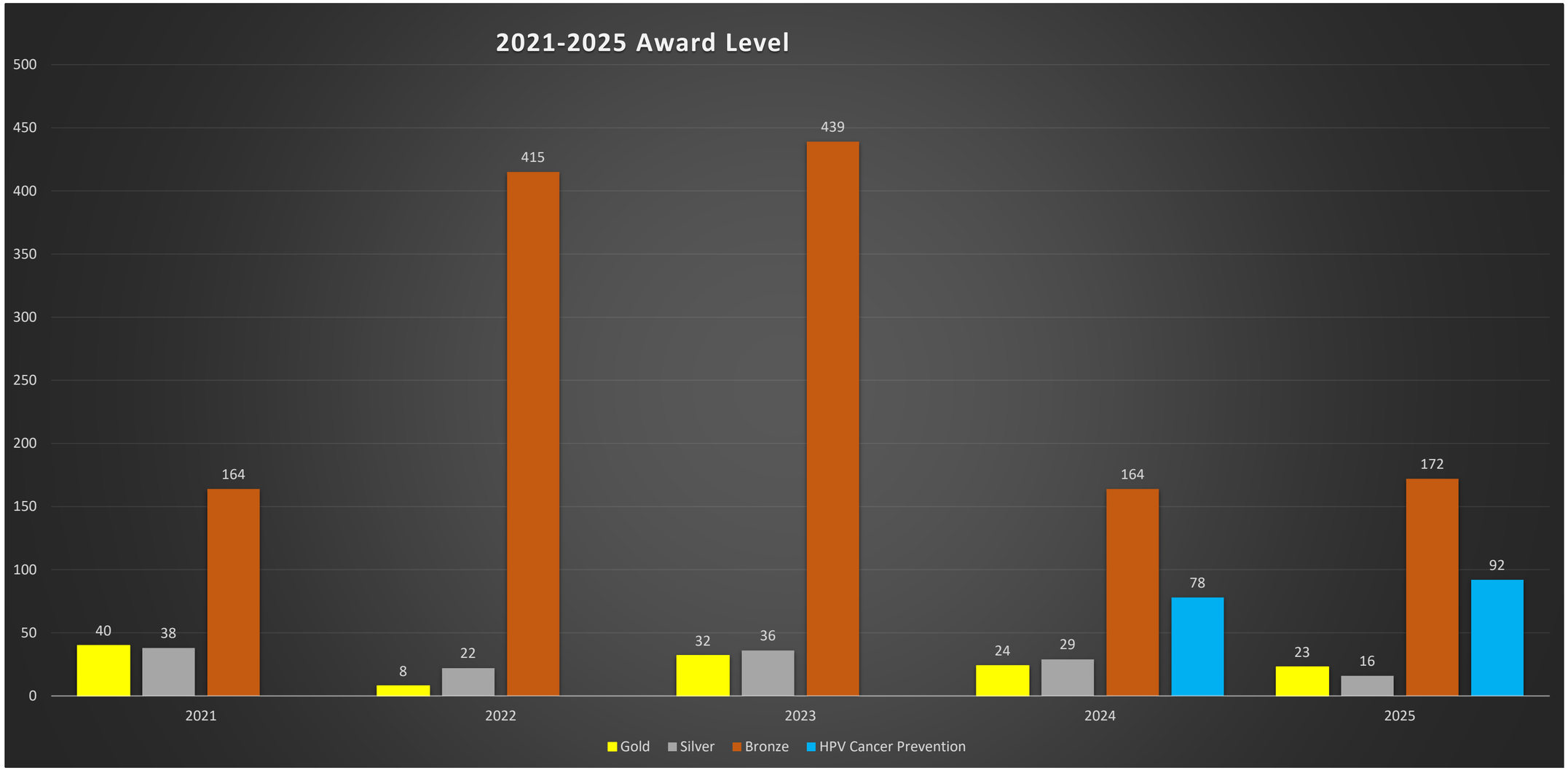
Immunize WA Awards 2025

Immunize WA Goals

Increase	Support	Encourage	Engage in	Help
• Increase immunization rates at the clinic level by using best practice tools and the Washington State Immunization Information System (IIS).	• Support activities to provide on time vaccination to children and adolescents	• Encourage clinics to measure their immunization rates so they know where they are doing well and areas to improve.	• Engage in immunization quality improvement activities	• Help Washington meet national goals for child and teen vaccines

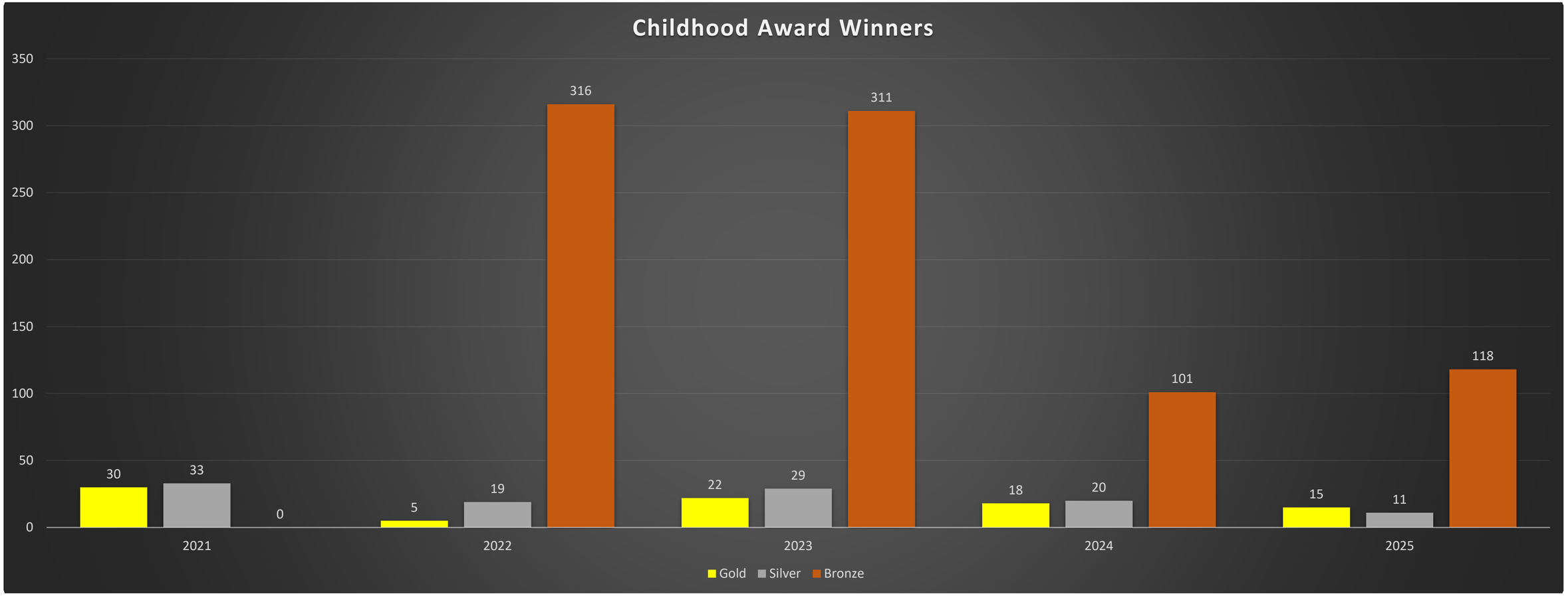
IQIP/ Immunize WA Coverage Levels

Immunize WA Levels	Series	Age Range	Coverage Rate Needed
Gold (Type in Gold in IIS Coverage Rate Report)	**HEDIS Combo 10 or** **1 Tdap, 1MCV, 2 HPV**	**24-35 months or** **13 years-13 years**	**80+%**
Silver (Type in Silver in IIS Coverage Rate Report)	**HEDIS Combo 10 or** **1 Tdap, 1MCV, 2 HPV**	**24-35 months or** **13 years-13 years**	**70-79%**
Bronze (Type in Bronze IIS Coverage Rate Report)	**4313314 or** **1 Tdap, 1 MCV, 1HPV**	**24-35 months or** **13 years-13 years**	**70+%**
HPV Cancer Prevention Award	**1 HPV**	**9-10 years**	**25+%**

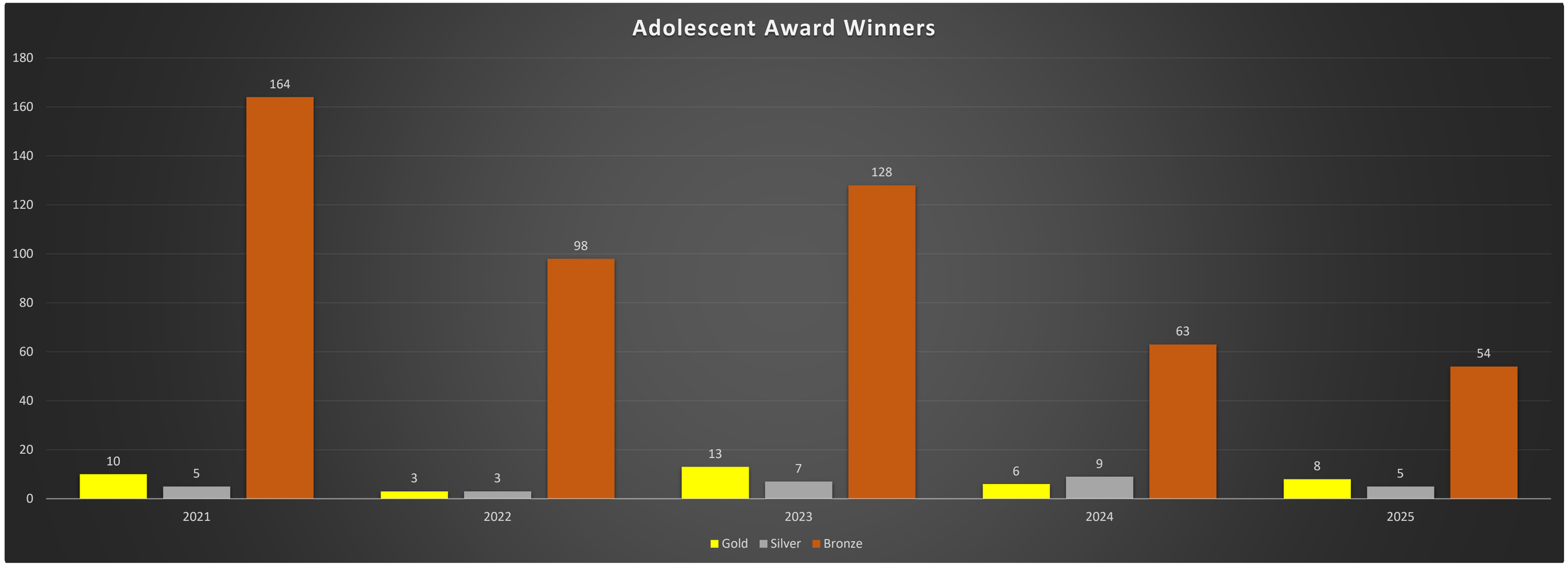

2021-2025 Award Level
500
450
400
350
300
250
200
150
100
50
0
40
38
164
8
22
415
32
36
439
24
29
164
78
23
16
172
92
2021
2022
2023
2024
2025
Gold
Silver
Bronze
HPV Cancer Prevention

Childhood Series 2021-2025

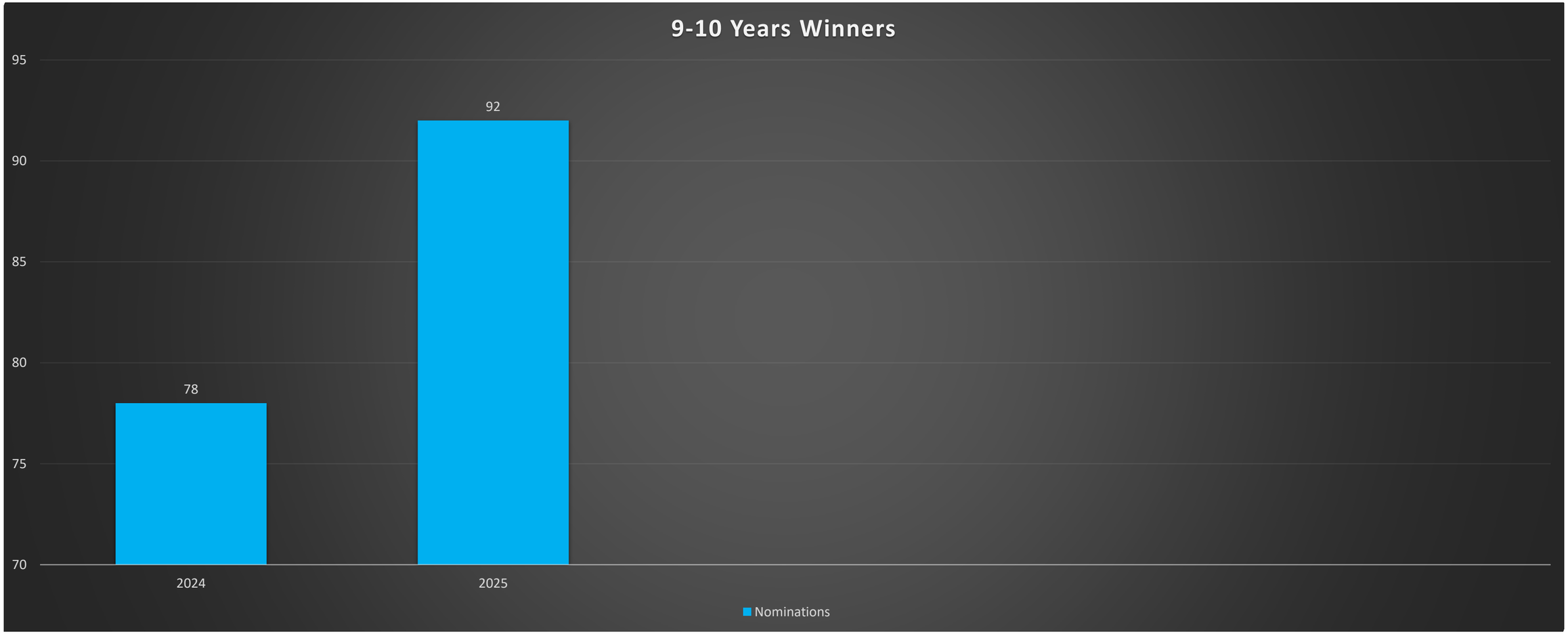
- 2021 awards moved from the 4313314 series to HEDIS Combo 10 measure
- 2022 Bronze Award measure introduced



Adolescent Series 2021-2025



HPV Cancer Prevention Immunize WA 2025



Washington State IQIP Program

Immunization Quality Improvement for Providers

Benefits

- Tailored support
- Increase vaccine uptake
- Improve vaccination workflow
- Individualized training (IIS)
- Technical assistance
- CE, CNE, CME available for HPV Vax @ 9 Strategy

Flexibility!

- You choose the strategies, goals, and pace*
- 2 visits & 2 brief check-ins over 12 months

Evidence-based strategies

- Facilitate return for vaccination
- Leverage WAIIS to improve workflows
- Give strong vaccine recommendations
- Strengthen vaccine communications
- HPV vaccination at age 9

WA IQIP

Washington State
Immunization Quality
Improvement for Providers

Strategies and Action Items

IQIP Core Strategies

Facilitate return to clinic for vaccination.

Leverage IIS functionality to improve immunization practice.

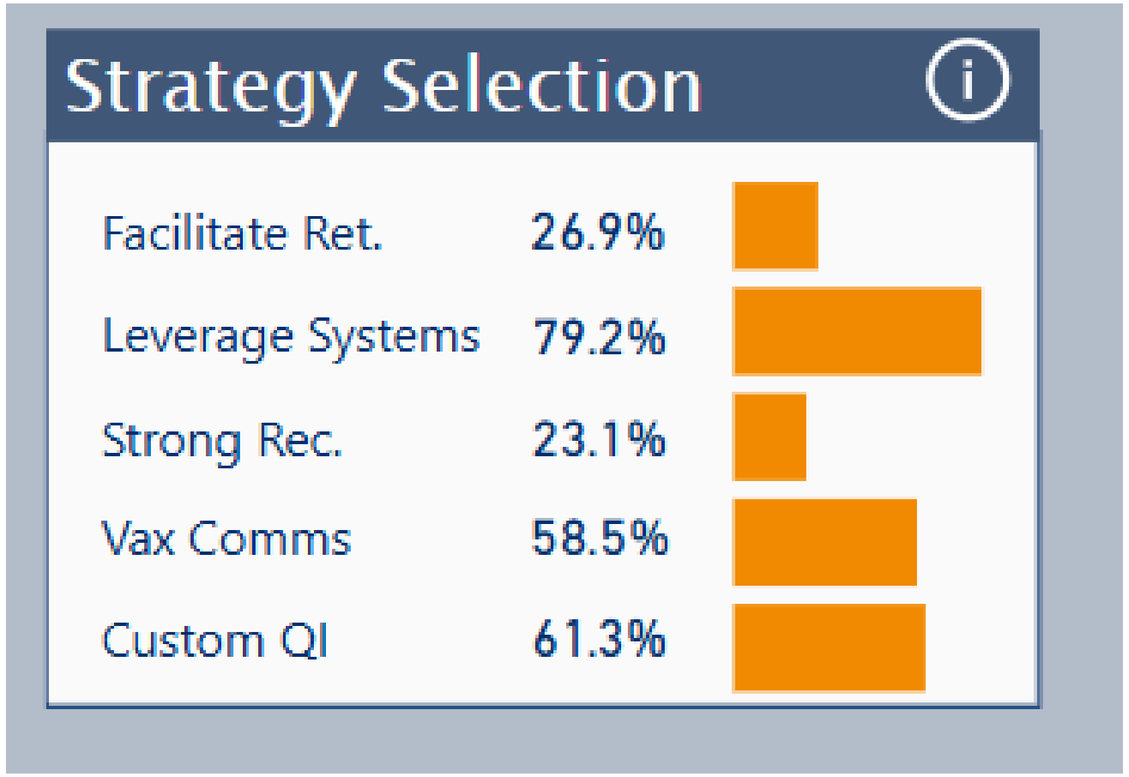
Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).

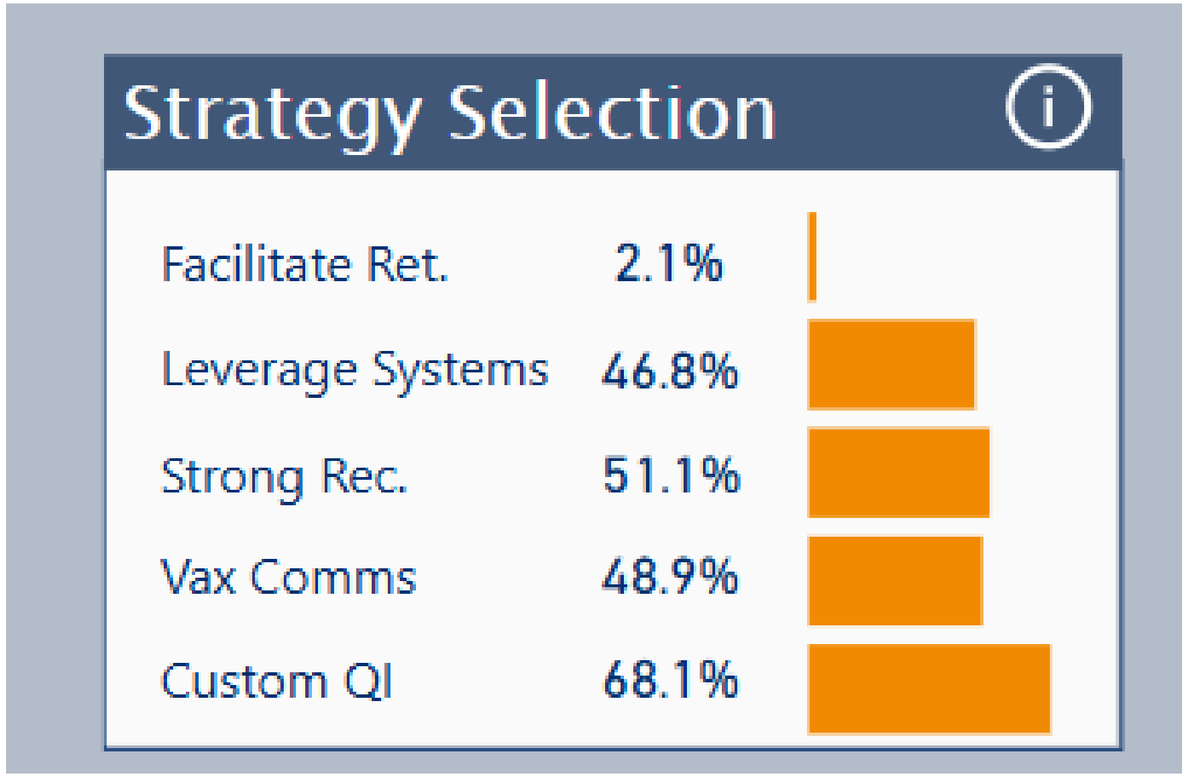
Strengthen vaccination communications.

Recommend HPV vaccination series starting at age 9.

2025 Award Period

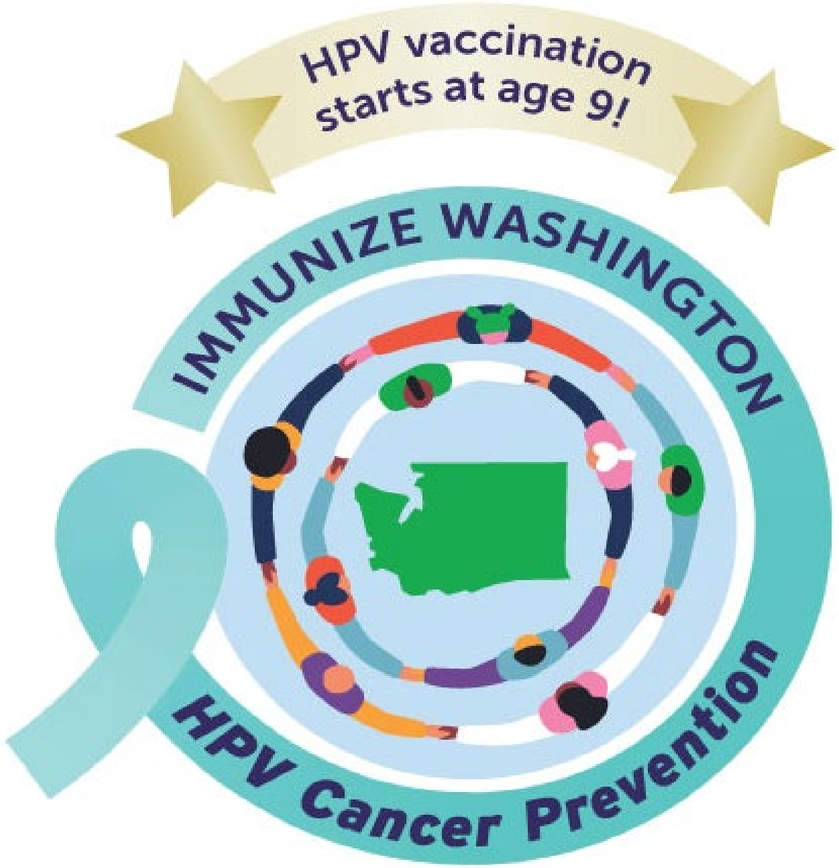
Oct 1, 2025





Alternate QI Credit

2026 Award Timeline



- June 1, 2026 - Clinic nomination opens
- July 15, 2026 - Nominations Close
- 3rd Week in August Award Announced in recognition of NIAM (Date TBD)

Questions

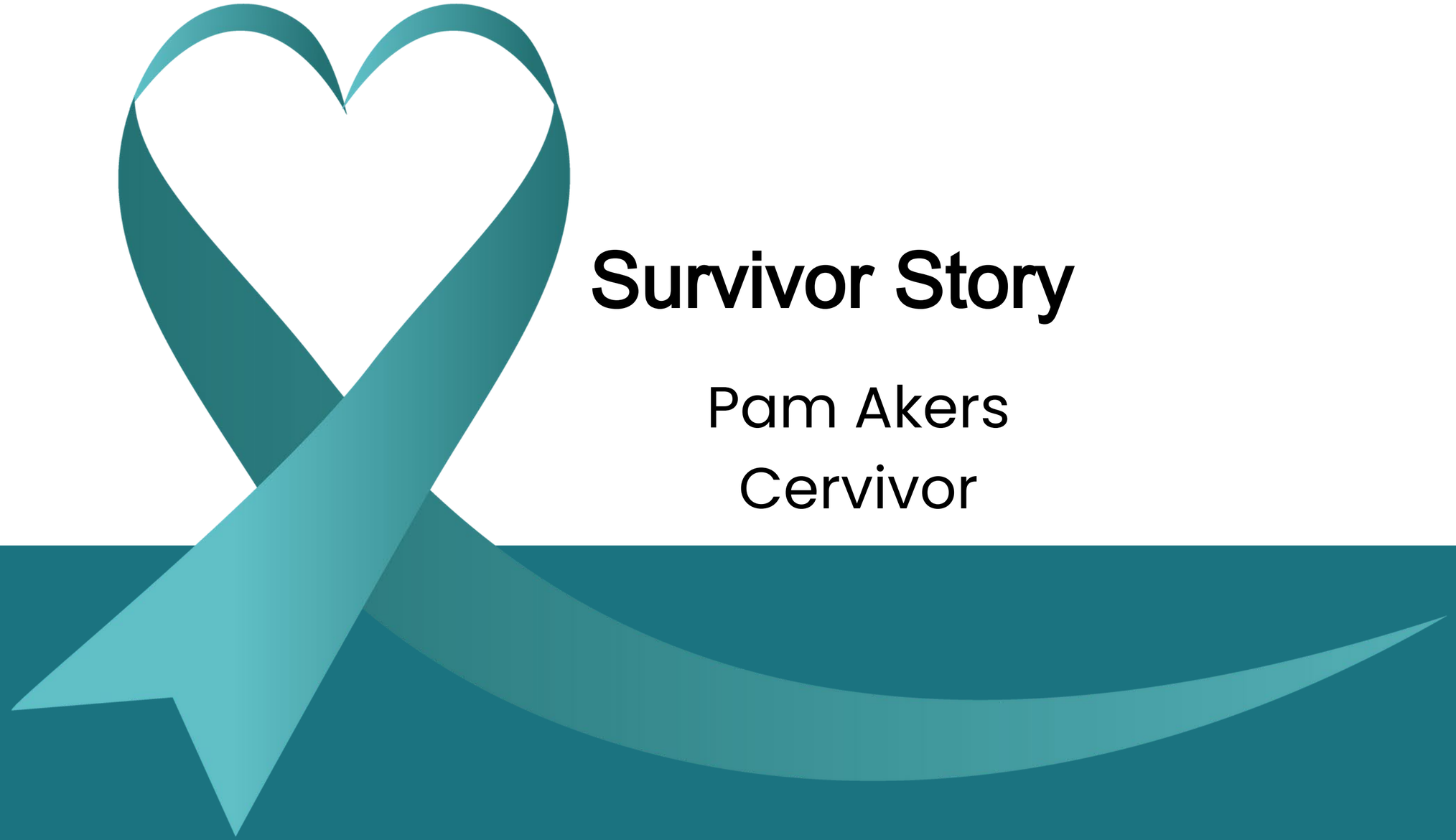
Poll #1

“What speakers or topics would you find most valuable or engaging for our 2026 programming?”

Poll#2

“What have you used, or what do you think we should use to help increase awareness for parents and patients around HPV vaccination, particularly HPV at 9?”

A. Posters for exam rooms, school nurse rooms
B. School nurse letters
C. Radio spots
D. TikTok/social media posts or videos
E. TV ads
F. Podcasts
G. MyChart messages from provider
H. DOH mailings
I. Other



Survivor Story

Pam Akers

Cervivor

We'll be back at: 9:45 AM

Washington State Department of HEALTH

HPV@9 PROVIDER SURVEY

Office of Immunization

Hello

Trevor Christensen

Epidemiologist

Office of Immunization

Dr. Sherri Zorn

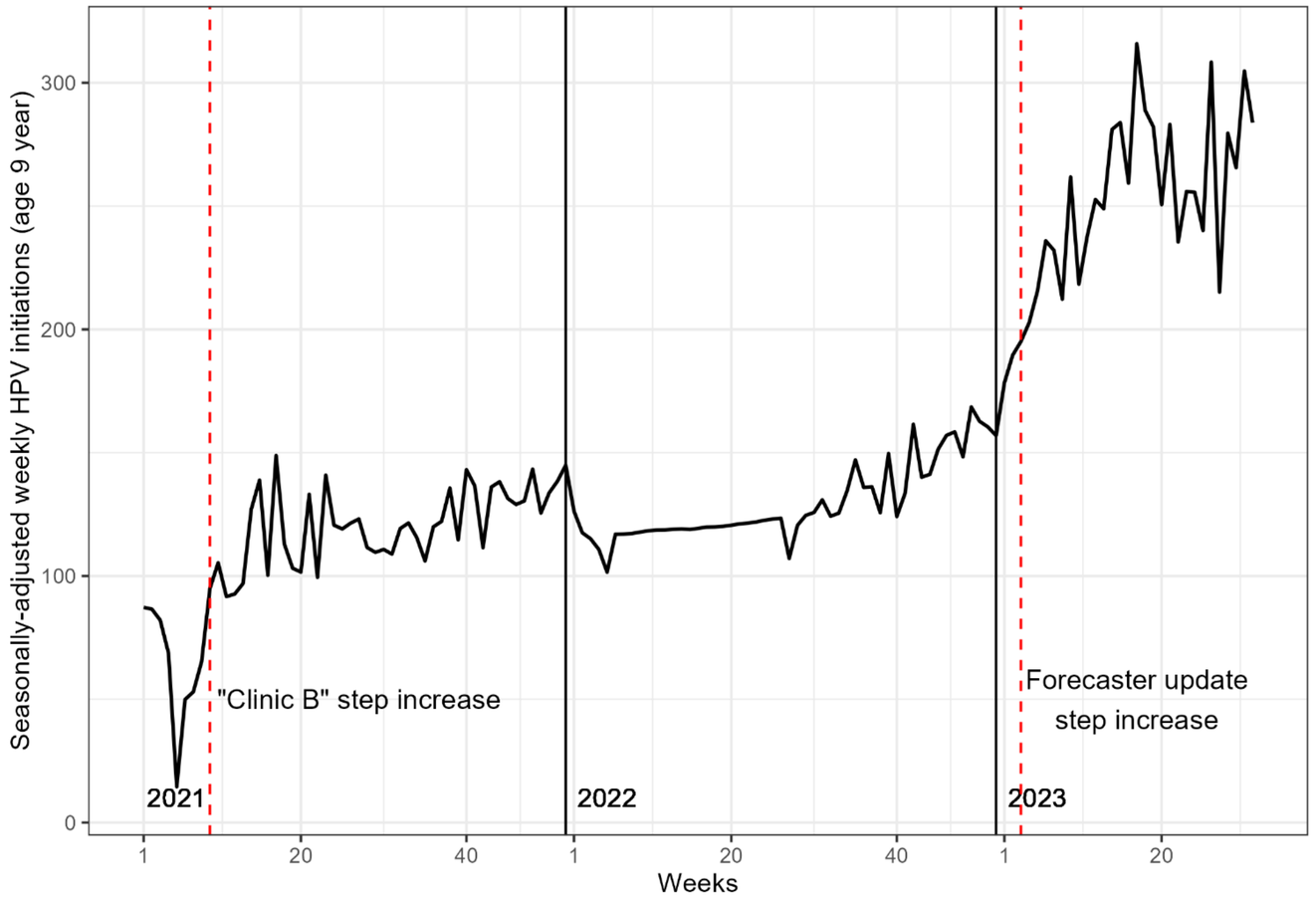
Pediatrician

WCAAP

Background

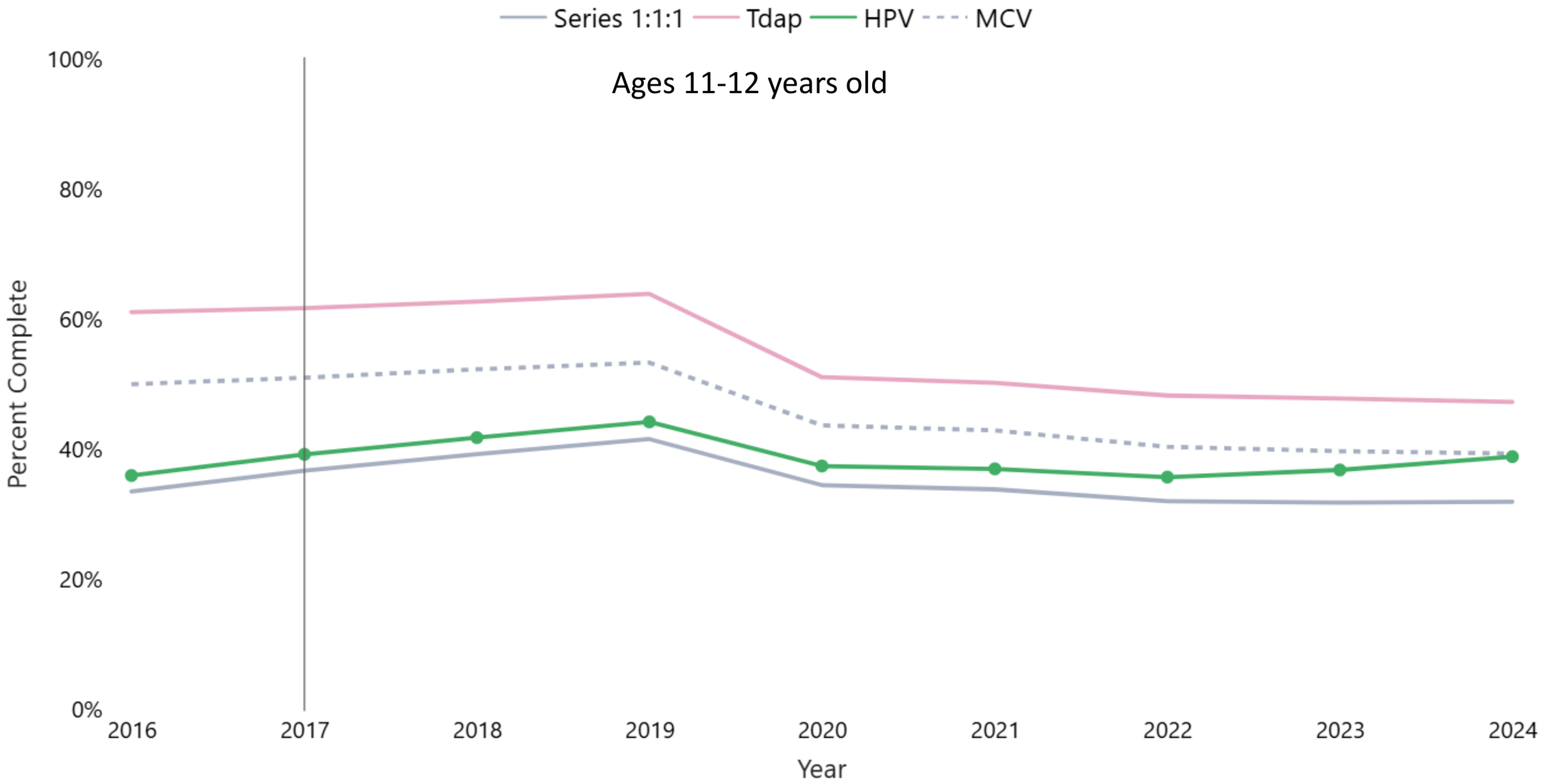
Encouraging HPV vaccine initiation at 9

- Many efforts since at least 2017
  - Past and present quality improvement programs
- WAIIS forecast updated to recommend HPV vaccine at age 9 in January, 2023
  - Published evaluation indicates forecaster update doubled initiation, but still lower than initiation at age 11

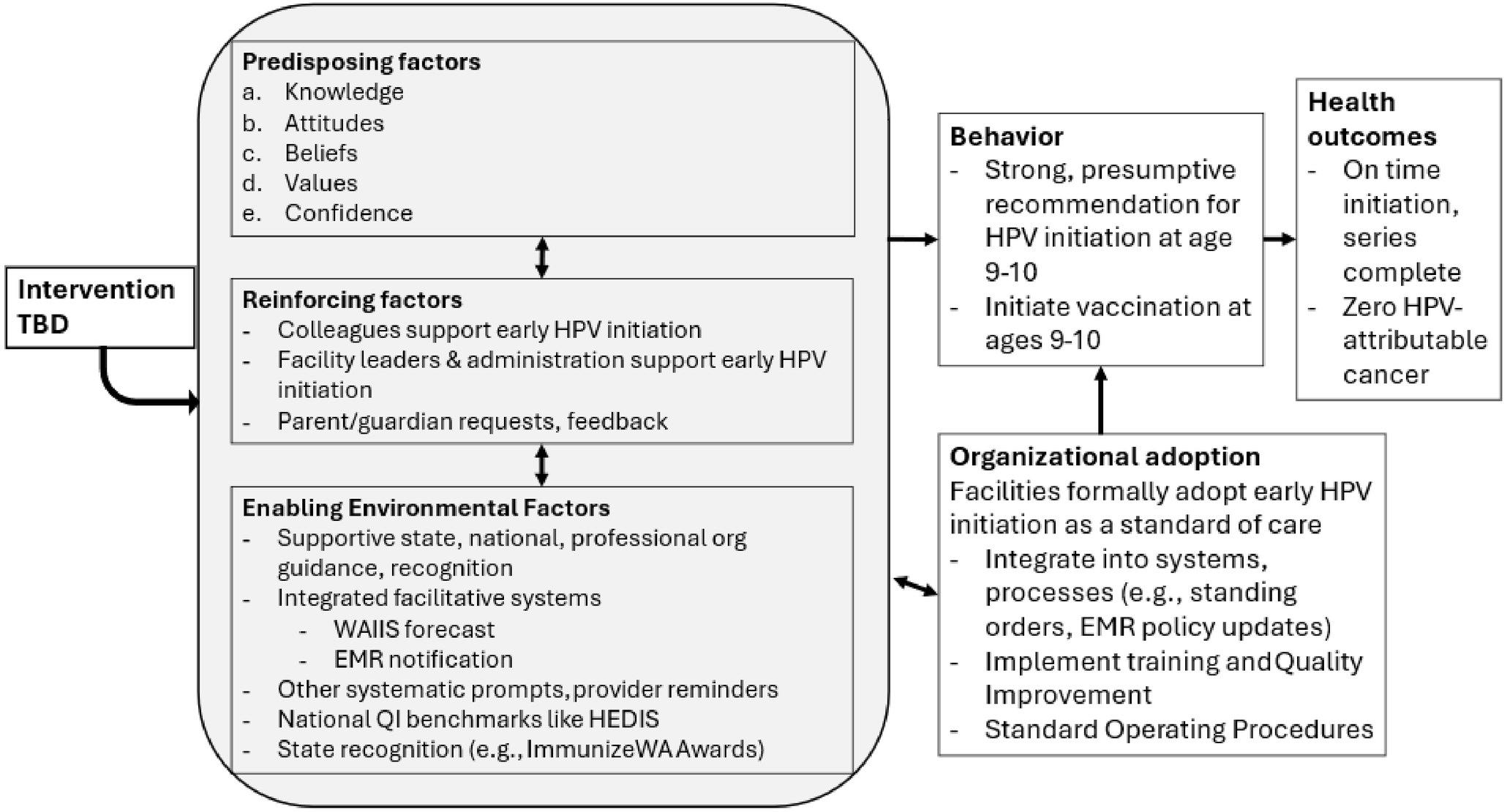


Christensen, T., Zorn, S., Bay, K., Treend, K., Averette, C., & Rhodes, N. (2023). Effect of immunization registry-based provider reminder to initiate HPV vaccination at age 9, Washington state. *Human Vaccines & Immunotherapeutics*, *19*(3). https://doi.org/10.1080/21645515.2023.2274723

Statewide Immunization Coverage Trends, 2016 to 2024



Project logic model



Research Questions

1. What are the most important predisposing, reinforcing and enabling factors to providers for recommending HPV at 9-10 years old?
2. What does organizational adoption of early HPV initiation look like in Washington State?
3. To what extent do EMR and immunization registry forecasting predict the preferred age at which providers recommend HPV initiation?
4. Of the identified predictive factors, which are amenable to public health intervention?

Methods

- Online survey
- Convenience sample health care professionals
- Recruitment conducted through government and professional organization listservs and newsletters
- Inclusion criteria
  - Be a currently licensed, practicing health care professional
  - Serve a pediatric population that includes children 9 to 12 years old
  - Practice is in Washington state
  - Practice usually carries (has in stock) the HPV vaccine

Results

- 162 responses → 131 met inclusion criteria
- Primarily physicians, medical assistants and registered nurses
- 55% pediatrics, 39% family medicine
- 91% primary care
- Responses from 25 counties, mostly population centers (King, Pierce, etc.)

Results: WAIIS and EMR

- Electronic medical record software
  - 63% EPIC
  - 13% Athena

- How does your practice usually check which vaccines children are due for?
  - WAIIS: 91%
  - EMR: 82%

- ~80% have EMR that forecasts HPV initiation age
  - 60% forecast starting age 9
  - 33% forecast starting age 11

Results

84% usually recommend HPV to 9-10 year olds

Easiest age group to recommend HPV vaccine to:

- 9-10 year olds – 30%
- 11-12 year olds – 38%
- No difference – 32%

Pediatric healthcare professionals had a higher prevalence of reporting it was easier to recommend HPV vaccine to 9-10 year olds than family medicine.

Advantages and Disadvantages

Most reported **advantages** of recommending HPV vaccine to 9-10 year-olds

- Ensure protection well before exposure (63%)
- Fewer vaccines given at the same visit (62%)
- Better chance to complete the series on time (61%)
- Better immune response (46%)

Most reported **disadvantages** of recommending HPV vaccine to 9-10 year-olds

- Parents are not ready to talk about it (61%)
- Children not expecting a shot, not ready (47%)
- It's uncomfortable to talk about sex with parents of younger children (18%)
- I see no disadvantages (17%)

Challenges

Challenges reported by those who plan to recommend HPV vaccine to 9-10 year-olds

- Parental resistance (77%)
- Lack of electronic medical record prompt (21%)
- No challenges (14%)
- Insufficient time during visit (9%)

Willingness

Among those who **DO NOT** plan to recommend HPV vaccine to 9-10 year-olds…

Factors that would make them **more willing** to recommend HPV vaccine at 9-10 years old

- Requests from parents (69%)
- More research demonstrating benefits of starting at age 9 years (53%)

Impact of DOH Resources

Respondents were asked what DOH resources have been helpful at increasing vaccination at their organization. The most frequently supported things were:

- WAIIS forecast (52%)
- Immunization schedule posters (37%)
- Educational materials for parents (35%)
- Training sessions and webinars (28%)
- HPV-at-nine website (19%)
- Newsletter and updates (17%)
- Quality improvement support (17%)
- Immunize WA Awards (14%)

Discussion

- Sampling bias important factor to consider
  - Respondents probably more informed about and positive toward HPV@9
- Parents, parents, parents, parents
  - "Parents more readily say yes" LEAST frequently cited **advantage**
  - "Parents are not ready to talk about it" MOST cited **disadvantage**
  - Among HPV@9 vaccinators, "Parental resistance" most cited **challenge**
  - Among non-HPV@9 vaccinators, "Requests from parents" most cited factor that would making them **more willing** to recommend at 9

Next steps?

Questions?

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

HPV-RELATED CANCERS IN WASHINGTON STATE

Washington State Department of HEALTH

Cancer Prevention and Control Unit/Cancer Registry Program

Presenter

October 10, 2025

Mahesh Keitheri Cheteri, PhD

Epidemiologist

Cancer Registry Program

Definition - Data Type

Incidence: New cases of cancer

Definition - Age Adjusted Rate

- Two or more populations can be compared (if age distribution differs).
- How age adjusted rates are calculated?
  - Calculate age specific rates (19 age groups) for two or more populations.
  - Weight the age specific rates (2000 standard population proportion is used).
  - Add the weighted age specific rates (19 age groups).

Definition – 95% Confidence Intervals

The confidence intervals describe variation around the rate due to chance alone

HPV Related Cancers Definition

- **Orpharyngeal squamous cell carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C01.9-Base of tongue, NOS','C02.4-Lingual tonsil','C02.8-Overlapping lesion of tongue','C05.1-Soft palate, NOS','C05.2-Uvula','C09.0-Tonsillar fossa','C09.1-Tonsillar pillar','C09.8-Overlapping lesion of tonsil','C09.9-Tonsil, NOS','C10.0-Vallecula','C10.1-Anterior surface of epiglottis','C10.2-Lateral wall of oropharynx','C10.3-Posterior wall of oropharynx','C10.4-Branchial cleft','C10.8-Overlapping lesion of oropharynx','C10.9-Oropharynx, NOS','C14.0-Pharynx, NOS','C14.2-Waldeyers ring','C14.8-Overlapping lesion of lip, oral cavity & pharynx'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8050-8086,8120-8131

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

- **Anal and rectal squamous cell carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C20.9-Rectum, NOS','C21.0-Anus, NOS','C21.1-Anal canal','C21.2-Cloacogenic zone','C21.8-Overlapping lesion of rectum, anus, and anal canal'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8050-8086,8120-8131

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

HPV Related Cancers Definition

- **Vulvar squamous cell carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C51.0-Labium majus','C51.1-Labium minus','C51.2-Clitoris','C51.8-Overlapping lesion of vulva','C51.9-Vulva, NOS'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8050-8086,8120-8131

AND {Race, Sex, Year Dx, Registry, County.Sex} = ' Female'

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

- **Vaginal squamous cell carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C52.9-Vagina, NOS'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8050-8086,8120-8131

AND {Race, Sex, Year Dx, Registry, County.Sex} = ' Female'

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

HPV Related Cancers Definition

- **Penile squamous cell carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C60.0-Prepuce','C60.1-Glans penis','C60.2-Body of penis','C60.8-Overlapping lesion of penis','C60.9-Penis, NOS'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8050-8086,8120-8131

AND {Race, Sex, Year Dx, Registry, County.Sex} = ' Male'

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

- **Cervical carcinoma definition:**

{Site and Morphology.Primary Site - labeled} = 'C53.0-Endocervix','C53.1-Exocervix','C53.8-Overlapping lesion of cervix uteri','C53.9-Cervix uteri'

AND {Site and Morphology.Histologic Type ICD-O-3} = 8010-8671,8940-8941

AND {Race, Sex, Year Dx, Registry, County.Sex} = ' Female'

AND {Site and Morphology.Diagnostic Confirmation} = 'Microscopically confirmed'

Incidence Data for the HPV Related Cancer Sites

Table 1. Incidence count, age adjusted incidence rate and 95% confidence interval for invasive cancer sites associated with HPV in Washington State.

Cancer site	Gender	Diagnosis year	Number of new cases	Population count	Age adjusted incidence rate*	95% confidence interval
Oropharyngeal squamous cell carcinoma	Female	2022	83	3,941,538	1.5	1.2-1.9
	Male	2022	438	3,922,862	8.9	8.1-9.8
	Total	2022	521	7,864,400	5.1	4.6-5.6
Anal and rectal squamous cell carcinoma	Female	2022	157	3,941,538	3.0	2.5-3.5
	Male	2022	57	3,922,862	1.2	0.9-1.6
	Total	2022	214	7,864,400	2.2	1.9-2.5
Vulvar squamous cell carcinoma	Female	2022	105	3,941,538	2.0	1.6-2.4
Vaginal squamous cell carcinoma	Female	2022	12	3,941,538	0.2	0.1-0.4
Cervical carcinoma	Female	2022	258	3,941,538	6.4	5.7-7.3
Penile squamous cell carcinoma	Male	2022	29	3,922,862	0.7	0.4-1.0
All HPV related cancers	Female	2022	615	3,941,538	13.2	12.1-14.3
	Male	2022	524	3,922,862	10.8	9.9-11.9
	Total	2022	1,139	7,864,400	12.0	11.3-12.7

*=Rates per 100,000 adjusted to the 2000 US standard population

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Data: Washington State Office of Financial Management, released in January 2025.

Incidence Data for the HPV Related Cancer Sites

Table 2. Incidence count, age adjusted incidence rate and 95% confidence interval for invasive cancer sites associated with HPV in Washington State and United States.

			Washington State				United States			
Cancer Site	Gender	Diagnosis Year	Number of New Cases	Total Population Count	Age Adjusted Incidence Rate*	95% Confidence Interval	Total Number of New Cases	Total Population Count	Age Adjusted Incidence Rate*	95% Confidence Interval
Oropharyngeal	Female	2022	83	3,941,538	1.5	1.2-1.9	3,894	168,308,005	1.7	1.7-1.8
	Male	2022	438	3,922,862	8.9	8.1-9.8	19,172	164,963,406	9.2	9.1-9.3
	Total	2022	521	7,864,400	5.1	4.6-5.6	23,066	333,271,411	5.3	5.2-5.3
Anal and rectal	Female	2022	157	3,941,538	3.0	2.5-3.5	6,143	168,308,005	2.7	2.7-2.8
	Male	2022	57	3,922,862	1.2	0.9-1.6	2,684	164,963,406	1.4	1.3-1.4
	Total	2022	214	7,864,400	2.2	1.9-2.5	8,827	333,271,411	2.1	2.0-2.1
Vulvar	Female	2022	105	3,941,538	2.0	1.6-2.4	4,589	168,308,005	2.1	2.0-2.1
Vaginal	Female	2022	12	3,941,538	0.2	0.1-0.4	912	168,308,005	0.4	0.4-0.4
Cervical	Female	2022	258	3,941,538	6.4	5.7-7.3	12,231	168,308,005	7.0	6.9-7.1
Penile	Male	2022	29	3,922,862	0.7	0.4-1.0	1,437	164,963,406	0.8	0.7-0.8
All HPV related cancers	Female	2022	615	3,941,538	13.2	12.1-14.3	27,769	168,308,005	13.9	13.7-14.1
	Male	2022	524	3,922,862	10.8	9.9-11.9	23,293	164,963,406	11.3	11.2-11.5
	Total	2022	1,139	7,864,400	12.0	11.3-12.7	51,062	333,271,411	12.6	12.5-12.7

*=Rates per 100,000 adjusted to the 2000 US standard population

Data Source:

Washington Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Washington Population Data: Washington State Office of Financial Management, released in January 2025.

National incidence data**:** National Program of Cancer Registries and Surveillance, Epidemiology and End Results Program SEER*Stat Database: NPCR and SEER Incidence - U.S. Cancer Statistics Public Use Research Database, 2024 Submission (2001-2022). United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Released June 2025. Accessed at www.cdc.gov/cancer/uscs/public-use.

National Population Data: Modifications to the County Population Data (cancer.gov)

Oropharyngeal Squamous Cell Carcinoma by Race and Ethnicity

Cancer site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
Oropharyngeal	Female	White NH	2018-2022	70	2,472,615	1.8	1.6-2.0
	Female	Black NH	2018-2022	n/c	139,913	n/c	n/c
	Female	AI/AN NH	2018-2022	n/c	45,836	n/c	n/c
	Female	Asian NH	2018-2022	n/c	385,481	n/c	n/c
	Female	NHOPI NH	2018-2022	n/c	31,423	n/c	n/c
	Female	Hispanic	2018-2022	3	526,038	1.0	0.5-1.8
	Male	White NH	2018-2022	382	2,457,336	10.4	9.9-10.9
	Male	Black NH	2018-2022	11	158,381	8.0	5.9-11.0
	Male	AI/AN NH	2018-2022	4	45,381	7.5	4.4-13.2
	Male	Asian NH	2018-2022	8	340,284	2.6	1.8-3.6
	Male	NHOPI NH	2018-2022	n/c	31,525	n/c	n/c
	male	Hispanic	2018-2022	13	551,248	4.7	3.5-6.2
	Total	White NH	2018-2022	452	4,929,951	6.0	5.7-6.2
	Total	Black NH	2018-2022	13	298,294	4.6	3.5-6.1
	Total	AI/AN NH	2018-2022	4	91,217	3.8	2.3-6.3
	Total	Asian NH	2018-2022	10	725,765	1.3	1.0-1.8
	Total	NHOPI NH	2018-2022	2	629,49	5.3	2.4-12.2
	Total	Hispanic	2018-2022	16	1,077,286	2.8	2.2-3.6

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

Anal and Rectal Squamous Cell Carcinoma by Race and Ethnicity

Cancer Site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
Anal and rectal	Female	White NH	2018-2022	122	2,472,615	3.2	2.9-3.5
	Female	Black NH	2018-2022	n/c	139,913	n/c	n/c
	Female	AI/AN NH	2018-2022	n/c	45,836	n/c	n/c
	Female	Asian NH	2018-2022	n/c	385,481	n/c	n/c
	Female	NHOPI NH	2018-2022	n/c	31,423	n/c	n/c
	Female	Hispanic	2018-2022	4	526,038	1.5	0.9-2.5
	Male	White NH	2018-2022	46	2,457,336	1.3	1.2-1.5
	Male	Black NH	2018-2022	n/c	158,381	n/c	n/c
	Male	AI/AN NH	2018-2022	n/c	45,381	n/c	n/c
	Male	Asian NH	2018-2022	n/c	340,284	n/c	n/c
	Male	NHOPI NH	2018-2022	n/c	31,525	n/c	n/c
	male	Hispanic	2018-2022	n/c	551,248	n/c	n/c
	Total	White NH	2018-2022	167	4,929,951	2.3	2.1-2.4
	Total	Black NH	2018-2022	3	298,294	1.0	0.5-1.9
	Total	AI/AN NH	2018-2022	n/c	91,217	n/c	n/c
	Total	Asian NH	2018-2022	3	725,765	0.5	0.3-0.7
	Total	NHOPI NH	2018-2022	n/c	629,49	n/c	n/c
	Total	Hispanic	2018-2022	6	1,077,286	1.2	0.8-1.8

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

Vulvar Squamous Cell Carcinoma by Race and Ethnicity

Cancer Site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
Vulvar	Female	White NH	2018-2022	85	2,472,615	2.2	2.0-2.4
	Female	Black NH	2018-2022	n/c	139,913	n/c	n/c
	Female	AI/AN NH	2018-2022	n/c	45,836	n/c	n/c
	Female	Asian NH	2018-2022	2	385,481	0.5	0.3-1.1
	Female	NHOPI NH	2018-2022	n/c	31,423	n/c	n/c
	Female	Hispanic	2018-2022	2	526,038	0.8	0.4-1.7

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

Vaginal Squamous Cell Carcinoma by Race and Ethnicity

Cancer Site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
Vaginal	Female	White NH	2018-2022	14	2,472,615	0.4	0.3-0.5
	Female	Black NH	2018-2022	n/c	139,913	n/c	n/c
	Female	AI/AN NH	2018-2022	n/c	45,836	n/c	n/c
	Female	Asian NH	2018-2022	n/c	385,481	n/c	n/c
	Female	NHOPI NH	2018-2022	n/c	31,423	n/c	n/c
	Female	Hispanic	2018-2022	n/c	526,038	n/c	n/c

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

Cervical Carcinoma by Race and Ethnicity

Cancer Site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
Cervical	Female	White NH	2018-2022	165	2,472,615	6.2	5.8-6.7
	Female	Black NH	2018-2022	10	139,913	7	5.1-9.6
	Female	AI/AN NH	2018-2022	5	45,836	11.0	7.1-16.8
	Female	Asian NH	2018-2022	24	385,481	5.8	4.8-7.0
	Female	NHOPI NH	2018-2022	5	31,423	19.4	12.1-32.1
	Female	Hispanic	2018-2022	30	526,038	7.9	6.6-9.5

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

Penile Squamous Cell Carcinoma by Race and Ethnicity

Cancer site	Gender	Race*/ Ethnicity	Diagnosis year	Average Number of new cases per year	Average Population count per year	Age adjusted incidence rate	95% confidence interval
Penile	Male	White NH	2018-2022	19	2,457,336	0.6	0.5-0.7
	Male	Black NH	2018-2022	n/c	158,381	n/c	n/c
	Male	AI/AN NH	2018-2022	n/c	45,381	n/c	n/c
	Male	Asian NH	2018-2022	n/c	340,284	n/c	n/c
	Male	NHOPI NH	2018-2022	n/c	31,525	n/c	n/c
	Male	Hispanic	2018-2022	3	551,248	1.0	0.5-2.0

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

All HPV Related Cancers by Race and Ethnicity

Cancer site	Gender	Race*/ Ethnicity	Diagnosis Year	Average Number of New Cases per Year	Average Population Count per Year	Age Adjusted Incidence Rate	95% Confidence Interval
ALL HPV related cancers	Female	White NH	2018-2022	457	2,472,615	13.8	13.2-14.4
	Female	Black NH	2018-2022	15	139,913	10.7	8.3-13.8
	Female	AI/AN NH	2018-2022	7	45,836	15.6	10.7-22.1
	Female	Asian NH	2018-2022	31	385,481	7.4	6.3-8.8
	Female	NHOPI NH	2018-2022	6	31,423	22.7	14.7-35.9
	Female	Hispanic	2018-2022	40	526,038	11.6	9.9-13.5
	Male	White NH	2018-2022	447	2,457,336	12.3	11.8-12.9
	Male	Black NH	2018-2022	13	158,381	9.7	7.3-13
	Male	AI/AN NH	2018-2022	5	45,381	8.9	5.6-14.9
	Male	Asian NH	2018-2022	9	340,284	3.0	2.2-4.1
	Male	NHOPI NH	2018-2022	2	31,525	10.5	4.5-28.8
	male	Hispanic	2018-2022	18	551,248	6.4	5.0-8.2
	Total	White NH	2018-2022	904	4,929,951	13.0	12.6-13.4
	Total	Black NH	2018-2022	28	298,294	10.1	8.4-12.1
	Total	AI/AN NH	2018-2022	12	91,217	12.4	9.3-16.4
	Total	Asian NH	2018-2022	40	725,765	5.4	4.7-6.3
	Total	NHOPI NH	2018-2022	8	629,49	16.6	11.3-25.3
	Total	Hispanic	2018-2022	58	1,077,286	9.0	7.9-10.2

Rates per 100,000 adjusted to the 2000 US standard population

* Race groups include single race only, non-Hispanics except for the Hispanic group.

[1] AIAN: American Indian or Alaska Native

[2] NHOPI: Native Hawaiian or Other Pacific Islander

NH:non-Hispanic

Data Source:

Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Estimates: Washington State Office of Financial Management, released in January 2025.

All HPV Related Cancers by County

All HPV Related Cancers by County
Male and Female Combined

County	Comparsion of the Rate (Coutny versus WA State)	Incidence 2018-2022 Annual Average: Average New Cases per Year	Age Adjusted to 2000 US Census Population: Rate per 100,000	Age Adjusted to 2000 US Census Population: 95% CI for Rates	Average Population Count Cases per Year
Adams		n/c	n/c	n/c	20,630
Asotin	Same as WA State	3	10.4	(5.4-19.1)	22,336
Benton	Same as WA state	32	13.4	(11.4-15.8)	206,025
Chelan	Same as WA state	10	9.1	(6.7-12.3)	79,040
Clallam	Same as WA state	18	13	(10.1-16.8)	76,896
Clark	Lower than WA State	57	9.5	(8.4-10.7)	501,791
Columbia		n/c	n/c	n/c	3,957
Cowlitz	Higher than WA State	21	14.9	(12.0-18.4)	110,335
Douglas	Same as WA state	7	13.8	(9.6-19.6)	42,842
Ferry		n/c	n/c	n/c	7,234
Franklin	Same as WA state	10	12.5	(9.3-16.7)	96,442
Garfield		n/c	n/c	n/c	2,287
Grant	Same as WA state	10	9.3	(6.8-12.4)	99,134
Grays Harbor	Same as WA state	15	14.1	(10.8-18.3)	75,528
Island	Same as WA state	18	13.1	(10.3-16.9)	86,515
Jefferson	Same as WA state	12	15.8	(11.3-23.6)	32,885
King	Lower than WA State	262	10.5	(9.9-11.1)	2,257,928
Kitsap	Higher than WA State	51	14.6	(12.8-16.6)	275,167
Kittitas	Same as WA state	6	11.3	(7.5-16.8)	45,694
Klickitat	Same as WA state	5	14.5	(8.9-23.5)	22,683
Lewis	Same as WA state	13	12.3	(9.3-16.1)	81,930
Lincoln		n/c	n/c	n/c	10,889
Mason	Same as WA state	15	14.8	(11.3-19.2)	65,483
Okanogan	Same as WA state	6	10.8	(7.1-16.3)	42,216
Pacific	Same as WA state	5	14	(8.2-24.0)	23,217
Pend Oreille		n/c	n/c	n/c	13,419
Pierce	Higher than WA State	140	13.5	(12.5-14.6)	916,699
San Juan	Same as WA state	3	11.3	(5.9-23.4)	17,697
Skagit	Same as WA state	23	13.3	(10.9-16.2)	128,941
Skamania	Same as WA state	2	14.2	(6.8-30.1)	11,637
Snohomish	Higher than WA State	133	13.8	(12.7-14.9)	825,740
Spokane	Lower than WA State	59	9.3	(8.2-10.5)	537,133
Stevens	Same as WA state	6	11.4	(7.3-17.2)	46,385
Thurston	Higher than WA State	51	14.2	(12.4-16.1)	293,706
Wahkiakum		n/c	n/c	n/c	4,418
Walla Walla	Same as WA state	9	11.1	(7.9-15.4)	62,218
Whatcom	Same as WA state	33	12	(10.1-14.1)	225,757
Whitman	Same as WA state	3	7.3	(4.0-12.8)	47,092
Yakima	Same as WA state	30	11.2	(9.5-13.3)	256,672
WA STATE		1,078	11.7	(11.4-12.1)	7,676,596

Note: Counts, rates and confidence intervals are not calculated if there are fewer than 10 cases for the combined data from 2018-2022.
Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.
Population Estimates: Washington State Office of Financial Management, released in January 2025.

Trends in Age Adjusted Incidence Rates

- Used Joinpoint software (National Cancer Institute Software).
- Tested for changes over time.
- Calculated the annual percent change (APC).

Interpreting Joinpoint Analyses for the WSCR Report

- Rates are level over time when the APC ***is not*** statistically significantly different from zero ($p \geq 0.05$).
- Rates are increasing or decreasing when the APC ***is*** statistically significantly different from zero ($p < 0.05$).
- Increasing and Decreasing trends are described as:
  - Slight = APC is less than 1 percent
  - Steady = APC is between 1-3.9 percent
  - Sharp = APC is greater than or equal to 4 percent

Reference: Ries LAG, Wingo PA, Miller BF, Miller DS, Howe Hl et al. The annual report to the nation on the status of cancer, 1973-1997, with a special section on colorectal cancer. Cancer, 2000, 88:2398-2424.

Incidence Rate Time Trends

Age-adjusted incidence rate trends for invasive cancer sites associated with HPV in Washington State from 1992 to 2022

		Trend line 1		Trend line 2		Trend line 3	
Cancer site	Gender	Diagnosis year	APC	Diagnosis year	APC	Diagnosis year	APC
Oropharyngeal squamous cell carcinoma	Total	1992-2022	1.9*				
	Male	1992-2014	3.1*	2014-2022	0.6		
	Female	1992-2022	-0.4				
Anal and rectal squamous cell carcinoma	Total	1992-2011	3.1*	2011-2022	0.6		
	Male	1992-2022	1.3*				
	Female	1992-2022	2.6*				
Vulvar squamous cell carcinoma	Female	1992-2022	0.6*				
Vaginal squamous cell carcinoma	Female	1992-2022	-0.7				
Cervical carcinoma	Female	1992-2002	-3.0*	2002-2022	-0.5		
Penile squamous cell carcinoma	Male	1992-2022	-0.7				
ALL HPV related cancers	Total	1992-2001	-0.9	2001-2014	1.5*	2014-2022	-0.3
	Male	1992-2016	2.6*	2016-2022	-0.5		
	Female	1992-2001	-1.8*	2001-2022	0.2		

APC=Annual percent change

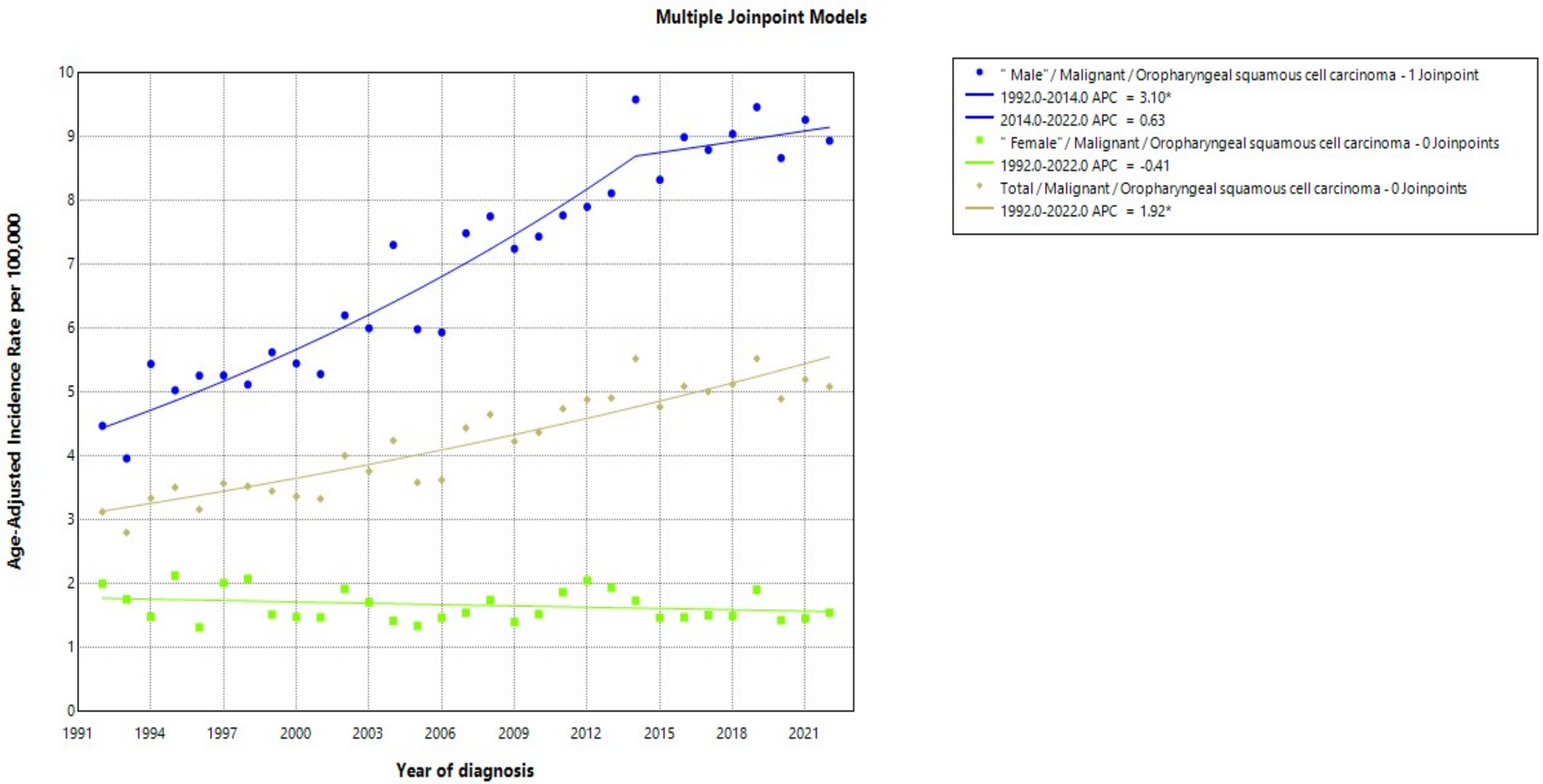
*=If p<0.05 then it is statistically significant

Data Source:

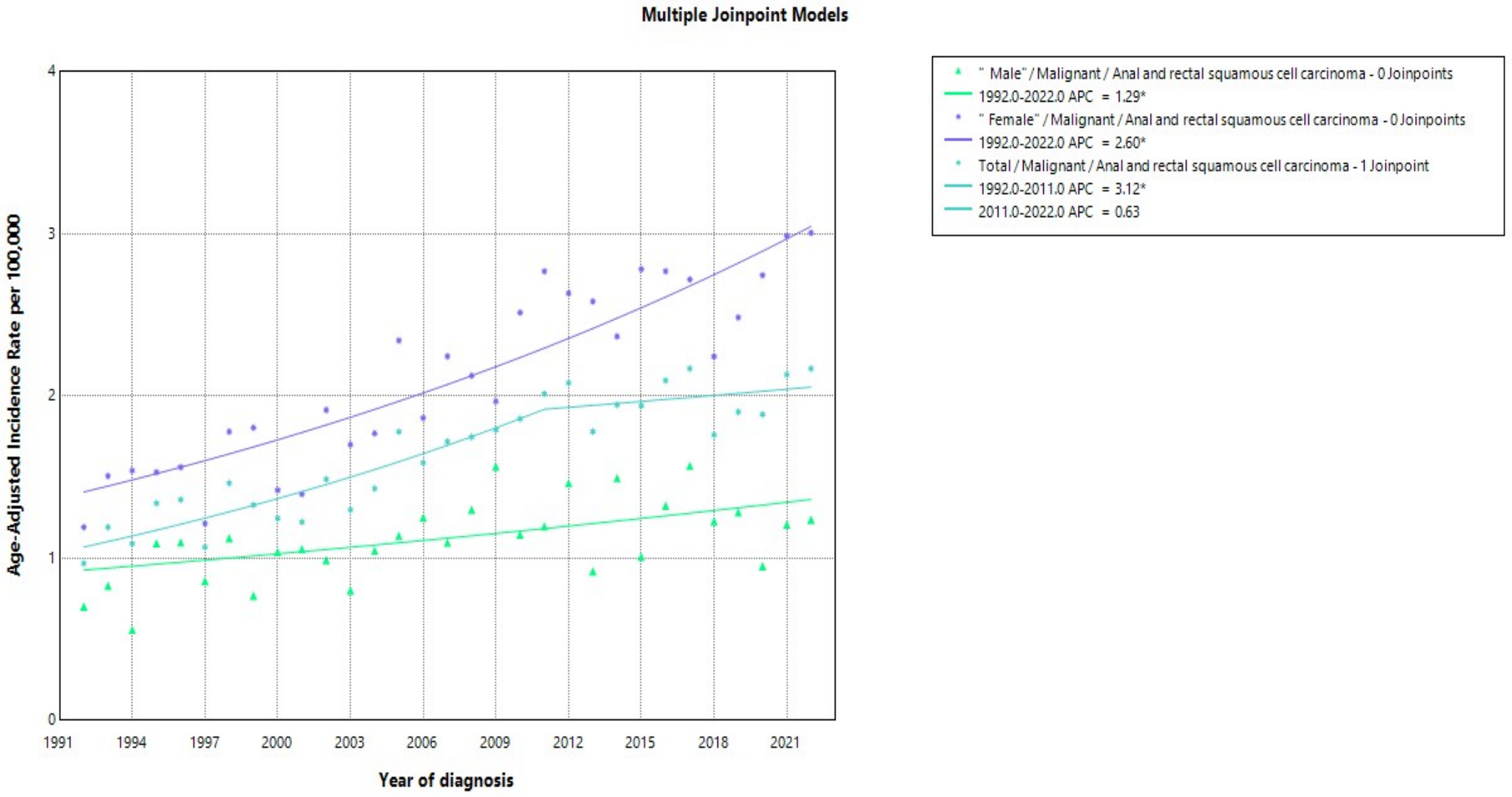
Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in January 2022.

Population Data: Washington State Office of Financial Management, released in January 2025.

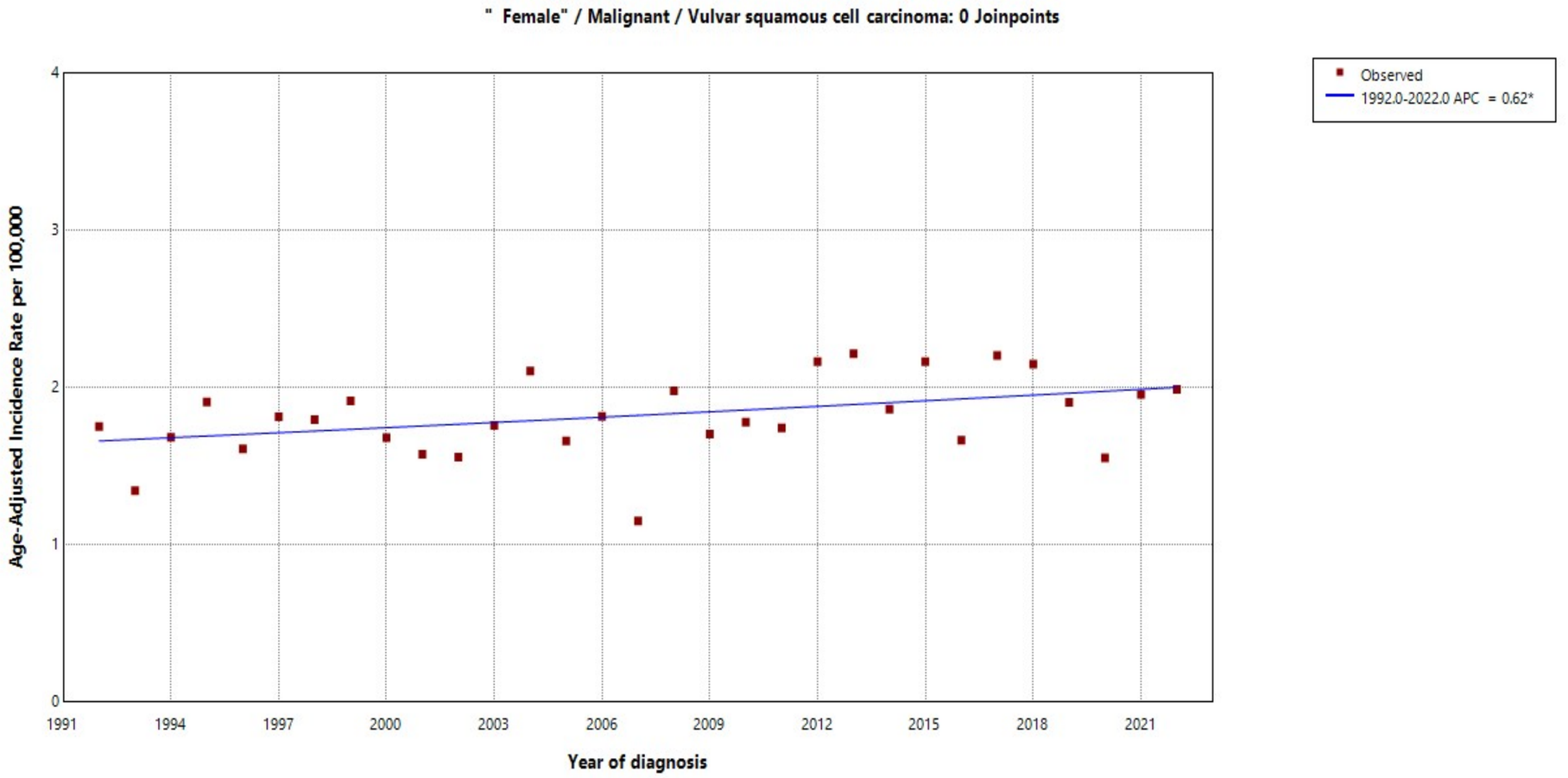
Incidence Rate Time Trends for Oropharyngeal Squamous Cell Carcinoma



Incidence Rate Time Trends for Anal and Rectal Squamous Cell Carcinoma

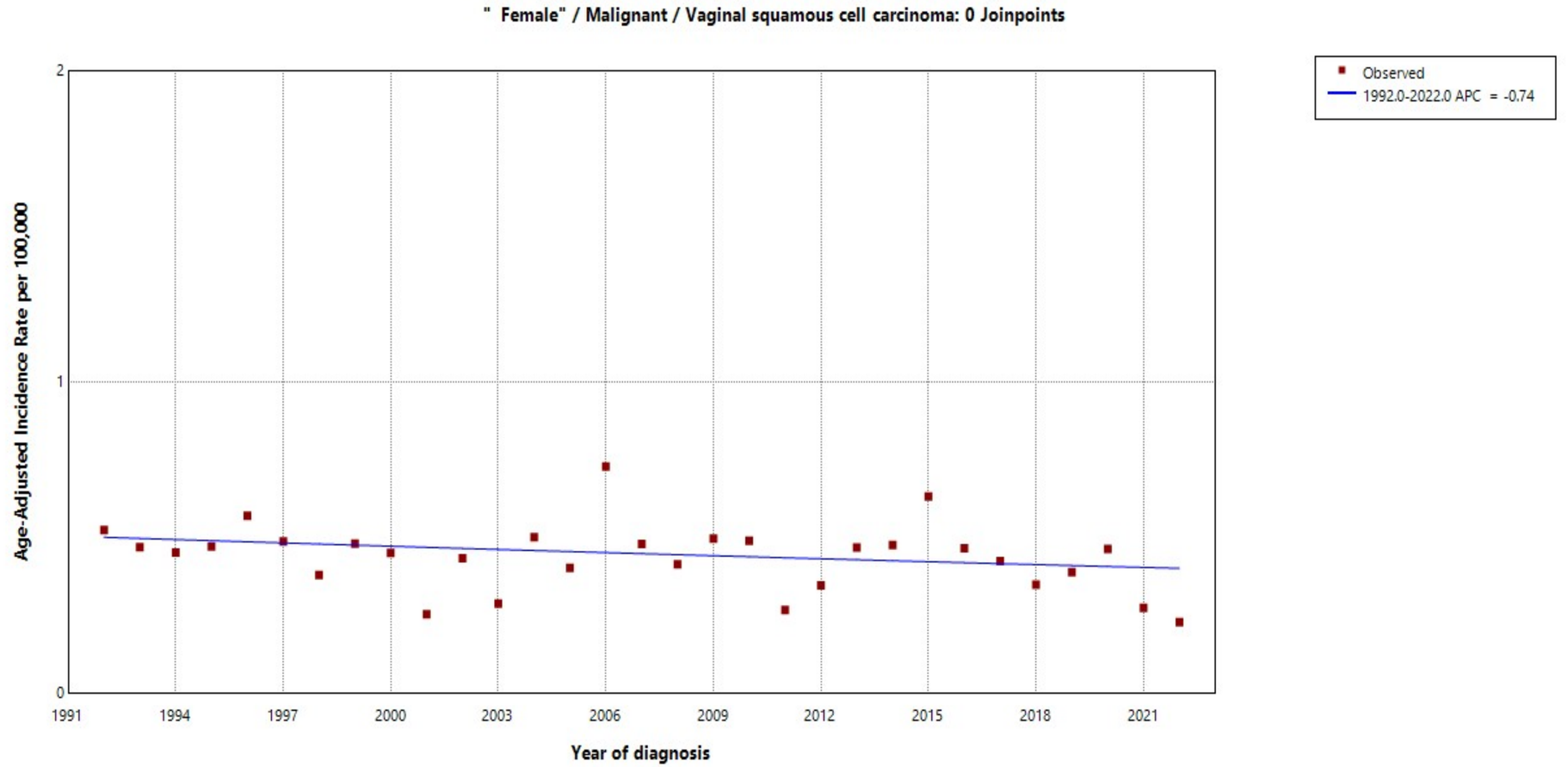


Incidence Rate Time Trends for Vulvar Squamous Cell Carcinoma



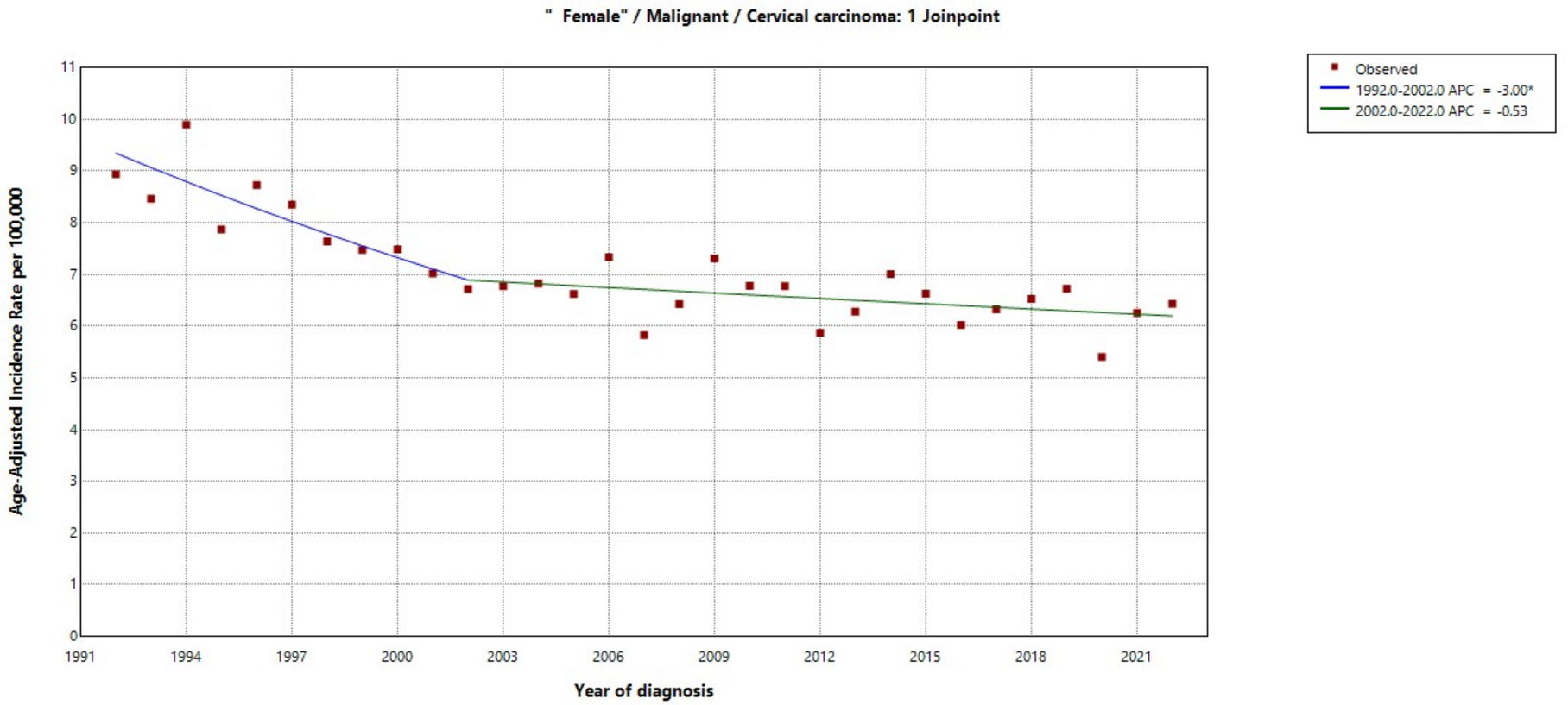
* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Incidence Rate Time Trends for Vaginal Squamous Cell Carcinoma



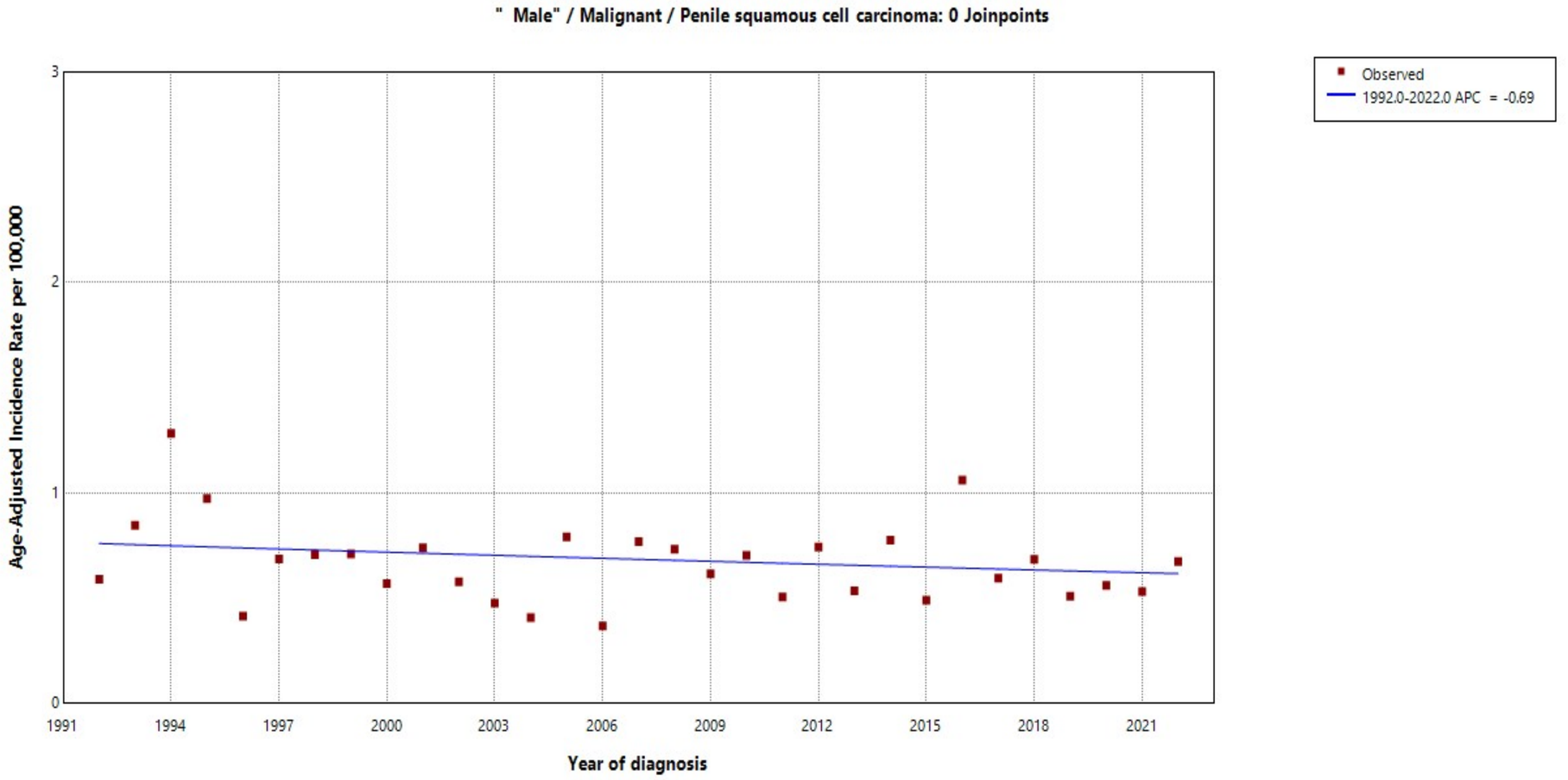
* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Incidence Rate Time Trends for Cervical Carcinoma



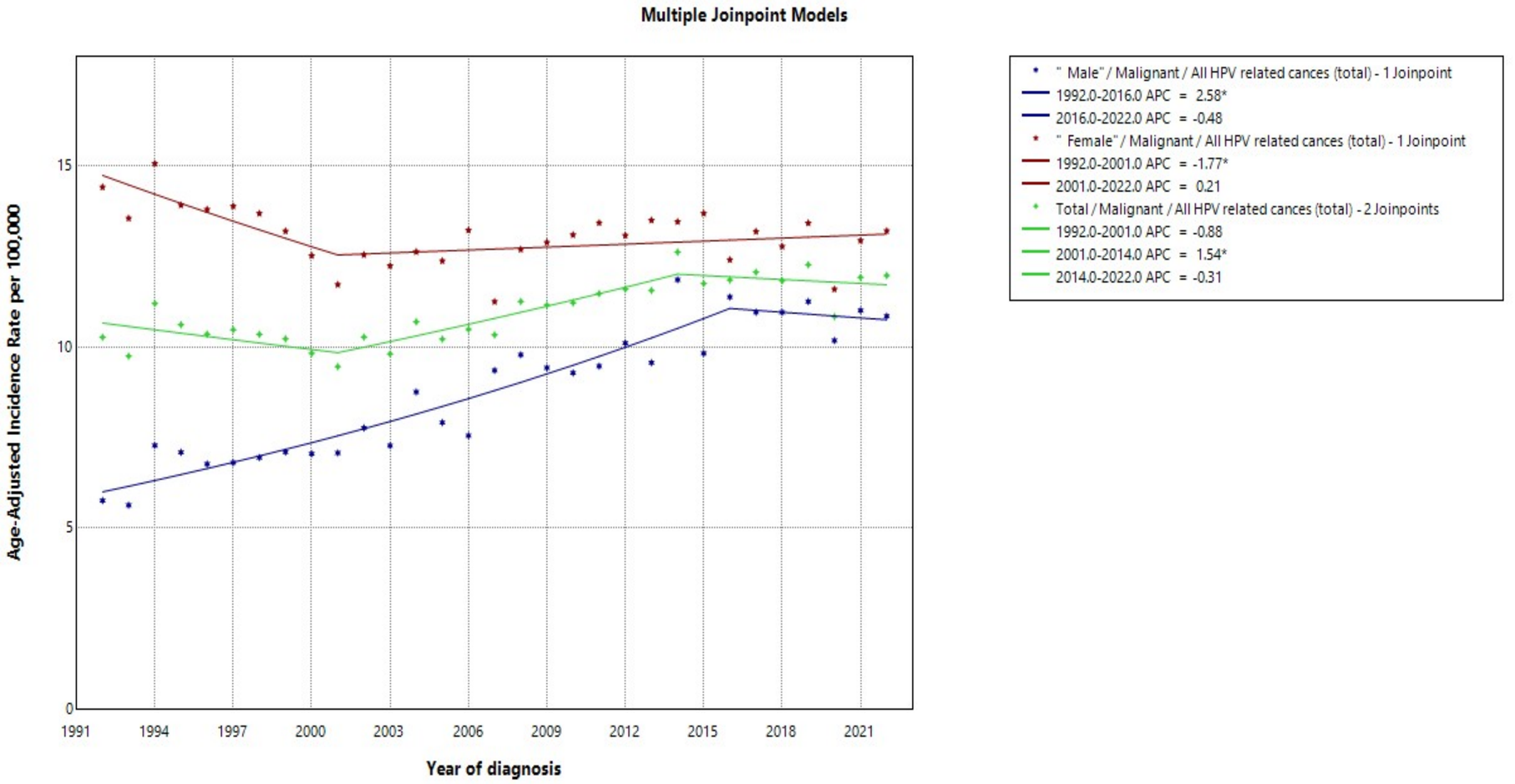
* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 1 Joinpoint.

Incidence Rate Time Trends for Penile Squamous cell Carcinoma



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

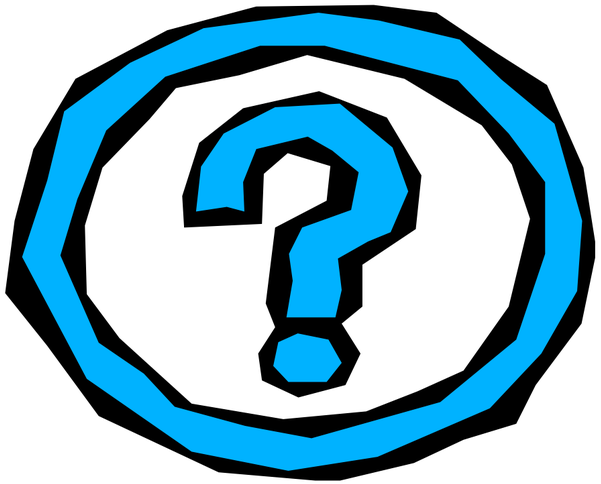
Incidence Rate Time Trends for all HPV related Cancers



Thank You

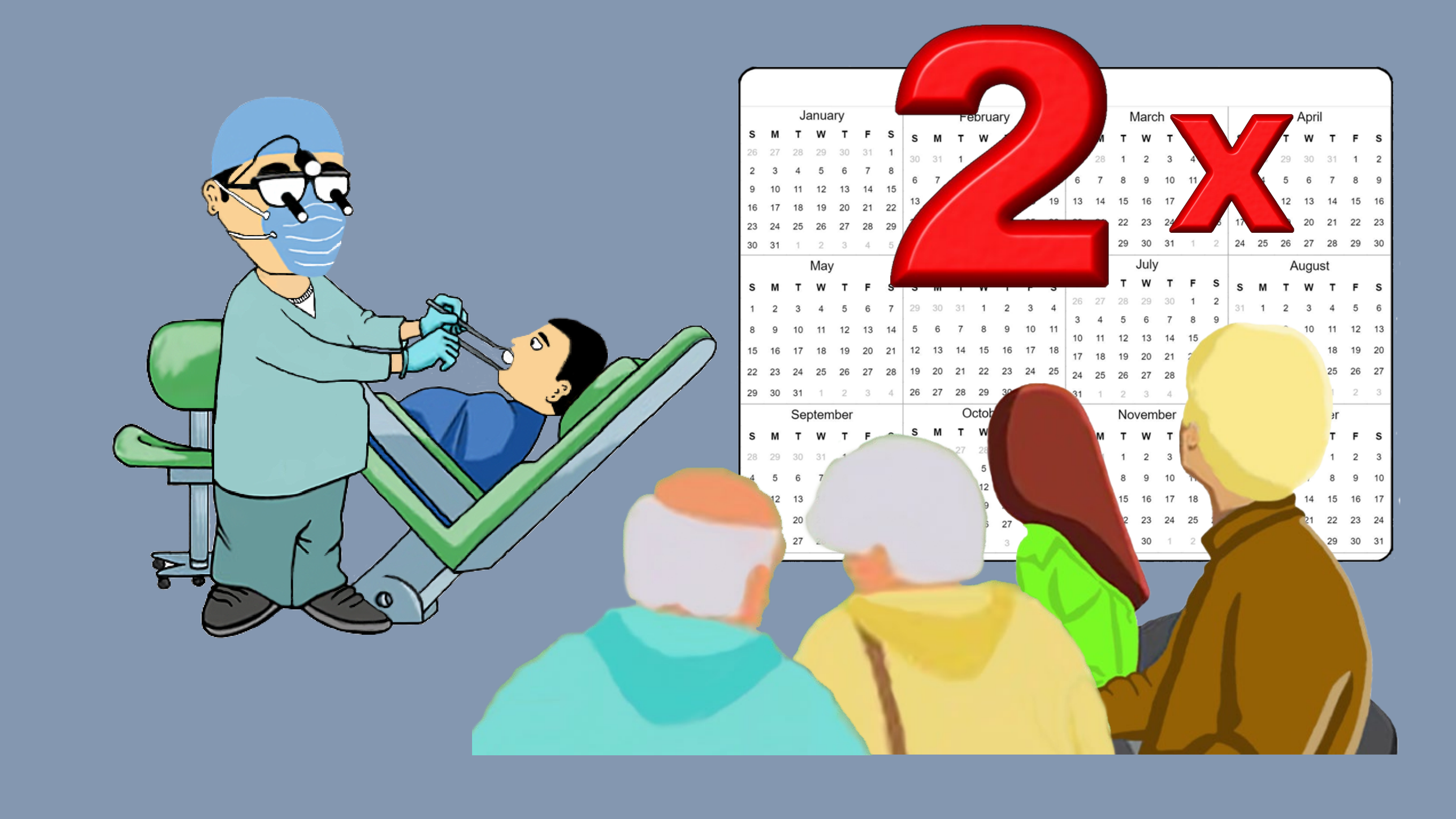
Any Questions or Comments are Welcome

Email: Mahesh.KeitheriCheteri@doh.wa.gov



HPV, Oropharyngeal Cancer & How to Engage Dental Care Professional in this HPV Cancer Prevention

Gary Heyamoto, DDS


2x
January
February
March
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July
August
September
November

What Can Dentists Do For HPV Awareness?

EDUCATE YOURSELF on HPV/Vaccine.

ENGAGE YOUR TEAM Educate your entire team about the link between HPV infection and oropharyngeal cancer.

PROVIDE INFORMATION via office posters and patient brochures.

HEALTH HISTORY FORM : Add HPV questions to your office forms.

COLLABORATE Partner with pediatricians and primary care providers as well as ENT's for ease of referral.

CONDUCT YEARLY ORAL CANCER screenings which include oropharyngeal cancer screening questions.


EDUCATE
ME

New Strategy: Start HPV Vax at 9

Fits within the CDC/ACIP guidelines:

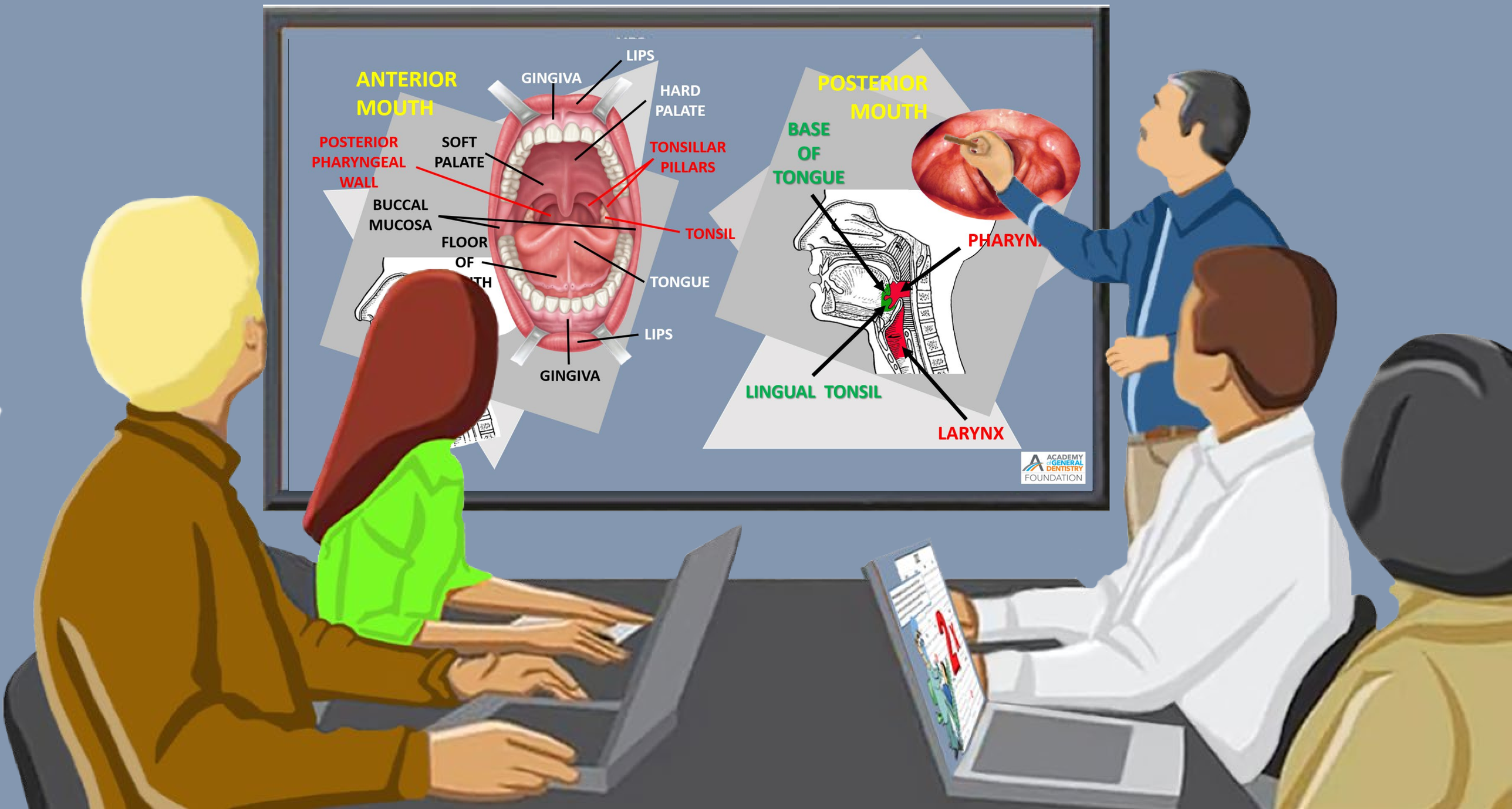
"HPV vaccination is routinely recommended at age 11 or 12 years; **vaccination can be given starting at age 9 years**."

Endorsed nationally:
- American Academy of Pediatrics
- American Cancer Society
- National HPV Vaccination Roundtable

Endorsed locally:
- Washington HPV Free Taskforce
- Vax Northwest
- WCAAP
- WA CHIP Immunization Learning collaborative

HPV FREE Task Force

Biancarelli, The Journal of Pediatrics (2021)
Casey, Journal of Lower Genital Tract Disease (2021)


ANTERIOR MOUTH
LIPS
GINGIVA
HARD PALATE
SOFT PALATE
POSTERIOR PHARYNGEAL WALL
TONSILLAR PILLARS
BUCCAL MUCOSA
TONSIL
FLOOR OF
TONGUE
LIPS
GINGIVA
POSTERIOR MOUTH
BASE OF TONGUE
PHARYN
LINGUAL TONSIL
LARYNX
ACADEMY of GENERAL DENTISTRY FOUNDATION


HPV PREV
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are infected every ye
{the vaccine is for both
MEN & WOMEN}
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it's linked to oropharynx, esopharyngeal, a
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YOUR PARTNER
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{funded in part by the SA}
VACCINA
How are HPV vaccines
Vaccines introduce an ina
immune system with onl
immune response.
It is important to
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and therefo
disease
"THE HPV
VACCINE
CAN SA
YOUR
CHILD'S LIFE."
HPV IS RESPONSIBLE FOR 5% OF ALL CANCERS
INCLUDING CERVICAL, MOUTH, ANAL & PENILE.
MAKE SURE YOUR CHILD IS VACCINATED AT
SCHOOL IN YEAR 8 (12-13 years old).
SPEAK TO YOUR DENTIST , DOCTOR , OR THE DENTAL
HELPLINE FOR MORE INFORMATION ABOUT HPV.
For FREE advice about HPV and your
Oral Health, call the Dental Helpline
or visit www.dentalhealth.org
Dental Helpline
01788 539780
Oral Health Foundation
BOOKS
VISIT
5
You are the key to
cancer prevention.
Recommend the HPV
vaccine to boys and girls
ages 11 – 12. Every visit on
or after the 9th birthday
is an opportunity to
recommend the vaccine.
HPV vaccine safely and
effectively prevents
infection by the major
HPV types.
THE KEY TO
PREVENTION
bout HPV at the Dentist
NVERSATION? "Did you know that
nds a vaccine that can prevent HPV,
er? Your child is the right age to
your pediatrician about it"
UR ANSWER... HPV is the
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nd many types of
ncluding
ngeal and cervical.
ER... Nearly
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How do people get oral HPV?
Some studies suggest that oral HPV may be passed on during oral sex (mouth-to-genital or mouth-to-anus contact) or open-mouthed (French) kissing while other studies have not. The likelihood of getting HPV from kissing or having oral sex with someone who has HPV is simply not known. More research is needed to understand exactly how people get and give oral HPV infections.
How can I lower my risk of giving or getting oral HPV?
There are no known studies that have explored how to prevent oral HPV. It is speculated that condoms and dental dams, when used consistently and correctly, will lower the chances of giving or getting oral HPV during oral sex. More research is needed to
derstand how oral HPV is passed on, how it can be
and who is most likely to develop health
oral HPV infection.
ngeal cancer?
HEY! DID YOU KNOW?
HPV CAUSES
WARTS and CANCERS that a
VACCINE can prevent
Ask your parents and doctor about the
Human Papillomavirus (HPV) vaccine
for girls and boys 11 years of age or older.
CDC.GOV/HPV/VACCINE.HTML
Who needs the
vaccine?
Do?
accine
screenings
ngeal cancer screenings
9-12 vaccinated.
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ysician visits.
E. HEYAMOTO, DDS

Human Papillomavirus (HPV) and Oropharyngeal Cancer

Serious health problems, including genital warts and certain cancers can be caused by Human papillomavirus (HPV). In most cases HPV goes away on its own before causing any health problems.

HPV : Human Papilloma virus and the Cancer Connection

In the U.S. each year, about 18,000 people are diagnosed with cancers of the oropharynx (which are about four times more common in men than women) that may be caused by HPV.

What is genital HPV?

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI) in the U.S. There are more than 40 types of HPV that can infect the genital areas as well as the mouth and throat. In most cases people who become infected with HPV do not know that they are even infected. Fortunately, most types of HPV are not harmful to people.

What is oral HPV?

The same types of HPV that infect the genital areas can infect the mouth and throat. HPV found in the mouth and throat is called "oral HPV". Some types of oral HPV (HPV16 and HPV18) can cause cancers of the head and neck area. Other types of oral HPV can cause warts in the mouth or throat. In most cases, HPV infections of all types go away before they cause any health problems.

In the last 20 years, oral cancer cases have more than tripled in the U.S.A.

Nearly 79 million people in the U.S.A. are infected, often without knowing it.

HPV is spread by intimate skin to skin contact

Some types of HPV can infect parts of your body and cause cancer of the tongue, tonsils, throat, cervix, vulva, vagina, anus and penis.

Almost 40,000 people a year will develop one of these cancers (110 per day)

Tips for Talking ab

HOW DO I START THE CON
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PARENTS MAY ASK...
What is HPV?

PARENTS MAY ASK...
How common is HPV and HPV related cancer?

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PARENTS MAY ASK...
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Is the vaccine effective?

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(HPV16 and HPV
show that the ma
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up to 90% of genit
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as well.

PARENTS MAY ASK...
Who needs the vaccine?

YOUR ANSWER... All
and girls ages 8-26 sh
vaccinated.

Where can I get more information?

STD Information https://www.cdc.gov/std/

HPV Information https://www.cdc.gov/hpv/

HPV Vaccination
https://www.cdc.gov/vaccines/vpd-vac/hpv/

Cancer Information https://www.cdc.gov/cancer/

Cervical Cancer Screening
https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

CDC's National Breast and Cervical Cancer Early Detection Program
https://www.cdc.gov/cancer/nbccedp/

CDC National Prevention Information Network (NPIN)
https://npin.cdc.gov/disease/stds

National HPV and Cervical Cancer Prevention Resource Center
American Sexual Health Association (ASHA)
https://www.ashasexualhealth.org/stdsstis/hpv/

CDC-INFO Contact Center 1-800-CDC-INFO
(1-800-232-4636) TTY: (888) 232-6348
https://wwwn.cdc.gov/dcs/

here can I get more information?

ormation https://www.cdc.gov/std/

formation https://www.cdc.gov/hpv/

accination
//www.cdc.gov/vaccines/vpd-vac/hpv/

er Information https://www.cdc.gov/cancer/

ical Cancer Screening
s://www.cdc.gov/cancer/cervical/basic_info/
eening.htm

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CDC-INFO Contact Center 1-800-CDC-INFO
(1-800-232-4636) TTY: (888) 232-6348
https://wwwn.cdc.gov/dcs/

CANCER PREVENTION for your child starts at the

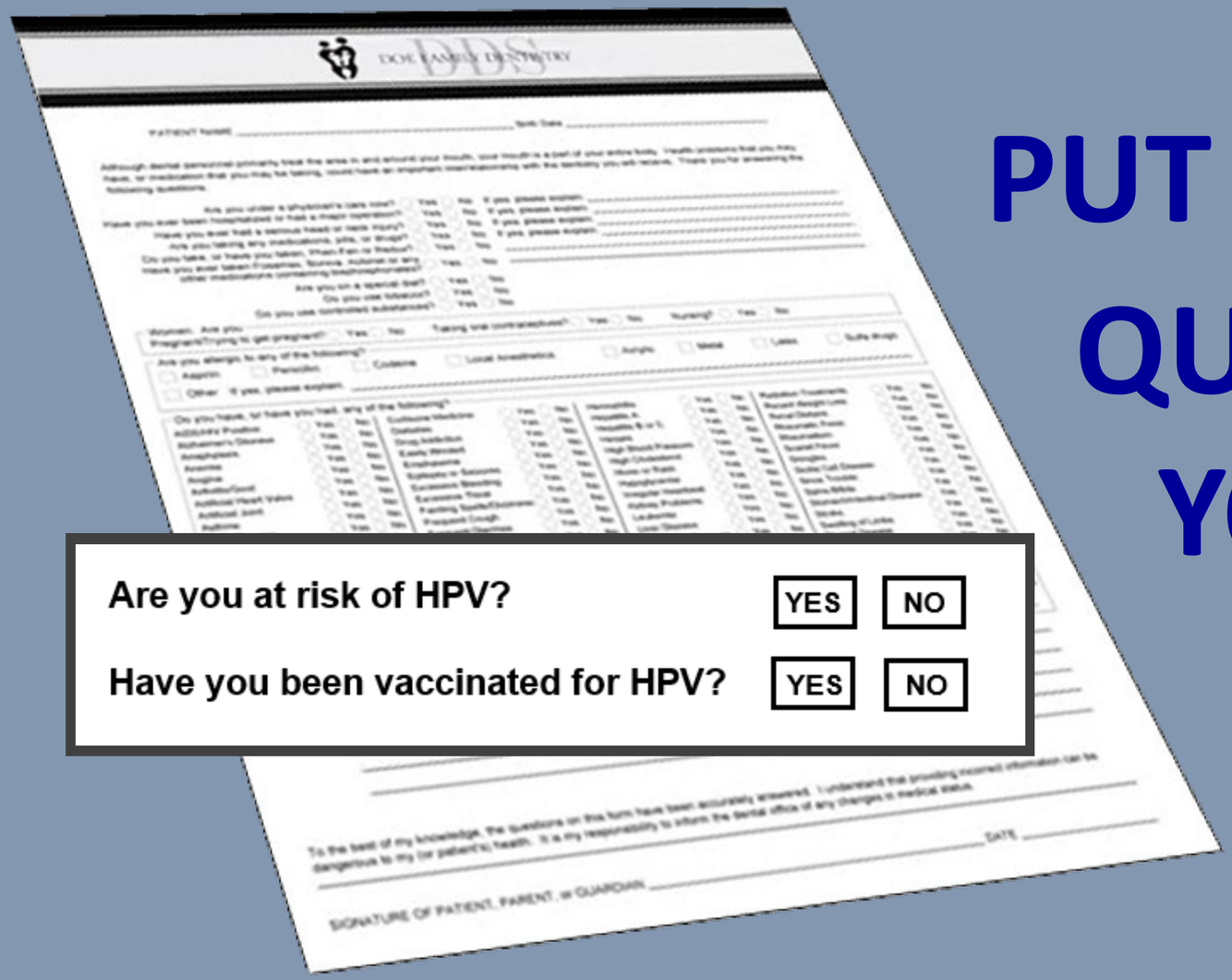
DENTIST

THIS BROCHURE PRESENTED COURTESY OF:

GARY E. HEYAMOTO,DDS

FAMILY DENTISTRY

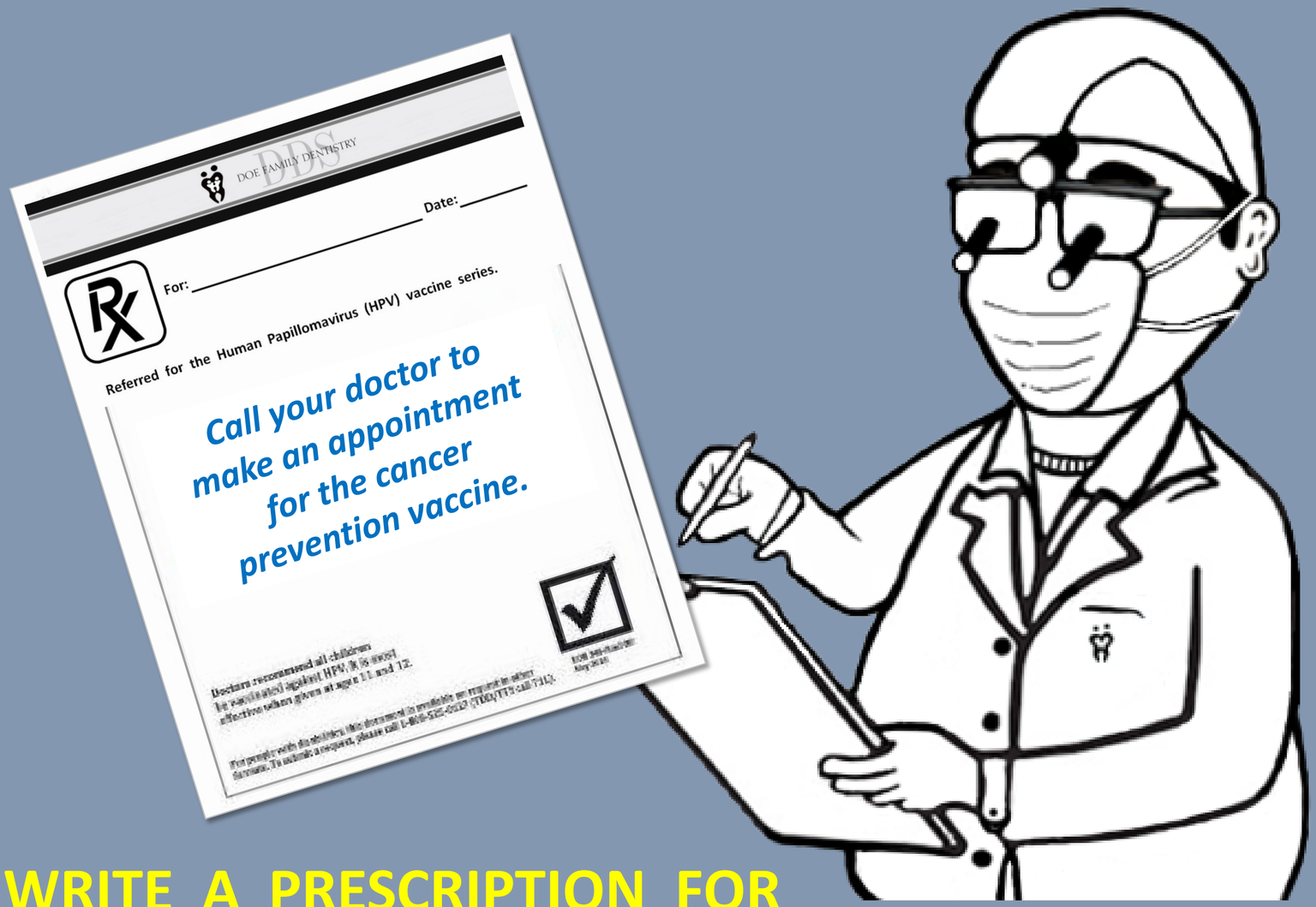
1729 208th Street S.E. #101
Bothell, Washington 98012
425.485-8885



PUT HPV VACCINE QUESTIONS ON YOUR MEDICAL HISTORY FORMS

Are you current in your well-care physician visits?

“BE A HPV VACCINATION ADVOCATE"



THE HPV VACCINE IS CANCER PREVENTION

WRITE A PRESCRIPTION FOR A VACCINE APPOINTMENT


ENT
EAR NOSE & THROAT
YOUR PRACTICE LOGO & INFO HERE
REASON FOR REFERRAL
COPD / Asthma
Sleep
Shortness of Breath
Cough
Lung Nodule
Other

Eleven Critical Questions

1. Do you have any white or red patches on your tongue or tonsils that have been there over two weeks?
2. Do you have excessive phlegm buildup causing you to constantly clear throat?
3. Do you have persistent coughing?
4. Have you noticed your voice changing or do you have bouts of hoarseness?
5. Do you have a persistent sore throat or a feeling that something is caught in your throat?
6. Do you have difficulty swallowing or chewing?
7. Do you have difficulty moving your jaw or tongue?
8. Do you have numbness of your tongue or any other areas of your mouth?
9. Do you have a lump in your neck that may or may not be tender or painful?
10. Are your cervical lymph glands sore or tender?
11. Do you have unexplained weight loss or persistent bad breath?

Here is the link to the Original HPV Awareness Video I made:

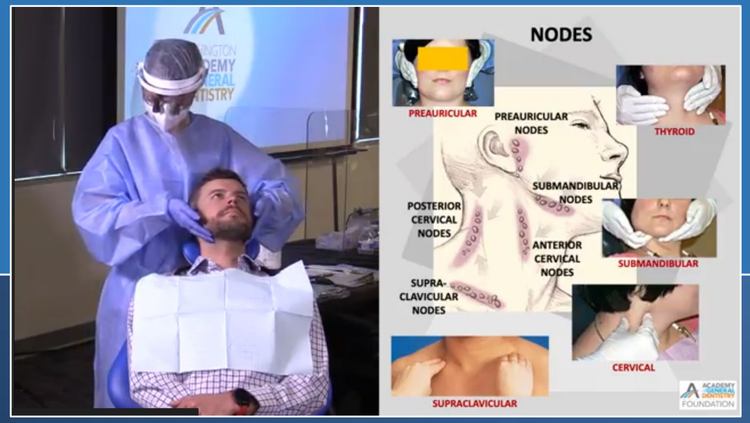
https://www.youtube.com/watch?v=gthLwHV_DHc

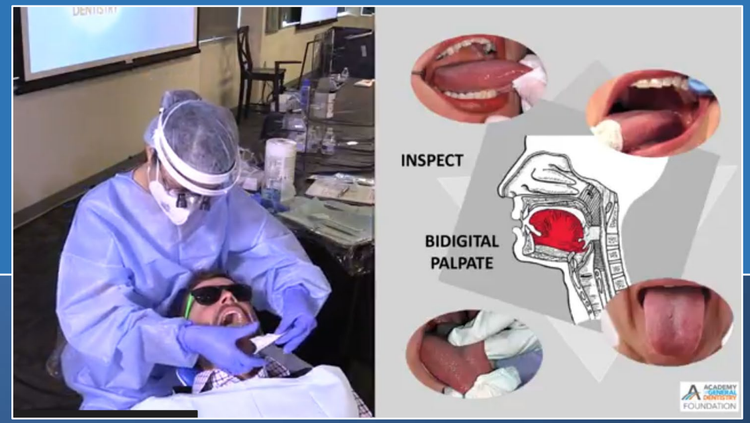
Here is the link to the full HPV video:

https://www.youtube.com/watch?v=fQUd-ZsIrX4

Here is the video for the exam portion only:

https://www.youtube.com/watch?v=xsEuRqMkGhg

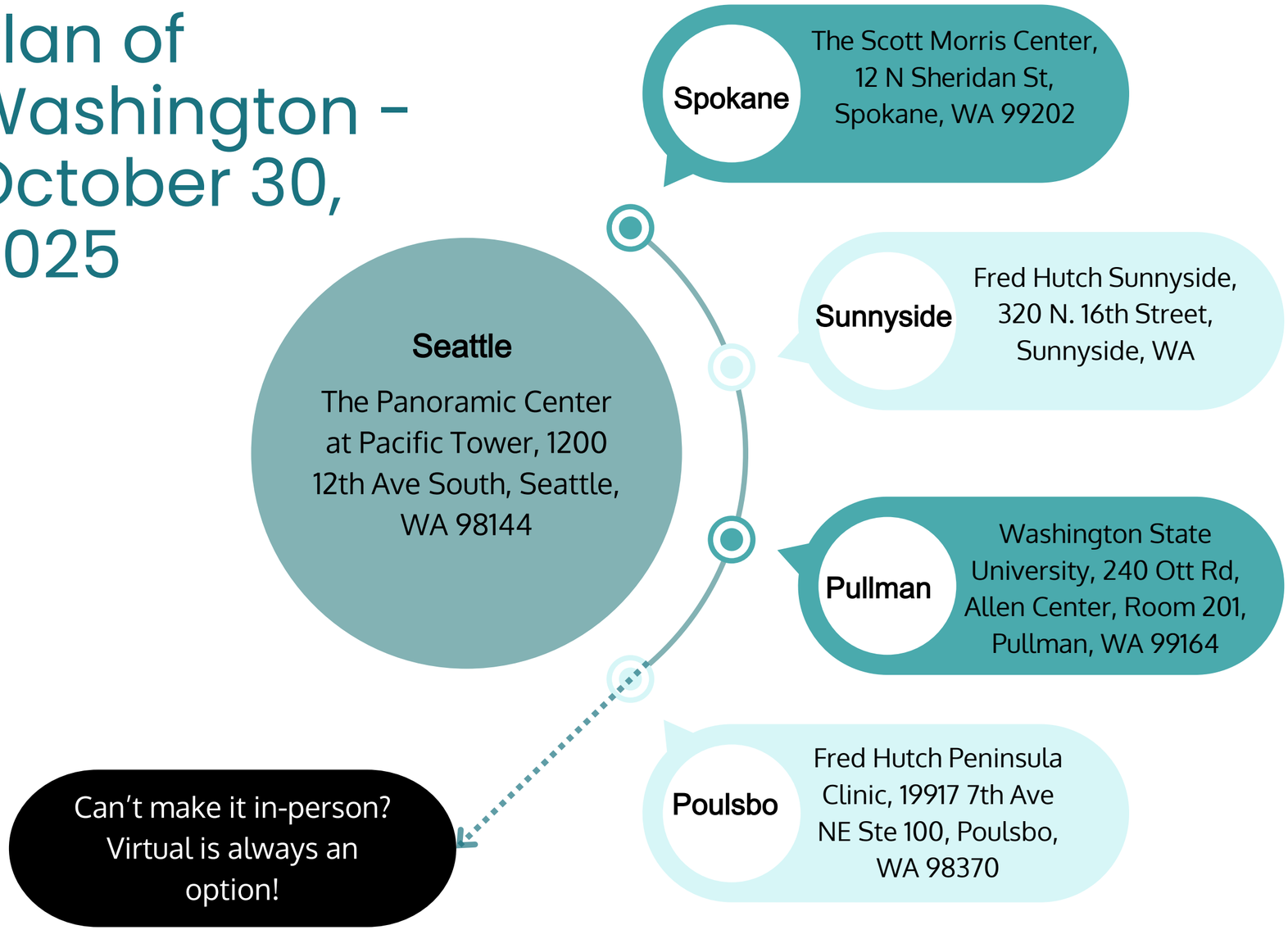




Updates, Upcoming Events, & Wrap - Up

Upcoming Events

Cancer Action Plan of Washington - October 30, 2025



Wrap Up

2026 Meetings

Spring Quarter Meeting (2.5 hrs.)
February 27, 2026, 8:00 am - 10:30 am

Annual Roundtable (4 hrs.)
May 8, 2026, 8:00am- 12:00 pm

Fall Quarter Meeting (2.5 hrs.)
October 9, 2026, 8:00 am – 10:30 am

Thank you for doing your part to prevent HPV Cancers!