

Quality of Physician Communication about HPV Vaccine—Letter

Nosayaba Osazuwa-Peters^{1,2}, Eric Adjei Boakye³, Kahee A. Mohammed^{3,4}, Joel B. Epstein⁵, Scott L. Tomar⁶, and Mark A. Varvares⁷

Gilkey and colleagues (1) assessed physician recommendations for human papillomavirus (HPV) vaccinations in the United States. Several studies have pointed out that parents and patients are more likely to accept the HPV vaccine if it is recommended by a health care provider. In the absence of any mandates, or school entry requirements, two factors that have contributed to successful vaccination programs in other countries, it is critical that more health care workers recommend the HPV vaccine to eligible individuals, so that clinical opportunities to increase vaccine uptake are not missed and value of the HPV vaccine is reinforced.

However, the authors, while focusing on physicians' recommendation for vaccination in 11 to 12 year olds omitted a health care provider who may help increase the vaccine uptake. Dentists are arguably the primary health care providers that see 11 or 12

year olds most often, for whom the vaccine was originally recommended. Dentists are the most visited primary health care providers in the United States (2). In 2013, at least 83% of children between the ages of 2 and 17 years visited a dentist at least once (3). That translates to between 41 and 61 million children and adolescents (4). With that volume of visits, the dentist is in a strategic position to help propagate the message of HPV vaccine uptake, and efforts should be made to get more dentists "ready" to provide HPV information to their patients and families, especially because of HPV's role in oropharyngeal cancer (2).

We also noted that Gilkey and colleagues added primary care doctors to their study, even though they typically may not see 11 or 12 year olds. It would have been interesting to learn how much primary care physicians are discussing the vaccines with their eligible, young adult patients, the 18 to 26 year olds, who are at the upper limit of the HPV vaccine catch-up age range. A recent study indicates that limited physician conversation is going on in this age group in terms of HPV vaccine (5).

The opportunity to reduce the burden of HPV-associated cancers and other HPV-attributable diseases through the HPV vaccine is too great to miss. We must therefore seize every opportunity to inform and encourage as many health care providers as possible to recommend the HPV vaccine to all who may benefit from it. This should include the dentist.

¹Saint Louis University Cancer Center, St. Louis, Missouri. ²Department of Otolaryngology - Head and Neck Surgery, Saint Louis University, St. Louis, Missouri. ³Center for Outcomes Research, Saint Louis University, St. Louis, Missouri. ⁴Department of Epidemiology, Saint Louis University, St. Louis, Missouri. ⁵Oncology Dentistry, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Health System, Los Angeles, California. ⁶Department of Community Dentistry & Behavioral Science, College of Dentistry, University of Florida, Gainesville, Florida. ⁷Department of Otolaryngology, Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, Massachusetts.

Corresponding Author: Nosayaba Osazuwa-Peters, Saint Louis University Cancer Center, 3655 Vista Avenue, 6th Floor Desloge Building, St. Louis, MO 63110. Phone: 314-268-7046; Fax: 314-268-7401; E-mail: nosazuwa@slu.edu

doi: 10.1158/1055-9965.EPI-15-1303

©2016 American Association for Cancer Research.

References

1. Gilkey MB, Malo TL, Shah PD, Hall ME, Brewer NT. Quality of physician communication about human papillomavirus vaccine: findings from a national survey. *Cancer Epidemiol Biomarkers Prev* 2015; 24:1673–9.
2. Daley E, Dodd V, DeBate R, Vamos C, Wheldon C, Kline N, et al. Prevention of HPV-related oral cancer: assessing dentists' readiness. *Public Health* 2014;128:231–8.
3. Centers for Disease Control and Prevention. Health, United States, 2014: with special feature on adults aged 55–64 [Internet]. Hyattsville, MD:

Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

Received December 22, 2015; accepted January 9, 2016; published OnlineFirst February 10, 2016.

- National Center for Health Statistics; 2015 [cited 2015 Dec 18]. Available from: [http://www.cdc.gov/nchs/data/14.pdf](http://www.cdc.gov/nchs/data/hus/14.pdf).
4. Federal Interagency Forum on Child and Family Statistics. POP1 Child population: number of children (in millions) ages 0–17 in the United States by age, 1950–2014 and projected 2015–2050 [cited 2015 Dec 18]. Available from: <http://www.childstats.gov/americaschildren/tables/pop1.asp>.
5. Osazuwa-Peters N, López J, Rice S, Tutlam N, Tokarz S, Varvares MA. No change in physician discussions with patients about the human papillomavirus vaccine between 2007 and 2013. *J Cancer Policy* 2015;5:18–22.