recent data linking human papillomavirus with oropharyngeal cancers, which typically occur in men, suggest a need for stepped-up efforts to gain approval for use of the HPV vaccine in young men and adolescent boys, according to Dr. Eric Sturgis and Dr. Paul M. Cinciripini, of the University of Texas M.D. Anderson Cancer Center, Houston.

Although the incidence of most types of squamous cell carcinoma of the head and neck have declined over the past 20 years, in tandem with declines in the prevalence of smoking, the incidence of oropharyngeal cancers has remained stagnant—a trend that may be attributable to the growing incidence of oncogenic HPV-associated cancers, the authors stated in the report (Cancer 2007 Oct. doi:10.1002/cncr.22683).

“We encourage the rapid study of the efficacy and safety of [HPV-16/18] vaccines in males and, if successful, the recom- mended vaccination in young adult and adolescent men,” they wrote.

They praised efforts to promote the recently approved HPV-16/18 vaccine among young women and adolescent girls to reduce the incidence of cervical cancer and dysplasia, but warned that limiting vaccination programs to women and girls who delay would potential benefits of preventing the HPV-16/18 oropharyngeal cancers in males. Dr. Cinciripini has acted as a consultant for GlaxoSmithKline, the manufacturer of Cervarix, a bivalent HPV vaccine protecting against types 16 and 18.

The single case of CIN 3 in the vaccinated group (there were 46 in the placebo arm) was a Brazilian woman who was positive for HPV 52 at day 1 and at 12 months was shown to be positive for both 52 and 16. She subsequently underwent a loop electrosurgical excision procedure.

“The lifetime risk of acquiring an HPV infection for sexually active people is 50% and approaches 75% in some settings,” Dr. Olsson explained, adding that HPV causes cervical cancer in 3%-4% of unscreened women. “Where we go in the screening and reduce the frequency of cervical cancer, but in doing so we create a new disease ...CIN.”

A separate analysis of data from this same cohort of women suggests that in these women, aged 16-26 years, Gardasil vaccination reduces the overall incidence of Pap abnormalities regardless of the HPV types involved.

In a poster presentation, the researchers analyzed the impact on rates of abnormal Pap tests in women who, at day 1 of the study, had a negative Pap test and were negative for HPV DNA types 16 and 18 and seronegative to the four vaccine HPV types discussed above.

In this generally HPV-naive population, Gardasil vaccine reduced the half of high grade squamous intraepithelial lesions, compared with placebo. “Given these results, the impact on HPV 6/11/16/18-related Pap abnormalities is expected to be dramatic,” the authors wrote.