

Oral Cancer Data Support HPV Shots for Men

BY SHARON WORCESTER
Southeast Bureau

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. Erich 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 carcinomas 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 wrote (Cancer 2007 Oct. [doi:10.1002/cncr.22963]).

They praised efforts to promote the recently approved HPV-16/18 vaccination of

young women and adolescent girls to reduce the incidence of cervical cancer and dysplasia, but warned that limiting vaccination programs to females would delay 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 vaccine against HPV 16/18.

Data have shown an increase in the incidence of oral tongue cancer in young adults and of oropharyngeal cancers, par-

ticularly tonsil and base of tongue cancer, in those younger than 45 years. In addition, the literature consistently shows a link between oncogenic HPV and oropharyngeal cancers, with HPV DNA being identified in about half of all oropharyngeal cancers and in a particularly high proportion of oropharyngeal cancers in nonsmokers. More than 90% of HPV-positive oropharyngeal cancers are a result of HPV-16.

The similarities between HPV-related oropharyngeal cancer and cervical carcinogenesis, and the “biologic plausibility of the HPV carcinogenesis model all support HPV causality of a proportion of oropharyngeal cancers,” they noted.

The mode of transmission of HPV in patients with HPV-related oropharyngeal cancer is not clear, but some reports suggest the sexual history of oncogenic HPV-positive oropharyngeal cancer patients mirrors that of women with cervical cancer, and it is likely that risk factors such as multiple sexual partners and oral-genital sex play a role, the authors said. ■

Merck Updates Vaccine Stocking Delays, Shortages

Merck & Co. Inc. issued an update on the status of its vaccine delays and shortages in a letter to physicians.

The company announced that ProQuad (measles, mumps, rubella, and varicella virus vaccine live) will be unavailable for ordering through the rest of 2007, although existing back orders were filled through August. It said it was too early to decide if ProQuad will be available in 2008.

Merck had earlier requested that customers transition from ProQuad to M-M-R II and Varivax (varicella vaccine). The Centers for Disease Control and Prevention continues to report that current projections forecast an adequate supply to implement the recommended immunization schedule fully for varicella vaccine for all age groups and for the recommended use of Zostavax, the herpes zoster vaccine.

Varivax is currently available in adequate supply, according to Merck, but customers should expect shipping delays of up to 15-20 business days. The company expects to return to normal delivery schedules in late September or early October, but in the meantime two additional shipping days have been added and at least one order per office is being shipped—instead of the normal first-in, first-out model—to minimize the impact on customers with no supply of Varivax.

Production delays also have plagued Merck in manufacturing its pediatric and adult hepatitis A vaccine (Pediatric and Adult Vaqta). It said orders that it received early- to mid-September will continue to be filled on a 6- to 7-week back order, but orders that are received after mid-September will not be available for shipment until near the end of the first quarter of 2008.

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