



MALE HPV VACCINATION. WHY NOT?

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Male HPV vaccination. Why not?

Human papillomavirus (HPV) is the most common sexually transmitted disease worldwide, with more than 100 types of HPV identified. Approximately 30 HPV types affect the anogenital area. More than 99% of cervical cancers and approximately 88% of anal cancers are associated with HPV; the most common oncogenic subtypes are 16 and 18. On the other hand, we are seeing an increase in oropharyngeal (ORL) cancers due to HPV, especially in men. Despite the morbidity associated with anogenital condylomas and the mortality associated with anogenital and oropharyngeal cancers as direct consequences of HPV infection, in most countries vaccination is routinely advised only in girls aged 12-14 years, and not in boys.

But, if we take into account:

- That men have a poor antibody response in natural infection and the risk of acquiring an HPV infection in men does not differ by age.

- The weight of the disease secondary to HPV 6, 11, 16, 18 in men is similar to that of women and increasing.

- ORL HPV (+) cancer is the cancer with the highest growth rate of all cancers and it predominates in men. Spain is one of the countries with the highest incidence rate. The future expectation is that its incidence will be superior than cervix cancer, which is why women were vaccinated. The incidence of anal cancer in MSM will exceed that of cervix and in HIV + MSM it is still higher (HIV + women <26 years are currently being vaccinated).

- HPV 16 is the leading actor in most cases of HPV + cancer. HPV 16 takes more time to clear in males than other oncogenic types.

- Despite the poor antibody response in natural infection, men have a robust immune response to the vaccine. The tetravalent vaccine has demonstrated its effectiveness against the prevention of genital warts, precancerous genital lesions and anal cancer (ORL cancer?) in men.

- The economic impact derived from HPV-related pathology in both sexes is similar and it's very high. We believe that extending coverage to boys aged 9-13 years would lead to a drastic overall reduction in cancers related to HPV (16-18) and it is cost effective. Failure to do so, could result in discrimination based on sex and sexual orientation.

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