

Impact of a Brief HPV-Related Head and Neck Cancer Awareness and Vaccination Educational Intervention

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BACKGROUND

- ❖ Awareness of HPV-positive head and neck cancers (HPV+ HNC) and the benefits of HPV vaccination remains low among the general public
- ❖ This gap is even wider in minority populations, who more often cite limited HPV knowledge as a barrier to getting vaccinated
- ❖ This study evaluated whether a brief educational intervention could improve HPV knowledge and vaccination rates among a diverse patient population at a safety-net hospital clinic

HPV Questionnaire

PART 1 — KNOWLEDGE ASSESSMENT (T / F / DK)

- | | |
|--|--|
| 1. Only women can get HPV | 9. More partners raises HPV risk |
| 2. HPV can cause cervical cancer | 10. Nearly all sexually active get HPV |
| 3. HPV can cause head & neck cancer | 11. Vaccine only recommended for girls |
| 4. HPV causes cancer in women only | 12. Full protection needs > 1 dose |
| 5. HPV can cause genital warts | 13. Best if given before sex starts |
| 6. Can have HPV for years, unknowingly | 14. Recommended only under age 26 |
| 7. HPV is transmitted through sex | 15. Doctor discussed vaccine? Y/N/DK |
| 8. Most HPV infections show symptoms | 16. Interested in the vaccine? Y/N/DK |

PART 2 — VACCINATION DECISION FACTORS

REASONS FOR

Heard of vaccine • Believe it's beneficial/effective • Concerned about HPV • Provider recommended • Friends/family recommended • News recommended it • Got an appointment • Insurance covered it • Affordable

REASONS AGAINST

Hadn't heard of vaccine • Doesn't believe it's beneficial/effective • Not concerned about HPV • Provider didn't recommend • Friends/family against it • News against it • Couldn't get an appointment • Insurance doesn't cover it • Can't afford it

PART 3 — ATTITUDES & AWARENESS

1. Heard of HPV before? Y / N / DK
2. Think HPV causes cervical cancer? Y / N / DK
3. Think HPV causes throat cancer? Y / N / DK
4. HPV vaccine effectiveness? Very / Somewhat / Not / Never heard
5. Would get vaccine if offered? Y / N / Maybe / DK

METHODOLOGY

STUDY DESIGN

Cross-sectional, randomized study conducted at a safety-net Otolaryngology clinic.

- ❖ n = 51 adult patients (intervention n = 23); 300 patients planned
- ❖ Participants completed a baseline 16-item HPV knowledge survey, then were randomized to an intervention or control group
 - Intervention group received standardized HPV educational materials and completed an immediate post-intervention knowledge survey
 - Control group received usual care

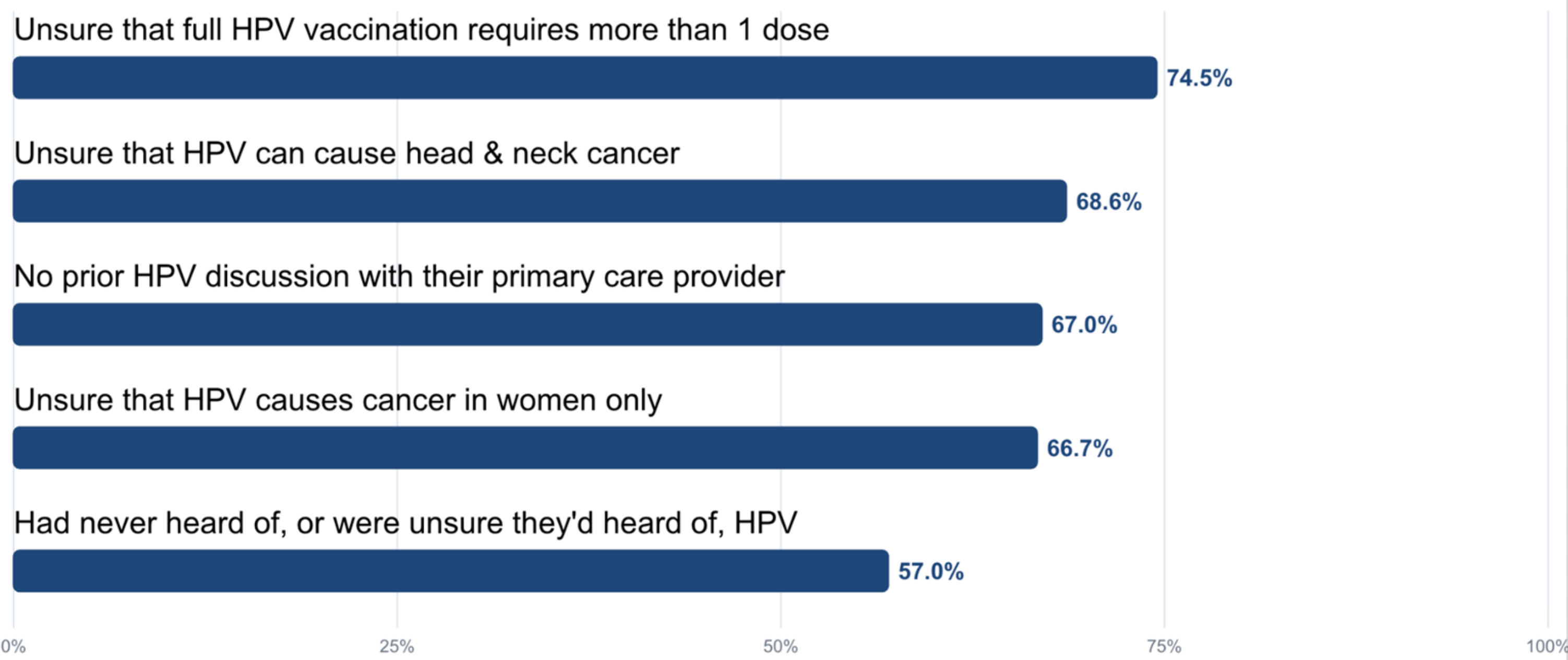
HPV vaccination status is being tracked longitudinally in both groups

RESULTS

BASELINE

BASELINE KNOWLEDGE & AWARENESS GAPS

Share of participants who were unsure or had a gap at baseline (n = 51)



- ❖ Baseline knowledge did **not** differ significantly between the intervention and control groups (mean scores 6.48 vs. 5.96; p > 0.05)
- ❖ 57% of participants had never heard of, or were unsure they had heard of, HPV
- ❖ Two-thirds (67%) reported no prior discussion of HPV with a primary care provider.

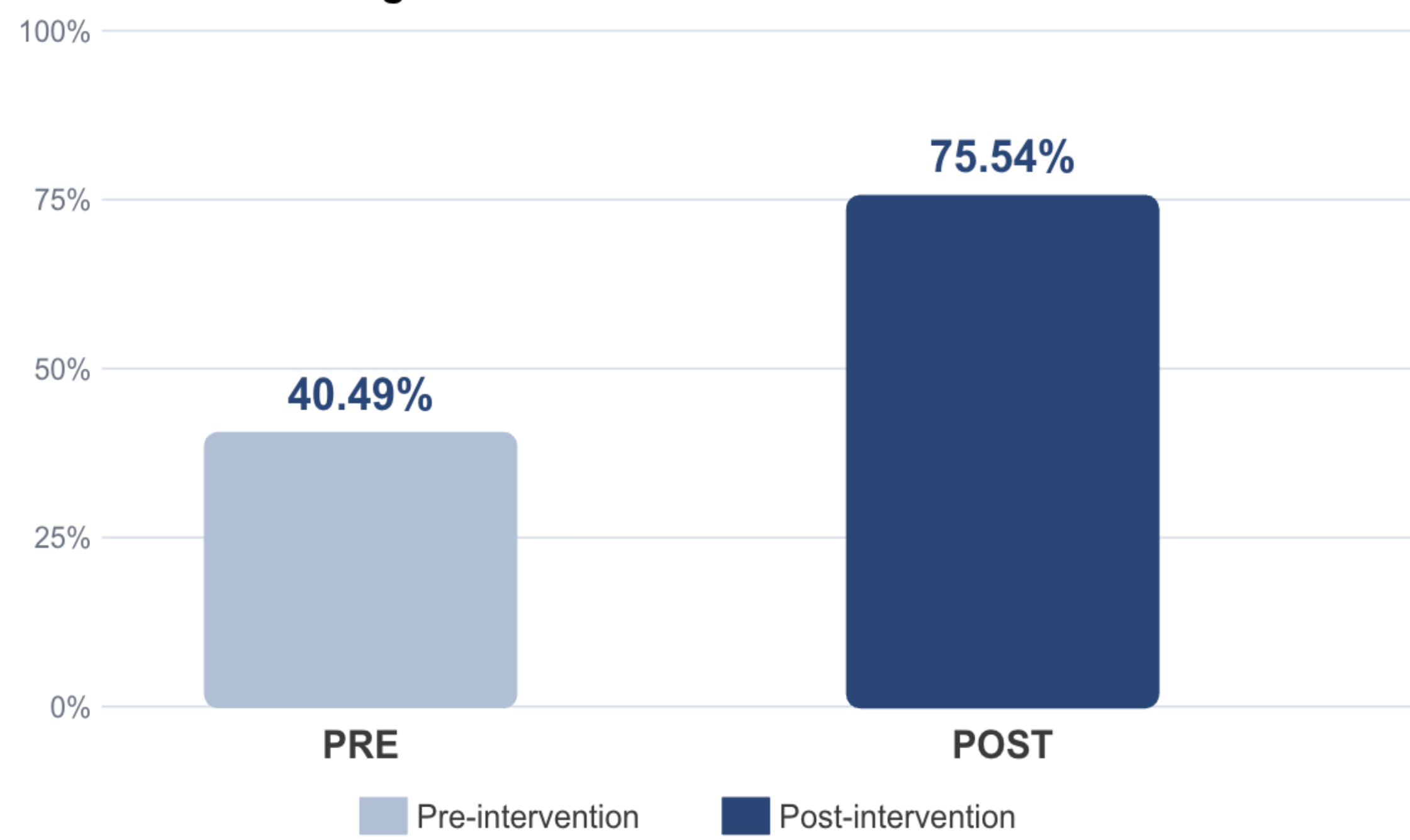
RESULTS

POST-INTERVENTION

- ❖ Mean knowledge scores **increased significantly** following the educational intervention.
- ❖ Intervention converted **67% of baseline "unsure" responses into correct responses.**

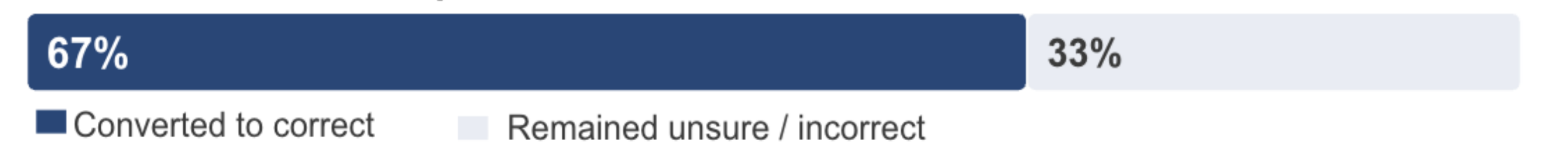
POST-INTERVENTION OUTCOMES

Mean HPV knowledge score



+35.05 percentage points, +5.61 points, p < 0.001

Baseline "unsure" responses converted after the intervention



DISCUSSION

- ❖ Public awareness of the HPV-throat cancer link remains poor (~30% nationally); in our safety-net cohort, 68.6% were unsure
- ❖ Most baseline errors were "unsure," not false beliefs, which suggests patients are uninformed rather than resistant
- ❖ Brief intervention **significantly improved** HPV knowledge
- ❖ With 67% never counseled by a PCP, ENT clinics are a valuable, underused place to deliver HPV education and vaccination
- ❖ Next steps: track vaccination uptake, retention of knowledge over time, and point-of-care vaccine access