

Tips for Talking about HPV with Parents

It's important to recommend the HPV vaccine **the same way, and same day** as other adolescent vaccinations. One example of a high quality recommendation would be to say, "Today, you are due for Tdap, HPV, and Meningococcal". When discussing HPV, it's best to focus on cancer prevention and age of best immune response, rather than sexual activity, because HPV is transmitted by intimate contact between any two people regardless of sexual orientation or gender—sex is not required.

PARENTS MAY ASK...

What is HPV?



YOUR ANSWER...

HPV (human papillomavirus) is the most common sexually transmitted infection in the USA. It can cause genital warts and many types of cancer, including oral and cervical.

PARENTS MAY ASK...

How common is HPV and HPV-related cancer?



YOUR ANSWER...

Nearly everyone, regardless of sexual orientation, race, or gender, will have HPV in their life. Usually, people have no symptoms and require no treatment. However, HPV causes 37,000 cancer cases each year.

PARENTS MAY ASK...

Why is it important now?



YOUR ANSWER...

If administered before age 15, the immune response is so strong that all children only need a 2 shot series. After age 15, they need a 3 shot series.

PARENTS MAY ASK...

Is the vaccine safe and effective?



YOUR ANSWER...

Over 270 million doses of HPV vaccine have been given with no serious side effects. The majority of cervical and anal cancers and up to 90% of genital warts can be prevented with the vaccine.

PARENTS MAY ASK...

My child is gay/lesbian/bi; do they need to be vaccinated?



YOUR ANSWER...

Yes. HPV does not discriminate. All children should be vaccinated regardless of sexual orientation, gender identity, sex, or race.

PARENTS MAY ASK...

Who needs the vaccine and how much does it cost?



YOUR ANSWER...

Everyone should be vaccinated starting at age 9. It is free for children in Massachusetts regardless of insurance. People under age 45 can talk to their doctor about getting catch up vaccines.

A Provider's Quick-Guide to HPV Cancer Prevention for LGBTQ+ Patients

With close to 10 million Americans identifying as LGBTQ or a sexual or gender minority (SGM), most medical providers—from pediatricians to specialists—are treating patients who are LGBTQ, whether they know it or not. Building trust and making appropriate recommendations for vaccination and screening to prevent HPV-related cancers can make all the difference in the health of patients.

However, for many current providers, medical education did not include LGBTQ-inclusive care. Whether it's when a patient first 'comes out' to their health care provider as a teen, or when an adult seeks trusted care, small things can reduce fear and stigma, and improve quality of care for patients and their long-term health.

We at Team Maureen, a nonprofit dedicated to ending cervical cancer by educating about HPV and the importance of prevention and early detection, hope that these are valuable resources for you and your practice.



For more information about HPV-related cancers, contact Team Maureen at info@TeamMaureen.org or visit www.TeamMaureen.org



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The Basics of HPV and Screening

WHAT IS HPV?

HPV (human papillomavirus) is the most common sexually transmitted infection in the USA. It can cause genital warts and 6 types of cancer, including throat/back of tongue, anal, and cervical. All types of intimate skin contact can spread HPV.

HOW COMMON IS HPV & CANCER

Nearly everyone, regardless of sexual orientation, race, or gender, will have HPV in their lifetime--usually with no symptoms or treatment needed. HPV causes 37,000 cancer cases each year in the USA.

WHAT IS THE HPV VACCINE?

The vaccine protects against the types of HPV that are associated with cervical, oropharyngeal, and anal cancer. The majority of cervical and anal cancers and up to 90% of genital warts can be prevented with the vaccine. Over 270 million doses of the HPV vaccine have been given the most common side effect is soreness at the injection site.

WHEN DO YOU VACCINATE?

Everyone should be vaccinated starting at age 9. Before age 15, the immune response is so strong that all children only need a two shot series. After age 15, three shots are required for adequate protection. Overall, the vaccine is recommended for everyone from ages 9-26, and is approved for catch up through age 45. It's free for people under age 18 in Massachusetts.

CERVICAL CANCER SCREENING

HPV causes 12,000 cases of cervical cancer each year in the USA. Anyone with a cervix (CIS women and transgender men) should visit a trusted health care provider each year and discuss cancer screening. PAP testing is recommended starting at age 21, and PAP with HPV co-testing starts at age 30. Primary HPV Screening might also be an option to become available as well. Screening schedules are based on PAP and HPV history, age, and risk.

It is essential for lesbians to be screened for cervical cancer. Lesbians have an inaccurate self-perceived lower risk of HPV and cancer because they do not have sex with men. They therefore often have lower cervical cancer screening rates. However, lesbians can be exposed to HPV through intimate skin contact, manual intercourse, and sharing intimate toys.

ORAL HPV in MEN & WOMEN

Rates of cancers of the oropharynx have increased dramatically in the last 30 years, mostly in men. With 21,000 cases per year, it is now more common than cervical cancer. There is currently no screening tool to identify pre-cancer. Instead, everyone should visit a dentist yearly for a complete manual and visual cancer screening.

ANAL HPV SCREENING

Although there are no national screening guidelines, some experts recommend anal cancer screening for HIV+ and high-risk patients, including men who have sex with men (MSM). Studies show that MSM have

Words Matter

Do I know enough?

Am I comfortable enough?

Your ability to understand the words your patients use to describe themselves, and to use current language accurately, demonstrates that you are committed to providing quality care. Here are a few definitions that go beyond LGBTQ (lesbian, gay, bisexual, transgender and queer):

SGM (sexual and gender minority)—an inclusive, umbrella term for all spectrums of many of the below terms.

Sexual orientation—Defining of a person based on who they are attracted to, an enduring emotional and sexual attraction to other people. (This replaces the phrase “sexual preference”.)

Homosexual— A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. **Gay** can also be used regardless of gender identity, but is more commonly used to describe men. **Lesbian** is commonly used for a woman who is attracted to other women.

Bisexual—A person attracted to more than one sex, gender, or gender identity.

Pansexual—Describes someone who has the potential for attraction to people of any gender, though not necessarily simultaneously or to the same degree.

Gender identity—One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same as, or different from, their sex assigned at birth.

Cisgender— (CIS) A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

Transgender—An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on their sex assigned at birth. Transgender doesn’t imply a specific sexual orientation.

Intersex—An umbrella term used to describe a wide range of natural bodily variations, some apparent at birth, and others not until puberty.

Non-binary—A person who does not identify exclusively as a man or a woman. They may identify as being both a man and a woman, somewhere in between, or fall completely outside these categories.

Queer—A term people often use to express fluid identities and orientations. (Although it still can be, it is not necessarily a derogatory slang.)

Gender-fluid—A person who does not identify with a single fixed gender.

Gender non-conforming—A broad term for people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Attraction/
Orientation



Gender Identities



Where do I start?

QUALITY IMPROVEMENT TIPS FOR YOUR PRACTICE

OFFICE TIP 1: Display a poster, brochure, sticker, or sign that includes a rainbow or welcoming language; even something subtle will be noticed.

OFFICE TIP 2: Ask simple, open questions of tween/teen patients, but recognize that their answers may be inaccurate around family. Time with just the teen gives them the opportunity to be honest.

OFFICE TIP 3: Recognize that gender and sexuality are more fluid today than in generations past. A patient’s answer today, may not be their answer next year—so ask at every visit.

OFFICE TIP 4: Include additional options on medical intake forms:

- SEX: male, female, Self describe _____?
- Do you identify as straight, gay, bisexual, asexual, I don’t know, self describe?

OFFICE TIP 5: Ask open-ended questions about sexuality, such as: “Are you having sex, and if so, what type of sex do you have?” “How would you describe your sexual orientation? And avoid questions like, “Do you have a girlfriend?”

OFFICE TIP 6: Ask about pronouns to find out if a patient would like to be referred to as ‘him, her, or them.’ And know that they might not have shared with their parents yet.