Whereas, American Indian/Alaska Native (AI/AN) people continue to disproportionately suffer the highest rates of HPV-associated cervical cancer and are twice as likely to develop and four times as likely to die from cervical cancer as non-Hispanic whites\textsuperscript{1,2}; and

Whereas, compared to other groups, AI/AN women are less likely to be screened for HPV, leading to inadequate high-risk HPV typing and surveillance in this population\textsuperscript{3-4}; and

Whereas, despite greater HPV vaccine initiation, AI/AN patients were found to have higher rates of high-risk HPV (34.8\%) compared to the national average (20.7\%), including strains not included in the 9-valent HPV vaccine, such as HPV-51 in the Great Plains region\textsuperscript{5}; and

Whereas, data is insufficient to account for significant variations in high-risk cervical cancer strains in AI/AN patients by geographic region (Northern Plains, Alaska, Southwest)\textsuperscript{3,5-7}; and

Whereas, a study evaluating the number of racial and ethnic minoritized groups participating in clinical cancer trials found that only 0.048\% of participants identified as AI/AN, despite comprising 2.9\% of the US population\textsuperscript{8-9}; and

Whereas, factors resulting in low research participation by members of minoritized groups include fear of discrimination by medical professionals, inability to access specialty care centers, a history of unethical medical testing, and insufficient time or financial resources\textsuperscript{10}; and

Whereas, historical wrongs against AI/AN people, such as the unethical distribution of research samples of Havasupai tribal members and forced sterilization of AI/AN people across the nation, contribute to decreased participation by AI/AN people in research trials\textsuperscript{11}; and

Whereas, AI/AN patients were insufficiently sampled for strains of high-risk HPV for vaccine development and vaccine impact studies, consistent with the overall underrepresentation of AI/AN individuals in vaccine clinical trials\textsuperscript{3,6,12}; therefore be it

RESOLVED, that our American Medical Association amend H-440.872, “HPV Vaccine and Cervical and Oropharyngeal Cancer Prevention Worldwide,” by addition as follows:

1. Our AMA (a) urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs
targeted at HPV vaccine introduction and HPV related cancer screening in
countries without organized HPV related cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding
about HPV and associated diseases in all individuals, regardless of sex,
such as, but not limited to, cervical cancer, head and neck cancer, anal
cancer, and genital cancer, the availability and efficacy of HPV
vaccinations, and the need for routine HPV related cancer screening in the
general public.
3. Our AMA (a) encourages the integration of HPV vaccination and routine
cervical cancer screening into all appropriate health care settings and
visits; (b) supports the availability of the HPV vaccine and routine cervical
cancer screening to appropriate patient groups that benefit most from
preventive measures, including but not limited to low-income and pre-
sexually active populations; and (c) recommends HPV vaccination for all
groups for whom the federal Advisory Committee on Immunization
Practices recommends HPV vaccination.
4. Our AMA encourages appropriate parties to investigate means to
increase HPV vaccination rates by facilitating administration of HPV
vaccinations in community-based settings including school settings.
5. Our AMA will study requiring HPV vaccination for school attendance.
6. Our AMA encourages collaboration with interested parties to make
available human papillomavirus vaccination to people who are incarcerated
for the prevention of HPV-associated cancers.
7. Our AMA supports further research by relevant parties of HPV self-
sampling in the United States to determine whether it can decrease health
care disparities in cervical cancer screening.
8. Our AMA advocate that racial, ethnic, socioeconomic, and geographic
differences in high-risk HPV subtype prevalence be taken into account
during the development, clinical testing, and strategic distribution of next-
generation HPV vaccines. (Modify Current HOD Policy)

Fiscal Note: Moderate - between $5,000 - $10,000

Received: 09/27/2023

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   Cancer Vaccines and Increasing Uptake among Native Americans—A Cultural Perspective Review. Current Oncology
5. Senkomago V, Henley SJ, Thomas CC, Mix JM, Markowitz LE, Saraiya M. Human Papillomavirus–Attributable Cancers —
   10.2105/AJPH.2013.301673
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RELEVANT AMA POLICY

H-440.872 HPV Vaccine and Cervical and Oropharyngeal Cancer Prevention Worldwide

1. Our AMA (a) urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.

2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.

3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits; (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations; and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

4. Our AMA encourages appropriate parties to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings.

5. Our AMA will study requiring HPV vaccination for school attendance.

6. Our AMA encourages collaboration with interested parties to make available human papillomavirus vaccination to people who are incarcerated for the prevention of HPV-associated cancers.

7. Our AMA supports further research by relevant parties of HPV self-sampling in the United States to determine whether it can decrease health care disparities in cervical cancer screening.

[Res. 503, A-07; Append: Res. 6, A-12; Reaffirmed: CSAPH Rep. 1, A-22; Reaffirmation: A-22; Modified: Res. 916, I-22; Modified: Res. 404, A-23; Append: Res. 404, A-23]