

## **Administrative Supplements for the NCI P30 Cancer Center Support Grants to investigate vaccine hesitancy related to uptake of the HPV vaccine in regions with low adolescent HPV vaccination rates**

### **Background**

In January 2019, the World Health Organization (WHO) released a list of ten global health threats that included vaccine hesitancy, placing it on the same threat level as climate change (WHO/Rada Akbar. *Ten Threats to Global Health in 2019*. [www.who.int/emergencies/ten-threats-to-global-health-in-2019](http://www.who.int/emergencies/ten-threats-to-global-health-in-2019)). WHO described vaccine hesitancy as “the reluctance or refusal to vaccinate despite the availability of vaccines and threatens to reverse progress made in tackling vaccine-preventable diseases.”

HPV vaccine uptake rates in the US continue to be well below established goals – 2018 data from the NIS Teen survey show just over 50% of adolescents ages 13-17 were fully vaccinated against HPV in 2018. ([https://www.cdc.gov/mmwr/volumes/68/wr/mm6833a2.htm?s\\_cid=mm6833a2\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6833a2.htm?s_cid=mm6833a2_w)). The Centers for Disease Control and Prevention (CDC) estimates that increasing HPV vaccination rates from current levels to 80 percent would prevent an additional 53,000 future cervical cancer cases in the United States among girls who are currently 12 years old or younger over the course of their lives. Thousands of cases of other HPV-associated cancers in the U.S. would also likely be prevented within the same timeframe.

In 2016, the Vice President’s Cancer Moonshot was established with a goal of achieving “a decade’s worth of progress in preventing, diagnosing, and treating cancer in five years, ultimately striving to end cancer as we know it.” The [Cancer Moonshot Blue Ribbon Panel Report](#) highlights increasing HPV vaccination as an area in which the effectiveness for cancer prevention is well known, but where implementation is unacceptably low. Advances in implementation would prevent additional cancer cases and unnecessary deaths. Implementation research is needed to accelerate the development and testing of effective strategies to achieve wider adoption and sustainability of evidence-based approaches, especially among populations that suffer a disproportionate burden of HPV-related cancers.

Prior cancer center supplements on HPV vaccine have focused on missed clinical opportunities and the quality of the provider recommendation for the vaccine. Although those factors continue to be important, the most recent CDC reports on HPV vaccination rates stressed that “... even when a provider recommendation was given, only 75% accepted the vaccine, suggesting that there are other reasons adolescents are not being vaccinated. Equipping providers with the tools they need to give strong recommendations that emphasize the importance of HPV vaccination in preventing cancer and effectively address parental concerns is a priority, especially in states where provider recommendations were less commonly reported.

In 2018, nationwide, the number of 13- to 17-year-old boys and girls getting the human papillomavirus (HPV) vaccine remained steady with previous years’ assessments, per data from CDC’s 2018 National Immunization Survey-Teen (NIS-Teen) (MMWR, August 23, 2019). However, there was significant variation across the country with some states – or cities – achieving much larger increases in HPV vaccine coverage and others falling further behind.

This variation suggests that local barriers to vaccine uptake need to be better understood. These could include, for example, community attitudes in opposition to vaccination generally or the HPV vaccine specifically; the effects of local opinion leaders; diffusion of vaccine-related misinformation on social media; in addition to long-standing access and healthcare delivery-based barriers. Similarly, local facilitators such as active vaccine champions, parent groups, and well-coordinated efforts within or across state or local health departments may already be present to support vaccine promotion efforts. To address vaccine hesitancy and its effects on vaccine uptake at the community level, local-level investigation is needed to characterize local vaccine hesitancy and other barriers, as well as facilitators, and existing vaccine promotion efforts.

## **Purpose and Goals**

The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), announces the opportunity for supplemental funding for NCI-designated cancer centers to investigate vaccine hesitancy. The purpose is to characterize and understand the influence of vaccine hesitancy on HPV vaccine uptake in regions of the US where adolescent uptake is low. The goals for this one-year supplement are to understand characteristics of vaccine-hesitant communities within the cancer center catchment area, to identify promising and innovative approaches to reducing hesitancy and other barriers to HPV vaccination, and to gather pilot data to support future interventions towards reducing vaccine hesitancy and increasing HPV vaccination. Preference will be given to centers that identify, within the cancer center catchment area, a region or population with low uptake, as documented by local surveillance or results from the [2018 NIS-Teen](#). These supplements are part of a larger effort that NCI and CDC's Division of Cancer Prevention and Control are undertaking, which is a more systematic effort to bring together NCI cancer centers, CDC programs, and state/local health departments and their immunization programs.

## **Eligibility and Budget**

- This opportunity is open to all clinical and comprehensive P30 Cancer Center Support Grants located in or demonstrating the ability to work in regions with low HPV vaccine uptake, including those that have received a previous supplement for HPV Vaccine Uptake.
- Only one supplement request per center will be considered.
- Supplement requests may not exceed \$200,000 total costs, and the project period is for one year.
- Costs must be primarily associated with data collection activities (include minimal investigator time and no conference travel)
- Travel costs will only be covered if directly associated with data collection.
- Cancer centers whose P30 Cancer Center Support Grant will be in extension at the time the award is made in FY20 are not eligible for this supplement.
- It is anticipated that awards for this supplement opportunity will be made in September 2020.

## **Application Submission Format**

Applications should be submitted as a signed, scanned PDF to Cynthia Vinson ([cvinson@mail.nih.gov](mailto:cvinson@mail.nih.gov)) and Stacey Vandor ([stacey.vandor@nih.gov](mailto:stacey.vandor@nih.gov)) no later than COB May 4, 2020.

Email confirmation of application receipt from Stacey Vandor must be obtained to be officially considered and evaluated.

Requests must include the following:

- The Standard PHS 398 Face Page
- A detailed budget and budget justification
- NIH biographical sketches for key personnel proposed in the supplement
- Summary of the project (not to exceed 5 pages) (references are excluded from the 5-page limit; no appendices, please)

The 5-page summary must:

- Provide a statement of need that defines a region or population within the cancer center catchment area with documented low adolescent HPV vaccine uptake.
- Document ability and expertise to work in that region or population, e.g., ease of access, familiarity with local data, as well as political, social, and other contextual characteristics.
- Describe the processes that will be used for identifying HPV vaccine-hesitant populations, characterizing local factors that influence the hesitancy, and identifying innovative intervention approaches.
- Describe processes that will be used to identify innovative interventions, in the identified HPV vaccine-hesitant population, including variables that can be measured at different levels, for

example: parents, providers, clinic staff, community members, local social media, local mass media, and other sources of influence on vaccine hesitancy.

- Describe pilot data that will be collected to support future interventions.
- Describe the qualifications of the individual(s) who will conduct the work. Briefly elaborate on each person's CV in the narrative response.

### **NCI Evaluation of Supplement Requests**

Administrative supplements do not receive peer review. Instead, NCI staff with expertise in cancer prevention and control will evaluate supplement requests to determine overall merit. Proposals will be reviewed for quality and for responsiveness to application criteria outlined in the requirements for the five-page summary described above.

### **Reporting Requirements**

As part of the progress report for the parent cancer center grant, include information on what has been accomplished via the administrative supplement, including populations identified as vaccine hesitant and the influences on that hesitancy; interventions identified for testing in order to decrease hesitancy and increase HPV vaccine uptake among those populations; and any pilot data collected (e.g., evidence of feasibility and acceptability); as well as the cancer center's plans to move forward on HPV vaccination hesitancy issues and the platform it will use to further progress around HPV vaccination. Award recipients are expected to provide data to NCI evaluators when requested.

### **Pre-Submission Informational Webinar:**

An informational webinar will be held as noted below:

Time: Wednesday, March 18, 2020, 12:00 PM Eastern Time (US and Canada)

The registration link is as follows:

<https://cbit.webex.com/cbit/onstage/g.php?MTID=efd5d082d707e740d9e21c3b1a67209c1>

Dial-in information:

Call-in toll number (US/Canada)

1-650-479-3207

Meeting Number/Access Code: 739 299 805

Event password: J2d5pEBZw\$6

### **Questions**

For technical inquiries (including eligibility), please contact your cancer center grant administrator or your NCI program director. For inquiries about the scientific objectives and goals, please contact Sarah Kobrin ([kobrins@mail.nih.gov](mailto:kobrins@mail.nih.gov)).