

## BACKGROUND

- Human papillomavirus (HPV) is a known cause of various cancers, yet significant disparities persist in HPV-related cancer rates
- Despite the proven efficacy of HPV vaccination in preventing these cancers, the uptake of the vaccine remains low in the U.S. with disparities by race/ethnicity, geographic region, etc.
- While behavioral interventions have been implemented for nearly two decades, it is essential to incorporate equity considerations to further prevent perpetuating existing health disparities

**The objective** of this review was to examine if existing HPV vaccine interventions for adolescents have unequal effects on HPV vaccine uptake based on demographic variables

## METHODS

- This study was registered with the Open Science Framework
- Using the HPV Vaccine Round Table's Best Practices Learning Collaborative, we compiled a list of interventions to include in our review
- Following guidelines in the Cochrane Handbook for Systematic Review of Interventions, we developed a search string and conducted searches using the following databases:
  - MEDLINE via PubMed, PsycINFO, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete, Scopus, and Cochrane CENTRAL
- We used Covidence Software for this systematic review

## RESULTS

Literature must include peer reviewed, published in the US between January 2006 and October 2023, and included outcome measures from an evidence-based HPV vaccination intervention.

Evidence-based HPV vaccination intervention is determined by inclusion on the *MD Anderson Be Well Communities: Evidence-Based Interventions*; *NCI HPV Vaccination Evidence-Based Programs List*; *HPV Round Table: HPV Vaccination Best Practices Learning Collaborative, Interventions*; and the *Community Guide CPSTF Findings for Increasing Vaccination*.

The interventions must focus on HPV vaccination among adolescents 9-17 and may include system-level, provider, and parental-focused activities. Demographics must include HPV vaccination initiation by; race, ethnicity, sex, gender and/or region.



### IDENTIFICATION OF STUDIES

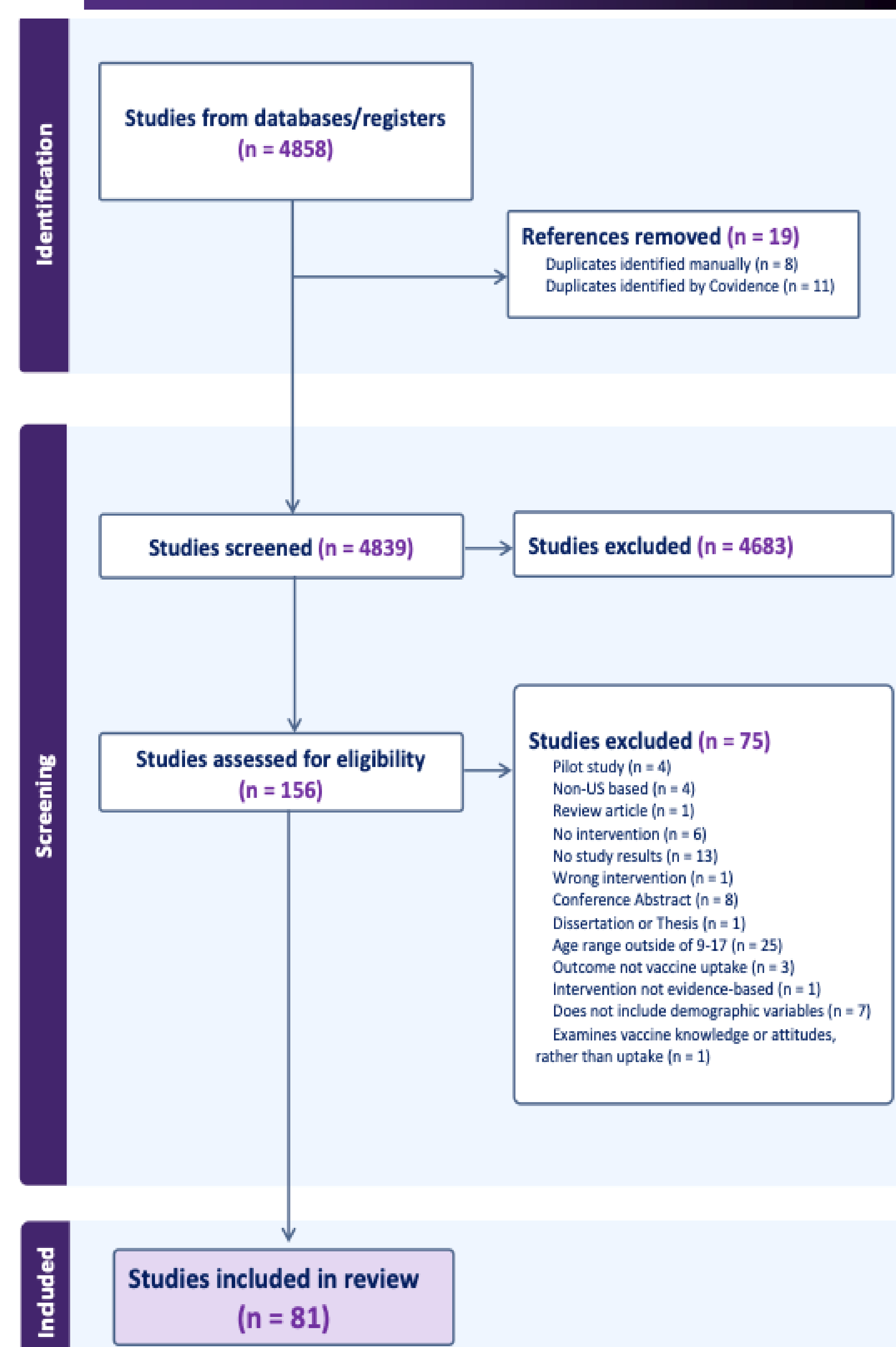


FIGURE 1. Flow diagram demonstrating study selection process

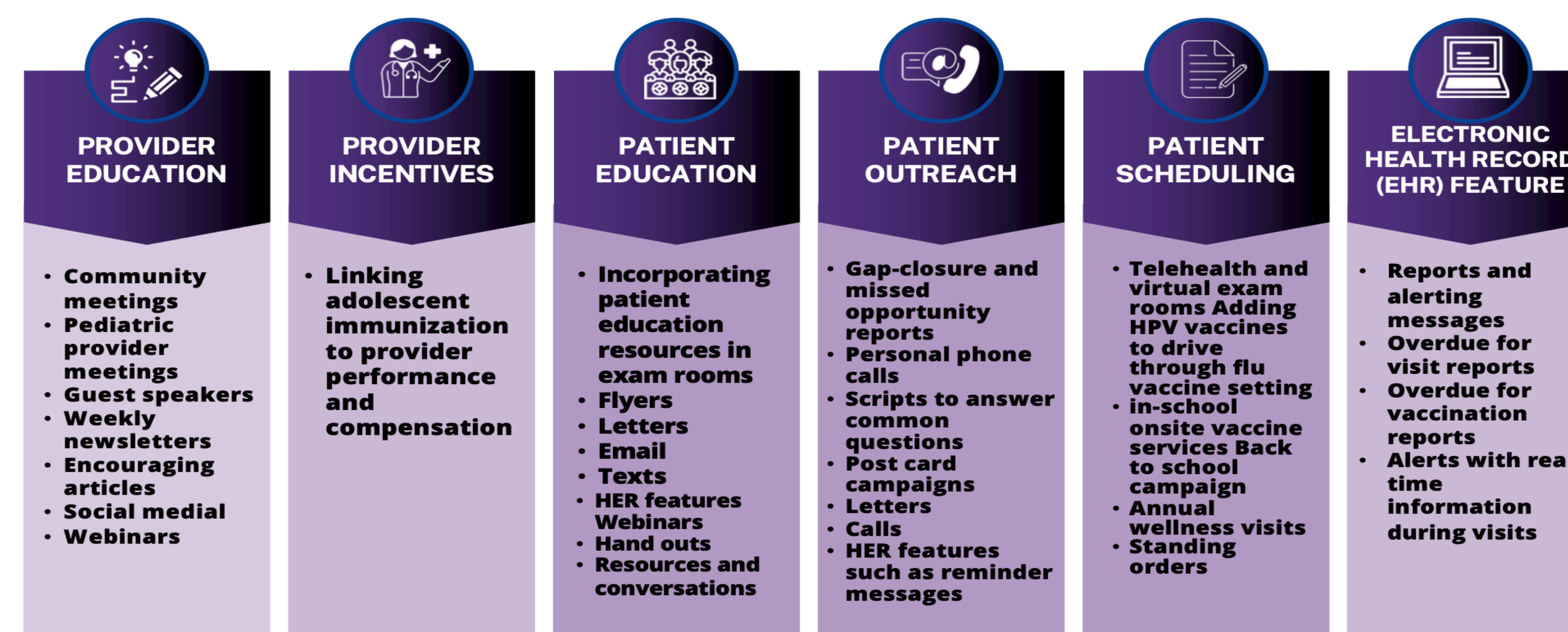


FIGURE 2. HPV Vaccination Best Practices Learning Collaborative, Interventions

## CONCLUSIONS AND NEXT STEPS

Data abstraction is ongoing. This systematic review will ultimately analyze the collected data to assess the significance of differences in HPV vaccination rates when stratified by demographics. By examining the results of the various interventions, we intend to determine whether these differences are significant and to detect any pattern or trends could shape future public health approaches.

## REFERENCES

American Medical Group Association. (2021). *HPV Learning Collaborative summary report. National HPV Vaccination Roundtable.* Retrieved from [https://www.ama-assn.org/wp-content/uploads/2023/05/AMGA-HPV-Learning-Collaborative-Summary-Report-2021\\_FINAL-1.pdf](https://www.ama-assn.org/wp-content/uploads/2023/05/AMGA-HPV-Learning-Collaborative-Summary-Report-2021_FINAL-1.pdf)