HPV vaccination after lesion treatment is likely cost-effective

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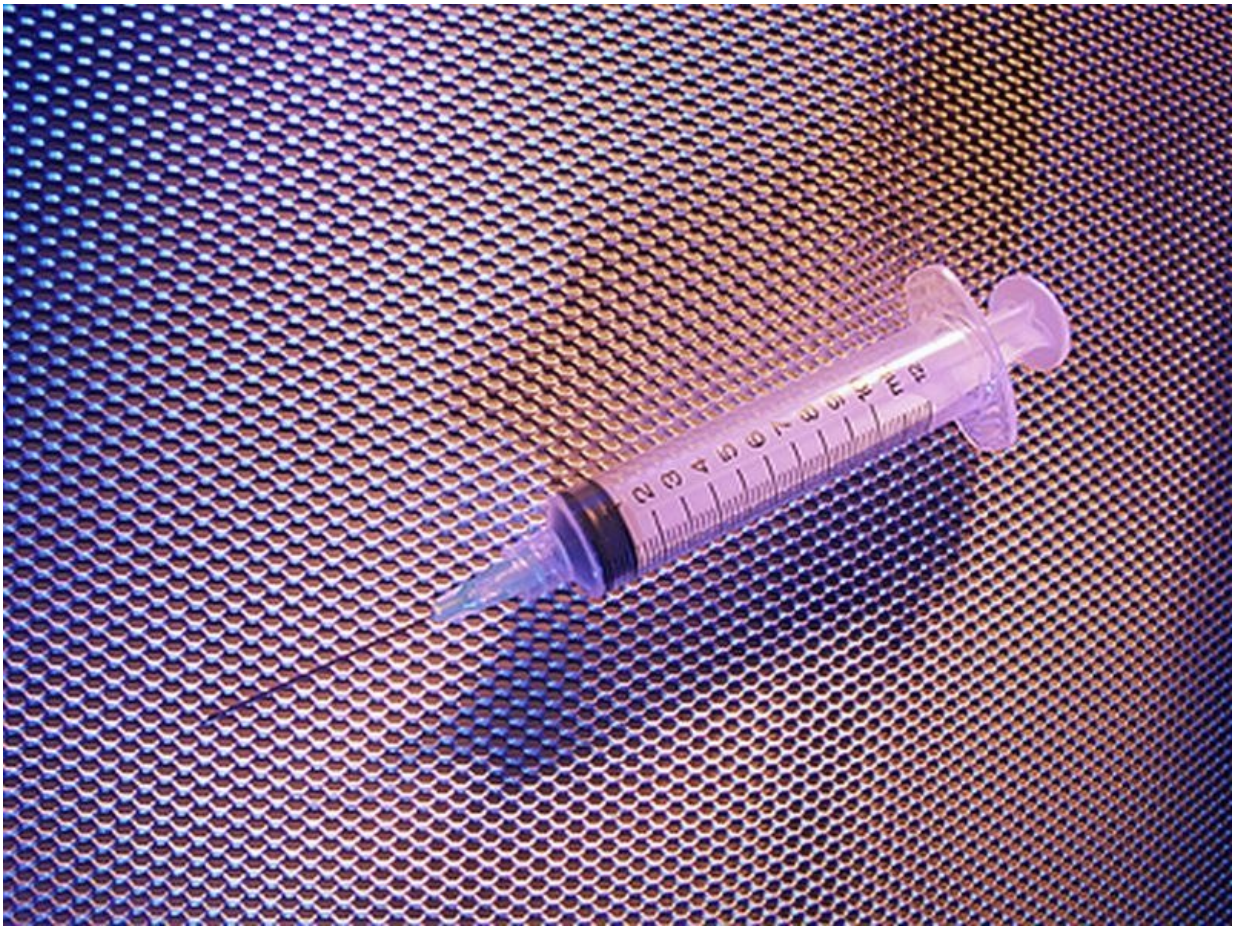

(HealthDay)—For HIV-infected men who have sex with men (MSM),

adjuvant quadrivalent human papillomavirus vaccination (qHPV) after treatment of high-grade squamous intraepithelial lesions (HSIL) is likely to be cost-effective, according to a study published online Sept. 12 in *Vaccine*.

Ashish A. Deshmukh, Ph.D., M.P.H., from the University of Florida, Gainesville, and colleagues developed a Markov (state-transition) cohort model to assess the cost-effectiveness of post-HSIL treatment adjuvant HPV vaccination of HIV-infected MSM (aged 27 and older).

Using the willingness-to-pay threshold of $100,000 per quality-adjusted life-year, the researchers found that treatment plus vaccination was the most cost-effective HSIL management strategy, with an incremental cost-effectiveness ratio of $71,937 per quality-adjusted life-year. The population-level expected value of perfect information for conducting future clinical research evaluating HSIL management approaches was $12 million. The expected value of partial perfect information associated with adjuvant qHPV vaccination efficacy, estimated in terms of hazards of decreasing HSIL recurrence, was $0, suggesting that additional data from a future study evaluating efficacy of adjuvant qHPV vaccination would not change the conclusion that treatment plus vaccination was cost-effective.

"Use of adjuvant qHPV vaccination could be considered as a potential strategy to reduce rising anal cancer burden among these high-risk individuals," conclude the authors.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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