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## Medical management of HPV disease

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The long natural history of HPV diseases (e.g., CIN) provides an opportunity for potentially effective non-surgical management of these conditions before they become frank cancer. Traditional surgical treatment modalities have potential complications like bleeding, cervical stenosis, adverse pregnancy outcomes, infections, pain and most concerning, a high overall recurrence rate. Up to one in five women treated with local destructive surgical techniques will recur within two years thus potentially requiring another traumatic locally destructive therapy. Since surgical treatments are not ideal, there has long been interest in less invasive modalities for management of HPV diseases including vulvar and cervical dysplasias. We will attempt to briefly discuss these non-invasive management options that could be considered alternatives to local destructive surgical techniques in certain situations. Specific topics covered will include condom use, smoking, nutrients, retinoids, indoles, interferons, antimetabolites, immune therapies and more.

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## HPV knowledge levels and HPV vaccine uptake among U.S. Navy personnel 18 to 26 years of age

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HPV incidence rates occur in military and are one of the leading medical events in the armed forces. Although there are high HPV rates in uniformed personnel; the U.S. military reports lower vaccination uptake rates than the national average. Our aim is to describe the general HPV knowledge, HPV testing knowledge, HPV vaccination knowledge, HPV vaccine uptake, and socio-demographics, describe the relationship between HPV knowledge, HPV vaccine uptake and socio-demographics and identify select variables accounting for variance in HPV vaccine uptake among U.S. Navy personnel ages 18 to 26 years. The cross sectional, correlational research design used an Internet delivered survey. Participants were U.S. Navy, Active Duty or Reservists stationed in San Diego, California. Descriptive and inferential statistics were used to analyze the results. There were 223 respondents: Mean age was 22.45 (SD=2.13), the majority was white (53.9%) and single (32.8%) and 96 (41.2%) had obtained the vaccine. Mean scores for HPV general knowledge, HPV testing knowledge and HPV vaccine knowledge were average to low. Participants who were older, white and female with a higher pay grade had received the vaccine, heard of HPV testing, served longer in the military and were U.S. born had a higher overall HPV knowledge (p<0.05). Four factors significantly explained the variation in HPV vaccine uptake: Gender (OR=4.52), learned about the vaccine from providers or media (OR=0.17), believed their chain of command recommends the vaccine (OR=11.11) and HPV vaccine knowledge scores (OR 1.46) (p<0.01).

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