

# MATION CENTRON HPV AND **Human Papillomavirus** and **Related Diseases Report**

# VIET NAM

JIVARC IN

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# **Executive summary**

Human papillomavirus (HPV) infection is now a well-established cause of cervical cancer and there is growing evidence of HPV being a relevant factor in other anogenital cancers (anus, vulva, vagina and penis) and head and neck cancers. HPV types 16 and 18 are responsible for about 70% of all cervical cancer cases worldwide. HPV vaccines that prevent against HPV 16 and 18 infection are now available and have the potential to reduce the incidence of cervical and other anogenital cancers.

This report provides key information for Viet Nam on cervical cancer, other anogenital cancers and head and neck cancers, HPV-related statistics, factors contributing to cervical cancer, cervical cancer screening practices, and HPV vaccine introduction. The report is intended to strengthen the guidance for health policy implementation of primary and secondary cervical cancer prevention strategies in the country.

# Table 1: Key Statistics

	14610 11 1103 8040180108		
Population			
Women at risk for cervical cancer (Female p			39.1 million
Burden of cervical cancer and other H	PV-related cancers		(100
Annual number of cervical cancer cases			4132
Annual number of cervical cancer deaths			2223
Crude incidence rates per 100,000 population	on:	Male	Female
	Cervical cancer	-	8.48
	Anal cancer	0.54	0.65
	Vulva cancer	-	0.35
	Vaginal cancer	-	0.11
	Penile cancer	0.82	-
	Oropharyngeal cancer	1.04	0.21
	Oral cavity cancer	3.39	1.04
	Laryngeal cancer	3.47	0.69
Burden of cervical HPV infection			
Prevalence (%) of HPV 16 and/or HPV 18 and	nong women with:		
		Normal cytology	2.1
	_	lesions (LSIL/CIN-1)	21.2
	High-grade cervical lesions (HS)	IL/CIN-2/CIN-3/CIS)	37.4
		Cervical cancer	82.8
Other factors contributing to cervical	cancer		
Smoking prevalence (%) [95% UI], women			1 [0.80-1.30]
Total fertility rate (live births per women)			1.9
Oral contraceptive use (%)			14.2
HIV prevalence (%) [95% UI], women (15-49	) years)		0.2 [0.2-0.3]
Sexual behaviour			
Percentage of 15-year-old who have had sex			0.0/0.0
Range of median age at first sexual intercou			23.1-24.2/21.0-21.5
Cervical screening practices and recom			
Existence of official national recommendation	ons		Yes
Starting year of current recommendations			2011
Active invitation to screening			No
Screening ages (years), primary screening to	est used, and screening interval or	frequency of screen-	21-70 (cytology and
ings			VIA, 3 years)
HPV vaccine in females			
HPV vaccination programme			-
Year of introduction			-
Year of estimation of HPV vaccination cover	age		-
HPV coverage – first dose (%)			
HPV coverage – last dose (%)			-
Please see the specific sections for more information.			

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# **1** Introduction

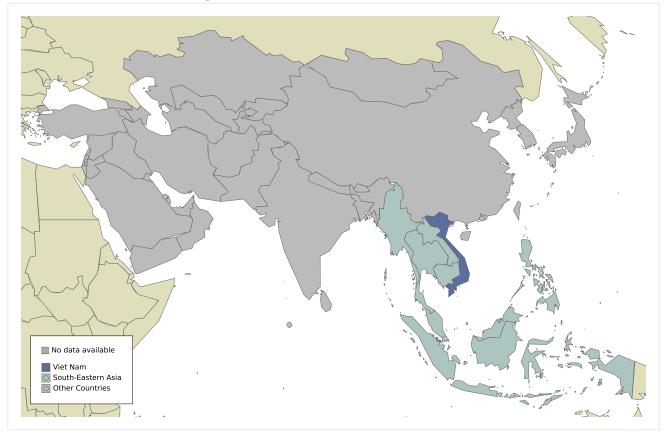


Figure 1: Viet Nam and South-Eastern Asia

Information Centre aims to compile and centralise updated data and statistics on human papillomavirus (HPV) and related cancers. This report aims to summarise the data available to fully evaluate the burden of disease in Viet Nam and to facilitate stakeholders and relevant bodies of decision makers to formulate recommendations on the prevention of cervical cancer and other HPV-related cancers. Data include relevant cancer statistic estimates, epidemiological determinants of cervical cancer such as demographics, socioeconomic factors, risk factors, burden of HPV infection in women and men, cervical screening and immunization practices. The report is structured into the following sections:

**Section 2, Demographic and socioeconomic factors.** This section summarises the socio-demographic profile of Viet Nam. For analytical purposes, Viet Nam is classified in the geographical region of South-Eastern Asia (Figure 1, lighter blue), which is composed of the following countries: Indonesia, Cambodia, Lao People's Democratic Republic, Myanmar, Malaysia, Philippines, Singapore, Thailand, and Timor-Leste. Throughout the report, Viet Nam estimates will be complemented with corresponding regional estimates.

**Section 3, Burden of HPV related cancers**. This section describes the current burden of invasive cervical cancer and other HPV-related cancers in Viet Nam ith estimates of prevalence, incidence, and mortality rates. Information in other HPV-related cancers includes other anogenital cancers (anus, vulva, vagina, and penis) and head and neck cancers (oral cavity, oropharyngeal, and larynx).

**Section 4, HPV related statistics**. This section reports on prevalence of HPV and HPV type-specific distribution in Viet Nam, in women with normal cytology, precancerous lesions and invasive cervical cancer. In addition, the burden of HPV in other anogenital cancers (anus, vulva, vagina, and penis), head and neck cancers (oral cavity, oropharynx, and larynx) and men are presented.

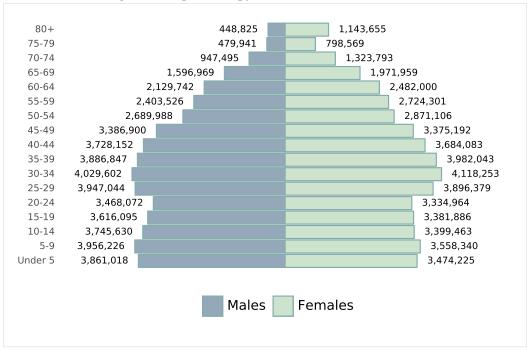
**Section 5, Factors contributing to cervical cancer**. This section describes factors that can modify the natural history of HPV and cervical carcinogenesis such as smoking, parity, oral contraceptive use, and co-infection with HIV.

**Section 6, Sexual and reproductive health behaviour indicators**. This section presents sexual and reproductive behaviour indicators that may be used as proxy measures of risk for HPV infection and anogenital cancers, such as age at first sexual intercourse, average number of sexual partners, and anal intercourse among others.

**Section 7, HPV preventive strategies**. This section presents preventive strategies that include basic characteristics and performance of cervical cancer screening status, status of HPV vaccine licensure introduction, and recommendations in national immunisation programmes.

**Section 8, Protective factors for cervical cancer**. This section presents male circumcision and the use of condoms.

#### 2 **Demographic and socioeconomic factors**

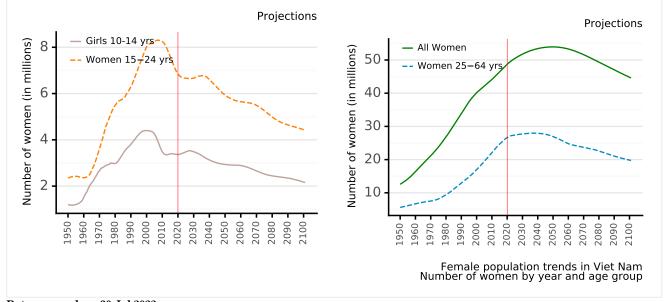


# Figure 2: Population pyramid of Viet Nam for 2022

# Data accessed on 30 Jul 2022

Please refer to original source for methods of estimation. Year of estimate: 2022

Data Sources: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. [Accessed on July 30, 2022].



# Figure 3: Population trends in four selected age groups in Viet Nam

Data accessed on 30 Jul 2022

Please refer to original source for methods of estimation. Year of estimate: 2022

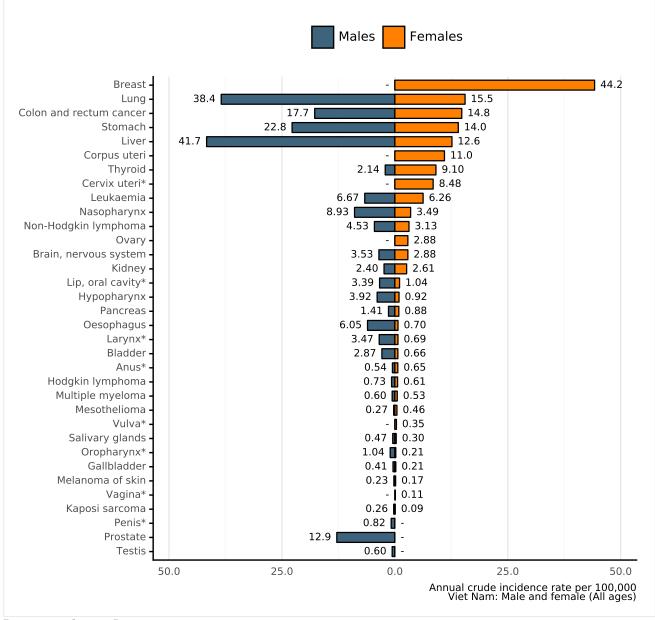
Data Sources: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. [Accessed on July 30, 2022].

#### 3 **Burden of HPV related cancers**

HPV is the cause of almost all cervical cancer cases and is responsible for an important fraction of other anogenital and head and neck cancer. Here, we present the most recent estimations on the burden of HPV-associated cancer.

# 3.1 HPV related cancers incidence

Figure 4: Comparison of HPV related cancers incidence to other cancers in men and women of all ages in Viet Nam (estimates for 2020)

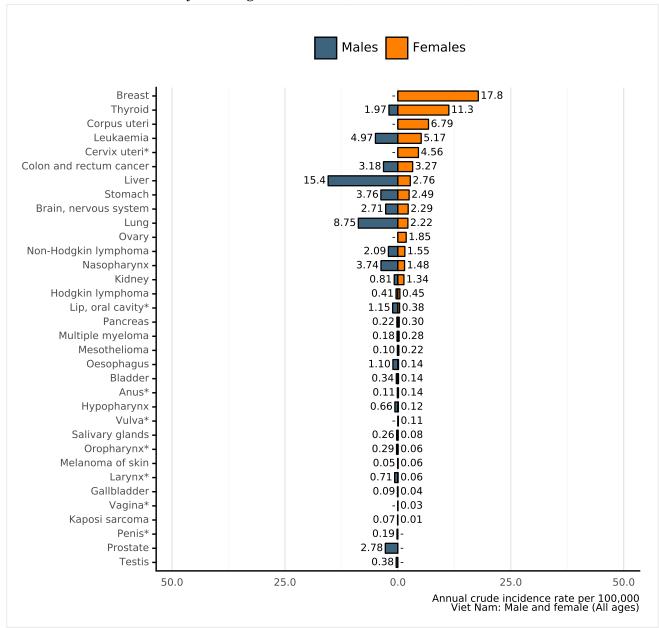


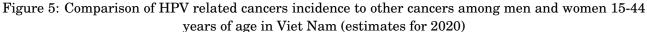
# Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Non-melanoma skin cancer is not included

Rates per 100,000 men per year.

Rates per 100,000 women per year.





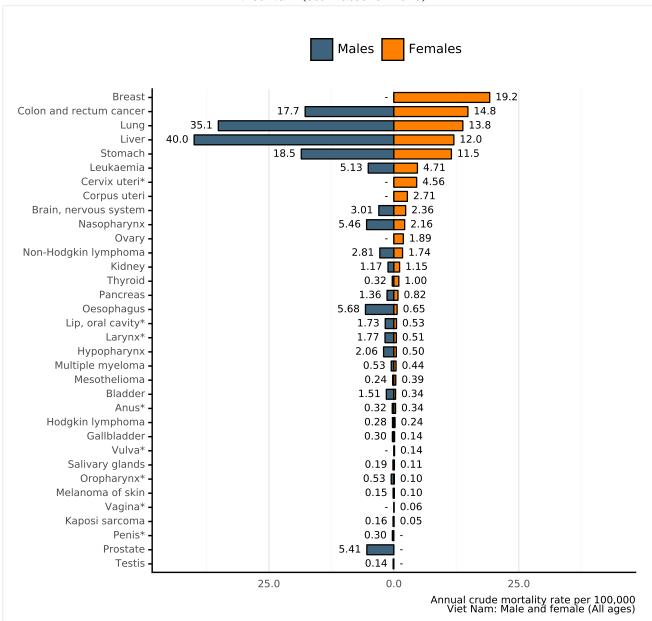
## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

Non-melanoma skin cancer is not included

Rates per 100,000 men per year. Rates per 100,000 women per year.

# 3.2 HPV related cancers mortality

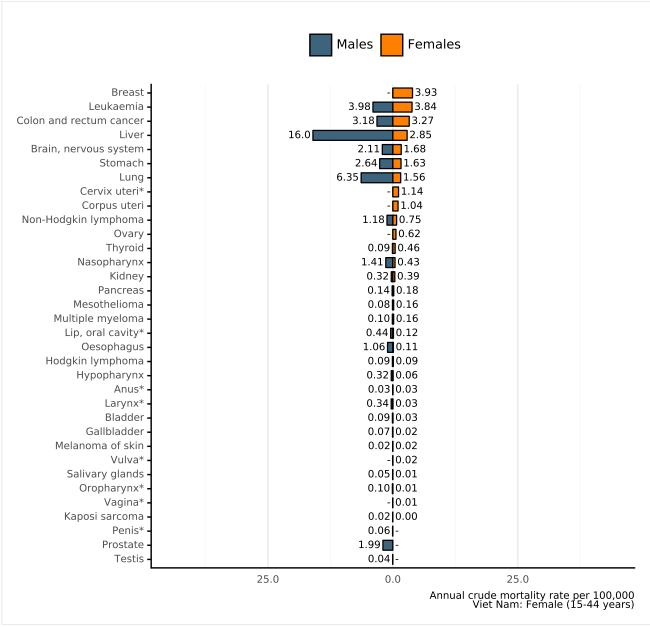


# Figure 6: Comparison of HPV related cancers mortality to other cancers in men and women of all ages in Viet Nam (estimates for 2020)

## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Non-melanoma skin cancer is not included

Rates per 100,000 men per year. Rates per 100,000 women per year.



# Figure 7: Comparison of HPV related cancers mortality to other cancers among men and women 15-44 years of age in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

Non-melanoma skin cancer is not included

Rates per 100,000 men per year. Rates per 100,000 women per year.

# 3.3 Cervical cancer

Cancer of the cervix uteri is the 4<sup>th</sup> most common cancer among women worldwide, with an estimated 604,127 new cases and 341,831 deaths in 2020. Worldwide, mortality rates of cervical cancer are substantially lower than incidence with a ratio of mortality to incidence to 57% (GLOBOCAN 2020). The majority of cases are squamous cell carcinoma followed by adenocarcinomas. (Vaccine 2006, Vol. 24, Suppl 3; Vaccine 2008, Vol. 26, Suppl 10; Vaccine 2012, Vol. 30, Suppl 5; IARC Monographs 2007, Vol. 90)

This section describes the current burden of invasive cervical cancer in Viet Nam and in comparison to geographic region, including estimates of the annual number of new cases, deaths, incidence, and mortality rates.

# 3.3.1 Cervical cancer incidence in Viet Nam

# Key Stats.

About 4,132 new cervical cancer cases are diagnosed annually in Viet Nam (estimations for 2020).

Cervical cancer ranks\* as the 8<sup>th</sup> leading cause of female cancer in Viet Nam.

Cervical cancer is the 5<sup>th</sup> most common female cancer in women aged 15 to 44 years in Viet Nam.

\* Ranking of cervical cancer incidence to other cancers among all women according to highest incidence rates (ranking 1st) excluding non-melanoma skin cancer. Ranking is based on crude incidence rates (actual number of cervical cancer cases). Ranking using age-standardized rate (ASR) may differ

Indicator	Viet Nam	South-Eastern Asia	World
Annual number of new cancer cases	4,132	68,623	604,127
Uncertainty intervals of new cancer cases [95% UI]	[3,787-4,509]	[64,657-72,833]	[582,031-627,062]
Crude incidence rate <sup>b</sup>	8.48	20.5	15.6
Age-standardized incidence rate <sup>b</sup>	6.64	17.8	13.3
Cumulative risk (%) at 75 years old <sup>a</sup>	0.70	1.91	1.39

# Table 2: Cervical cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be

expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes b Rates per 100,000 women per year.

Data Source

Table 3:	Cervical	l cancer incic	dence in	Viet Nam	by can	cer registry

Cancer registry	Period	N cases <sup>a</sup>	Crude rate <sup>b</sup>	<b>ASR</b> <sup>b</sup>
Hanoi <sup>1</sup>	1993-1997	344	6.1	6.7
Ho Chi Minh City <sup>1</sup>	1995-1998	2289	23.1	28.8
Ho Chi Minh City <sup>2</sup>	2009-2012	2048	13.1	14.1

Data accessed on 5 Oct 2018

Please refer to original source (available at http://ci5.iarc.fr/CI5-XI/Default.aspx) ASR: Age-standardized rate, Standardized rates have been estimated using the direct method and the World population as the reference. <sup>a</sup> Accumulated number of cases during the period in the population covered by the corresponding registry.

<sup>a</sup> Accumulated number of cases during the period in the population covered by the corresponding regionance.
 <sup>b</sup> Rates per 100,000 women per year.
 <u>Data Sources</u>:
 <sup>1</sup> Parkin, D.M., Whelan, S.L., Ferlay, J., Teppo, L., and Thomas, D.B., eds (2002). Cancer Incidence in Five Continents, Vol. VIII. IARC Scientific Publications No. 155, Lyon, IARC.
 <sup>2</sup> Bray F, Colombet M, Mery L, Piñeros M, Znaor A, Zanetti R and Ferlay J, editors (2017). Cancer Incidence in Five Continents, Vol. XI (electronic version). Lyon: International Agency for Research on Cancer. Available from: http://ci5.iarc.fr, accessed [05 October 2018].

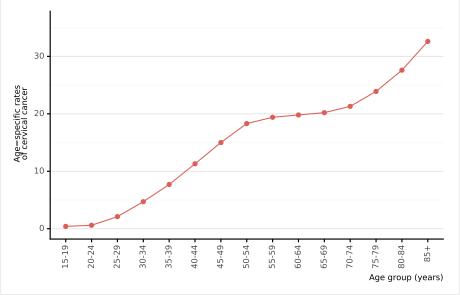


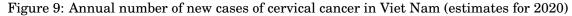
Figure 8: Age-specific incidence rates of cervical cancer in Viet Nam (estimates for 2020)

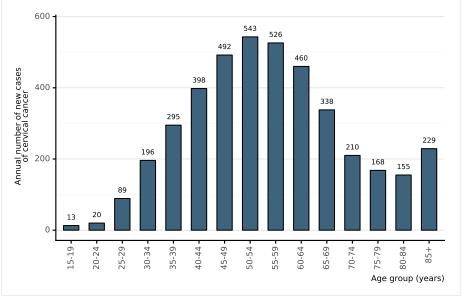
### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.

Data Sources:

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

- For age-standardised incidence rates of cervical cancer of Viet Nam (estimates for 2020) please refer to Figure 73
- For annual number of new cases of cervical cancer by age group in Viet Nam (estimates for 2020) please refer to Figure 74
- For comparison of age-specific cervical cancer incidence rates in Viet Nam, within the region, and the rest of world please refer to Figure 75

# 3.3.2 Cervical cancer incidence by histology in Viet Nam

Table 4: Age-standardised incidence rates of cervical cancer in Viet Nam by histological type and cancer registry

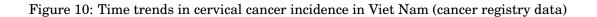
	registry				
Cancer registry <sup>1</sup>	Period	Squamo	Adeno	Other	Unspec.
Ho Chi Minh City	2009-2012	9.5	2.2	0.1	0.3

Data accessed on 5 Oct 2018

Rates per 100,000 women per year. Standarized rates have been estimated using the direct method and the World population as the references.

Adeno: adeno: adenocarcinoma; Other: Other carcinoma; Squamous: Squamous cell carcinoma; Unspec: Unspecified carcinoma; <u>Data Sources:</u> <sup>1</sup> Bray F, Colombet M, Mery L, Piñeros M, Znaor A, Zanetti R and Ferlay J, editors (2017). Cancer Incidence in Five Continents, Vol. XI (electronic version). Lyon: International Agency for Research on Cancer. Available from: http://ci5.iarc.fr, accessed [05 October 2018].

Data accessed on 28 Aug 2018 <u>Data Sources:</u> Ferlay J, Colombet M and Bray F. Cancer Incidence in Five Continents, CI5plus: IARC CancerBase No. 9 [Internet]. Lyon, France: International Agency for Research on Cancer; 2018. Available from: http://ci5.iarc.fr



# No data available

No data available

No data available

# 3.3.3 Cervical cancer mortality in Viet Nam

# **Key Stats.** About 2,223 cervical cancer deaths occur annually in Viet Nam are diagnosed annually (estimations for 2020). Cervical cancer ranks\* as the 7<sup>th</sup> leading cause of cancer deaths of female cancer deaths in Viet Nam. Cervical cancer is the 8<sup>th</sup> leading cause of cancer deaths in women aged 15 to 44 years in Viet Nam.

\* Ranking of cervical cancer incidence to other cancers among all women according to highest incidence rates (ranking 1st) excluding non-melanoma skin cancer. Ranking is based on crude incidence rates (actual number of cervical cancer cases). Ranking using age-standardized rate (ASR) may differ.

#### South-Eastern Indicator Viet Nam World Asia Annual number of deaths 2,223 38,530 341,831 Uncertainty intervals of mortal-[2,019-2,447] [36, 258 - 40, 945][324, 231 - 360, 386]ity cancer cases [95% UI] Crude mortality rate<sup>b</sup> 4.5611.58.84 Age-standardized mortality 3.429.98 7.25rate<sup>b</sup> Cumulative risk (%) at 75 years 0.39 1.160.82old<sup>a</sup>

# Table 5: Cervical cancer mortality in Viet Nam (estimates for 2020)

## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
<sup>a</sup> Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes <sup>b</sup> Rates per 100,000 women per year.

Data Sources:

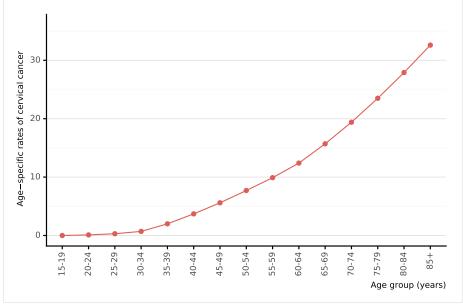


Figure 11: Age-specific mortality rates of cervical cancer in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

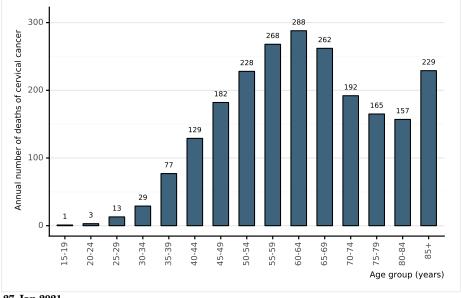


Figure 12: Annual number of deaths of cervical cancer in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

- For age-standardised mortality rates of cervical cancer of Viet Nam (estimates for 2020) please refer to Figure 105
- For annual number of deaths of cervical cancer by age group in Viet Nam (estimates for 2020) please refer to Figure 106
- For comparison of age-specific cervical cancer mortality rates in Viet Nam, within the region, and the rest of world please refer to Figure 107

# 3.3.4 Cervical cancer incidence and mortality comparison in Viet Nam

Incidence 30 Mortality Age-specific rates of cervical cancer 20 10 0 15-19 20-24 25-29 30-34 35-39 40-44 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85+ 45-49 Age group (years)

Figure 13: Comparison of age-specific cervical cancer incidence and mortality rates in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Source

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

# Table 6: Premature deaths and disability from cervical cancer in Viet Nam, Asia and the rest of the world (estimates for 2019)

	Viet N	am	Asia		World	World	
Indicator	Number	Rate	Number	Rate	Number	Rate	
DALYs (95% UI) <sup>a</sup>	139,882 (96,361- 184,065)	288 (198-379)	4,693,918 (3,779,579- 5,446,237)	210 (169-243)	8,955,013 (7,547,733-9,978,462)	232 (196-259)	
YLLs (95% UI) <sup>b</sup>	135,506 (93,502- 178,441)	279 (192-367)	4,565,684 (3,682,645- 5,330,317)	204 (165-238)	8,712,962 (7,365,279-9,728,886)	226 (191-252)	
YLDs (95% UI) <sup>c</sup>	4,377 (2,680-6,635)	9 (6-14)	128,234 (88,980-176,159)	6 (4-8)	242,051 (171,644-326,024)	6 (4-8)	

Data accessed on 29 Apr 2021

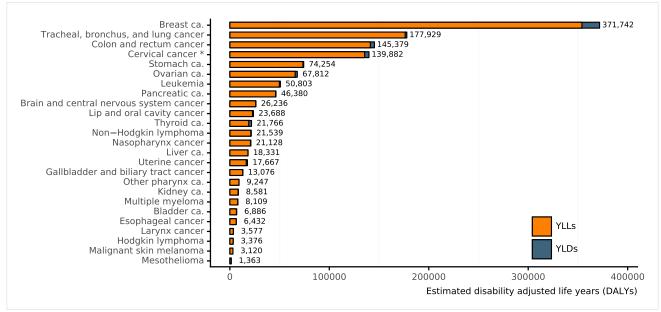
Rate per 100,000 women <sup>a</sup> DALYs (95% UI): estimated disability adjusted life years (95% uncertainty interval)

*b* YLLs (95% UI): years of life lost (95% uncertainty interval)

<sup>6</sup> YLDs (95% UI): estimated years lived with disability (95% uncertainty interval) <u>Data Sources</u>:

GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020 Oct 17;396(10258):1204-1222

# Figure 14: Comparison of annual premature deaths and disability from cervical cancer in Viet Nam to other cancers among women (estimates for 2019)



## Data accessed on 29 Apr 2021

YLLs: years of life lost YLDs: years lived with disability

Data Sources:

GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020 Oct 17;396(10258):1204-1222

#### 3.4 Anogenital cancers other than the cervix

Data on HPV role in anogenital cancers other than cervix are limited, but there is an increasing body of evidence strongly linking HPV DNA with cancers of anus, vulva, vagina, and penis. Although these cancers are much less frequent compared to cervical cancer, their association with HPV make them potentially preventable and subject to similar preventative strategies as those for cervical cancer. (Vaccine 2006, Vol. 24, Suppl 3; Vaccine 2008, Vol. 26, Suppl 10; Vaccine 2012, Vol. 30, Suppl 5; IARC Monographs 2007, Vol. 90).

# 3.4.1 Anal cancer

Anal cancer is rare in the general population with an average worldwide incidence of 1 per 100,000, but is reported to be increasing in more developed regions. Globally, there are an estimated 29,000 new cases in 2018 every year (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). Women have higher incidences of anal cancer than men. Incidence is particularly high among populations of men who have sex with men (MSM), women with history of cervical or vulvar cancer, and immunosuppressed populations, including those who are HIV-infected and patients with a history of organ transplantation. These cancers are predominantly squamous cell carcinoma, adenocarcinomas, or basaloid and cloacogenic carcinomas.

# 3.4.1.1 Anal cancer incidence in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of new cancer cases	261	1,227	21,706
Uncertainty intervals of new cancer cases [95% UI]	[126-542]	[592-2,543]	[18,432-25,561]
Crude incidence rate <sup>b</sup>	0.54	0.37	0.55
Age-standardized incidence rate <sup>b</sup>	0.51	0.37	0.49
Cumulative risk (%) at 75 years old <sup>a</sup>	0.05	0.04	0.06
WOMEN			
Annual number of new cancer cases	318	1,054	29,159
Uncertainty intervals of new cancer cases [95% UI]	[161-629]	[486-2,284]	[25,656-33,140]
Crude incidence rate <sup>c</sup>	0.65	0.31	0.75
Age-standardized incidence rate <sup>c</sup>	0.47	0.26	0.58
Cumulative risk (%) at 75 years old <sup>a</sup>	0.05	0.03	0.07

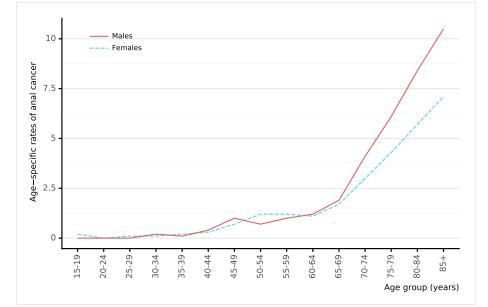
Table 7: Anal cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

or more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing cause

<sup>b</sup> Rates per 100,000 men per year. <sup>c</sup> Rates per 100,000 women per year.

Data S



# Figure 15: Age-specific incidence rates of anal cancer in Viet Nam (estimates for 2020)

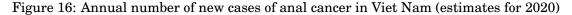
## Data accessed on 27 Jan 2021

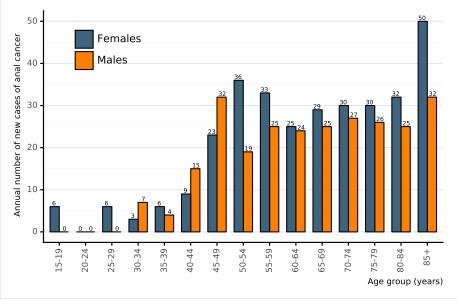
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year

Data Sources

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





Data accessed on 27 Jan 2021

 $For more detailed methods of estimation please refer to {\tt http://gco.iarc.fr/today/data-sources-methods} and the set of the set o$ Data Sources:

# 3.4.1.2 Anal cancer mortality in Viet Nam

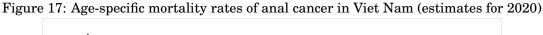
Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of new cancer cases	157	612	9,416
Uncertainty intervals of new cancer cases [95% UI]	[70-350]	[288-1,302]	[7,282-12,175]
Crude incidence rate <sup>b</sup>	0.32	0.18	0.24
Age-standardized incidence rate <sup>b</sup>	0.31	0.19	0.21
Cumulative risk (%) at 75 years old <sup>a</sup>	0.03	0.02	0.02
WOMEN			
Annual number of new cancer cases	164	443	9,877
Uncertainty intervals of new cancer cases [95% UI]	[78-347]	[199-986]	[7,795-12,516]
Crude incidence rate <sup>c</sup>	0.34	0.13	0.26
Age-standardized incidence rate <sup>c</sup>	0.22	0.11	0.19
Cumulative risk (%) at 75 years old <sup>a</sup>	0.02	0.01	0.02

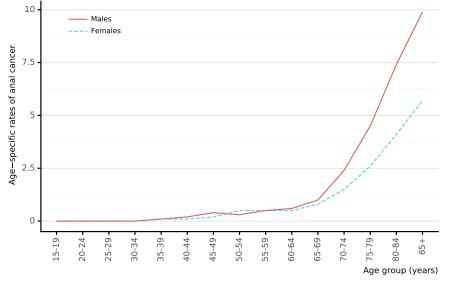
Table 8: Anal cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.

<sup>b</sup> Rates per 100,000 men per year. <sup>c</sup> Rates per 100,000 women per year.

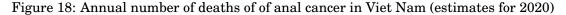


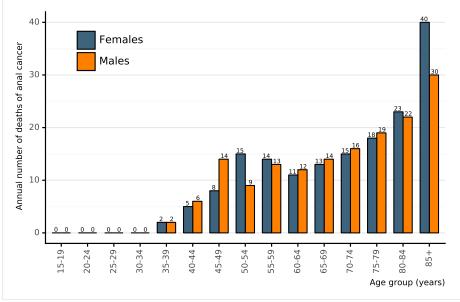


## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year.

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



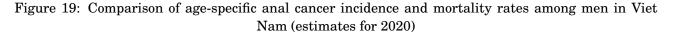


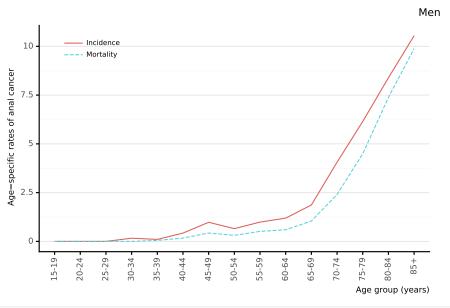
Data accessed on 27 Jan 2021

 $For more detailed methods of estimation please refer to {\tt http://gco.iarc.fr/today/data-sources-methods} and the set of the set o$ Data Sources:

<sup>&</sup>lt;sup>b</sup> Rates per 100,000 women per year Data Sources

# 3.4.1.3 Anal cancer incidence and mortality comparison in Viet Nam





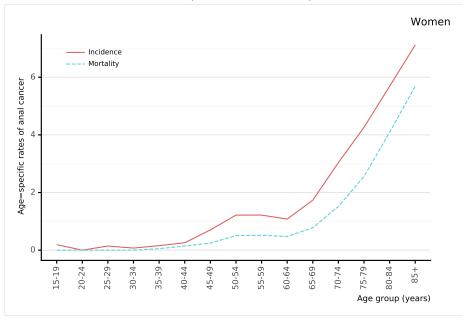
Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

Data Sources:

Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

# Figure 20: Comparison of age-specific anal cancer incidence and mortality rates among women in Viet Nam (estimates for 2020)



## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

# 3.4.2 Vulva cancer

Cancer of the vulva is rare among women worldwide, with an estimated 44,000 new cases in 2018, representing 6% of all gynaecologic cancers (de Martel C et al. Lancet Glob Health 2020;8(2):e180e190). Worldwide, about 60% of all vulvar cancer cases occur in more developed countries. Vulvar cancer has two distinct histological patterns with two different risk factor profiles: (1) basaloid/warty types (2) keratinising types. Basaloid/warty lesions are more common in young women, are very often associated with HPV DNA detection (75-100%), and have a similar risk factor profile as cervical cancer. Keratinising vulvar carcinomas represent the majority of the vulvar lesions (>60%), they occur more often in older women and are more rarely associated with HPV (IARC Monograph Vol 100B).

# 3.4.2.1 Vulva cancer incidence in Viet Nam

Table 9: Vulva cancer incidence in Viet Nam (estimates for 2020)				
Indicator	Viet Nam	South-Eastern Asia	World	
Annual number of new cancer cases	169	2,205	45,240	
Uncertainty intervals [95% UI]	[114-250]	[1,392-3,492]	[40,656-50,342]	
Crude incidence rate <sup>b</sup>	0.35	0.66	1.17	
Age-standardized incidence rate <sup>b</sup>	0.24	0.57	0.85	
Cumulative risk (%) at 75 years old <sup>a</sup>	0.02	0.07	0.09	

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.

 $^{b}$  Rates per 100,000 women per year. Data Sources

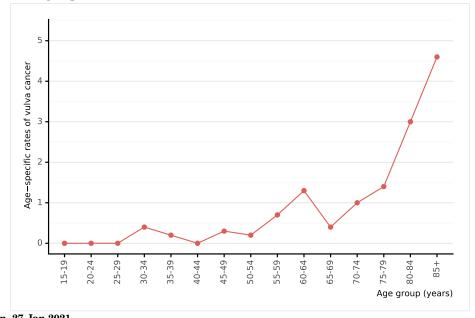
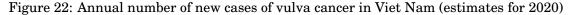
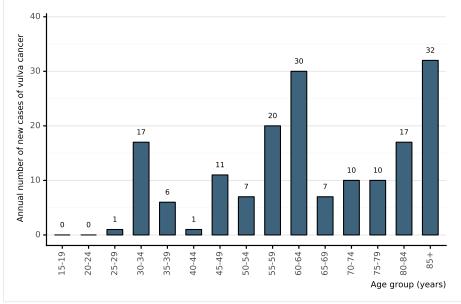


Figure 21: Age-specific incidence rates of vulva cancer in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

# 3.4.2.2 Vulva cancer mortality in Viet Nam

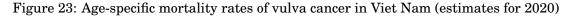
Indicator	Viet Nam	South-Eastern Asia	World
Annual number of deaths	66	763	17,427
Uncertainty intervals [95% UI]	[43-102]	[477-1,220]	[14,497-20,950]
Crude mortality rate <sup>b</sup>	0.14	0.23	0.45
Age-standardized mortality rate <sup>b</sup>	0.08	0.19	0.30
Cumulative risk (%) at 75 years old <sup>a</sup>	0.01	0.02	0.03

# Table 10: Vulva cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

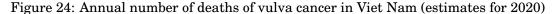
Data accessed on 2/ Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes. <sup>b</sup> Rates per 100,000 women per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

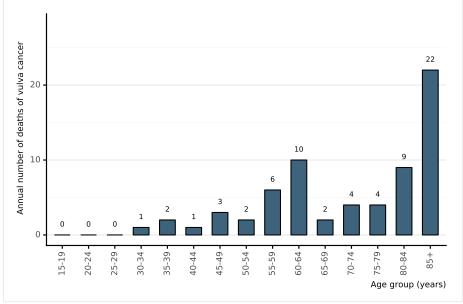
3 Age-specific rates of vulva cancer 2 1 0 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 62-69 70-74 75-79 80-84 85+ Age group (years)



Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources:

## 3.4.2.3 Vulva cancer incidence and mortality comparison in Viet Nam

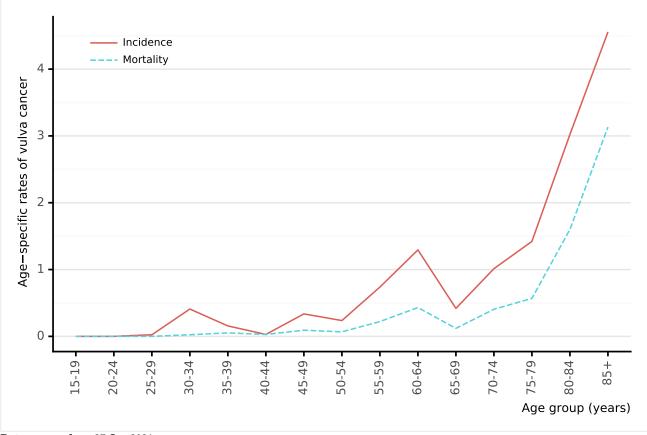


Figure 25: Comparison of age-specific vulva cancer incidence and mortality rates in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Pata Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.4.3 Vaginal cancer

Cancer of the vagina is a rare cancer, with an estimated 18,000 new cases in 2018, representing 3% of all gynaecologic cancers (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). Similar to cervical cancer, the majority of vaginal cancer cases (68%) occur in less developed countries. Most vaginal cancers are squamous cell carcinoma (90%) generally attributable to HPV, followed by clear cell adenocarcinomas and melanoma. Vaginal cancers are primarily reported in developed countries. Metastatic cervical cancer can be misclassified as cancer of the vagina. Invasive vaginal cancer is diagnosed primarily in old women (>= 65 years) and the diagnosis is rare in women under 45 years whereas the peak incidence of carcinoma in situ is observed between ages 55 and 70 (Vaccine 2008, Vol. 26, Suppl 10).

## 3.4.3.1 Vaginal cancer incidence in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
Annual number of new cancer cases	55	954	17,908
Uncertainty intervals [95% UI]	[24-127]	[471-1,933]	[14,678-21,848]
Crude incidence rate <sup>b</sup>	0.11	0.29	0.46
Age-standardized incidence rate <sup>b</sup>	0.08	0.25	0.36
Cumulative risk (%) at 75 years old <sup>a</sup>	0.01	0.03	0.04

## Table 11: Vaginal cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
<sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes

<sup>b</sup> Rates per 100,000 women per year. Data Sources

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

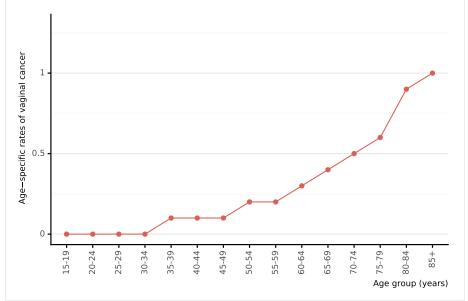


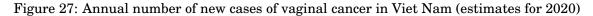
Figure 26: Age-specific incidence rates of vaginal cancer in Viet Nam (estimates for 2020)

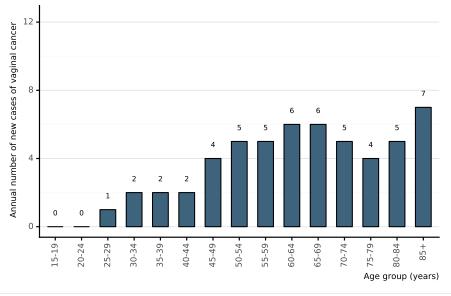
Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources:

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <u>Data Sources:</u> Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.4.3.2 Vaginal cancer mortality in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
Annual number of deaths	29	463	7,995
Uncertainty intervals [95% UI]	[12-73]	[223-960]	[5,983-10,684]
Crude mortality rate <sup>b</sup>	0.06	0.14	0.21
Age-standardized mortality rate <sup>b</sup>	0.04	0.12	0.16
Cumulative risk (%) at 75 years old <sup>a</sup>	0.00	0.01	0.02

Table 12: Vaginal cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

Data accessed on 2/ Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes. <sup>b</sup> Rates per 100,000 women per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

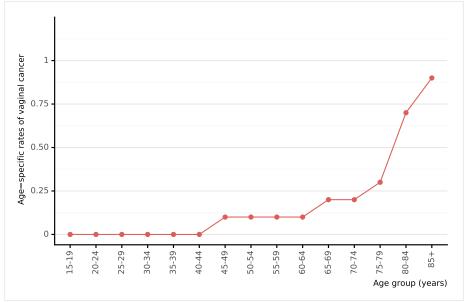
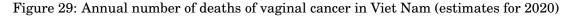


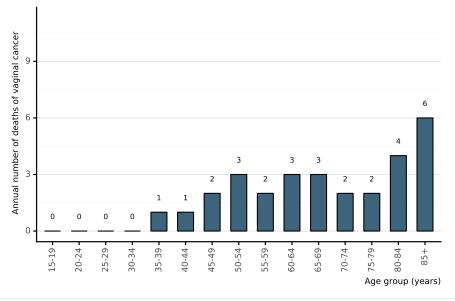
Figure 28: Age-specific mortality rates of vaginal cancer in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

## 3.4.3.3 Vaginal cancer incidence and mortality comparison in Viet Nam

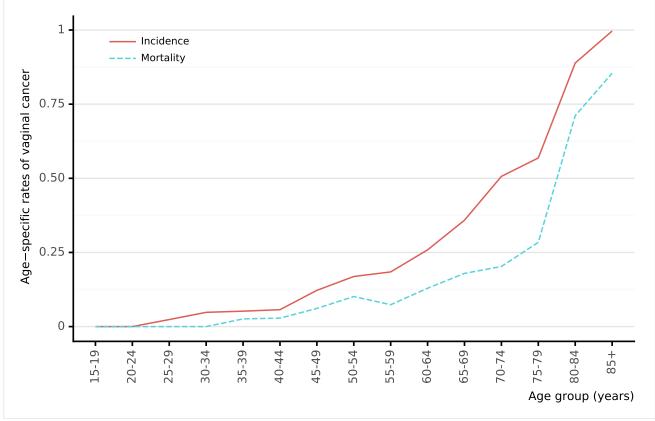


Figure 30: Comparison of age-specific vaginal cancer incidence and mortality rates in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. <u>Data Sources:</u> Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.4.4 Penile cancer

The annual burden of penile cancer has been estimated to be 34,000 cases in 2018 worldwide with incidence rates strongly correlating with those of cervical cancer (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). Penile cancer is rare and most commonly affects men aged 50-70 years. Incidence rates are higher in less developed countries than in more developed countries, accounting for up to 10% of male cancers in some parts of Africa, South America and Asia. Precursor cancerous penile lesions (PeIN) are rare.

Cancers of the penis are primarily of squamous cell carcinomas (SCC) (95%) and the most common penile SCC histologic sub-types are keratinising (49%), mixed warty-basaloid (17%), verrucous (8%) warty (6%), and basaloid (4%). HPV is most commonly detected in basaloid and warty tumours but is less common in keratinising and verrucous tumours. Approximately 60-100% of PeIN lesions are HPV DNA positive.

## 3.4.4.1 Penile cancer incidence in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
Annual number of new cancer cases	397	2,791	36,068
Uncertainty intervals [95% UI]	[277-569]	[2,155-3,615]	[30, 963 - 42, 015]
Crude incidence rate <sup>b</sup>	0.82	0.84	0.92
Age-standardized incidence rate <sup>b</sup>	0.76	0.83	0.80
Cumulative risk (%) at 75 years old <sup>a</sup>	0.09	0.10	0.09

# Table 13: Panile cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.

<sup>b</sup> Rates per 100,000 men per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

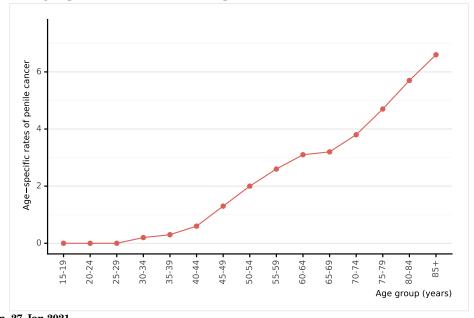
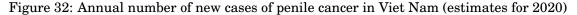
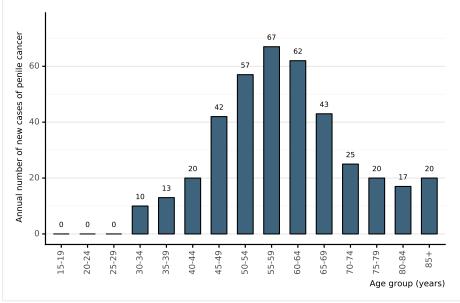


Figure 31: Age-specific incidence rates of penile cancer in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

## 3.4.4.2 Penile cancer mortality in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
Annual number of deaths	147	1,034	13,211
Uncertainty intervals [95% UI]	[99-218]	[789-1,355]	[10,687-16,332]
Crude mortality rate <sup>b</sup>	0.30	0.31	0.34
Age-standardized mortality rate <sup>b</sup>	0.28	0.32	0.29
Cumulative risk (%) at 75 years old <sup>a</sup>	0.03	0.03	0.03

## Table 14: Penile cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

Data accessed on 2/ Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes. <sup>b</sup> Rates per 100,000 men per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

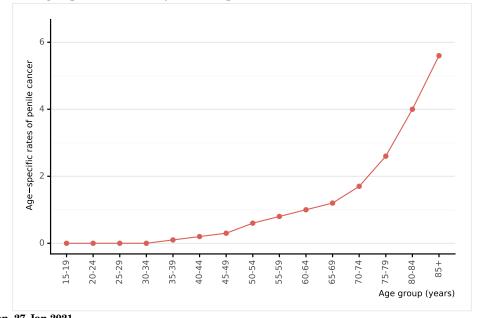
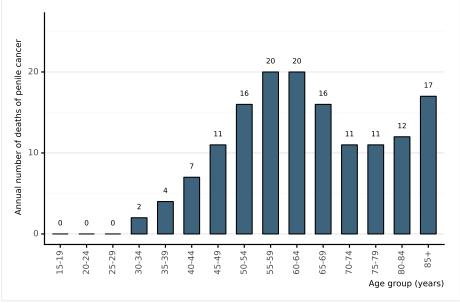


Figure 33: Age-specific mortality rates of penile cancer in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 





Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

# 3.4.4.3 Penile cancer incidence and mortality comparison in Viet Nam

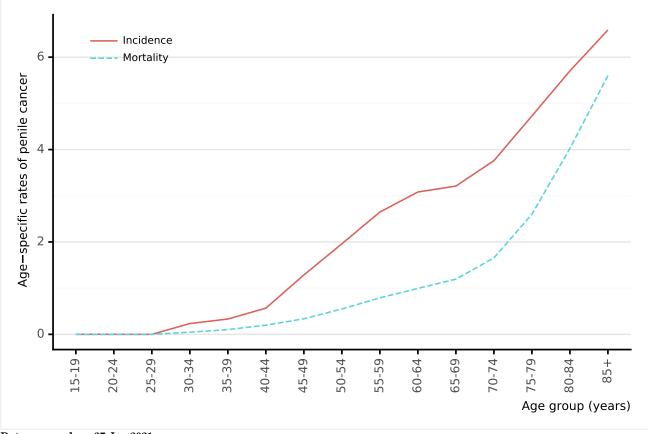


Figure 35: Comparison of age-specific penile cancer incidence and mortality rates in Viet Nam (esti-
mates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. Deta Sourcevi

TataSper Too, you men per year. DataSources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5 Head and neck cancers

The majority of head and neck cancers are associated with high tobacco and alcohol consumption. However, increasing trends in the incidence at specific sites suggest that other aetiological factors are involved, and infection by certain high-risk types of HPV (i.e. HPV16) have been reported to be associated with head and neck cancers, in particular with oropharyngeal cancer. Current evidence suggests that HPV16 is associated with tonsil cancer (including Waldeyer ring cancer), base of tongue cancer and other oropharyngeal cancer sites. Associations with other head and neck cancer sites such as oral cancer are neither strong nor consistent when compared to molecular-epidemiological data on HPV and oropharyngeal cancer. Association with laryngeal cancer is still unclear (IARC Monograph Vol 100B)

## 3.5.1 Oropharyngeal cancer

## 3.5.1.1 Oropharyngeal cancer incidence in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of new cancer cases	503	3,620	79,045
Uncertainty intervals of new cancer cases [95% UI]	[376-673]	[2,885-4,542]	[72,769-85,862]
Crude incidence rate sa <sup>b</sup>	1.04	1.08	2.01
Age-standardized incidence rate sa <sup>b</sup>	0.94	1.05	1.79
Cumulative risk (%) at 75 years old <sup>a</sup>	0.11	0.13	0.22
WOMEN			
Annual number of new cancer cases	102	1,012	19,367
Uncertainty intervals of new cancer cases [95% UI]	[57-183]	[521-1,965]	[16,279-23,041]
Crude incidence rate sa <sup>c</sup>	0.21	0.30	0.50
Age-standardized incidence rate sa <sup>c</sup>	0.16	0.27	0.40
Cumulative risk (%) at 75 years $old^a$	0.02	0.03	0.05

### Table 15: Oropharyngeal cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.

<sup>b</sup> Rates per 100,000 men per year.

<sup>c</sup> Rates per 100,000 women per year. Data Sources:

Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021]

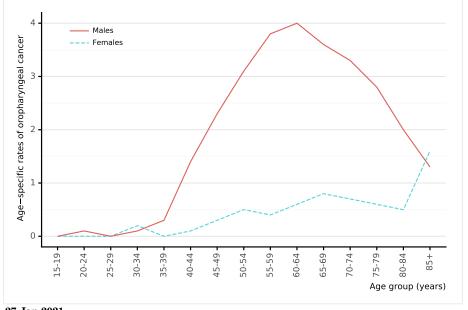


Figure 36: Age-specific incidence rates of oropharyngeal cancer in Viet Nam (estimates for 2020)

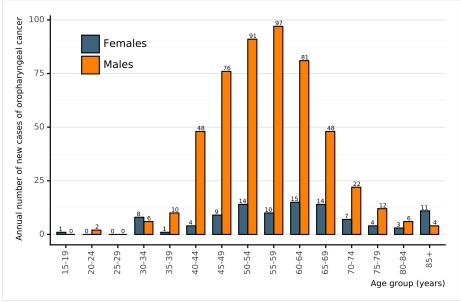
## Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

## Figure 37: Annual number of new cases of oropharyngeal cancer in Viet Nam (estimates for 2020)



Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

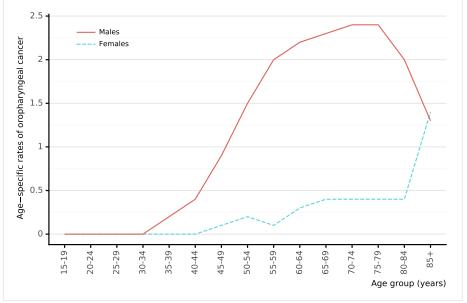
## 3.5.1.2 Oropharyngeal cancer mortality in Viet Nam

Table 16: Oropharyngeal cancer mortality in Viet Nam (estimates for 2020)				
Indicator	Viet Nam South-Eastern Asia		World	
MEN				
Annual number of deaths	258	2,092	39,590	
Uncertainty intervals of mortality cancer cases [95% UI]	[187-355]	[1,658-2,640]	[35,255-44,458]	
Crude mortality rate sa <sup>b</sup>	0.53	0.63	1.01	
Age-standardized mortality rate sa <sup>b</sup>	0.49	0.62	0.89	
Cumulative risk (%) at 75 years old <sup>a</sup>	0.06	0.08	0.11	
WOMEN				
Annual number of deaths	48	441	8,553	
Uncertainty intervals of mortality cancer cases [95% UI]	[25-91]	[224-867]	[6,684-10,945]	
Crude mortality rate sa <sup>c</sup>	0.10	0.13	0.22	
Age-standardized mortality rate sa <sup>c</sup>	0.07	0.11	0.17	
Cumulative risk (%) at 75 years $old^a$	0.01	0.01	0.02	

# Table 16: Oropharyngeal cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

Data accessed on 27 Jan 2021
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
a Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.
b Rates per 100,000 men per year.
c Rates per 100,000 women per year.
C Rates per 100,000 women per year.
Data Sources:
Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 38: Age-specific mortality rates of oropharyngeal cancer in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

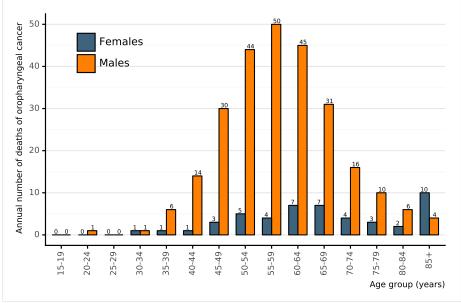
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year

Data Sources

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## Figure 39: Annual number of deaths of oropharyngeal cancer in Viet Nam (estimates for 2020)



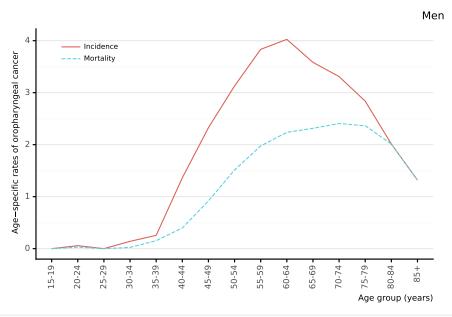
Data accessed on 27 Jan 2021

 $For more detailed methods of estimation please refer to {\tt http://gco.iarc.fr/today/data-sources-methods} and the set of the set o$ Data Sources:

Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5.1.3 Oropharyngeal cancer incidence and mortality comparison in Viet Nam

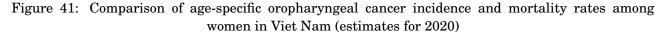
Figure 40: Comparison of age-specific oropharyngeal cancer incidence and mortality rates among men in Viet Nam (estimates for 2020)

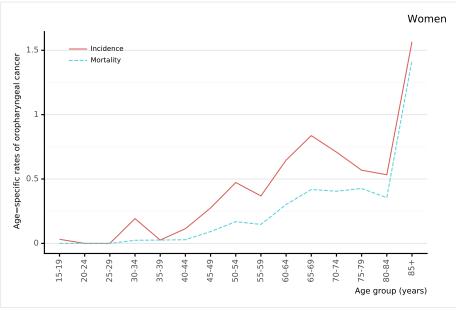


Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods  $^a$  Rates per 100,000 men per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5.2 Oral cavity cancer

## 3.5.2.1 Oral cavity cancer incidence in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of new cancer cases	1,646	11,297	264,211
Uncertainty intervals of new cancer cases [95% UI]	[1,401-1,933]	[10,122-12,609]	[251,153- 277,948]
Crude incidence rate sa <sup>b</sup>	3.39	3.38	6.72
Age-standardized incidence rate sa <sup>b</sup>	3.09	3.32	5.96
Cumulative risk (%) at 75 years old <sup>a</sup>	0.35	0.38	0.68
WOMEN			
Annual number of new cancer cases	506	7,084	113,502
Uncertainty intervals of new cancer cases [95% UI]	[402-638]	[6,265-8,010]	[105,599- 121,997]
Crude incidence rate sa <sup>c</sup>	1.04	2.12	2.94
Age-standardized incidence rate sa <sup>c</sup>	0.80	1.82	2.28
Cumulative risk (%) at 75 years old <sup>a</sup>	0.09	0.21	0.26

## Table 17: Oral cavity cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes. <sup>b</sup> Rates per 100,000 men per year. <sup>c</sup> Rates per 100,000 women per year. Plate Sources:

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

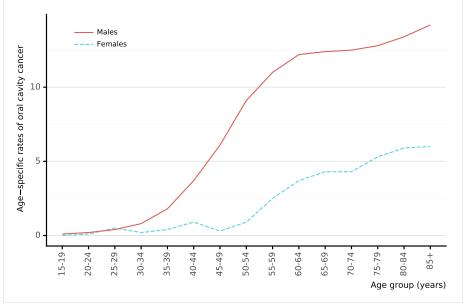


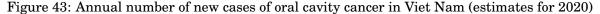
Figure 42: Age-specific incidence rates of oral cavity cancer in Viet Nam (estimates for 2020)

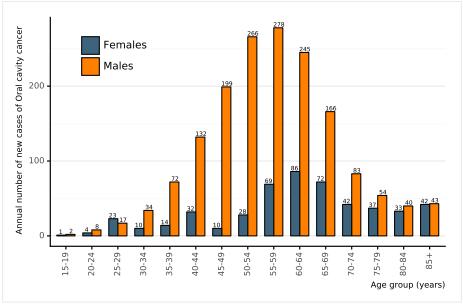
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 





Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

Farlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

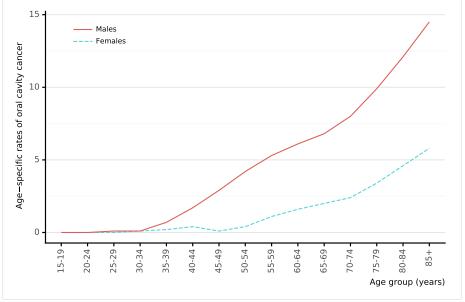
## 3.5.2.2 Oral cavity cancer incidence and mortality comparison in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of deaths	841	6,409	125,022
Uncertainty intervals of mortality cancer cases [95% UI]	[704-1,004]	[5,717-7,184]	[116,573- 134,084]
Crude mortality rate sa <sup>b</sup>	1.73	1.92	3.18
$\begin{array}{c} Age-standardized  mortality  rate \\ sa^b \end{array}$	1.61	1.92	2.82
Cumulative risk (%) at 75 years old <sup>a</sup>	0.18	0.21	0.32
WOMEN			
Annual number of deaths	258	3,516	52,735
Uncertainty intervals of mortality cancer cases [95% UI]	[200-333]	[3,095-3,995]	[47,690-58,313]
Crude mortality rate sa <sup>c</sup>	0.53	1.05	1.36
Age-standardized mortality rate sa <sup>c</sup>	0.38	0.88	1.04
Cumulative risk (%) at 75 years old <sup>a</sup>	0.04	0.09	0.12

Table 18: Oral cavity cancer mortality in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

Data accessed on 27 Jan 2021
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
a Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.
b Rates per 100,000 men per year.
c Rates per 100,000 women per year.
C Rates per 100,000 women per year.
Data Sources:
Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 44: Age-specific mortality rates of oral cavity cancer in Viet Nam (estimates for 2020)

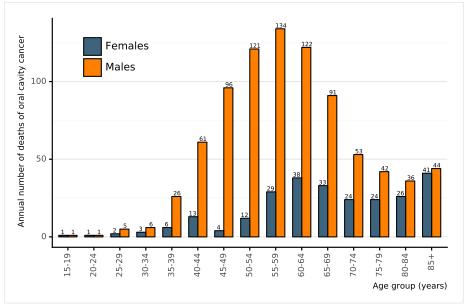
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

## Figure 45: Annual number of deaths of oral cavity cancer in Viet Nam (estimates for 2020)



Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

Farlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5.2.3 Oral cavity cancer incidence and mortality comparison in Viet Nam

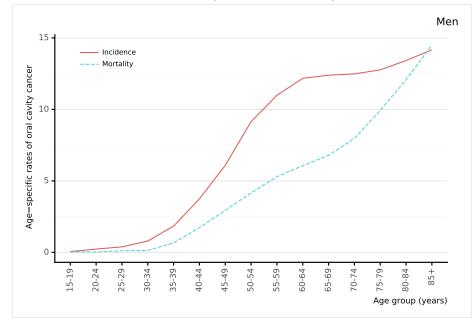
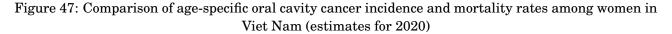


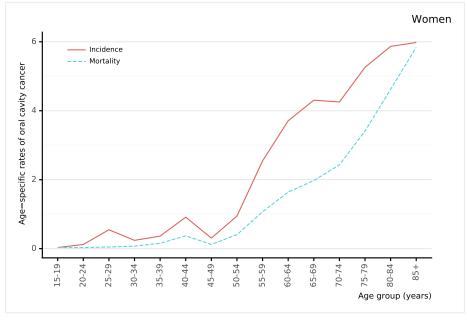
Figure 46: Comparison of age-specific oral cavity cancer incidence and mortality rates among men in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods<sup>a</sup> Rates per 100,000 men per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.

<sup>a</sup> Rates per 100,000 women per year. <u>Data Sources</u>:

Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5.3 Laryngeal cancer

## 3.5.3.1 Laryngeal cancer incidence in Viet Nam

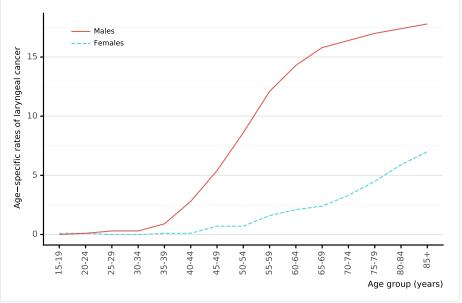
Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of new cancer cases	1,685	10,178	160,265
Uncertainty intervals of new cancer cases [95% UI]	[1,409-2,015]	[9,072-11,419]	[150,633- 170,513]
Crude incidence rate sa <sup>b</sup>	3.47	3.05	4.08
Age-standardized incidence rate sa <sup>b</sup>	3.24	3.07	3.59
Cumulative risk (%) at 75 years old <sup>a</sup>	0.38	0.36	0.45
WOMEN			
Annual number of new cancer cases	336	1,215	24,350
Uncertainty intervals of new cancer cases [95% UI]	[185-610]	[630-2,343]	[20,845-28,444]
Crude incidence rate sa <sup>c</sup>	0.69	0.36	0.63
Age-standardized incidence rate sa <sup>c</sup>	0.50	0.31	0.49
Cumulative risk (%) at 75 years $old^a$	0.06	0.03	0.06

## Table 19: Laryngeal cancer incidence in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Cumulative risk (incidence) is the probability or risk of individuals getting from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to develop from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes. <sup>b</sup> Rates per 100,000 mem per year. <sup>c</sup> Rates per 100,000 women per year. Plate Source:

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 



## Figure 48: Age-specific incidence rates of laryngeal cancer in Viet Nam (estimates for 2020)

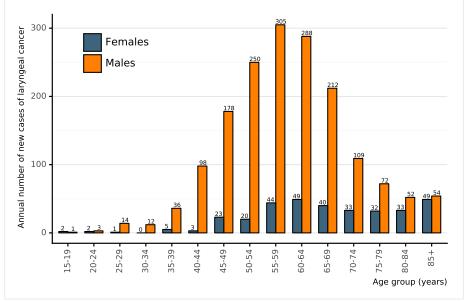
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

### Figure 49: Annual number of new cases of laryngeal cancer in Viet Nam (estimates for 2020)



Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

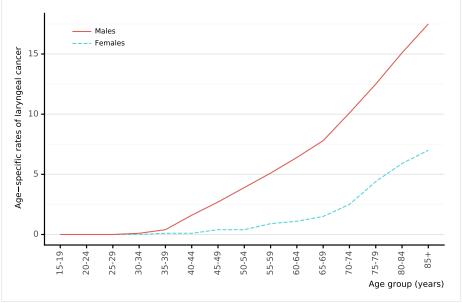
## 3.5.3.2 Laryngeal cancer incidence and mortality comparison in Viet Nam

Indicator	Viet Nam	South-Eastern Asia	World
MEN			
Annual number of deaths	862	5,905	85,351
Uncertainty intervals of mortality cancer cases [95% UI]	[708-1,050]	[5,239-6,655]	[78,895-92,335]
Crude mortality rate sa <sup>b</sup>	1.77	1.77	2.17
$\begin{array}{llllllllllllllllllllllllllllllllllll$	1.68	1.82	1.89
Cumulative risk (%) at 75 years old <sup>a</sup>	0.19	0.20	0.23
WOMEN			
Annual number of deaths	247	863	14,489
Uncertainty intervals of mortality cancer cases [95% UI]	[128-476]	[443-1,680]	[11,902-17,639]
Crude mortality rate sa <sup>c</sup>	0.51	0.26	0.37
Age-standardized mortality rate sa <sup>c</sup>	0.34	0.21	0.28
Cumulative risk (%) at 75 years $old^a$	0.04	0.02	0.03

Table 20: Larryngeol ganger mortality in Viet Nem (estimates for 2020)

Data accessed on 27 Jan 2021

Data accessed on 27 Jan 2021
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
a Cumulative risk (mortality) is the probability or risk of individuals dying from the disease during ages 0-74 years. For cancer, it is expressed as the % of new born children who would be expected to die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of competing causes.
b Rates per 100,000 men per year.
c Rates per 100,000 women per year.
C Rates per 100,000 women per year.
Data Sources:
Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 50: Age-specific mortality rates of laryngeal cancer in Viet Nam (estimates for 2020)

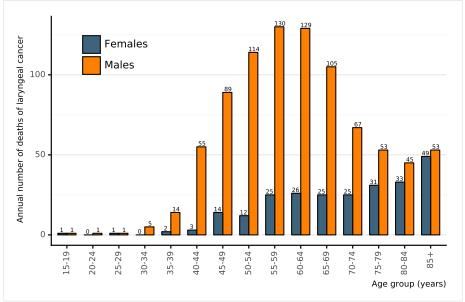
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for  $Research \ on \ Cancer. \ Available \ from: \ \texttt{https://gco.iarc.fr/today} \ , \ accessed \ [27 \ January \ 2021].$ 

## Figure 51: Annual number of deaths of of laryngeal cancer in Viet Nam (estimates for 2020)

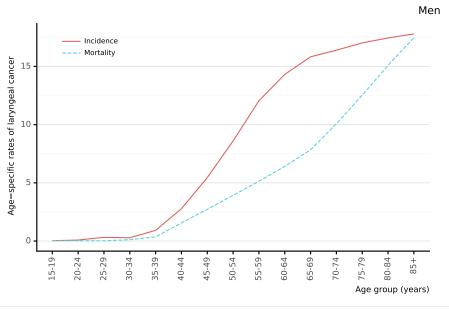


Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods Data Sources:

Parlay JErvik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 3.5.3.3 Laryngeal cancer incidence and mortality comparison in Viet Nam

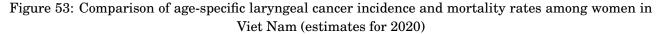
Figure 52: Comparison of age-specific laryngeal cancer incidence and mortality rates among men in Viet Nam (estimates for 2020)

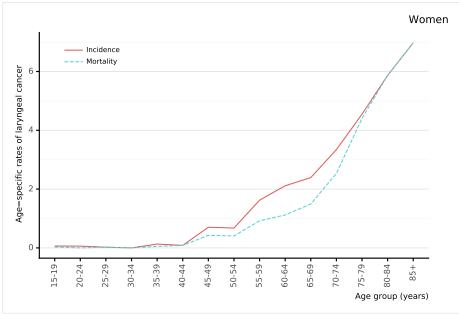


Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year. Data Sources

Farlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.

Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

# 4 HPV related statistics

HPV infection is commonly found in the anogenital tract of men and women with and without clinical lesions. The aetiological role of HPV infection among women with cervical cancer is well-established, and there is growing evidence of its central role in other anogenital sites. HPV is also responsible for other diseases such as recurrent juvenile respiratory papillomatosis and genital warts, both mainly caused by HPV types 6 and 11 (Lacey CJ, Vaccine 2006; 24(S3):35). For this section, the methodologies used to compile the information on HPV burden are derived from systematic reviews and meta-analyses of the literature. Due to the limitations of HPV DNA detection methods and study designs used, these data should be interpreted with caution and used only as a guide to assess the burden of HPV infection within the population. (Vaccine 2006, Vol. 24, Suppl 3; Vaccine 2008, Vol. 26, Suppl 10; Vaccine 2012,Vol. 30, Suppl 5; IARC Monographs 2007, Vol. 90).

# 4.1 HPV burden in women with normal cervical cytology, cervical precancerous lesions or invasive cervical cancer

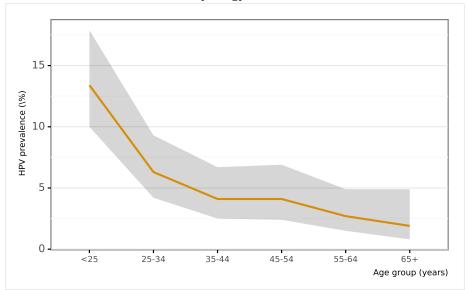
The statistics shown in this section focus on HPV infection in the cervix uteri. HPV cervical infection results in cervical morphological lesions ranging from normalcy (cytologically normal women) to different stages of precancerous lesions (CIN-1, CIN-2, CIN-3/CIS) and invasive cervical cancer. HPV infection is measured by HPV DNA detection in cervical cells (fresh tissue, paraffin embedded or exfoliated cells). The prevalence of HPV increases with lesion severity. HPV causes virtually 100% of cervical cancer cases, and an underestimation of HPV prevalence in cervical cancer is most likely due to the limitations of study methodologies. Worldwide, HPV16 and 18 (the two vaccine-preventable types) contribute to over 70% of all cervical cancer cases, between 41% and 67% of high-grade cervical lesions and 16-32% of low-grade cervical lesions. After HPV16/18, the six most common HPV types are the same in all world regions, namely 31, 33, 35, 45, 52 and 58; these account for an additional 20% of cervical cancers worldwide (Clifford G, Vaccine 2006;24(S3):26).

## Methods: Prevalence and type distribution of human papillomavirus in cervical carcinoma, low-grade cervical lesions, high-grade cervical lesions and normal cytology: systematic review and meta-analysis

A systematic review of the literature was conducted regarding the worldwide HPV-prevalence and type distribution for cervical carcinoma, low-grade cervical lesions, high-grade cervical lesions and normal cytology from 1990 to 'data as of' indicated in each section. The search terms for the review were 'HPV' AND cerv\* using Pubmed. There were no limits in publication language. References cited in selected articles were also investigated. Inclusion criteria were: HPV DNA detection by means of PCR or HC2, a minimum of 20 cases for cervical carcinoma, 20 cases for low-grade cervical lesions, 20 cases for highgrade cervical lesions and 100 cases for normal cytology and a detailed description of HPV DNA detection and genotyping techniques used. The number of cases tested and HPV positive extracted for each study were pooled to estimate the prevalence of HPV DNA and the HPV type distribution globally and by geographical region. Binomial 95% confidence intervals were calculated for each HPV prevalence. For more details refer to the methods document.

## 4.1.1 HPV prevalence in women with normal cervical cytology

Figure 54: Crude age-specific HPV prevalence (%) and 95% confidence interval in women with normal cervical cytology in Viet Nam

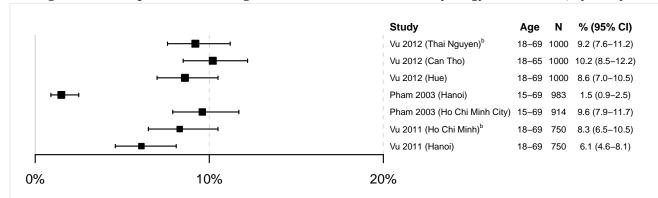


Data updated on 30 Jun 2015 (data as of 30 Jun 2014)

Data Source

Pham TH, Int J Cancer 2003; 104: 213

Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until June 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453



## Figure 55: HPV prevalence among women with normal cervical cytology in Viet Nam, by study

Data updated on 30 Jun 2015 (data as of 30 Jun 2014)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)

a Number of women tested b Women from the general population, including some with cytological cervical abnormalities

Data Sources: Pham TH, Int J Cancer 2003; 104: 213 | Vu LT, Asian Pac J Cancer Prev 2011; 12: 561 | Vu LT, Asian Pac J Cancer Prev 2012; 13: 37 | Vu LT, Western Pac Surveill Response J 2012; 3: 57 Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until June 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453

## 4.1.2 HPV type distribution among women with normal cervical cytology, precancerous cervical lesions and cervical cancer

	No. tested	HPV 16/18 Prevalence % (95% CI)
Normal cytology <sup>1,2</sup>	1897	2.1 (1.6-2.9)
Low-grade lesions <sup>3</sup>	-	
High-grade lesions <sup>4,5</sup>	123	37.4 (29.4-46.2)
Cervical cancer <sup>6,7</sup>	134	82.8 (75.6-88.3)

## Table 21: Prevalence of HPV16 and HPV18 by cytology in Viet Nam

Data updated on 19 May 2017 (data as of 30 Jun 2015 / 30 Nov 2014)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)

Number of women tested <sup>b</sup> 95% Confidence Interval

Data Sources

<sup>1</sup> Pham TH, Int J Cancer 2003; 104: 213

<sup>2</sup> Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until November 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453

<sup>3</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Clifford GM, Cancer Epidemiol Biomarkers Prev 2005;14:1157

<sup>4</sup> Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

5 Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Smith JS, Int J Cancer 2007;121:621 3) Clifford GM, Br J Cancer 2003;89:101. <sup>6</sup> Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

<sup>7</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

## Figure 56: HPV 16 prevalence among women with normal cervical cytology in Viet Nam, by study

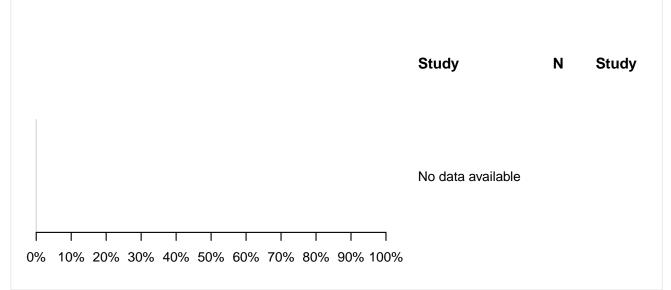
	Phan 2003 1897 %5(95.0221)
0%	10%

#### Data updated on 30 Jun 2015 (data as of 30 Jun 2014)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)  $^a$  Number of women tested

Data Sources: Pham TH, Int J Cancer 2003; 104: 213

Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until June 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453



## Figure 57: HPV 16 prevalence among women with low-grade cervical lesions in Viet Nam, by study

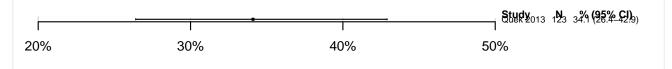
#### Data updated on 27 Jan 2017 (data as of 30 Jun 2015)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells) a Number of women tested

Data Sources:

Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Clifford GM, Cancer Epidemiol Biomarkers Prev 2005;14:1157

## Figure 58: HPV 16 prevalence among women with high-grade cervical lesions in Viet Nam, by study



#### Data updated on 27 Jan 2017 (data as of 30 Jun 2015)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)  $^a$  Number of women tested

Data Sources: Quek SC, Int J Gynecol Cancer 2013; 23: 148

Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Refer-ence publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Smith JS, Int J Cancer 2007;121:621 3) Clifford GM, Br J Cancer 2003;89:101.

## Figure 59: HPV 16 prevalence among women with invasive cervical cancer in Viet Nam, by study

L.		<b> Sturk</b> ¥013 194 48% (45%-64)		
l 40%	۱ 50%	60%		

#### Data updated on 19 May 2017 (data as of 30 Jun 2015)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells) <sup>a</sup> Number of women tested <u>Data Sources:</u> Quek SC, Int J Gynecol Cancer 2013; 23: 148 Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Refer-ence publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

16 58 56 18 52 39 33 31 51 45	1.5 0.7 0.6 0.5 0.5 0.5 0.5 0.4 0.3 0.3						Normal cytology (5,6)
1st 2nd 3th 4th 5th 6th 7th 8th 9th 10th	• • • • • • • • •						Low-grade lesions (4)
<b>Second Second S</b>	3	6.5 4.1 .3 .3		24.4	34.1		High-grade lesions (1,3)
16 18 52 33 58 45 31 8th 9th 10th		6			34.3	48.5	Cervical cancer (1,2)
	0%	10% 2015 (data as of 30	20%	30% Prevale		50%	60%

# Figure 60: Comparison of the ten most frequent HPV oncogenic types in Viet Nam among women with and without cervical lesions

## Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

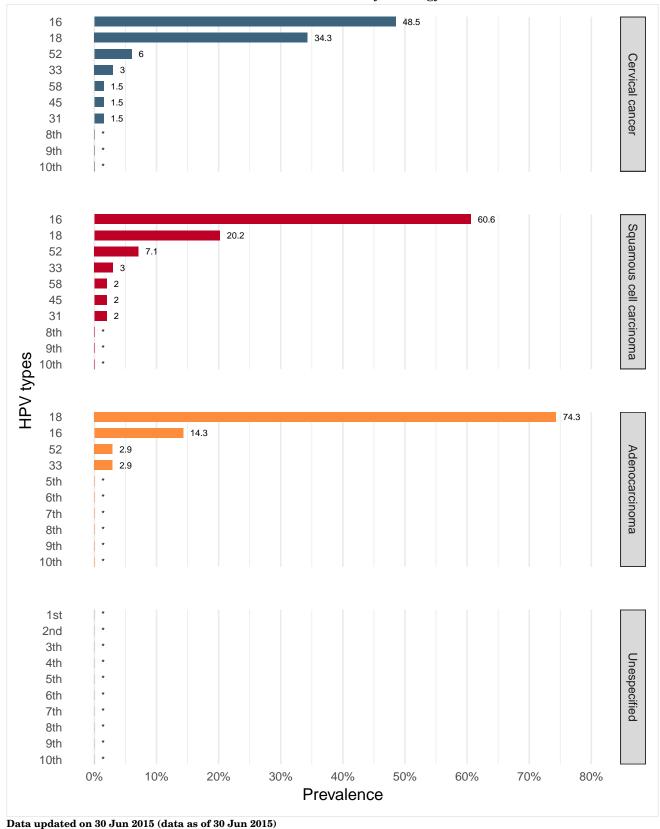
Data Sources:

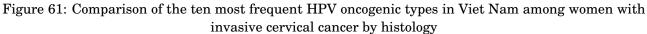
Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

<sup>2</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

GM, Br J Cancer 2003;89:101.
 <sup>3</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015.
 Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Smith JS, Int J Cancer 2007;121:621 3) Clifford GM, Br J Cancer 2003;89:101.
 <sup>4</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015.
 Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Clifford GM, Cancer Epidemiol Biomarkers Prev 2005;14:1157

<sup>5</sup> Pham TH, Int J Cancer 2003; 104: 213
 <sup>6</sup> Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until November 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453





 $^{\ast}\,$  No data available. No more types than shown were tested or were positive

Data Sources:

<sup>1</sup>Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

<sup>2</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2014. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

<sup>3</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

lesions and invasive cervical cancer in Viet Nam										
	Normal cytology <sup>1,2</sup> Low-grade lesions <sup>3</sup>					grade lesions <sup>4,5</sup>	Cerv	ical cancer <sup>6,7</sup>		
HPV	No.	HPV Prev %	No.	HPV Prev %	No.	HPV Prev %	No.	HPV Prev %		
Туре	tested	(95% CI)	tested	(95% CI)	tested	(95% CI)	tested	(95% CI)		
ONCOGENIC HPV TYPES										
High-r	isk HPV ty									
16	1897	1.5 (1.0-2.1)	-	-	123	34.1 (26.4-42.9)	134	48.5 (40.2-56.9)		
18	1897	0.6 (0.3-1.0)	-	-	123	3.3(1.3-8.1)	134	34.3 (26.8-42.7)		
31	1897	0.4 (0.2-0.8)	-	-	123	3.3 (1.3-8.1)	134	1.5(0.4-5.3)		
33	1897	0.5 (0.2-0.9)	-	-	123	4.1 (1.7-9.2)	134	3.0 (1.2-7.4)		
35	1897	0.2 (0.1-0.5)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
39	1897	0.5 (0.2-0.9)	-	-	123	0.8 (0.1-4.5)	134	0.0 (0.0-2.8)		
45	1897	0.3 (0.1-0.7)	-	-	123	0.0 (0.0-3.0)	134	1.5(0.4-5.3)		
51	1897	0.3 (0.1-0.7)	-	-	123	6.5 (3.3-12.3)	134	0.0 (0.0-2.8)		
52	1897	0.5 (0.2-0.9)	-	-	123	24.4 (17.7-32.7)	134	6.0 (3.1-11.3)		
56	1897	0.6 (0.4-1.1)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
58	1897	0.7 (0.4-1.2)	-	-	123	12.2 (7.5-19.1)	134	1.5 (0.4-5.3)		
59	1897	0.1 (0.0-0.3)	-	-	123	0.8 (0.1-4.5)	134	0.0 (0.0-2.8)		
Probab	ble/possible	e carcinogen								
26	1897	0.2 (0.1-0.5)	-	-	-	-	-	-		
30	-	-	-	-	-	-	-	-		
34	1897	0.2 (0.1-0.5)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
53	1897	0.1 (0.0-0.4)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
66	1897	0.2 (0.1-0.5)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
67	-	-	-	-	-	-	-	-		
68	1897	0.4 (0.2-0.8)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
69	-	-	-	-	-	-	-	-		
70	1897	0.2 (0.1-0.5)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
73	1897	0.1 (0.0-0.3)	-	-	-	-	-	-		
82	1897	0.0 (0.0-0.2)	-	-	-	-	-	-		
85	-	-	-	-	-	-	-	-		
97	-	-	-	-	-	-	-	-		
LOW RIS	SK HPV TY									
6	1897	0.0 (0.0-0.2)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
11	1897	0.0 (0.0-0.2)	-	-	123	0.0 (0.0-3.0)	134	2.2(0.8-6.4)		
32	-	-	-	-	-	-	-	-		
40	1897	0.1 (0.0-0.4)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
42	1897	0.3 (0.1-0.6)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
43	1897	0.3 (0.1-0.7)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
44	1897	0.0 (0.0-0.2)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
54	1897	0.0 (0.0-0.2)	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
55	-	-	-	-	-	-	-	-		
57	1897	0.0 (0.0-0.2)	-	-	-	-	-	-		
61	1897	0.1 (0.0-0.3)	-	-	-	-	-	-		
62	-	-	-	-	-	-	-	-		
64	-	-	-	-	-	-	-	-		
71	1897	0.0 (0.0-0.2)	-	-	-	-	-	-		
72	1897	0.2 (0.1-0.5)	-	-	-	-	-	-		
74	-	-	-	-	123	0.0 (0.0-3.0)	134	0.0 (0.0-2.8)		
81	1897	0.6 (0.4-1.1)	-	-	-	-	-	-		
83	1897	0.0 (0.0-0.2)	-	-	-	-	-	-		
84	1897	0.1 (0.0-0.4)	-	-	-	-	-	-		
86	-	-	-	-	-	-	-	-		
87	-	-	-	-	-	-	-	-		
89	-	-	-	-	-	-	-	-		
90	-	-	-	-	-	-	-	-		
91	-	-	-	-	-	-	-	-		

# Table 22: Type-specific HPV prevalence in women with normal cervical cytology, precancerous cervical

## Data updated on 30 Jun 2015 (data as of 30 Jun 2015 / 30 Nov 2014)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)

 Data Sources:

 1

 Pham TH, Int J Cancer 2003; 104: 213

<sup>3</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Clifford GM, Cancer Epidemiol Biomarkers Prev 2005;14:1157

<sup>4</sup> Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

<sup>6</sup> Dased on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015.
 <sup>6</sup> Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Smith JS, Int J Cancer 2007;121:621 3) Clifford GM, Br J Cancer 2003;89:101.
 <sup>6</sup> Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148

<sup>7</sup> Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015.

<sup>&</sup>lt;sup>2</sup> Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until November 2014. Reference publications: 1) Bruni L, J Infect Dis 2010; 202: 1789. 2) De Sanjosé S, Lancet Infect Dis 2007; 7: 453

Reference publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

Any Histology Squamous cell carcinoma Adenocarcinoma Unespecified								
HPV	No.	HPV Prev %	No.	HPV Prev %	No.	HPV Prev %	No.	HPV Prev %
Туре	tested	(95% CI)	tested	(95% CI)	tested	(95% CI)	tested	(95% CI)
	ENIC HPV		testeu	(0070 01)	testea		testea	(00/002)
	isk HPV ty							
16	134	48.5 (40.2-56.9)	99	60.6 (50.8-69.7)	35	14.3 (6.3-29.4)		-
18	134	34.3 (26.8-42.7)	99	20.2 (13.5-29.2)	35	74.3 (57.9-85.8)	-	-
31	134	1.5 (0.4-5.3)	99	2.0 (0.6-7.1)	35	0.0 (0.0-9.9)	-	-
33	134	3.0 (1.2-7.4)	99	3.0 (1.0-8.5)	35	2.9 (0.5-14.5)	-	-
35	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
39	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
45	134	1.5 (0.4-5.3)	99	2.0 (0.6-7.1)	35	0.0 (0.0-9.9)	-	-
51	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
52	134	6.0 (3.1-11.3)	99	7.1 (3.5-13.9)	35	2.9 (0.5-14.5)	-	-
56	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
58	134	1.5 (0.4-5.3)	99	2.0 (0.6-7.1)	35	0.0 (0.0-9.9)	-	-
59	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
		e carcinogen						
26	-	-	-	-	-	· .	-	-
30	-	-	-		-	<u> </u>	_	-
34	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
53	134	0.0 (0.0-2.8)	-	-	-	-	-	-
66	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
67	-	-	-	-	-	-	-	-
68	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
69	-	-	-	-	-	-	-	-
70	134	0.0 (0.0-2.8)	-	-	-		-	-
73	-	-	-	-	-	<u> </u>	-	-
82	-	_	-	-	-		-	-
85	-	-	-	-	-	<u> </u>	-	_
97	-	-	-	-	-	-	-	-
	SK HPV TY	PES						
6	134	0.0 (0.0-2.8)	· -		-	·	· . ·	-
11	134	2.2 (0.8-6.4)	-	-	-	-	-	-
32	-	-	-	-	-		-	-
40	134	0.0 (0.0-2.8)	-		-		-	-
42	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
43	134	0.0 (0.0-2.8)	-	-	-	-	-	-
44	134	0.0 (0.0-2.8)	99	0.0 (0.0-3.7)	35	0.0 (0.0-9.9)	-	-
54	134	0.0 (0.0-2.8)	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-
62	-	-	-	-	-	- -	-	-
64	-	-	-	-	-		-	-
71	-	-	-	-	-	-	-	-
72	-	-	-	-	-	-	-	-
74	134	0.0 (0.0-2.8)	-	-	-	-	-	-
81	-	-	-	-	-	-	-	-
83	-	-	-	-	-	-	-	-
84	-	-	-	-	-	-	-	-
86	-	-	-	-	-	-	-	-
87	-	-	-	-	-	-	-	-
89	-	-	-	-	-	-	-	-
90	-	-	-	-	-	-	-	-
91	-	-	-	-	-	-	-	-
				•				

Table 23: Type-specific HPV prevalence among invasive cervical cancer cases in Viet Nam by histology

#### Data updated on 19 May 2017 (data as of 30 Jun 2015)

The samples for HPV testing come from cervical specimens (fresh/fixed biopsies or exfoliated cells)  $^a$  Number of women tested  $^b$  95% Confidence Interval

<sup>9</sup> 95% Contidence Interval <u>Data Sources</u>: Contributing studies: Quek SC, Int J Gynecol Cancer 2013; 23: 148 Based on meta-analysis performed by IARC's Infections and Cancer Epidemiology Group up to November 2011, the ICO HPV Information Centre has updated data until June 2015. Refer-ence publications: 1) Guan P, Int J Cancer 2012;131:2349 2) Li N, Int J Cancer 2011;128:927 3) Smith JS, Int J Cancer 2007;121:621 4) Clifford GM, Br J Cancer 2003;88:63 5) Clifford GM, Br J Cancer 2003;89:101.

# 4.1.3 HPV type distribution among HIV+ women with normal cervical cytology

Table 24: Studies on HPV prevalence among HIV+ women with normal cytology in Viet Nam

			HPV	Prevalence	
Study	HPV detection method and targeted HPV types	No. Tested <sup>a</sup>	%	(95% CI) <sup>b</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
-	-	-	-	-	

#### Data updated on 31 Dec 2011 (data as of 31 Dec 2011)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; PCR: Polymerase Chain Reaction; TS: Type Specific  ${}^a$  Number of women tested  ${}^b$  95% Confidence Interval

Data Sources:

Data Sources: Systematic review and meta-analysis were performed by the ICO HPV Information Centre up to December 2011. Selected studies had to include at least 20 HIV positive women who had both normal cervical cytology and HPV test results (PCR or HC2).

# 4.1.4 Terminology

## Cytologically normal women

No abnormal cells are observed on the surface of their cervix upon cytology.

# Cervical Intraepithelial Neoplasia (CIN) / Squamous Intraepithelial Lesions (SIL)

SIL and CIN are two commonly used terms to describe precancerous lesions or the abnormal growth of squamous cells observed in the cervix. SIL is an abnormal result derived from cervical cytological screening or Pap smear testing. CIN is a histological diagnosis made upon analysis of cervical tissue obtained by biopsy or surgical excision. The condition is graded as CIN 1, 2 or 3, according to the thickness of the abnormal epithelium (1/3, 2/3 or the entire thickness).

# Low-grade cervical lesions (LSIL/CIN-1)

Low-grade cervical lesions are defined by early changes in size, shape, and number of abnormal cells formed on the surface of the cervix and may be referred to as mild dysplasia, LSIL, or CIN-1.

## High-grade cervical lesions (HSIL/ CIN-2 / CIN-3 / CIS)

High-grade cervical lesions are defined by a large number of precancerous cells on the surface of the cervix that are distinctly different from normal cells. They have the potential to become cancerous cells and invade deeper tissues of the cervix. These lesions may be referred to as moderate or severe dysplasia, HSIL, CIN-2, CIN-3 or cervical carcinoma in situ (CIS).

## Carcinoma in situ (CIS)

Preinvasive malignancy limited to the epithelium without invasion of the basement membrane. CIN 3 encompasses the squamous carcinoma in situ.

# Invasive cervical cancer (ICC) / Cervical cancer

If the high-grade precancerous cells invade the basement membrane is called ICC. ICC stages range from stage I (cancer is in the cervix or uterus only) to stage IV (the cancer has spread to distant organs, such as the liver).

## Invasive squamous cell carcinoma

Invasive carcinoma composed of cells resembling those of squamous epithelium.

## Adenocarcinoma

Invasive tumour with glandular and squamous elements intermingled.

# 4.2 HPV burden in anogenital cancers other than cervix

# Methods: Prevalence and type distribution of human papillomavirus in carcinoma of the vulva, vagina, anus and penis: systematic review and meta-analysis

A systematic review of the literature was conducted on the worldwide HPV-prevalence and type distribution for anogenital carcinomas other than cervix from January 1986 to 'data as of' indicated in each section. The search terms for the review were 'HPV' AND (anus OR anal) OR (penile) OR vagin\* OR vulv\* using Pubmed. There were no limits in publication language. References cited in selected articles were also investigated. Inclusion criteria were: HPV DNA detection by means of PCR, a minimum of 10 cases by lesion and a detailed description of HPV DNA detection and genotyping techniques used. The number of cases tested and HPV positive cases were extracted for each study to estimate the prevalence of HPV DNA and the HPV type distribution. Binomial 95% confidence intervals were calculated for each HPV prevalence.

# 4.2.1 Anal cancer and precancerous anal lesions

Anal cancer is similar to cervical cancer with respect to overall HPV DNA positivity, with approximately 100% of anal squamous cell carcinoma cases associated with HPV infection worldwide (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). HPV16 is the most common type detected, representing 73% of all HPV-positive tumours. HPV18 is the second most common type detected and is found in approximately 5% of cases. HPV DNA is also detected in the majority of precancerous anal lesions (AIN) (91.5% in AIN1 and 93.9% in AIN2/3) (De Vuyst H et al. Int J Cancer 2009; 124: 1626-36). In this section, the burden of HPV among cases of anal cancers and precancerous anal lesions in Viet Nam are presented.

Table 25: Studies on HPV prevalence among anal cancer cases in Viet Nam (male and female)

			HPV	Prevalence	
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
No data available	-	-	-	-	

Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific; a 95% Confidence Interval

Data Sources:

Based on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

## Table 26: Studies on HPV prevalence among cases of AIN2/3 in Viet Nam

	HPV Prevalence								
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)				
No data available	-	-	-	-					

#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

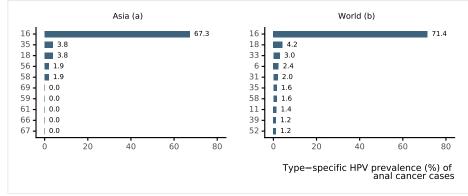
DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific;

AIN 2/3: Anal intraepithelial neoplasia of grade 2/3  $^a$  95% Confidence Interval

Data <u>Sources</u>:

Eased on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

#### Figure 62: Comparison of the ten most frequent HPV types in anal cancer cases in Asia and the World



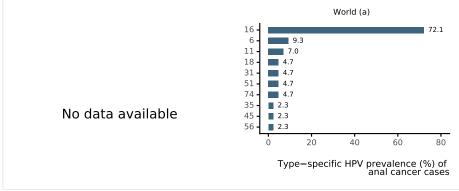
#### Data updated on 9 Feb 2017 (data as of 30 Jun 2014)

<sup>a</sup> Includes cases from Bangladesh,India and South Korea

b Includes takes from Europe (Bosnia-Herzegovina, Czech Republic, France, Germany, Poland, Portugal, Slovenia, Spain and United Kingdom); America (Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay and United States); Africa (Mali, Nigeria and Senegal); Asia (Bangladesh,India and South Korea) Data Sources:

Data from Alemany L, Int J Cancer 2015; 136: 98. This study has gathered the largest international series of anal cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay.

#### Figure 63: Comparison of the ten most frequent HPV types in AIN 2/3 cases in Asia and the World



Data updated on 7 Feb 2017 (data as of 30 Jun 2014)

AIN 2/3: Anal intraepithelial neoplasia of grade 2/3

a Includes cases from Europe (Bosnia-Herzegovina, Czech Republic, France, Germany, Poland, Portugal, Slovenia, Spain and United Kingdom); America (Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay) Data Sources:

Data from Alemany L, Int J Cancer 2015; 136: 98. This study has gathered the largest international series of anal cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay.

#### 4.2.2 Vulvar cancer and precancerous vulvar lesions

HPV attribution for vulvar cancer is 48% among age 15-54 years, 28% among age 55-64 years, and 15% among age 65+ worldwide (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). Vulvar cancer has two distinct histological patterns with two different risk factor profiles: (1) basaloid/warty types (2) keratinising types. Basaloid/warty lesions are more common in young women, are frequently found adjacent to VIN, are very often associated with HPV DNA detection (86%), and have a similar risk factor profile as cervical cancer. Keratinising vulvar carcinomas represent the majority of the vulvar lesions (>60%). These lesions develop from non HPV-related chronic vulvar dermatoses, especially lichen sclerosus and/or squamous hyperplasia, their immediate cancer precursor lesion is differentiated VIN, they occur more often in older women, and are rarely associated with HPV (6%) or with any of the other risk factors typical of cervical cancer. HPV prevalence is frequently detected among cases of high-grade VIN (VIN2/3) (85.3%). HPV 16 is the most common type detected followed by HPV 33 (De Vuyst H et al. Int J Cancer 2009; 124: 1626-36). In this section, the HPV burden among cases of vulvar cancer cases and precancerous vulvar lesions in Viet Nam are presented.

Table 27: Studies on HPV prevalence among vulvar cancer cases in Viet Nam

	HPV Prevalence								
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)				
No data available	-	-	-	-					
				-					

Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific; <sup>a</sup> 95% Confidence Interval

Data Sources:

Eased on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

#### Table 28: Studies on HPV prevalence among VIN 2/3 cases in Viet Nam

HPV Prevalence						
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)	
No data available	-	-	-	-		

#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

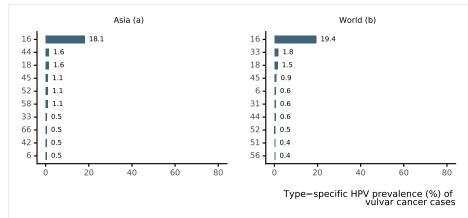
DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific;

VIN 2/3: Vulvar intraepithelial neoplasia of grade 2/3 <sup>a</sup> 95% Confidence Interval

#### Data Sources:

Based on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

# Figure 64: Comparison of the ten most frequent HPV types in cases of vulvar cancer in Asia and the World



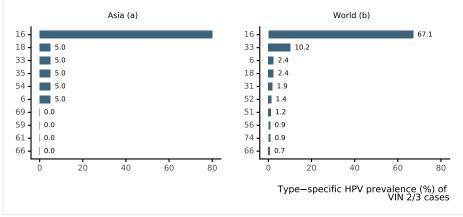
#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

<sup>a</sup> Includes cases from Bangladesh, India, Israel, South Korea, Kuwait, Lebanon, Philippines, Taiwan and Turkey,

<sup>b</sup> Includes cases from America (Argentina, Brazil, Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay, Uruguay, United States of America and Venezuela); Africa (Mali, Mozambique, Nigeria, and Senegal; Oceania (Australia and New Zealand); Europe (Austria, Belarus, Bosnia-Herzegovina, Czech Republic, France, Germany, Greece, Italy, Poland, Portu-gal, Spain and United Kingdom); and in Asia (Bangladesh, India, Israel, South Korea, Kuwait, Lebanon, Philippines, Taiwan and Turkey)

Data Sources: Data from de Sanjosé S, Eur J Cancer 2013; 49: 3450. This study has gathered the largest international series of vulva cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay

# Figure 65: Comparison of the ten most frequent HPV types in VIN 2/3 cases in Asia and the World



#### Data updated on 30 Jun 2014 (data as of 30 Jun 2014)

VIN 2/3: Vulvar intraepithelial neoplasia of grade 2/3

<sup>a</sup> Includes cases from Bangladesh, India, Israel, South Korea, Kuwait, Lebanon, Philippines, Taiwan and Turkey.

<sup>b</sup> Includes cases from America (Argentina, Brazil, Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay, Uruguay and Venezuela); Oceania (Australia and New Zealand); Europe (Austria, Belarus, Bosnia-Herzegovina, Czech Republic, France, Germany, Greece, Italy, Poland, Portugal, Spain and United Kingdom); and in Asia (Bangladesh, India, Israel, South Korea, Kuwait, Lebanon, Philippines, Taiwan and Turkey)

Data Sources:

Data from de Sanjosé S, Eur J Cancer 2013; 49: 3450. This study has gathered the largest international series of vulva cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay.

#### 4.2.3 Vaginal cancer and precancerous vaginal lesions

Vaginal and cervical cancers share similar risk factors and it is generally accepted that both carcinomas share the same aetiology of HPV infection although there is limited evidence available. Women with vaginal cancer are more likely to have a history of other ano-genital cancers, particularly of the cervix, and these two carcinomas are frequently diagnosed simultaneously. HPV DNA is detected among 78% of invasive vaginal carcinomas and 91% of high-grade vaginal neoplasias (VaIN2/3). HPV16 is the most common type in high-grade vaginal neoplasias and it is detected in at least 78% of HPV-positive carcinomas (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190; De Vuyst H et al. Int J Cancer 2009; 124:1626-36). In this section, the HPV burden among cases of vaginal cancer cases and precancerous vaginal lesions in Viet Nam are presented.

#### Table 29: Studies on HPV prevalence among vaginal cancer cases in Viet Nam

HPV Prevalence							
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)		
No data available	-	-	-	-			

#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific; <sup>a</sup> 95% Confidence Interval

Data Sources:

Based on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

#### Table 30: Studies on HPV prevalence among VaIN 2/3 cases in Viet Nam

HPV Prevalence							
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)		
No data available	-	-	-	-			

#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific;

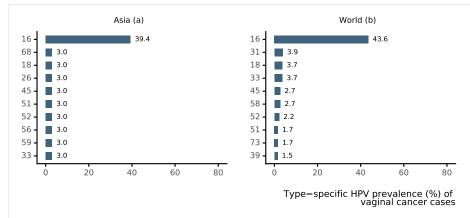
VAIN 2/3: Vaginal intraepithelial neoplasia of grade 2/3

a 95% Confidence Interval

Data Sources:

Based on systematic reviews (up to 2008) performed by ICO for the IARC Monograph on the Evaluation of Carcinogenic Risks to Humans volume 100B and IARC's Infections and Cancer Epidemiology Group. The ICO HPV Information Centre has updated data until June 2015. Reference publications: 1) Bouvard V, Lancet Oncol 2009;10:321 2) De Vuyst H, Int J Cancer 2009;124:1626

# Figure 66: Comparison of the ten most frequent HPV types in cases of vaginal cancer in Asia and the World



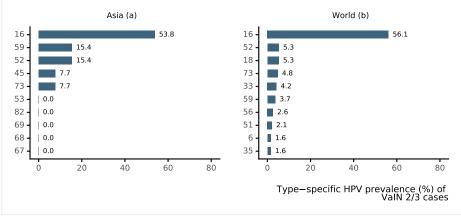
#### Data updated on 30 Jun 2015 (data as of 30 Jun 2015)

<sup>a</sup> Includes cases from Bangladesh, India, Israel, South Korea, Kuwait, Philippines, Taiwan and Turkey

<sup>b</sup> Includes cases from Europe (Austria, Belarus, Czech Republic, France, Germany, Greece, Poland, Spain and United Kingdom); America (Argentina, Brazil, Chile, Colombia, Ecuador, Guatemala, Mexico, Paraguay, Uruguay, United states of America and Venezuela); Africa (Mozambique, Nigeria); Asia (Bangladesh, India, Israel, South Korea, Kuwait, Philippines, Taiwan and Turkey); and Oceania (Australia)

Data Sources: Data from Alemany L, Eur J Cancer 2014; 50: 2846. This study has gathered the largest international series of vaginal cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay.

# Figure 67: Comparison of the ten most frequent HPV types in VaIN 2/3 cases in Asia and the World



#### Data updated on 30 Jun 2014 (data as of 30 Jun 2014)

VAIN 2/3: Vaginal intraepithelial neoplasia of grade 2/3

<sup>a</sup> Includes cases from Australia, Bangladesh, India, Israel, South Korea, Kuwait, Philippines, Taiwan and Turkey

b Includes cases from Hastenia, bungatesia, Inter, Steven Lever, Hasten, Haste

Data from Alemany L, Eur J Cancer 2014; 50: 2846. This study has gathered the largest international series of vaginal cancer cases and precancerous lesions worldwide using a standard protocol with a highly sensitive HPV DNA detection assay.

#### 4.2.4 Penile cancer and precancerous penile lesions

HPV DNA is detectable in approximately 51% of all penile cancers (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). Among HPV-related penile tumours, HPV16 is the most common type detected, followed by HPV18 and HPV types 6/11 (Miralles C et al. J Clin Pathol 2009;62:870-8). Over 95% of invasive penile cancers are SCC and the most common penile SCC histologic sub-types are keratinising (49%), mixed warty-basaloid (17%), verrucous (8%), warty (6%), and basaloid (4%). HPV is commonly detected in basaloid and warty tumours but is less common in keratinising and verrucous tumours. In this section, the HPV burden among cases of penile cancer cases and precancerous penile lesions in Viet Nam are presented.

## Table 31: Studies on HPV prevalence among penile cancer cases in Viet Nam

HPV Prevalence							
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)		
Do 2013	PCR-SPF10, PCR-E6, qPCR, LiPA (HPV 6, 11, 16, 18, 26, 31, 33, 35, 39, 40, 43, 44, 45, 51, 52, 54, 56, 58, 59, 66, 68, 69, 70, 71, 73, 74, 82)	120	22.5	(15.9-30.8)	HPV 16 (20.0), HPV 11 (0.8), HPV 18 (0.8), HPV 33 (0.8), HPV 58 (0.8)		

#### Data updated on 5 Mar 2015 (data as of 30 Jun 2014)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific; a 95% Confidence Interval

Data Sources

Do HT. Br J Cancer 2013: 108: 229

The ICO HPV Information Centre has updated data until June 2014. Reference publications (up to 2008): 1) Bouvard V, Lancet Oncol 2009;10:321 2) Miralles-Guri C.J Clin Pathol 2009;62:870

#### Table 32: Studies on HPV prevalence among PeIN 2/3 cases in Viet Nam

			HPV	Prevalence	
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
No data available	-	-	-	-	

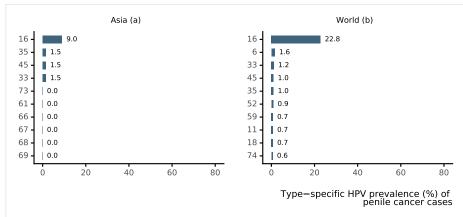
#### Data updated on 10 Feb 2015 (data as of 30 Jun 2014)

PeIN 2/3: Penile intraepithelial neoplasia of grade 2/3

DBH: Dot Blot Hybridization; ELA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific;  $^a$  95% Confidence Interval

Data Sources: The ICO HPV Information Centre has updated data until June 2014. Reference publication (up to 2008): Bouvard V, Lancet Oncol 2009;10:321

# Figure 68: Comparison of the ten most frequent HPV types in cases of penile cancer in Asia and the World



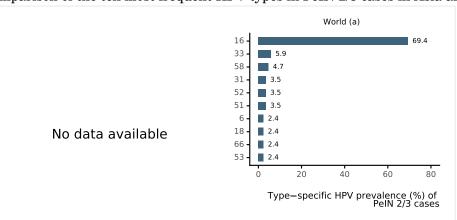
#### Data updated on 9 Feb 2017 (data as of 30 Jun 2015)

<sup>a</sup> Includes cases from Bangladesh, India, South Korea, Lebanon, Philippinesy

<sup>b</sup> Includes cases from Australia, Bangladesh, India, South Korea, Lebanon, Philippines, Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay, Venezuela and United States, Mozambique, Nigeria, Senegal, Czech Republic, France, Greece, Poland, Portugal, Spain and United Kingdom. Data Sources:

Alemany L, Eur Urol 2016; 69: 953

# Figure 69: Comparison of the ten most frequent HPV types in PeIN 2/3 cases in Asia and the World



#### Data updated on 9 Feb 2017 (data as of 30 Jun 2015)

PeIN 2/3: Penile intraepithelial neoplasia of grade 2/3

<sup>a</sup> Includes cases from Australia, Bangladesh, India, South Korea, Lebanon, Philippines, Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico, Paraguay, Venezuela, Mozambique, Nigeria, Senegal, Czech Republic, France, Greece, Poland, Portugal, Spain and United Kingdom. <u>Data Sources</u>:

Based on systematic reviews and meta-analysis performed by ICO. Reference publications: 1) Ndiaye C, Lancet Oncol 2014; 15: 1319 2) Kreimer AR, Cancer Epidemiol Biomarkers Prev 2005; 14: 467

# 4.3 HPV burden in men

The information to date regarding anogenital HPV infection is primarily derived from cross-sectional studies of selected populations such as general population, university students, military recruits, and studies that examined husbands of control women, as well as from prospective studies. Special subgroups include mainly studies that examined STD (sexually transmitted diseases) clinic attendees, MSM (men who have sex with men), HIV positive men, and partners of women with HPV lesions, CIN (cervical intraepithelial neoplasia), cervical cancer or cervical carcinoma in situ. Globally, prevalence of external genital HPV infection in men is higher than cervical HPV infection in women, but persistence is less likely. As with genital HPV prevalence, high numbers of sexual partners increase the acquisition of oncogenic HPV infections (Vaccine 2012, Vol. 30, Suppl 5). In this section, the HPV burden among men in Viet Nam is presented.

#### Methods

HPV burden in men was based on published systematic reviews and meta-analyses (Dunne EF, J Infect Dis 2006; 194: 1044, Smith JS, J Adolesc Health 2011; 48: 540, Olesen TB, Sex Transm Infect 2014; 90: 455, and Hebnes JB, J Sex Med 2014; 11: 2630) up to October 31, 2015. The search terms for the review were human papillomavirus, men, polymerase chain reaction (PCR), hybrid capture (HC), and viral DNA. References cited in selected articles were also investigated. Inclusion criteria were: HPV DNA detection by means of PCR or HC (ISH if data are not available for the country), and a detailed description of HPV DNA detection and genotyping techniques used. The number of cases tested and HPV positive cases were extracted for each study to estimate the anogenital prevalence of HPV DNA. Binomial 95% confidence intervals were calculated for each anogenital HPV prevalence.

					HPV Prevalence		
Study	Anatomic sites samples	HPV detection method	Population	Age (years)	No. Tested	%	(95% CI) <sup>a</sup>
-	-	-	-	-	-	-	-

#### Table 33: Studies on HPV prevalence among men in Viet Nam

#### Data updated on 31 Oct 2015 (data as of 31 Oct 2015)

HC2: Hybrid Capture 2; ISH: In Situ Hybridization; PCR: Polymerase Chain Reaction; RT-PCR: Real Time Polymerase Chain Reaction; SPF: Short Primer Fragment; TS: Type Specific; MSM: Men who have sex with men; MSW:Men who have sex with women; STD: sexually transmitted diseases <sup>a</sup> 95% Confidence Interval

Based on published systematic reviews, the ICO HPV Information Centre has updated data until October 2015. Reference publications: 1) Dunne EF, J Infect Dis 2006; 194: 1044 2) Smith JS, J Adolesc Health 2011; 48: 540 3) Olesen TB, Sex Transm Infect 2014; 90: 455 4) Hebnes JB, J Sex Med 2014; 11: 2630.

#### Table 34: Studies on HPV prevalence among men from special subgroups in Viet Nam

						HPV	Prevalence
Study	Anatomic sites samples	HPV detection method	Population	Age (years)	No. Tested	%	(95% CI) <sup>a</sup>
-	-	-	-	-	-	-	

#### Data updated on 31 Oct 2015 (data as of 31 Oct 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLH: Reverse Line Hybridisation; RT-PCR: Real Time Polymerase Chain Reaction; SPF: Short Primer Fragment; TS: Type Specific; MSM: Men who have sex with men; MSW:Men who have sex with women; STD: sexually transmitted diseases <sup>a</sup> 95% Confidence Interval

Data Sources:

Based on published systematic reviews, the ICO HPV Information Centre has updated data until October 2015. Reference publications: 1) Dunne EF, J Infect Dis 2006; 194: 1044 2) Smith JS, J Adolesc Health 2011; 48: 540 3) Olesen TB, Sex Transm Infect 2014; 90: 455 4) Hebnes JB, J Sex Med 2014; 11: 2630.

Data Sources:

# 4.4 HPV burden in the head and neck

The last evaluation of the International Agency for Research in Cancer (IARC) on the carcinogenicity of HPV in humans concluded that (a) there is enough evidence for the carcinogenicity of HPV type 16 in the oral cavity, oropharynx (including tonsil cancer, base of tongue cancer and other oropharyngeal cancer sites), and (b) limited evidence for laryngeal cancer (IARC Monograph Vol 100B). There is increasing evidence that HPV-related oropharyngeal cancers constitute an epidemiological, molecular and clinical distinct form as compared to non HPV-related ones. Some studies indicate that the most likely explanation for the origin of this distinct form of head and neck cancers associated with HPV is a sexually acquired oral HPV infection that is not cleared, persists and evolves into a neoplastic lesion. Around 30% of oropharyngeal cancers (which mainly comprises the tonsils and base of tongue sites) are caused by HPV with HPV16 being the most frequent type (de Martel C et al. Int J Cancer 2017;141(4):664-670). Attributable fraction varies greatly worldwide, being highest in more developed countries (60% in Republic of Korea, 51% in North America, 50% in Eastern Europe, 46% in Japan, 42% in North-Western Europe, 41% in Australia/New Zealand, 24% in South Europe, 23% in China, 22% in India, and 13% in elsewhere) (de Martel C et al. Lancet Glob Health 2020;8(2):e180-e190). In this section, the HPV burden in the head and neck in Viet Nam is presented.

# 4.4.1 Burden of oral HPV infection in healthy population

		Jo. Diuui	cs on orar	III v pro	valence	among	incurring in vic		
Study	Specimen collection method / anatomic site	HPV detec- tion method <sup>a</sup>	Population	% males	Age (years) <sup>b</sup>	No. tested <sup>c</sup>	HPV prevalence % (95% CI)	High-Risk HPV prevalence % (95% CI)	5 most frequent HPVs, HPV type (n) <sup>d</sup>

Table 35. Studies on oral HPV prevalence among healthy in Viet Nam

#### Data updated on 19 Oct 2021 (data as of 19 May 2015)

(95% CI): 95% Confidence Interval

TS: type-specific; RT-PCR: real-time PCR; qPCR: quantitative PCR

 $^{b}$  NS: not specified

number of cases tested for HPV DNA *d* number of cases positive for the specific HPV-type

Data Sources:

Systematic review and meta-analysis was performed by ICO HPV Information Centre until May 19, 2015. Reference publication: Mena M et al. J Infect Dis 2019;219(10):1574-1585

# 4.4.2 HPV burden in head and neck cancers

HPV Prevalence					
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
MEN					
No data available	-	-	-	-	-
WOMEN					
No data available	-	-	-	-	-
BOTH OR UNSPECIFIE	ÈD				
No data available	-	-	-	-	-

#### Table 36: Studies on HPV prevalence among cases of oral cavity cancer in Viet Nam

Data updated on 9 May 2016 (data as of 31 Dec 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific;

Only for European countries <sup>a</sup> 95% Confidence Interval

Data Sources:

Based on systematic reviews and meta-analysis performed by ICO. Reference publications: 1) Ndiaye C, Lancet Oncol 2014; 15: 1319 2) Kreimer AR, Cancer Epidemiol Biomarkers Prev 2005; 14: 467

Table 37: Studies on HPV prevalence among cases of oropharyngeal cancer in Viet Nam

HPV Prevalence					
Study	HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
MEN					
No data available	-	-	-	-	-
WOMEN					
No data available	-	-	-	-	-
BOTH OR UNSPECIFIEI	)				
No data available	-	-	-	-	-
				•	

#### Data updated on 9 May 2016 (data as of 31 Dec 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific

Only for European countries a 95% Confidence Interval

Data Sources:

Based on systematic reviews and meta-analysis performed by ICO. Reference publications: 1) Ndiaye C, Lancet Oncol 2014; 15: 1319 2) Kreimer AR, Cancer Epidemiol Biomarkers Prev 2005; 14: 467

#### Table 38: Studies on HPV prevalence among cases of hypopharyngeal or laryngeal cancer in Viet Nam

	/ Prevalence			
HPV detection method and targeted HPV types	No. Tested	%	(95% CI) <sup>a</sup>	Prevalence of 5 most frequent HPVs, HPV type (%)
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
	targeted HPV types - -	targeted HPV types Tested	HPV detection method and targeted HPV types     No. Tested       -     -       -     -       -     -	targeted HPV types Tested % (95% CI) <sup>a</sup>

#### Data updated on 9 May 2016 (data as of 31 Dec 2015)

DBH: Dot Blot Hybridization; EIA: Enzyme ImmunoAssay; HC2: Hybrid Capture 2; ISH: In Situ Hybridization; LBA: Line-Blot Assay; LiPA: Line Probe Assay; PCR: Polymerase Chain Reaction; RFLP: Restriction Fragment Length Polymorphism; RLBH: Reverse Line Blot Hybridization; RT-PCR: Real Time Polymerase Chain Reaction; SBH: Southern Blot Hybridization; SPF: Short Primer Fragment; TS: Type Specific

Only for European countries <sup>a</sup> 95% Confidence Interval

Data Sources:

Based on systematic reviews and meta-analysis performed by ICO. Reference publications: 1) Ndiaye C, Lancet Oncol 2014; 15: 1319 2) Kreimer AR, Cancer Epidemiol Biomarkers Prev 2005; 14: 467

#### 5 **Factors contributing to cervical cancer**

HPV is a necessary cause of cervical cancer, but it is not a sufficient cause. Other cofactors are necessary for progression from cervical HPV infection to cancer. Tobacco smoking, high parity, long-term hormonal contraceptive use, and co-infection with HIV have been identified as established cofactors. Co-infection with Chlamydia trachomatis and herpes simplex virus type-2, immunosuppression, and certain dietary deficiencies are other probable cofactors. Genetic and immunological host factors and viral factors other than type, such as variants of type, viral load and viral integration, are likely to be important but have not been clearly identified. (Muñoz N, Vaccine 2006; 24(S3): 1-10). In this section, the prevalence of smoking, parity (fertility), oral contraceptive use, and HIV in Viet Nam are presented.

INDICATOR		MALE	FEMALE	TOTAL
Smoking				
Smoking of any tobacco adjusted	Current <sup>a</sup>	47 [36.4-58.3]	1 [0.8-1.3]	23.4 [18.1-29]
prevalence (%) [95% UI]	Daily <sup>b</sup>	38.3 [30.2-48.2]	0.8 [0.6-1]	19.1 [15-24]
Cigarette smoking adjusted	Current <sup>c</sup>	47 [36.4-58.3]	1 [0.8-1.3]	23.4 [18.1-29]
prevalence (%) [95% UI]	Daily <sup>d</sup>	38.3 [30.2-48.2]	0.8 [0.6-1]	19.1 [15-24]
Parity				
Total fertility rate per woman		-	1.9	-
fotal fotolity face per wollian	15-19 yrs	-	-	-
	20-24 yrs	-	_	-
	25-29 yrs	-	-	-
Age-specific fertility rate	30-34 yrs	-	-	-
(per 1000 women)	35-39 yrs	-	-	-
	40-44 yrs	-	-	-
	45-49 yrs	-	-	-
Hormonal contraception				
Oral contraceptive use (%) among w	omen who are	-	14.2	-
married or in union				
Injectable contraception use (%) a	mong women	-	1.30	-
who are married or in union				
Implant contraceptive use (%) amor	ng women who	-	0.30	-
are married or in union				
HIV				
Estimated percent of adults aged living with HIV [95% UI]	15-49 who are	0.4 [0.3-0.5]	0.2 [0.2-0.3]	0.3 [0.3-0.4]
Estimated percent of young adults a are living with HIV [95% UI]	ged 15-24 who	<0.1 [<0.1 - <0.1]	<0.1 [<0.1-<0.1]	- [—]
HIV prevalence (%) among sex worl	cers	-	3.5999999	3.5999999
HIV prevalence (%) among men who men <sup>1</sup>	have sex with	10.8	-	10.8
Estimated number of people living v UI]	vith HIV [95%	-	-	230000 [200000-260000]
Estimated number of adults (15+ y. HIV [95% UI]	rs) living with	150000 [130000-170000]	74000 [65000-83000]	220000 [190000-250000]
Estimated number of AIDS-related UI	l deaths [95%	-	-	4700 [3200-6200]

Table 39: Factors contributing to cervical carcinogenesis (cofactors) in Viet Nam

Crude adjusted prevalence (%) estimates of tabacco use among people aged >= 15 years by country, for the year 2016.

a "Current" means smoking at the time of the survey, including both daily and non-daily or occasional smoking. "Tobacco smoking" means smoking any form of tobacco, including cigarettes, cigars, pipes, or any other smoked tobacco products and excluding smokeless products.

 $d\,$  "Daily" means smoking every day at the time of the survey. Year of estimate: 2016

WHO global report on trends in prevalence of tobacco use 2000-2025, third edition. Geneva: World Health Organization; 2019. Available at https://www.who.int/publications/i/ item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition United Nations, Department of Economic and Social Affairs, Population Division (2019). World Contraceptive Use 2019 (POP/DB/CP/Rev2019). https://www.un.org/en/development/

des a/population/publications/dataset/contraception/wcu2019.asp. Available at: [Accessed on November 18, 2019]. UNAIDS database [internet]. Available at: http://aidsinfo.unaids.org/ [Accessed on November 21, 2019]

<sup>1</sup> HSS 2018

<sup>&</sup>lt;sup>b</sup> "Daily" means smoking every day at the time of the survey. "Tobacco smoking" means smoking any form of tobacco, including cigarettes, cigars, pipes, or any other smoked tobacco products and excluding smokeless products.  $^{c}$  "Current" means smoking at the time of the survey, including both daily and non-daily or occasional smoking.

Data Sources

#### Sexual and reproductive health behaviour indicators 6

Sexual intercourse is the primary route of transmission of genital HPV infection. Information about sexual and reproductive health behaviours is essential to the design of effective preventive strategies against anogenital cancers. In this section, we describe sexual and reproductive health indicators that may be used as proxy measures of risk for HPV infection and anogenital cancers. Several studies have reported that earlier sexual debut is a risk factor for HPV infection, although the reason for this relationship is still unclear. In this section, information on sexual and reproductive health behaviour in Viet Nam are presented.

## Table 40: Percentage of 15-year-olds who have had sexual intercourse in Viet Nam

Indicator	Male	Female
Percentage of 15-year-old subjects who report sexual intercourse	0.0	0.0
Data accessed on 16 Mar 2017		

Please refer to original source for methods of estimation

The main sources of data were surveys by the MEASURE DHS (Demographic and Health Surveys) project and published estimates from Reproductive National Health Surveys. Year of estimation: not reported

Data Sources: Sexual behaviour in context: a global perspective. Wellings K, Collumbien M, Slaymaker E, et al. Lancet. 2006 Nov 11;368(9548):1706-28. Review. Erratum in: Lancet. 2007 Jan 27:369(9558):274. PMID:17098090

Table 41. Median age at mist sex in viet Ham						
TOTAL						
Median age at first sex						
-						
-						
-						
-						
-						
-						
-						
-						

# Table 41: Median age at first sex in Viet Nam

#### Data accessed on 16 Mar 2017

Please refer to original source for methods of estimation  $^{a}$  Data omitted because less than 50 percent of respondents had intercourse for the first time before reaching the beginning of the age group.

Data Sources:

1 General Statistical Office (GSO), National Institute of Hygiene and Epidemiology (NIHE) [Vietnam] and ORC Macro. 2006. Vietnam Population and AIDS Indicator Survey 2005. Calverton, Maryland, USA: GSO, NIHE, and ORC Macro

Indicator		Male	Female
Average age at first marriage <sup>1</sup>		26.4	22.3
Age-specific % of ever married <sup>2</sup>	15-19 years	2.2	9.2
	20-24 years	20.9	46.5
	25-29 years	57.3	80.5
	30-34 years	83.4	91.8
	35-39 years	93.1	94.3
	40-44 years	95.9	95
	45-49 years	96.9	93.8
	50-54 years	97.9	93.9
	55-59 years	98.4	93.4
	60-64 years	99.2	96
	65-69 years	-	-
	70-74 years	-	-
	+75	-	-

# Table 42: Marriage patterns in Viet Nam

Data accessed on 20 Feb 2020 Please refer to original source for methods of estimation. <sup>a</sup> 2015 Annual APC <sup>b</sup> National statistics

Data Sources: The world bank: health nutrition and population statistics. Updated 20-Dec-2019. Accessed on February 20 2020. Available at http://data.worldbank.org/data-catalog/ health-nutrition-and-population-statistics <sup>2</sup> United Nations, Department of Economic and Social Affairs, Population Division (2019). World Marriage Data 2019 (POP/DB/Marr/Rev2019). Available at: https://population.un.

org/MarriageData/Index.html#/home Accessed on February 24, 2020.

#### Table 43: Average number of sexual partners in Viet Nam

Study	Period of estimate	Year/Period	Birth cohort	Male Mean(N)	Female Mean(N)	Total Mean(N)
-	-	-	-	-(-)	-(-)	-(-)

Data accessed on 8 Aug 2013 Please refer to original source for methods of estimation

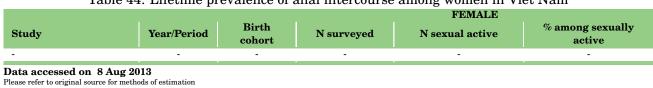


Table 44: Lifetime prevalence of anal intercourse among women in Viet Nam

# 7 HPV preventive strategies

It is established that well-organised cervical screening programmes or widespread good quality cytology can reduce cervical cancer incidence and mortality. The introduction of HPV vaccination could also effectively reduce the burden of cervical cancer in the coming decades. This section presents indicators on basic characteristics and performance of cervical cancer screening, status of HPV vaccine licensure and introduction in Viet Nam.

# 7.1 Cervical cancer screening practices

Screening strategies differ between countries. Some countries have population-based programmes, where in each round of screening women in the target population are individually identified and invited to attend screening. This type of programme can be implemented nationwide or only in specific regions of the country. In opportunistic screening, invitations depend on the individual's decision or on encounters with health-care providers. The most frequent method for cervical cancer screening is cytology, and there are alternative methods such as HPV DNA tests and visual inspection with acetic acid (VIA). VIA is an alternative to cytology-based screening in low-resource settings (the 'see and treat' approach). HPV DNA testing is being introduced into some countries as an adjunct to cytology screening ('co-testing') or as the primary screening test to be followed by a secondary, more specific test, such as cytology.

Table 45: Main characteristics	of cervical cancer	screening in Viet Nam
--------------------------------	--------------------	-----------------------

Region	Existence of official national recommendations	Starting year of current recommendations	Active invitation to screening	Screening ages (years), primary screening test used, and screening interval or frequency of screenings
Viet Nam	Yes	2011	No	21-70 (cytology and VIA, 3 years)

Data accessed on 31 Aug 2022

Data Sources: Bruni L, Serrano B, Roura E, Alemany L, Cowan M, Herrero R, et al. Cervical cancer screening programmes and age-specific coverage estimates for 202 countries and territories worldwide: a review and synthetic analysis. Lancet Glob Health. 2022;10(8):e1115.

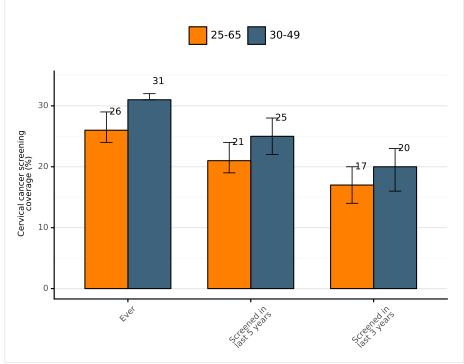


Figure 70: Estimated coverage\* of cervical cancer screening in Viet Nam

 Data accessed on 31 Aug 2022

 \* Estimated coverage and 95% confidence interval in 2019

 Data Sources:

 Bruni L, Serrano B, Roura E, Alemany L, Cowan M, Herrero R, et al. Cervical cancer screening programmes and age-specific coverage estimates for 202 countries and territories worldwide: a review and synthetic analysis. Lancet Glob Health. 2022;10(8):e1115.

# 7.2 HPV vaccination

# Table 46: National HPV Immunization programme in Viet Nam

Female	Male
Not Available/Not Introduced	Not Available/Not Introduced
-	-
-	-
-	-
-	-
	Not Available/Not Introduced - -

#### Data accessed on 24 Oct 2022

Data Sources: Human papillomavirus (HPV) vaccination coverage. World Health Organization. 2022. Available from: https://immunizationdata.who.int/pages/coverage/hpv.html, accessed [24] Oct 2022] Bruni L, Saura-Lázaro A, Montoliu A, Brotons M, Alemany L, Diallo MS, et al. HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010-2019. Prev Med. 2021;144(106399):106399.

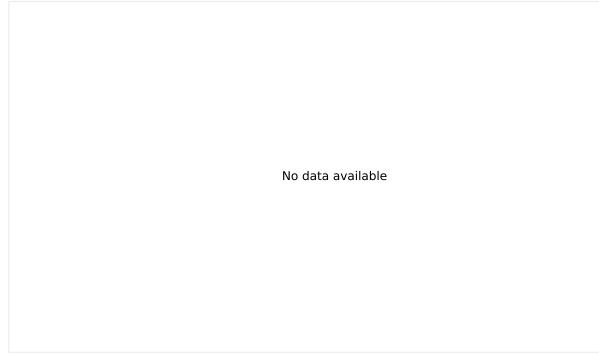
Figure 71: HPV vaccination coverage in females by year in Viet Nam

No data available

#### Data accessed on 24 Oct 2022

Data Sources: Human papillomavirus (HPV) vaccination coverage. World Health Organization. 2022. Available from: https://immunizationdata.who.int/pages/coverage/hpv.html, accessed [24]

Oct 2022] Bruni L, Saura-Lázaro A, Montoliu A, Brotons M, Alemany L, Diallo MS, et al. HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010-2019. Prev Med. 2021;144(106399):106399.



# Figure 72: HPV vaccination coverage in males by year in Viet Nam

Data accessed on 24 Oct 2022

Data accessed on D4 Oct 2022 Data Sources: Human papillomavirus (HPV) vaccination coverage. World Health Organization. 2022. Available from: https://immunizationdata.who.int/pages/coverage/hpv.html, accessed [24 Oct 2022] Bruni L, Saura-Lázaro A, Montoliu A, Brotons M, Alemany L, Diallo MS, et al. HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010-2019. Prev Med. 2021;144(106399):106399.

#### **Protective factors for cervical cancer** 8

Male circumcision and the use of condoms have shown a significant protective effect against HPV transmission.

Table 47: Prevalence of male circumcision in Viet Nam				
Reference	Prevalence % (95%	CI) Methods		
Drain 2006	<20	Data from Demographic and Health Surveys (DHS) and other publications to categorize the country-wide prevalence of male circumcision as <20%, 20-80%, or >80%.		
WHO 2007	<20	Data from Demographic and Health Surveys (DHS) and other publications to categorize the country-wide prevalence of male circumcision as <20%, 20-80%, or >80%		

#### Data accessed on 31 Aug 2015

Please refer to country-specific reference(s) for full methodologies.

Data Sources: Drain PK, BMC Infect Dis 2006; 6: 172 | WHO 2007: Male circumcision: Global trends and determinants of prevalence, safety and acceptability Based on systematic reviews and meta-analysis performed by ICO. The ICO HPV Information Centre has updated data until August 2015. Reference publication: Albero G, Sex Transm Dis. 2012 Feb;39(2):104-13.

# Table 48: Prevalence of condom use in Viet Nam

ge -unge	Year of estimate	Prevalence % <sup>a</sup>
15-49	2015	11.1
	15-49	15-49 2015

# Data accessed on 18 Nov 2019

Please refer to original source for methods of estimation. <sup>a</sup> Condom use: Proportion of male partners who are using condoms with their female partners of reproductive age to whom they are married or in union by country.

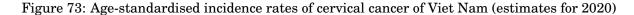
# Data Sources: Annual APC

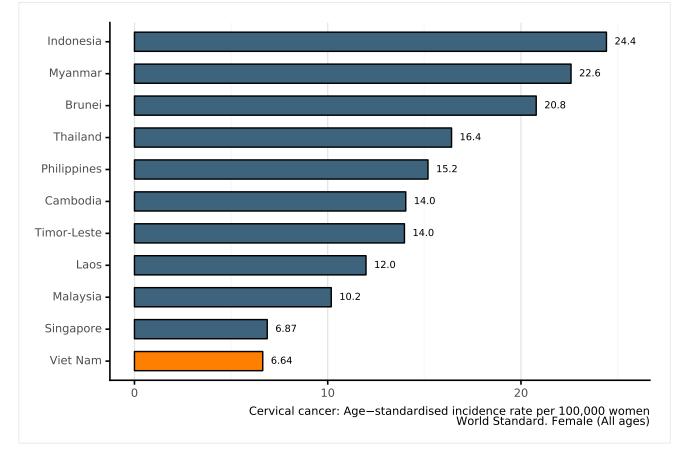
United Nations, Department of Economic and Social Affairs, Population Division (2019). World Contraceptive Use 2019 (POP/DB/CP/Rev2019). https://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2019.asp. Available at: [Accessed on November 18, 2019].

#### 9 Annex

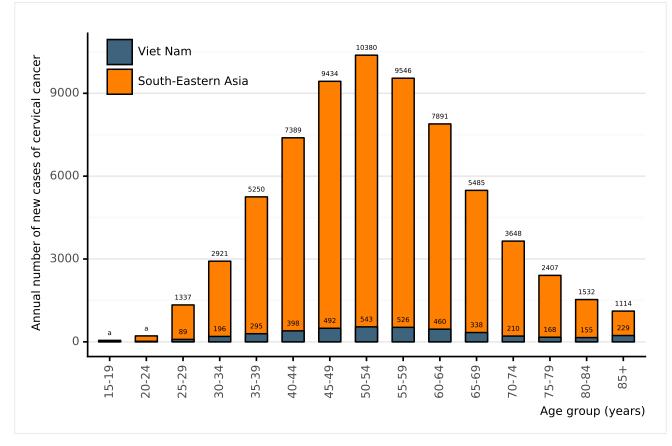
# 9.1 Incidence

# 9.1.1 Cervical cancer incidence in Viet Nam across South-Eastern Asia





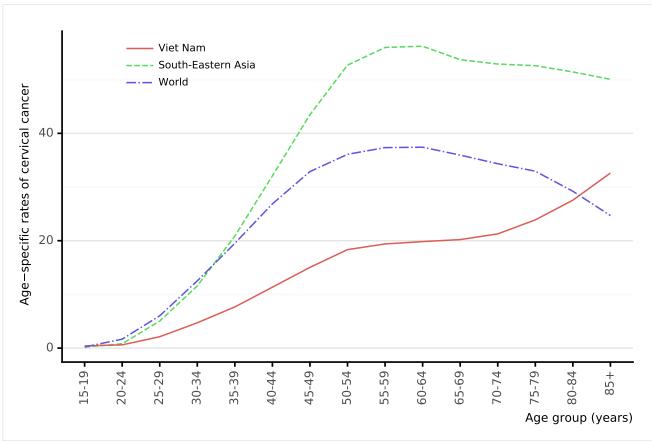
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.



# Figure 74: Annual number of new cases of cervical cancer by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 13 cases for Viet Nam and 54 cases for South-Eastern Asia in the 15-19 age group. 20 cases for Viet Nam and 216 cases for South-Eastern Asia in the 20-24 age group.

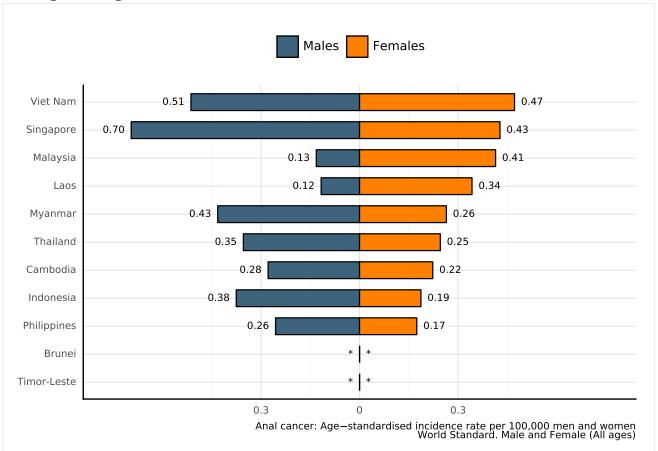


# Figure 75: Comparison of age-specific cervical cancer incidence rates in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

# 9.1.2 Anal cancer incidence in Viet Nam across South-Eastern Asia

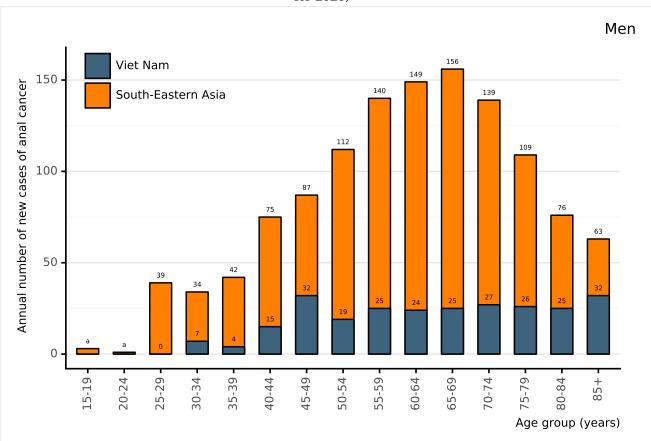


# Figure 76: Age-standardised incidence rates of anal cancer of Viet Nam (estimates for 2020)

# Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

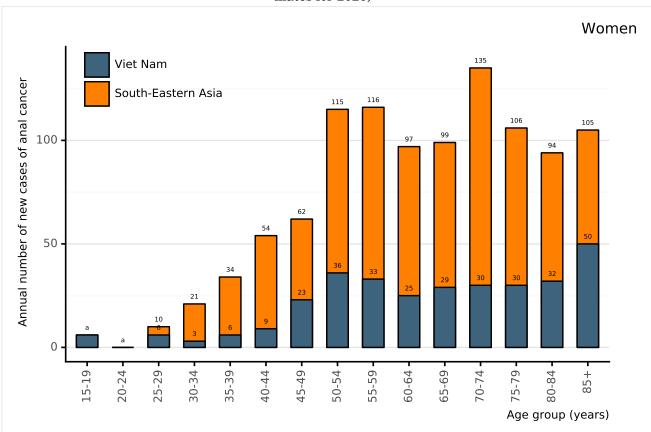
b Rates per 100,000 women per year.
\* Rates are not available

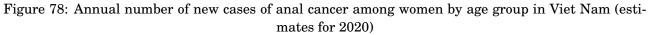


# Figure 77: Annual number of new cases of anal cancer among men by age group in Viet Nam (estimates for 2020)

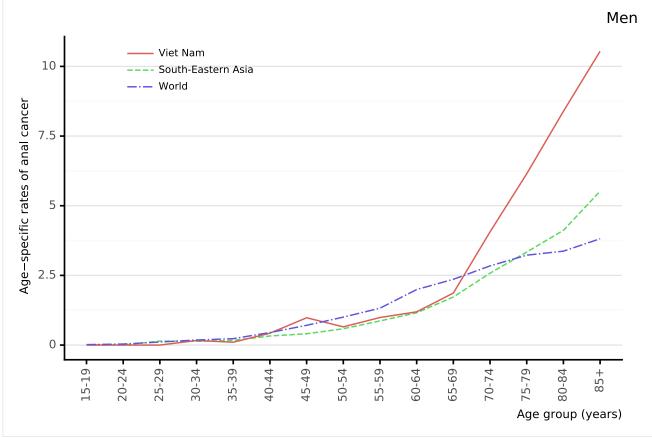
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 3 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 1 cases for South-Eastern Asia in the 20-24 age group.



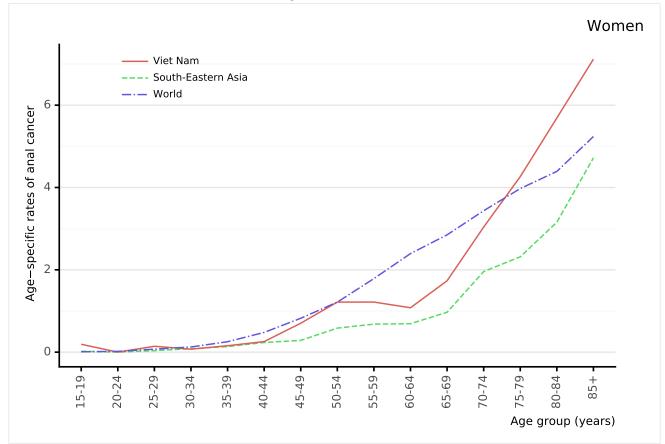


Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 6 cases for Viet Nam and 6 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. Data Sources:



# Figure 79: Comparison of age-specific anal cancer incidence rates among men by age in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



# Figure 80: Comparison of age-specific anal cancer incidence rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

# 9.1.3 Vulva cancer incidence in Viet Nam across South-Eastern Asia

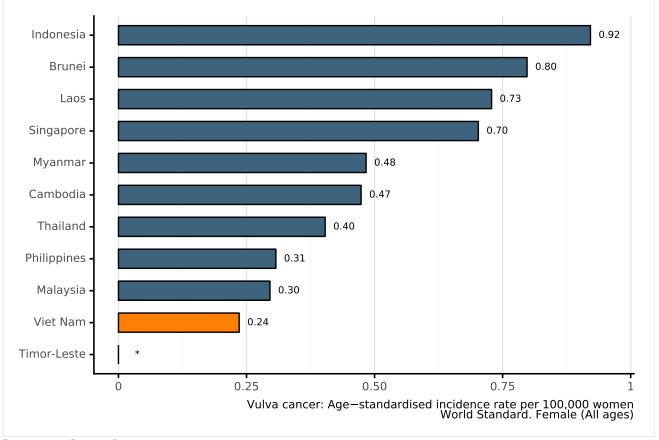
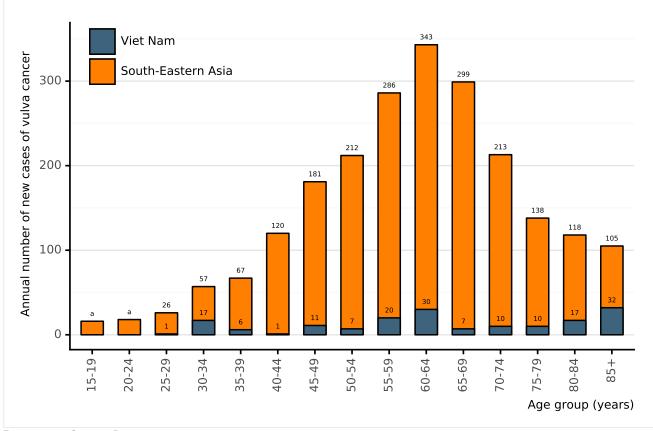
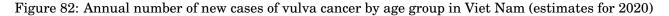


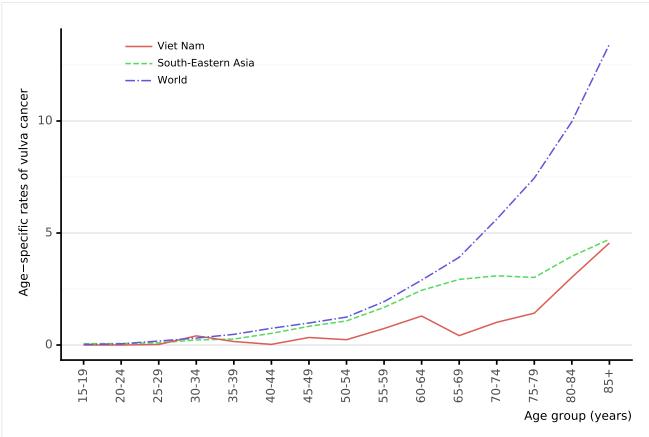
Figure 81: Age-standardised incidence rates of vulva cancer of Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates are not available





Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 16 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 18 cases for South-Eastern Asia in the 20-24 age group.



# Figure 83: Comparison of age-specific vulva cancer incidence rates in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021

Data accessed on 2/Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

### 9.1.4 Vaginal cancer incidence in Viet Nam across South-Eastern Asia

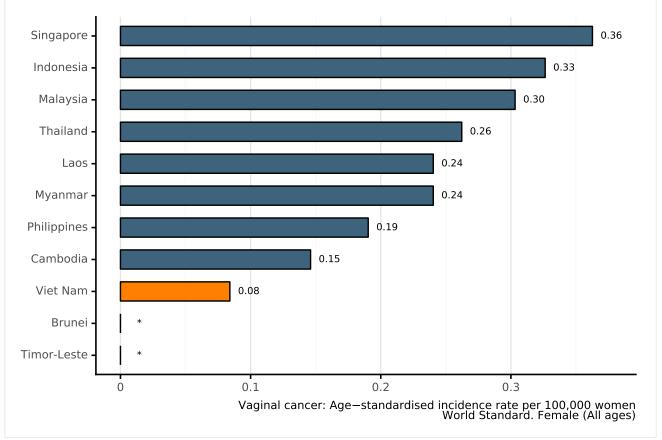
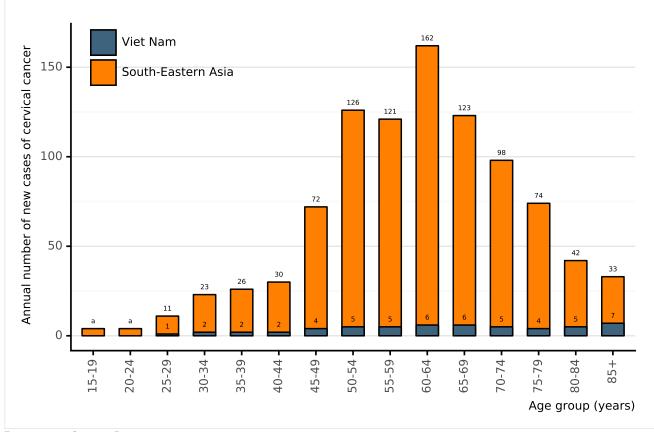


Figure 84: Age-standardised incidence rates of vaginal cancer of Viet Nam (estimates for 2020)

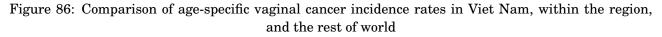
### Data accessed on 27 Jan 2021

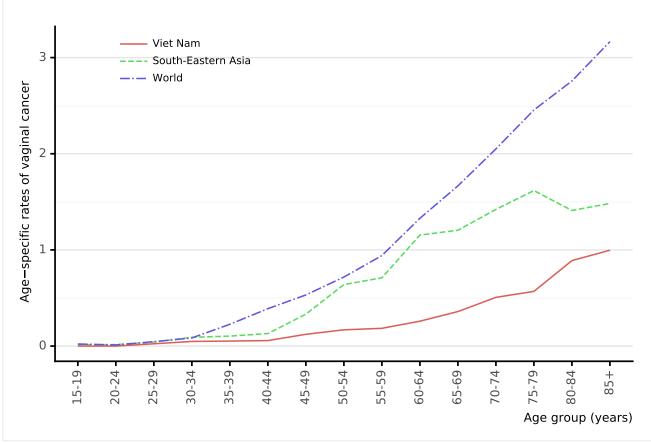
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. \* Rates are not available



### Figure 85: Annual number of new cases of cervical cancer by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 4 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 4 cases for South-Eastern Asia in the 20-24 age group.





Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

## 9.1.5 Penile cancer incidence in Viet Nam across South-Eastern Asia

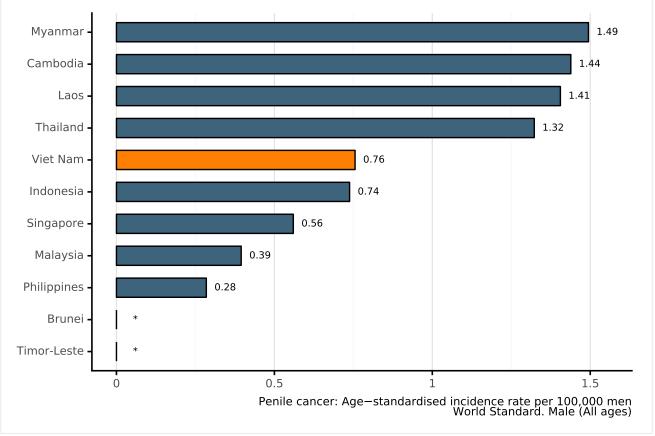
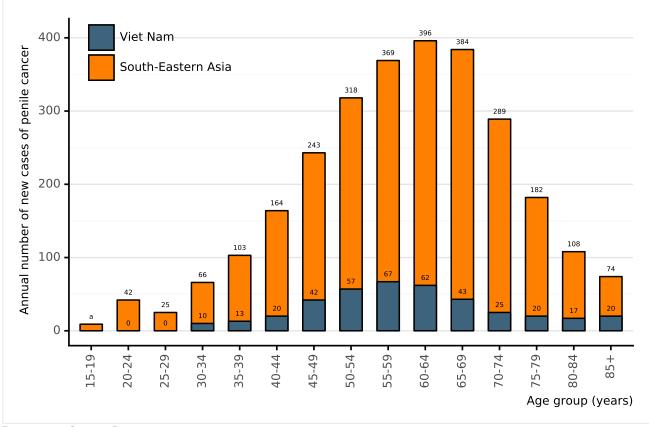
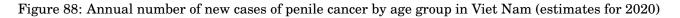


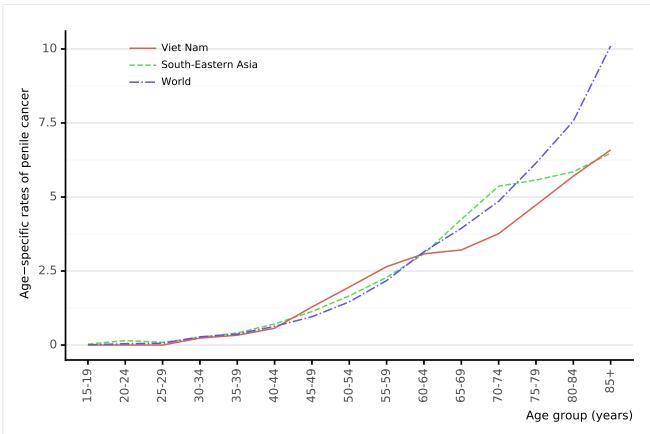
Figure 87: Age-standardised incidence rates of penile cancer of Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates are not available Pate Servers



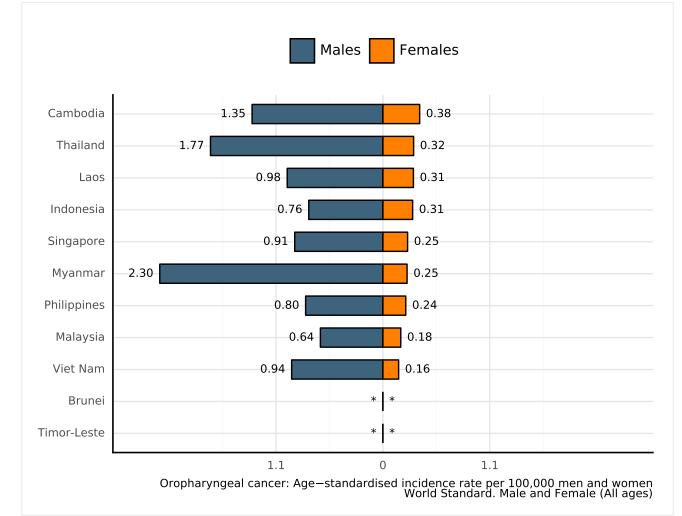


Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 9 cases for South-Eastern Asia in the 15-19 age group.



## Figure 89: Comparison of age-specific penile cancer incidence rates in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. Deta Sources



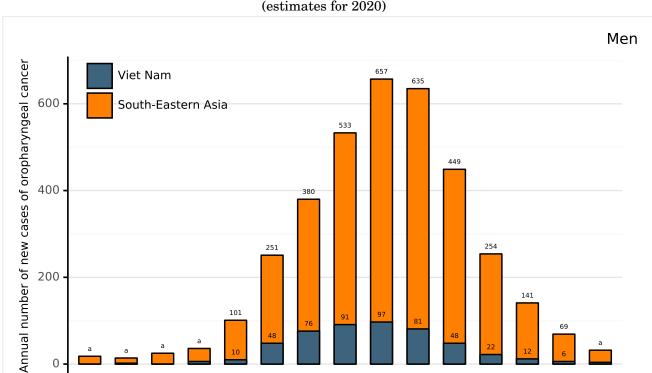
#### 9.1.6 Oropharyngeal cancer incidence in Viet Nam across South-Eastern Asia

Figure 90: Age-standardised incidence rates of oropharyngeal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

b Rates per 100,000 women per year.
\* Rates are not available



### Figure 91: Annual number of new cases of oropharyngeal cancer among men by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

15-19

20-24

25-29

0

30-34

101

35-39

40-44

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 18 cases for South-Eastern Asia in the 15-19 age group. 2 cases for Viet Nam and 14 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 25 cases for South-Eastern Asia in the 25-29 age group. 6 cases for Viet Nam and 36 cases for South-Eastern Asia in the 30-34 age group. 4 cases for Viet Nam and 32 cases for South-Eastern Asia in the 85+ age group.

45-49

50-54

55-59

60-64

62-69

70-74

75-79

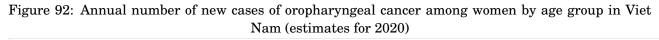
Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

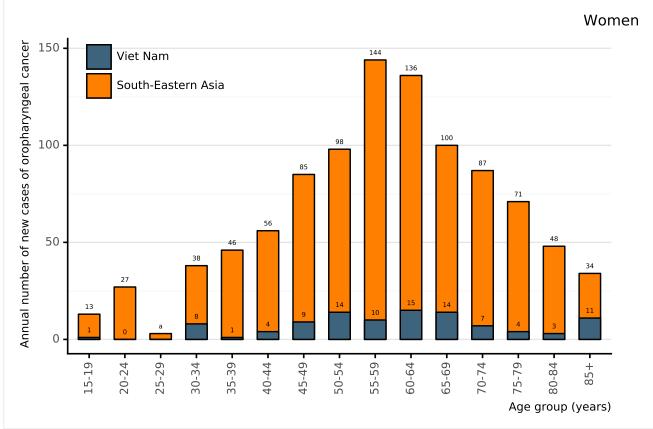
69

80-84

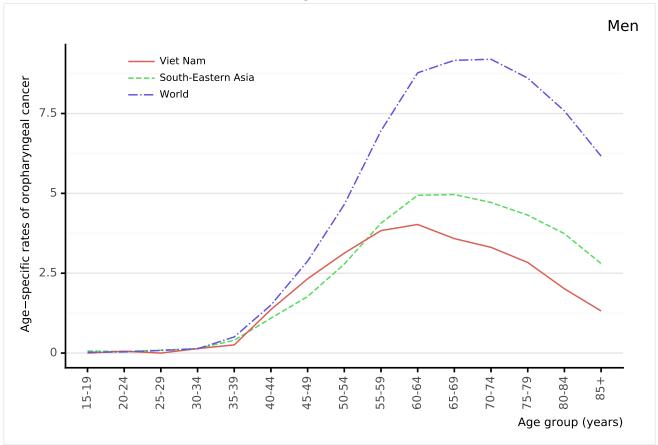
Age group (years)

85+



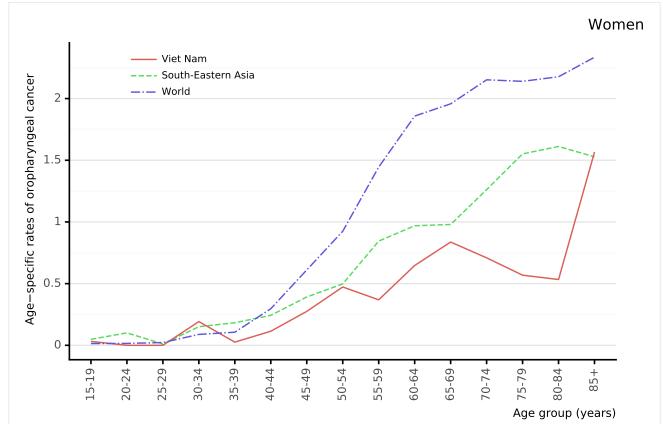


Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 3 cases for South-Eastern Asia in the 25-29 age group. Data Sources:



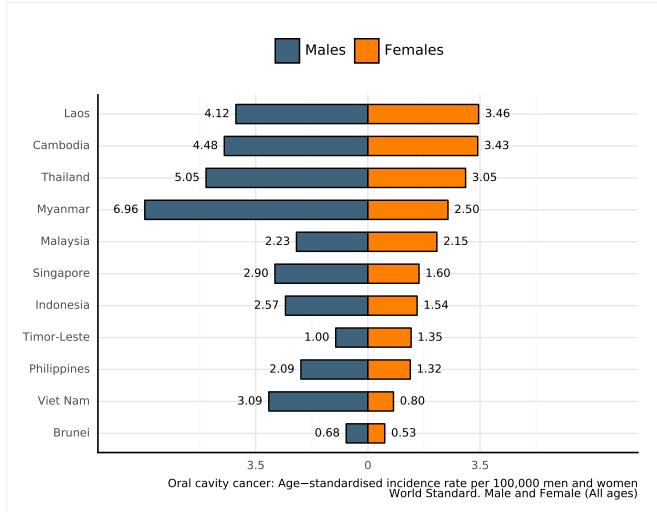
## Figure 93: Comparison of age-specific oropharyngeal cancer incidence rates among men by age in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



# Figure 94: Comparison of age-specific oropharyngeal cancer incidence rates among women by age in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. <u>Data Sources:</u> Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



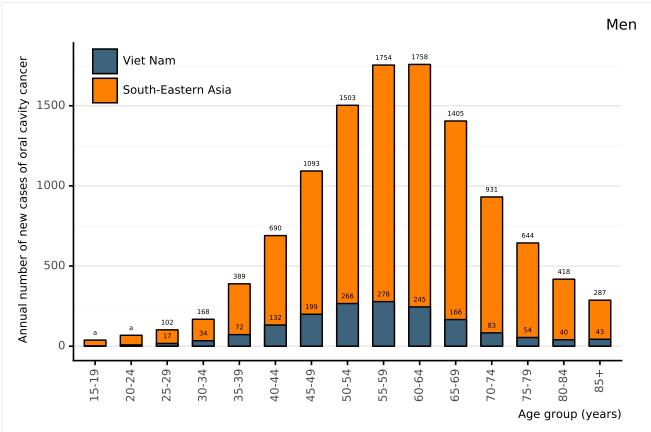
# 9.1.7 Oral cavity cancer incidence in Viet Nam across South-Eastern Asia

Figure 95: Age-standardised incidence rates of oral cavity cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

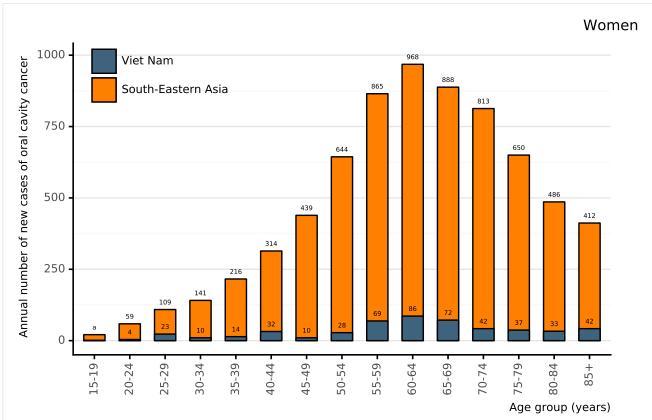
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

<sup>b</sup> Rates per 100,000 women per year



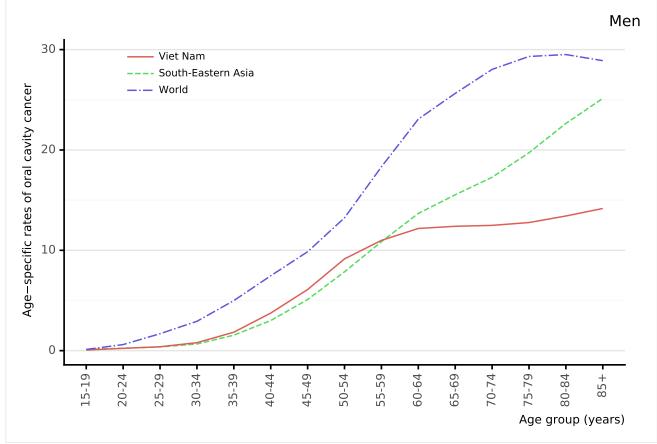
## Figure 96: Annual number of new cases of oral cavity cancer among men by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 2 cases for Viet Nam and 38 cases for South-Eastern Asia in the 15-19 age group. 8 cases for Viet Nam and 68 cases for South-Eastern Asia in the 20-24 age group. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 97: Annual number of new cases of oral cavity cancer among women by age group in Viet Nam (estimates for 2020)

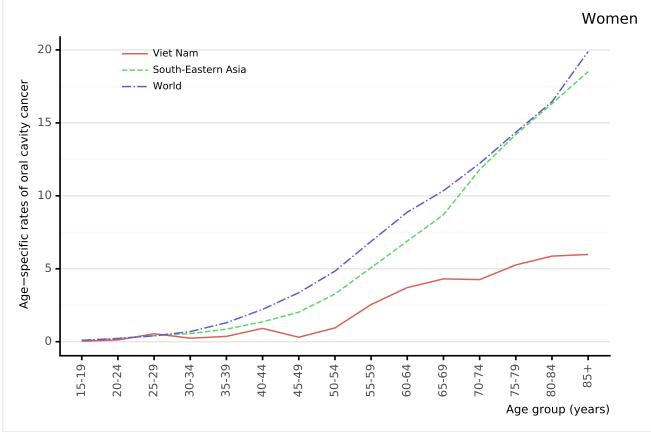
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 21 cases for South-Eastern Asia in the 15-19 age group.



## Figure 98: Comparison of age-specific oral cavity cancer incidence rates among men by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.



## Figure 99: Comparison of age-specific oral cavity cancer incidence rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.

## 9.1.8 Laryngeal cancer incidence in Viet Nam across South-Eastern Asia

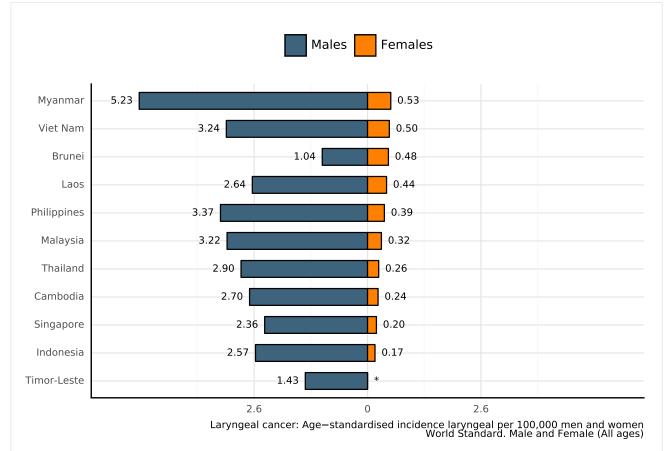


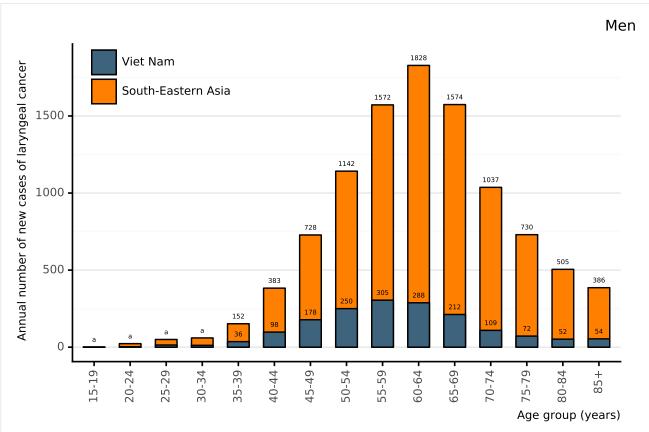
Figure 100: Age-standardised incidence rates of laryngeal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year.

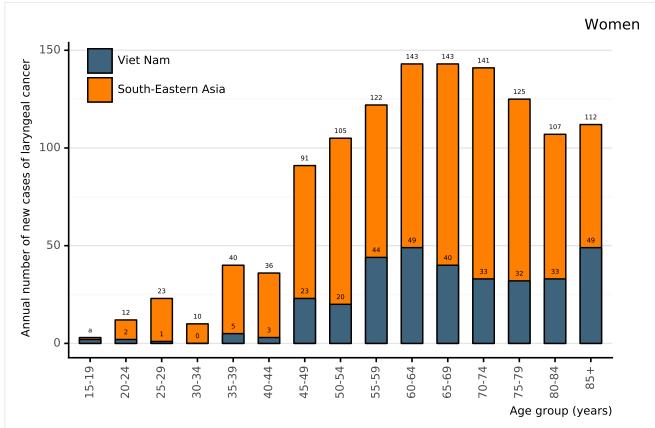
b Rates per 100,000 women per year.
\* Rates are not available

Data Sources:



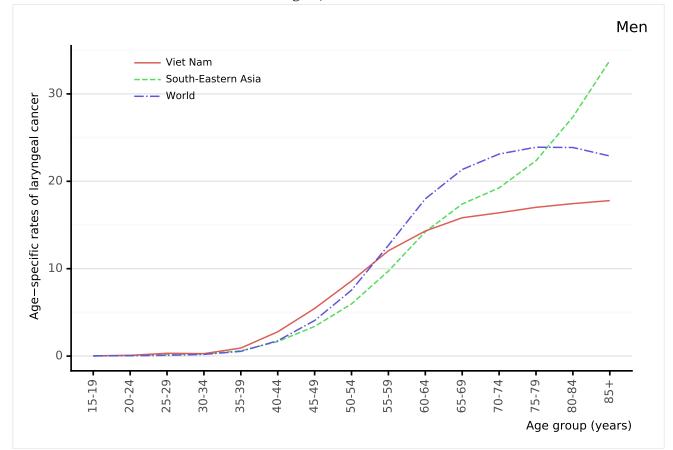
### Figure 101: Annual number of new cases of laryngeal cancer among men by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 1 cases for South-Eastern Asia in the 15-19 age group. 3 cases for Viet Nam and 23 cases for South-Eastern Asia in the 20-24 age group. 14 cases for Viet Nam and 50 cases for South-Eastern Asia in the 25-29 age group. 12 cases for Viet Nam and 60 cases for South-Eastern Asia in the 30-34 age group. Data Sources:



## Figure 102: Annual number of new cases of laryngeal cancer among women by age group in Viet Nam (estimates for 2020)

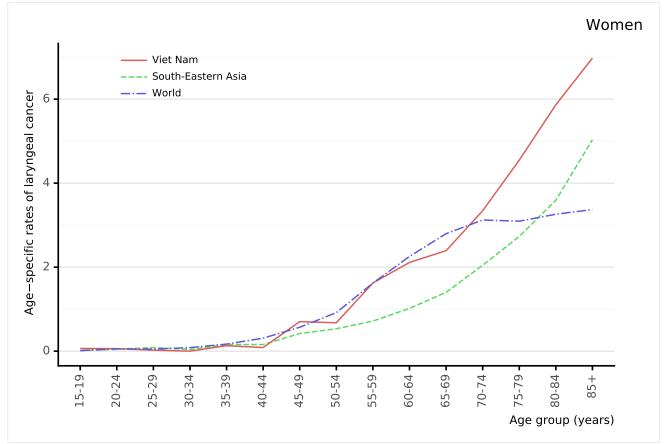
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 2 cases for Viet Nam and 3 cases for South-Eastern Asia in the 15-19 age group. Data Sources:



## Figure 103: Comparison of age-specific laryngeal cancer incidence rates among men by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 104: Comparison of age-specific laryngeal cancer incidence rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

### 9.2 Mortality

#### 9.2.1 Cervical cancer mortality in Viet Nam across South-Eastern Asia

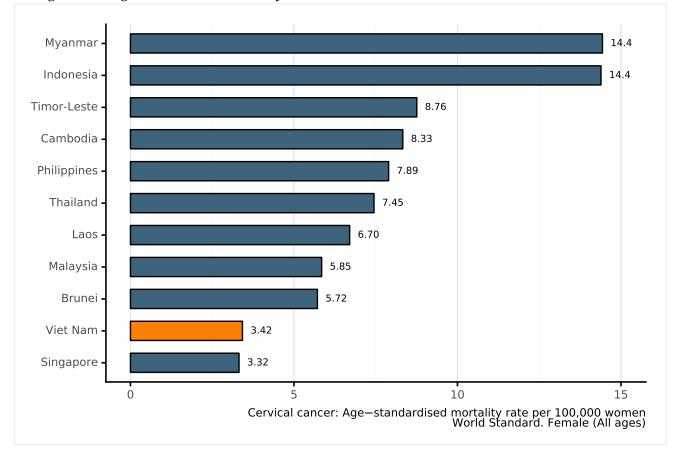
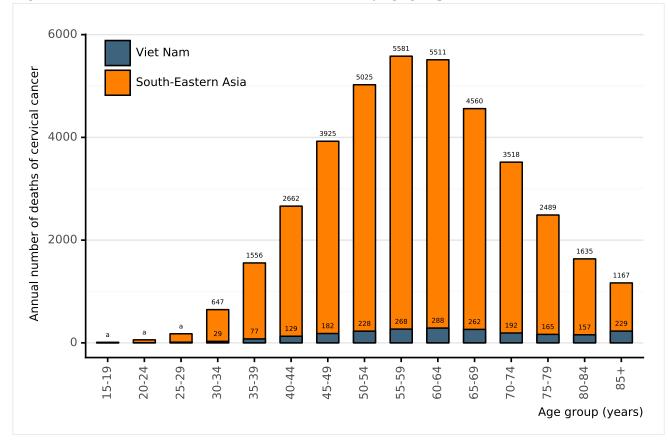


Figure 105: Age-standardised mortality rates of cervical cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

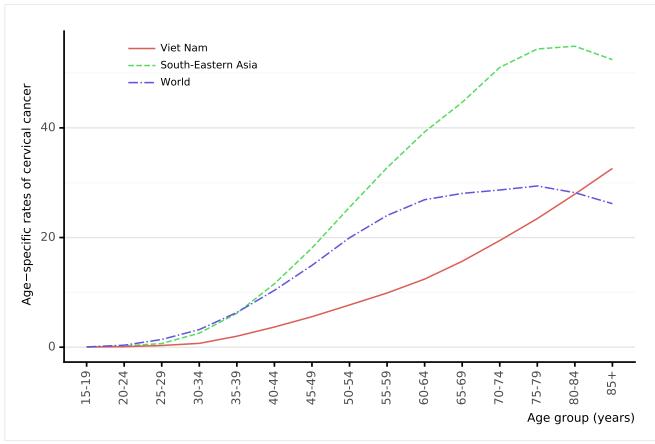
Data accessed on 2/ Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



#### Figure 106: Annual number of deaths of cervical cancer by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

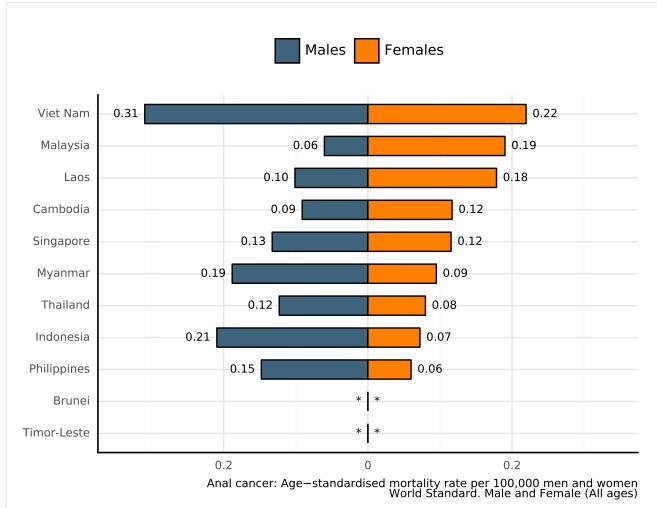
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 11 cases for South-Eastern Asia in the 15-19 age group. 3 cases for Viet Nam and 59 cases for South-Eastern Asia in the 20-24 age group. 13 cases for Viet Nam and 177 cases for South-Eastern Asia in the 25-29 age group.



### Figure 107: Comparison of age-specific cervical cancer mortality rates in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.



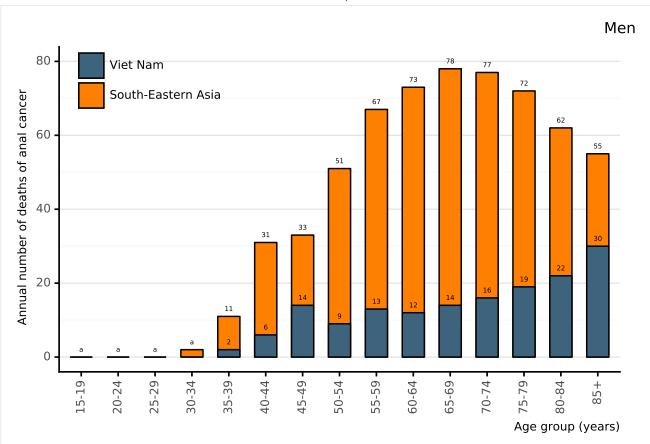
#### 9.2.2 Anal cancer mortality in Viet Nam across South-Eastern Asia

Figure 108: Age-standardised mortality rates of anal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

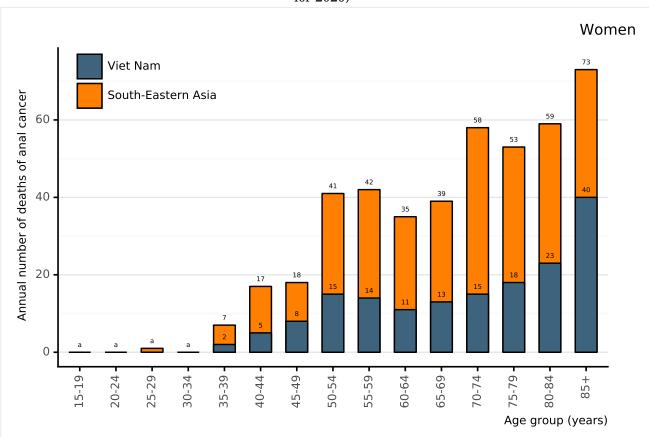
b Rates per 100,000 women per year.
\* Rates are not available



### Figure 109: Annual number of deaths of anal cancer among men by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

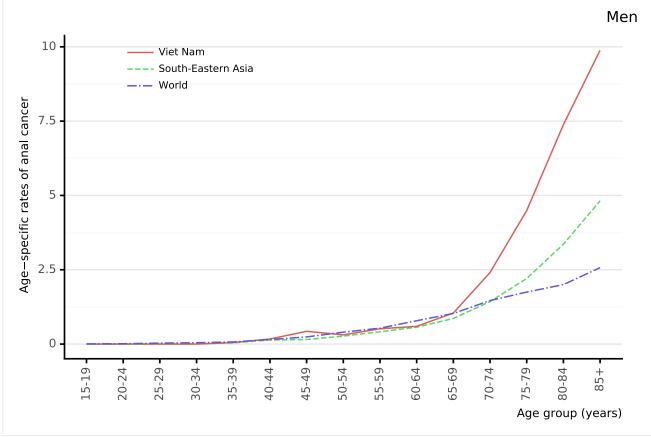
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 25-29 age group. 0 cases for Viet Nam and 2 cases for South-Eastern Asia in the 30-34 age group.



### Figure 110: Annual number of deaths of anal cancer among women by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

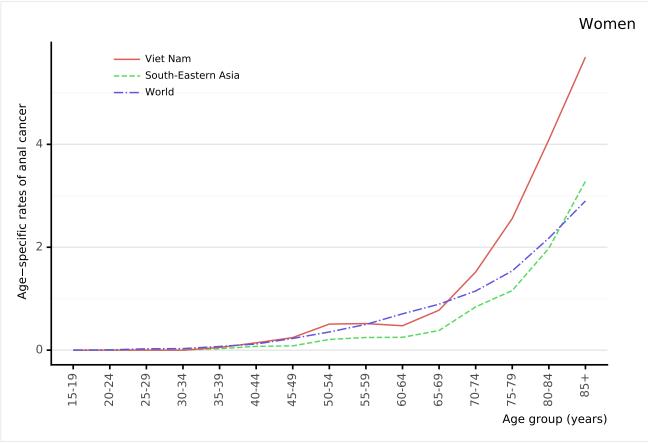
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 1 cases for South-Eastern Asia in the 25-29 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 25-29 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 30-34 age group.



## Figure 111: Comparison of age-specific anal cancer mortality rates among men by age in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

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## Figure 112: Comparison of age-specific anal cancer mortality rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

#### 9.2.3 Vulva cancer mortality in Viet Nam across South-Eastern Asia

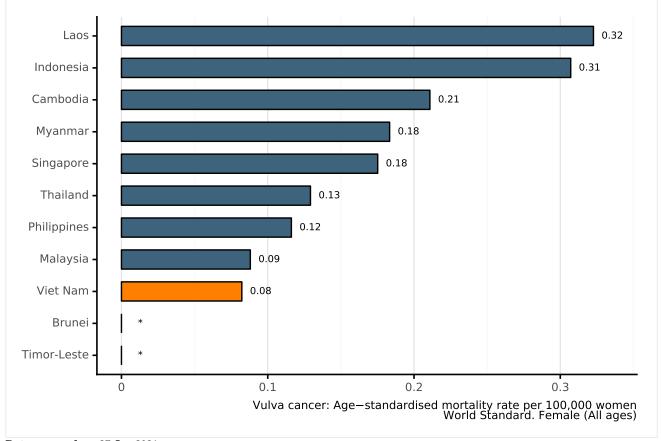
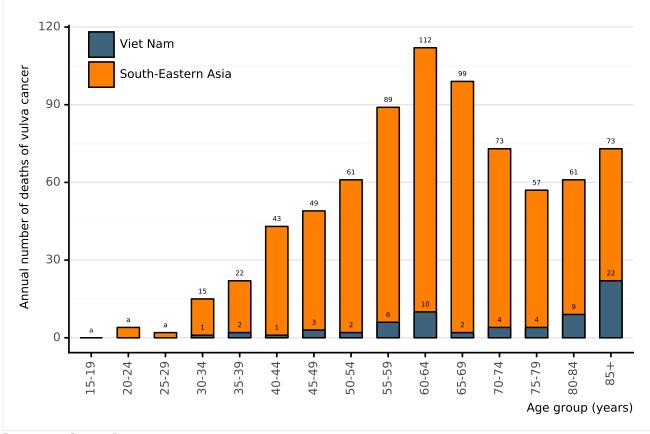


Figure 113: Age-standardised mortality rates of vulva cancer of Viet Nam (estimates for 2020)

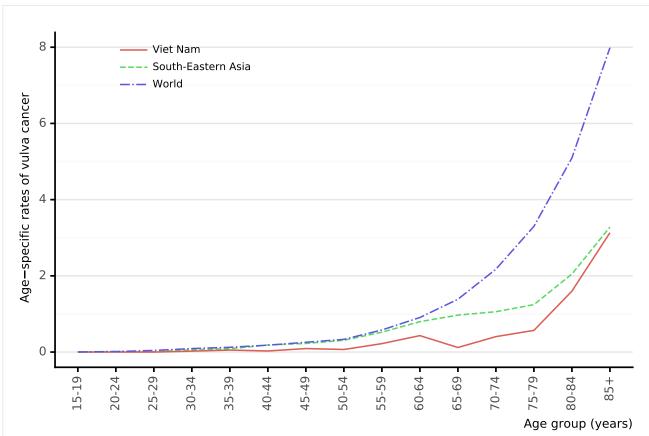
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
<sup>a</sup> Rates per 100,000 women per year.
\* Rates are not available



### Figure 114: Annual number of deaths of vulva cancer by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 4 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 2 cases for South-Eastern Asia in the 25-29 age group.



## Figure 115: Comparison of age-specific vulva cancer mortality rates in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].

#### 9.2.4 Vaginal cancer mortality in Viet Nam across South-Eastern Asia

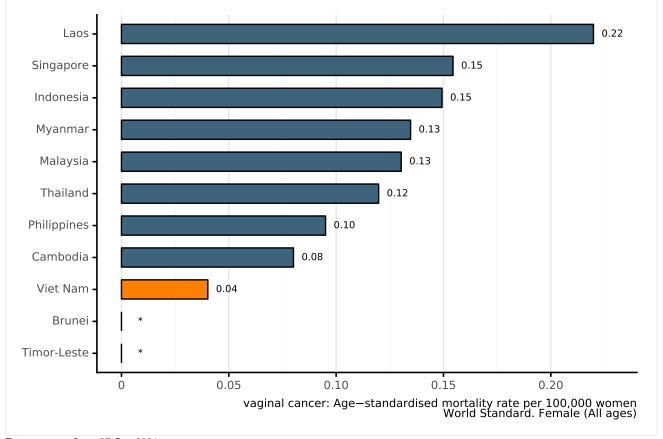


Figure 116: Age-standardised mortality rates of vaginal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods
<sup>a</sup> Rates per 100,000 women per year.
\* Rates are not available

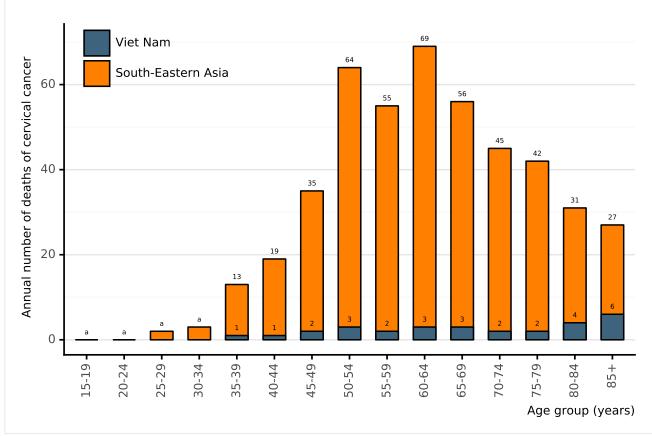
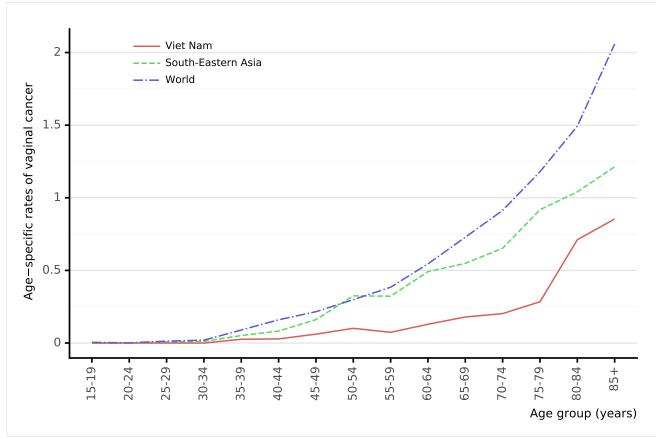


Figure 117: Annual number of deaths of cervical cancer by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 2 cases for South-Eastern Asia in the 25-29 age group. 0 cases for Viet Nam and 3 cases for South-Eastern Asia in the 30-34 age group.



## Figure 118: Comparison of age-specific vaginal cancer mortality rates in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. Deto Source:

### 9.2.5 Penile cancer mortality in Viet Nam across South-Eastern Asia

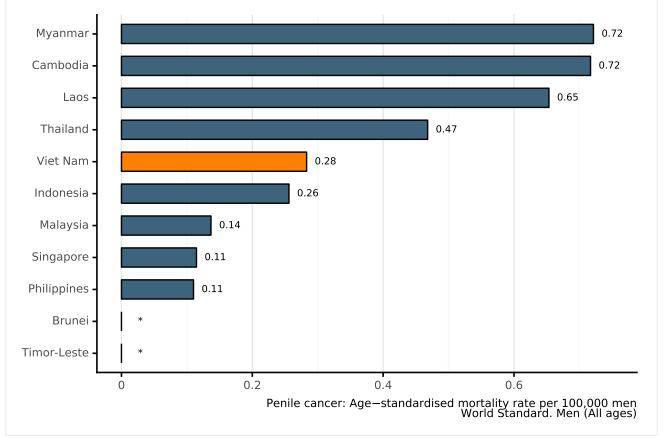
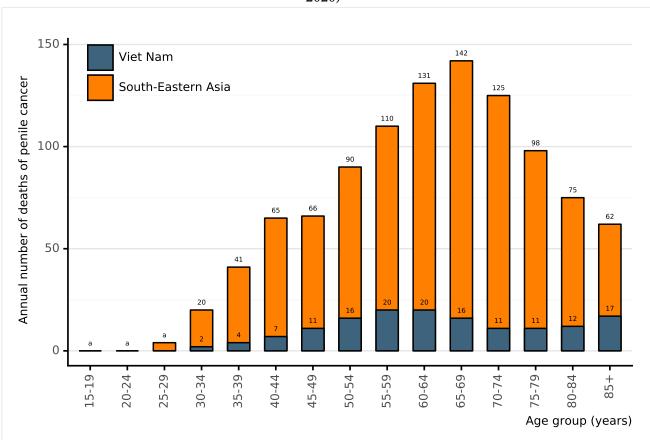


Figure 119: Age-standardised mortality rates of penile cancer of Viet Nam (estimates for 2020)

### Data accessed on 27 Jan 2021

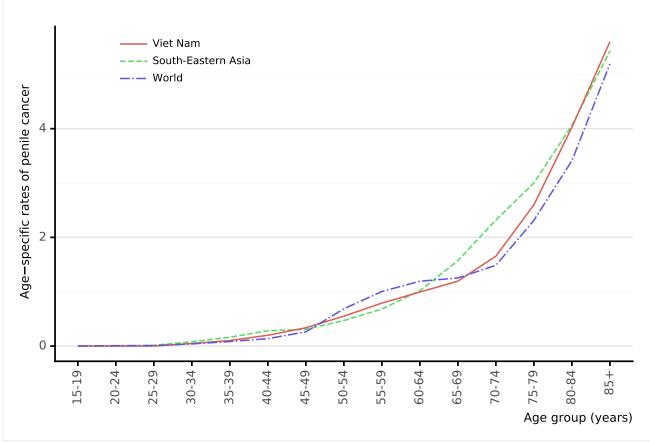
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. \* Rates are not available



### Figure 120: Annual number of new deaths of penile cancer by age group in Viet Nam (estimates for 2020)

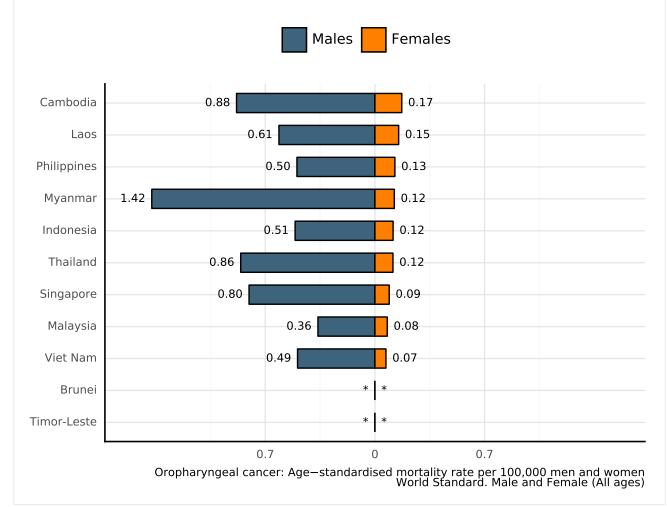
### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 4 cases for South-Eastern Asia in the 25-29 age group. Data Sources:



### Figure 121: Comparison of age-specific penile cancer mortality rates in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. <u>Data Sources:</u> Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



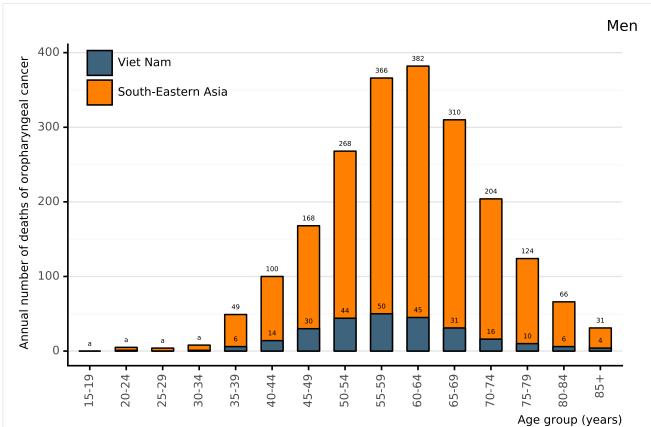
#### 9.2.6 Oropharyngeal cancer mortality in Viet Nam across South-Eastern Asia

Figure 122: Age-standardised mortality rates of oropharyngeal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

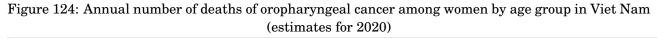
b Rates per 100,000 women per year.
\* Rates are not available

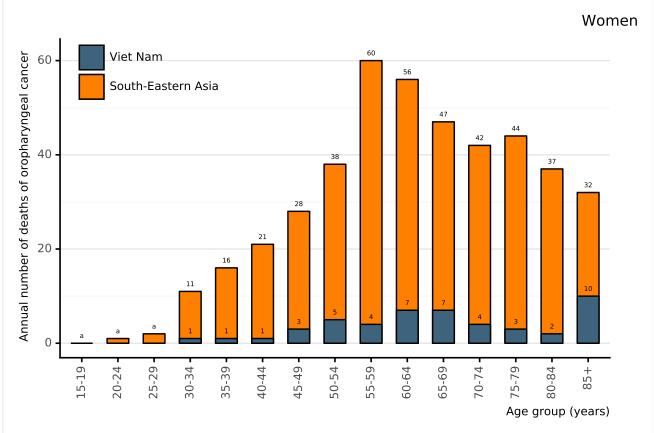


## Figure 123: Annual number of deaths of oropharyngeal cancer among men by age group in Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

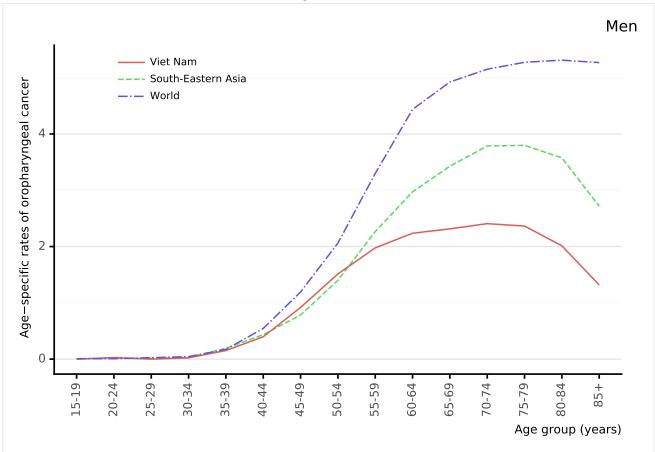
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 1 cases for Viet Nam and 5 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 4 cases for South-Eastern Asia in the 25-29 age group. 1 cases for Viet Nam and 8 cases for South-Eastern Asia in the 30-34 age group.





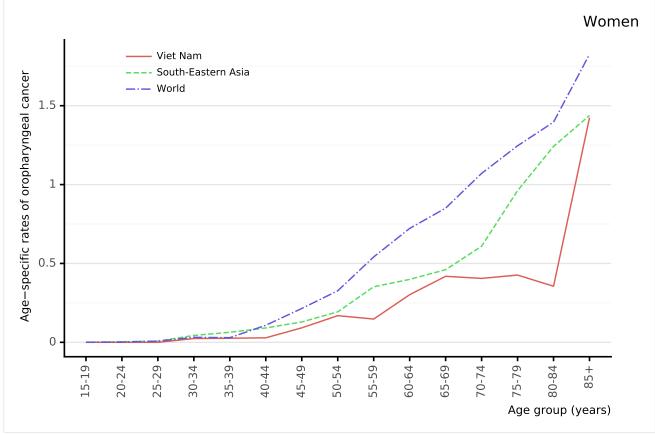
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 1 cases for South-Eastern Asia in the 20-24 age group. 0 cases for Viet Nam and 2 cases for South-Eastern Asia in the 25-29 age group.



## Figure 125: Comparison of age-specific oropharyngeal cancer mortality rates among men by age in Viet Nam, within the region, and the rest of world

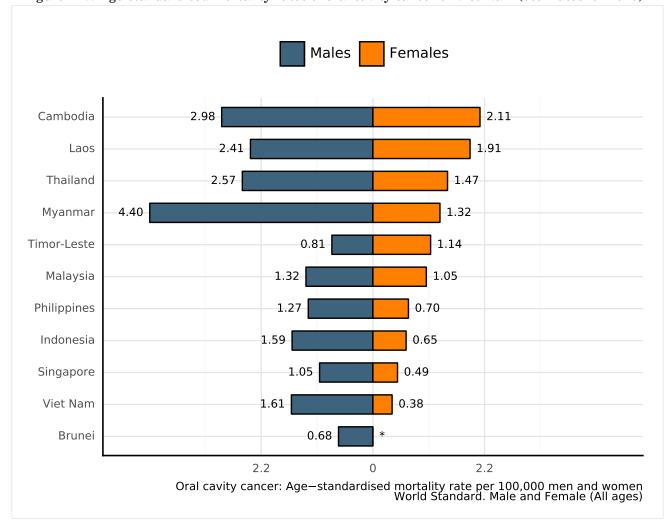
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year. <u>Data Sources:</u> Ferlay J. Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



### Figure 126: Comparison of age-specific oropharyngeal cancer mortality rates among women by age in Viet Nam, within the region, and the rest of world

Data accessed on 27 Jan 2021

Data accessed on 2/ Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year. <u>Data Sources:</u> Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



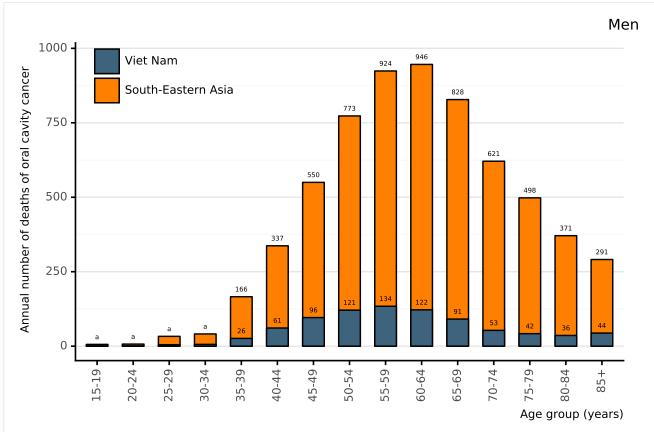
### 9.2.7 Oral cavity cancer mortality in Viet Nam across South-Eastern Asia

Figure 127: Age-standardised mortality rates of oral cavity cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

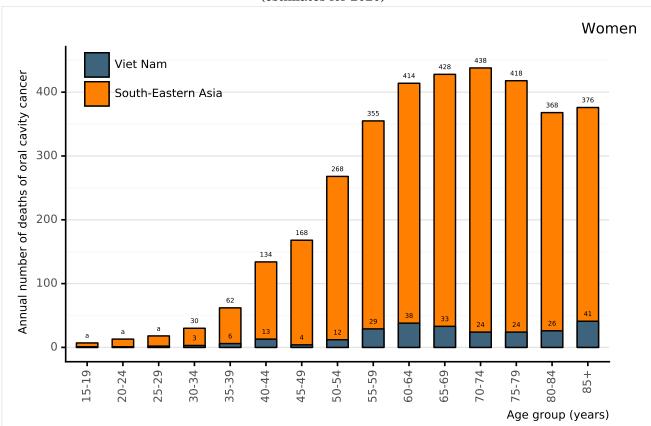
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

b Rates per 100,000 women per year.
\* Rates are not available



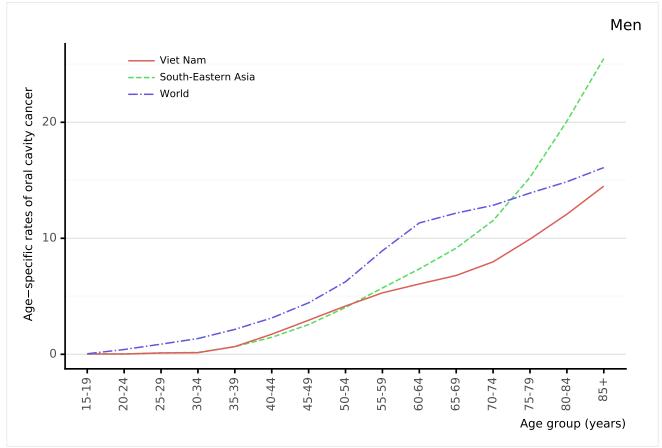
## Figure 128: Annual number of deaths of oral cavity cancer among men by age group in Viet Nam (estimates for 2020)

Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 6 cases for South-Eastern Asia in the 15-19 age group. 1 cases for Viet Nam and 7 cases for South-Eastern Asia in the 20-24 age group. 5 cases for Viet Nam and 33 cases for South-Eastern Asia in the 25-29 age group. 6 cases for Viet Nam and 41 cases for South-Eastern Asia in the 30-34 age group. Data Sources:



## Figure 129: Annual number of deaths of oral cavity cancer among women by age group in Viet Nam (estimates for 2020)

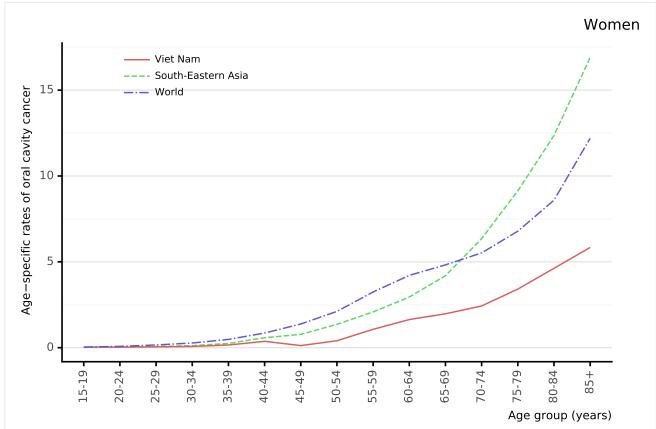
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 7 cases for South-Eastern Asia in the 15-19 age group. 1 cases for Viet Nam and 13 cases for South-Eastern Asia in the 20-24 age group. 2 cases for Viet Nam and 18 cases for South-Eastern Asia in the 25-29 age group.



## Figure 130: Comparison of age-specific oral cavity cancer mortality rates among men by age in Viet Nam, within the region, and the rest of world

### Data accessed on 27 Jan 2021

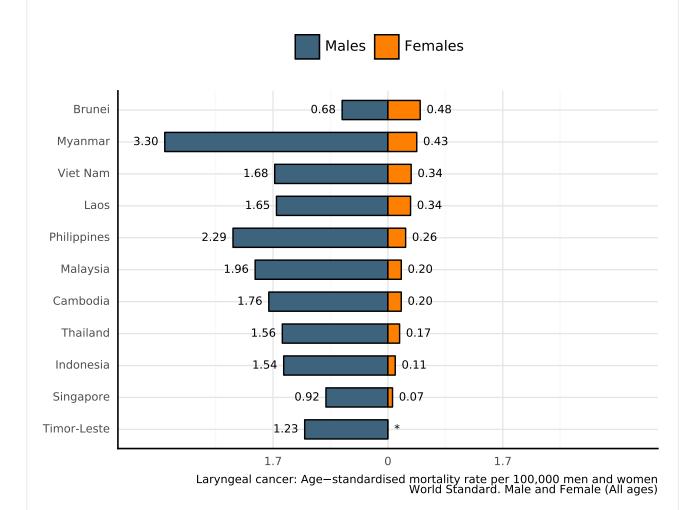
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.



## Figure 131: Comparison of age-specific oral cavity cancer mortality rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 women per year.



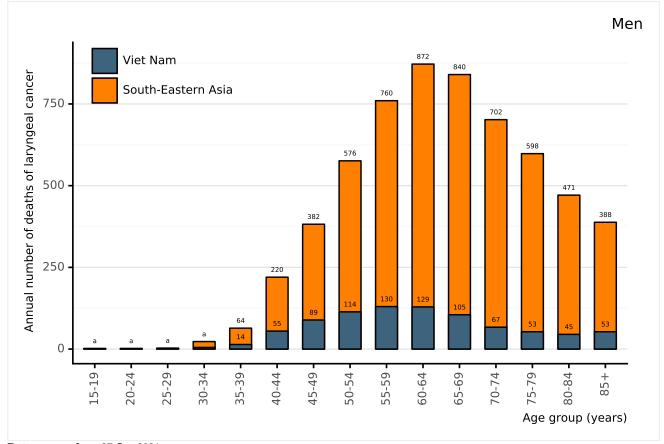
### 9.2.8 Laryngeal cancer mortality in Viet Nam across South-Eastern Asia

Figure 132: Age-standardised mortality rates of laryngeal cancer of Viet Nam (estimates for 2020)

#### Data accessed on 27 Jan 2021

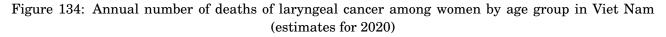
For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 men per year.

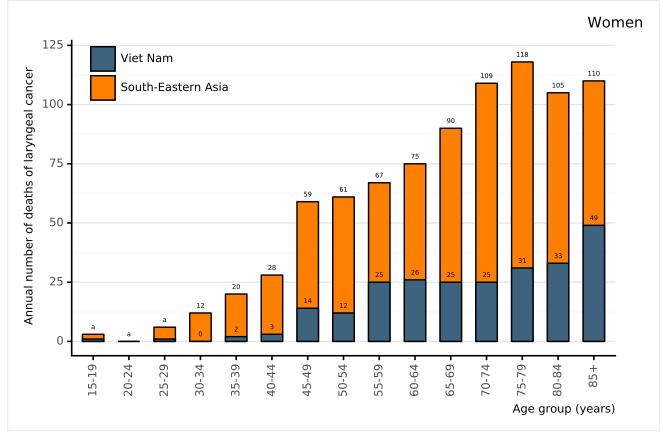
b Rates per 100,000 women per year.
\* Rates are not available



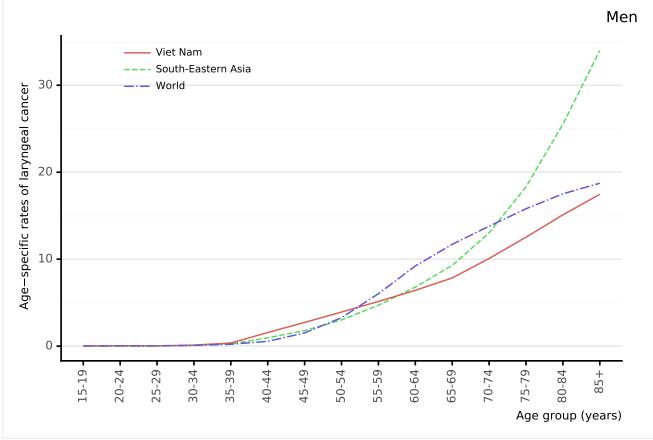
#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 2 cases for South-Eastern Asia in the 15-19 age group. 1 cases for Viet Nam and 2 cases for South-Eastern Asia in the 20-24 age group. 1 cases for Viet Nam and 2 cases for South-Eastern Asia in the 25-29 age group. 5 cases for Viet Nam and 23 cases for South-Eastern Asia in the 26-29 age group. 5 cases for Viet Nam and 23 cases for South-Eastern Asia in the 30-34 age group. Data Sources: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].





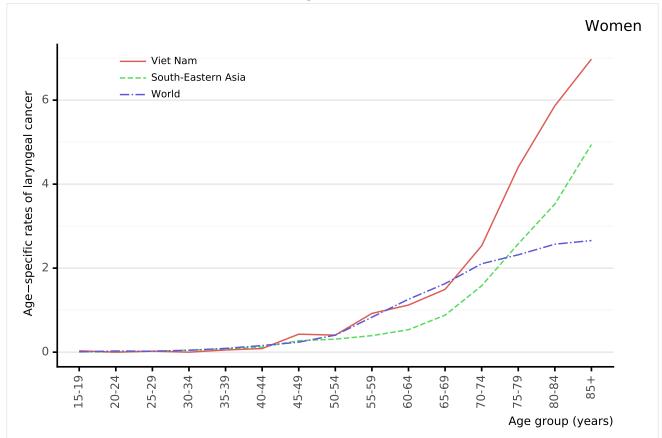
Data accessed on 27 Jan 2021 For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> 1 cases for Viet Nam and 3 cases for South-Eastern Asia in the 15-19 age group. 0 cases for Viet Nam and 0 cases for South-Eastern Asia in the 20-24 age group. 1 cases for Viet Nam and 6 cases for South-Eastern Asia in the 25-29 age group.



## Figure 135: Comparison of age-specific laryngeal cancer mortality rates among men by age in Viet Nam, within the region, and the rest of world

### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods a Rates per 100,000 men per year. <u>Data Sources</u>: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.fr/today, accessed [27 January 2021].



## Figure 136: Comparison of age-specific laryngeal cancer mortality rates among women by age in Viet Nam, within the region, and the rest of world

#### Data accessed on 27 Jan 2021

For more detailed methods of estimation please refer to http://gco.iarc.fr/today/data-sources-methods <sup>a</sup> Rates per 100,000 women per year.

# 10 Glossary

Table 49: Glossary		
Term	Definition	
Incidence	Incidence is the number of new cases arising in a given period in a speci- fied population. This information is collected routinely by cancer registries. It can be expressed as an absolute number of cases per year or as a rate per 100,000 persons per year (see Crude rate and ASR below). The rate provides an approximation of the average risk of developing a cancer.	
Mortality	Mortality is the number of deaths occurring in a given period in a specified population. It can be expressed as an absolute number of deaths per year or as a rate per 100,000 persons per year.	
Prevalence	The prevalence of a particular cancer can be defined as the number of per- sons in a defined population who have been diagnosed with that type of cancer, and who are still alive at the end of a given year, the survivors. Com- plete prevalence represents the number of persons alive at certain point in time who previously had a diagnosis of the disease, regardless of how long ago the diagnosis was, or if the patient is still under treatment or is con- sidered cured. Partial prevalence , which limits the number of patients to those diagnosed during a fixed time in the past, is a particularly useful measure of cancer burden. Prevalence of cancers based on cases diagnosed within one, three and five are presented as they are likely to be of rele- vance to the different stages of cancer therapy, namely, initial treatment (one year), clinical follow-up (three years) and cure (five years). Patients who are still alive five years after diagnosis are usually considered cured since the death rates of such patients are similar to those in the general population. There are exceptions, particularly breast cancer. Prevalence is presented for the adult population only (ages 15 and over), and is available both as numbers and as proportions per 100,000 persons.	
Crude rate	Data on incidence or mortality are often presented as rates. For a specific tumour and population, a crude rate is calculated simply by dividing the number of new cancers or cancer deaths observed during a given time period by the corresponding number of person years in the population at risk. For cancer, the result is usually expressed as an annual rate per 100,000 persons at risk.	
ASR (age-standardised rate)	An age-standardised rate (ASR) is a summary measure of the rate that a population would have if it had a standard age structure. Standardization is necessary when comparing several populations that differ with respect to age because age has a powerful influence on the risk of cancer. The ASR is a weighted mean of the age-specific rates; the weights are taken from population distribution of the standard population. The most frequently used standard population is the World Standard Population. The calculated incidence or mortality rate is then called age-standardised incidence or mortality rate (world). It is also expressed per 100,000. The world standard population used in GLOBOCAN is as proposed by Segi [1] and modified by Doll and al. [2]. The age-standardised rate is calculated using 10 age-groups. The result may be slightly different from that computed using the same data categorised using the traditional 5 year age bands.	

Continued on next page

Table 49 – continued from previous page		
Term	Definition	
Cumulative risk	Cumulative incidence/mortality is the probability or risk of individuals get- ting/dying from the disease during a specified period. For cancer, it is ex- pressed as the number of new born children (out of 100, or 1000) who would be expected to develop/die from a particular cancer before the age of 75 if they had the rates of cancer observed in the period in the absence of com- peting causes.	
Cytologically normal women	No abnormal cells are observed on the surface of their cervix upon cytology.	
Cervical Intraepithe- lial Neoplasia (CIN) / Squamous Intraepithe- lial Lesions (SIL)	SIL and CIN are two commonly used terms to describe precancerous lesions or the abnormal growth of squamous cells observed in the cervix. SIL is an abnormal result derived from cervical cytological screening or Pap smear testing. CIN is a histological diagnosis made upon analysis of cervical tis- sue obtained by biopsy or surgical excision. The condition is graded as CIN 1, 2 or 3, according to the thickness of the abnormal epithelium (1/3, 2/3 or the entire thickness).	
Low-grade cervical le- sions (LSIL/CIN-1)	Low-grade cervical lesions are defined by early changes in size, shape, and number of ab-normal cells formed on the surface of the cervix and may be referred to as mild dysplasia, LSIL, or CIN-1.	
High-grade cervical le- sions (HSIL / CIN-2 / CIN-3 / CIS)	High-grade cervical lesions are defined by a large number of precancerous cells on the sur-face of the cervix that are distinctly different from normal cells. They have the potential to become cancerous cells and invade deeper tissues of the cervix. These lesions may be referred to as moderate or severe dysplasia, HSIL, CIN-2, CIN-3 or cervical carcinoma in situ (CIS).	
Carcinoma in situ (CIS)	Preinvasive malignancy limited to the epithelium without invasion of the basement membrane. CIN 3 encompasses the squamous carcinoma in situ.	
Invasive cervical can- cer (ICC) / Cervical	If the high-grade precancerous cells invade the basement membrane is called ICC. ICC stages range from stage I (cancer is in the cervix or uterus	
cancer Adenocarcinoma	only) to stage IV (the cancer has spread to distant organs, such as the liver). Invasive tumour with glandular and squamous elements intermingled	

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International Agency for Research on Cancer (IARC)

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Anyone who is aware of relevant published data that may not have been included in the present report is encouraged to contact the HPV Information Centre for potential contributions.

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