



The Society of Gynecologic Oncologists of Canada

La Société des gynécologues oncologues du Canada

## **GYNECOLOGIC ONCOLOGISTS STRONGLY ENDORSE NACI STATEMENT ON HPV VACCINATION**

### ***HPV vaccine now standard of care for Canadian women and girls***

**TORONTO (Ontario) – January 31, 2007** – The Society of Gynecologic Oncologists of Canada (GOC) applauds the recommendation by the National Advisory Committee on Immunization (NACI) that all Canadian girls and women aged 9 to 26 should be routinely vaccinated with GARDASIL™ to protect them against the Human Papillomavirus (HPV), the primary cause of cervical cancer. The committee concluded that efficacy would be greatest in females between 9 and 13, before the onset of sexual intercourse, but females aged 14 to 26 would also benefit from GARDASIL™ even if they are sexually active, since it is unlikely that they will have been infected with all four HPV types in the vaccine. Females 14 to 26, who have had previous Pap abnormalities or have had genital warts or an HPV infection, should also be vaccinated.

Last year Health Canada approved GARDASIL™, a quadrivalent human papillomavirus (types 6, 11, 16, 18) recombinant vaccine. Studies have shown that the vaccine, which is available in Canada, is 100 per cent effective at preventing disease from the HPV types that account for 70 per cent of all cervical cancers and 90 per cent of genital warts.<sup>1</sup> A second bivalent vaccine, which protects against HPV types 16 and 18, may also become available in Canada.

“Because of NACI's position, vaccination against diseases caused by vaccine specific HPV types will now become the standard of care for cervical cancer prevention,” said Dr. Joan Murphy, Chair of the GOC Task Force on Cervical Cancer Prevention and Control. “Cervical cancer and its precursors remain a significant health problem for Canadian women and we call upon the provincial governments to rapidly implement vaccination as a cancer prevention strategy against HPV types known to cause the majority of cervical cancers.”

### **Burden of HPV**

Three in four (75 per cent) Canadians will have at least one HPV infection in their lifetime<sup>2</sup>. HPV is the primary cause of cervical cancer and is linked to vaginal, vulvar and anal cancers.<sup>3</sup>

Cervical cancer is the second most common cancer in Canadian women aged 20-44 after breast cancer.<sup>4</sup> An estimated 1,400 women are newly diagnosed with cervical cancer each year and more than 400 women die because of it.<sup>5</sup> In addition, approximately 220 Canadian women die from vulvar/vaginal cancer each year.<sup>6</sup> In fact, Canada has among the highest reported rates of cancer of the vulva worldwide.<sup>7</sup>

Each year the diagnoses and treatment of cervical dysplasia, cervical cancer and genital warts is estimated to cost more than \$300 million to the Canadian health care system, which includes \$244.5 million related to negative Pap tests and false positives.<sup>8</sup>

### **GOC takes leadership role**

“The GOC is taking a leadership role to help define the safest and best use of the vaccine to minimize the impact of HPV and cervical cancer and its precursors on women in Canada,” said Dr. Robert Lotocki, a gynecologic oncologist at Cancer Care Manitoba. “Though the benefits of HPV immunization to the individual will be immediate, it will take time before we see the full benefit to our health care system. And while we welcome with enthusiasm future opportunities for modification to current screening practices made possible by widespread vaccination and other technologies, cervical cancer screening must continue as per existing provincial and professional guidelines.”

“Most women with HPV clear the infection on their own, but in some it causes cell changes that over time lead to cervical cancer,” explained Dr. Dianne Miller, Head of the Division of Gynecologic Oncology at the Vancouver Hospital and Health Sciences Centre. “In order to protect against this possibility, parents should be supported in their decision to immunize their daughters against HPV.”

“It is our hope that provincial health authorities will adopt a population-based vaccination strategy, combined with organized screening programs and a vaccine registry, which will have the greatest positive impact on cervical cancer prevention for all Canadian women,” concluded Dr. Diane Provencher, Chief of gynecologic oncology at Notre-Dame Hospital in Montreal and past President of GOC.

### **About GOC**

The Society of Gynecologic Oncologists of Canada (GOC) is a nonprofit organization consisting of physicians, other health care professionals and scientists specializing in gynecologic oncology. Its purpose is to improve the care of women with gynecologic cancer, to raise standards of practice and awareness in gynecologic cancer and to encourage ongoing research. GOC also seeks to provide information and disseminate knowledge to practitioners, patients and the general public on gynecologic cancer as well as cooperate with other organizations interested in women's health care, oncology and related fields.

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<sup>1</sup> Efficacy of a Prophylactic Quadrivalent Human Papillomavirus (HPV) (Types 6, 11, 16, 18) L1 Virus-Like Particle (VLP) Vaccine for Prevention of Cervical Dysplasia and External Genital Lesions (EGL). Presented by C. Sattler at the 45th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Washington, DC.

<sup>2</sup> Health Canada, *It's Your Health HPV* Web site.

(Accessed at [http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/hpv-vph\\_e.html](http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/hpv-vph_e.html))

<sup>3</sup> University of Florida Shands Cancer Centre Web site.

(Accessed at <http://www.ufsc.ufl.edu/Professional/cancernews.aspx?section=cancernews&id=32590>)

<sup>4</sup> Loraine D. Marrett, Jennifer Froot, Diane Nishri and Anne-Marie Ugnat. Cancer incidence in young adults in Canada: preliminary results of a cancer surveillance project. *Chronic Diseases in Canada*. Spring 2002. Volume 23 Number 2 (Accessed at [http://www.phac-aspc.gc.ca/publicat/cdic-mcc/23-2/b\\_e.html](http://www.phac-aspc.gc.ca/publicat/cdic-mcc/23-2/b_e.html)).

<sup>5</sup> Public Health Agency of Canada, *Cervical Cancer Screening in Canada: 1998 Surveillance Report, Executive Summary*. (Accessed at [http://www.phac-aspc.gc.ca/publicat/ccsic-dccuac/exec\\_e.html](http://www.phac-aspc.gc.ca/publicat/ccsic-dccuac/exec_e.html)).

<sup>6</sup> Statistics Canada. CANSIM table 102-0522. Deaths, by cause, Chapter II: Neoplasms (C00 to D48), age group and sex, Canada, 2000-2003.

<sup>7</sup> *Woman's Health Surveillance Report*. Published September 30, 2003. (Accessed at [http://www.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_29\\_E&cw\\_topic=29&cw\\_rel=AR\\_342\\_E](http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_29_E&cw_topic=29&cw_rel=AR_342_E)).

<sup>8</sup> Brisson, M et al. The health and economic burden of HPV infection, genital warts, cervical dysplasia and cervical cancer in Canada. Presented at the 7<sup>th</sup> Canadian Immunization Conference (CIC) on December 3, 2006 in Winnipeg.