



The Society of Gynecologic Oncologists of Canada

La Société des gynécologues oncologues du Canada

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GOC Position Statement Regarding Prophylactic HPV Vaccines

Cervical cancer continues to be a significant health problem for women in Canada and worldwide. In 2005, 1350 women in Canada were diagnosed with cervix cancer and 400 women died from the disease. For each new case of cervical cancer, there are about 50-100 women diagnosed with suspicious or pre-cancerous changes of the cervix that require management and treatment. The incidence and mortality from cervix cancer in Canada have declined since the mid-sixties until about 10 years ago mostly due to the availability of Pap test screening. This is a great accomplishment. Over the last decade, however, there has been no further reduction in incidence of this largely preventable disease that disproportionately affects women between the ages of 30 and 45 making it the second most common cancer in this age group. These women are affected by a devastating disease at a time when they are playing critical roles in society and serving as the nurturing parent for their children. Women of low socioeconomic status, high parity, immigrant women, and women of First Nations ancestry are also disproportionately affected, largely due to inadequate screening or higher risk among these groups.

It has been evident for decades that cervix cancer is caused by a sexually transmitted agent and that agent is now known to be the Human Papillomavirus (HPV). HPV infection is the most common of all sexually-transmitted infections. There are over 100 types of the virus and nearly 40 of them can infect the genital tract. Though most genital types are not related to cervical cancer, HPV types 16 & 18 are responsible for 70-80% of all cervical cancers. Among genital types considered of low or no oncogenic risk, HPV types 6 and 11 are responsible for more than 90% of benign genital warts, which do not incur risk of progression to cancer. Oncogenic HPVs initially induce a sequence of pre-cancerous changes which can be detected by Pap tests. Once detected, the pre-cancerous changes can virtually always be treated thus preventing the development of cancer of the cervix. Cervical cancer occurs when women fail to get screened or when Pap tests fail to detect pre-cancerous cells.

A vaccine to prevent HPV infection and cervix cancer has recently been approved for use in the U.S. and a second vaccine is in the approval process; approval of both in Canada is expected very soon. Phase II and phase III randomized clinical trials have shown that the vaccine is safe and effective, providing sustained protection from infection with HPV 16 and 18 as well as reducing the risk of developing pre-cancerous changes in the cervix. The first vaccines to come to the market are nearly 100% efficacious, one against HPV types 6, 11, 16, and 18 and another against types 16 & 18. This is a most exciting development in cancer prevention. For maximal effectiveness, the vaccine should be administered to young girls aged 9-12 prior to beginning sexual activity and as such, prior to there being any likelihood of infection with the cancer-causing HPV types. There may be a role for use of the vaccine in women after initiation of sexual activity but in that context, its efficacy in preventing infection and thus cervix cancer is restricted to the HPV types present in the vaccine to which the woman has not yet been exposed. Use of these vaccines for therapy of established HPV related conditions is not indicated. Other vaccines are being investigated for this purpose.

Preventing cervical cancer via large-scale vaccination against its causative agent is the ideal cancer control approach, particularly when combined with widespread and effective public and provider education strategies. Although it will take decades before all women can be protected from HPV infection, widespread vaccination would allow us to re-think the way cervical cancer screening (Pap tests) will be carried out. Rational algorithms incorporating Pap tests, HPV testing and the lower likelihoods of disease after vaccination will need to be developed and some of this work is underway in Canada. Only when uptake of the vaccine can be assessed and its efficacy in the general population demonstrated can the implications for changes in Pap test screening be determined. In the interim, cervical cancer screening must continue as per existing provincial and professional guidelines.

The Society of Gynecologic Oncologists of Canada (GOC), the national body of health professionals dedicated to prevention, treatment and study of gynecologic malignancies, has taken a lead role in the education of physicians and promotion of public awareness of all gynecologic cancers. Our membership has extensive expertise in all aspects of cervical cancer and its prevention. The GOC Task Force on Cervical Cancer Prevention and Control in particular and the membership in general will work to optimize application of this and other opportunities for improvement in our management of cervical cancer, its focus being on prevention.

The GOC supports the use of the HPV vaccine to prevent cervical cancer. Exactly how the vaccine will be implemented, in Canada and elsewhere, is currently undergoing intense review by a wide range of stakeholders. GOC is actively involved in these processes and exploring opportunities for research and innovation that will further define the safest and best use(s) of the vaccine and the necessary future modifications to current screening practices. Through a variety of initiatives, GOC will ensure that its membership, primary care providers and the public are kept abreast of evolving information regarding HPV vaccines, their availability and their applications. The GOC will also bring to the table our members' gynecologic cancer expertise to work with partners in related specialties such as primary care, pediatrics, vaccinology, infectious disease and public health as well as with industry and government, to develop knowledge and best practices as our experience with the vaccines evolves so that this novel approach to cancer prevention can be used to have its greatest impact on the health of all women in Canada.

The Society of Gynecologic Oncologists of Canada (GOC) is delighted that this innovation in cancer prevention has been developed and is likely to be available in Canada soon. We are committed to providing professional leadership and guidance concerning proper deployment of HPV vaccines and surveillance of their efficacy to ensure that they are safely and effectively applied to benefit women in Canada.

For more information, please refer to the GOC website at www.g-o-c.org.

On behalf of the Executive Council of The Society of Gynecologic Oncologists of Canada,



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President
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