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SOGC Annual Clinical Meeting, Ottawa, June 21 to 26, 2007

## Ob/gyns to Provinces: Do not delay HPV Vaccine Roll-Out

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is urging the provinces and territories to move quickly to immunize females aged 9 to 26 against the Human Papillomavirus (HPV), the virus that can cause cervical cancer. The recommendations are part of the clinical guidelines released today in Ottawa on the diagnosis, treatment and prevention of HPV.

“Delaying now means that, 10 years down the road, more young women will develop cervical cancer and unnecessarily bear the burden of this disease. And yes, some will die of cervical cancer – a cancer that could have been prevented by a vaccination given today,” said Dr. Guylaine Lefebvre, President of the SOGC. “Provincial and territorial governments have it within their power to change this tragic outcome by implementing immunization programs now. This issue has been studied extensively; it is time to act rapidly.”

### **Funding the HPV Vaccination**

The Federal Government is providing \$300-million for HPV immunization in its new budget. Provinces and Territories can access the funding on a per-capita basis over the next three years. Currently, Nova Scotia and Prince Edward Island are the only two provinces that have indicated they will use the federal government fund this year. Earlier this month, Alberta announced that it would not consider any HPV vaccination program until late 2008. As of today, the intentions of the other provinces and territories are not clear.

Women in Canada can now purchase the vaccine with a prescription. HPV vaccination requires three injections over six months, for a total cost of about \$400. However, women who have the highest risk for cervical cancer (because they do not undergo regular Pap test screening), will not benefit unless the vaccine is offered through a publicly funded program. Concern is particularly acute for immigrant, Aboriginal, and low-income women as well as rural populations. “These high risk groups will not benefit without public funding for the vaccine,” said Dr. Lefebvre.

### **Burden of Disease**

About 1,350 women will be diagnosed with cervical cancer this year, and another 400 will die from the disease. Thousands more women will be diagnosed with pre-cancerous conditions, receive abnormal pap test results, or acquire genital warts, another outcome of HPV. The new vaccine can prevent HPV types 16 and 18, which are responsible for an estimated 70 percent of cervical cancers, as well as types 6 and 11, which cause 90 percent of genital warts. “HPV vaccination has the potential to greatly reduce the

tremendously negative affects of HPV infection for thousands of women and their families— but to do so, it has to be available to everyone,” said Dr. Lefebvre.

### **National Guideline on the Diagnosis, Treatment and Prevention of HPV**

The call for provincial publicly funded immunization programs comes as the SOGC releases the national clinical guideline on HPV. Produced by the SOGC in collaboration with six national health organizations, the comprehensive guideline is the culmination of an exhaustive review of scientific evidence regarding the management, treatment, and prevention of HPV.

In addition, the guideline stresses the importance of regular cervical cancer screening for women, including those who have been vaccinated. Another key recommendation released today urges the provinces and territories to set up Pap test Registries for cervical cancer screening as part of HPV immunization programs. Establishing Registries would improve the recruitment and recall of women for screening, and improve the tracking and follow-up of women with abnormal Pap results.

“Vaccines to prevent HPV are a major breakthrough in cancer prevention, but they certainly don’t replace regular Pap test screening,” said Dr. Lefebvre. “Women and girls need to know that this is not a case of ‘either/or’. They need both.”

The likelihood of a woman developing cervical cancer rises dramatically if she does not receive regular Pap test screening. Screening programs have cut the number of cases of cervical cancer in Canada in half over the past 30 years, and the mortality rate has fallen by about 60 percent. “The vaccine will help to take us the rest of the way towards eliminating this terrible disease in Canada,” said Dr. Lefebvre.

### **Key Recommendations of the Guideline:**

- The provincial and territorial governments of Canada should implement a publicly funded organized population-based cervical cancer screening system in order to move from opportunistic towards organized screening.
- An HPV vaccination database should be integrated with a cervical cancer screening database, in order to ensure evaluation of vaccination utility at a population level.
- Cervical cancer screening programs should focus on implementing innovative and effective strategies to increase recruitment of women in populations with low rates of screening, such as aboriginal groups, older women, newcomers to Canada, and marginalized women.
- More research should be done to better characterize natural and acquired immunity after HPV infection and vaccination and to redesign screening strategies to focus on identifying women with persistent infection.
- Smoking cessation should be strongly recommended to women with an HPV infection or any stage of an associated disease.

- HPV vaccination is recommended for females aged 9 to 26 years against high-risk HPV types 16 and 18 for prevention of cervical cancer.

### **Partners:**

The New Guidelines on HPV Immunization were produced by SOGC, in collaboration with:

- Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada)
- Canadian Dermatology Association (CDA)
- Canadian Paediatric and Adolescent Gynaecology/Obstetrics Committee (CANPAGO)
- Canadian Paediatric Society
- College of Family Physicians of Canada (CFPC)
- Health Canada
- Society of Canadian Colposcopists (SCC)
- Society of Gynecologic Oncologists of Canada (GOC)

### **ABOUT HPV**

The Human papillomavirus is a highly contagious sexually transmitted virus. Because it is transmitted by skin-to-skin contact during sexual activity, anyone who has ever had a sexual encounter, even without penetration, can contract HPV. It is possible for someone to have HPV and not even know it, as HPV often presents no signs or symptoms.

HPV is the leading cause of cervical and anal cancer in women and is easily contracted through skin-to-skin contact during sexual activity. While using condoms is a good protection strategy, they do not provide 100% protection against the transmission of HPV, as the condom may not completely cover the infected area.

There are over 80 types of HPV that have been reliably identified. Researchers believe that there are likely over 200 types. Typically, an HPV infection will clear up by itself. However, some types of HPV can cause common skin warts and plantar warts (warts on the soles of the feet), while over 30 other types of HPV affect the anogenital tract (the area on or between the anus and genitals).

HPV strands are classified according to their risk of causing warts and cancer. High risk types of the virus (such as type 16 and type 18) can cause pre-cancerous lesions, cervical cancer as well as vulvar, vaginal and other genital cancers. Low risk types (6 and 11) can cause anal and genital warts, and contribute to abnormal Pap smears and recurrent respiratory papillomatosis.

**More information on HPV and Cervical Cancer is available at:**

**Society of Obstetricians and Gynaecologists of Canada - HPV Info**  
[www.hpvinfo.ca](http://www.hpvinfo.ca)

**Health Canada, It's Your Health - HPV**  
[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)

**Center for Disease Control - STD Facts - HPV [U.S.]**

<http://www.cdc.gov/std/HPV/STDFact-HPV.htm>

**Canadian Cancer Society - Canadian Cancer Encyclopedia**

<http://info.cancer.ca/E/CCE/cceexplorer.asp?tocid=12>

**For more information, or to schedule interviews on this or other topics related to women's health, members of the media are invited to contact:**

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**About the SOGC:**

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, visit [www.sogc.org](http://www.sogc.org).