

## President's Message

Peter Bryson, MD



Our Annual Clinical Meeting is now set and will be presented at the SOGC Meeting in Vancouver on Friday, June 23, 2006 as a part of the all day Post Graduate Courses. SCC Education Program Director Dr. Marie-Claude Renaud

has put together a very exciting program, the content of which are enclosed in this Newsletter. Our International guest speaker is Dr. John W. Sellors, Senior Medical Advisor for the Reproductive Health Strategic Program at Program for Appropriate Technology in Health located in Seattle. He will address the meeting by asking two questions: "Can we learn anything from screening and treatment R&D in the developing world?" and "HPV Vaccination - Is this a prevention panacea?". These should be two very interesting presentations!

I recently attended the American Society for Colposcopy and Cervical Pathology Biennial Meeting, along with a few other SCC members,

March 13-17, 2006 in Las Vegas and I was impressed. This was a very well organized meeting with a strong scientific program. A few of many highlights are noted in a separate article of this newsletter. Two SCC members presented abstracts. Dr. Tien Le presented on the Ottawa study of using Imiquimod cream for the Treatment of VIN, and Dr. Laurie Elit (Hamilton) presented her study on Colposcopists' Agreement on Cervical Biopsy Sites. Dr. Fernando Guijon, from Winnipeg, gave a breakfast session on the "Diagnosis of High Grade Cervical Lesions". I had a chance to meet with the incoming President of ASCCP, Dr. Mark Spitzer, and discuss ways our two Societies can interact for the benefits of our membership.

The dominating theme of the conference was the use of high risk HPV testing in cervical cancer screening. There wasn't a single presentation on liquid-based cytology as it is now considered standard for screening cytology in the USA.

Dr. Fernando Guijon and I were fortunate enough to be able to attend the inaugural

*Continued on page 3*

### In this issue...

SCC Post-Graduate Course ... p.2

Clinical Corner ... p.3

Colposcopy Training Guidelines Update ... p.4

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The Society of Canadian Colposcopists acknowledges and thanks the Society of Obstetricians and Gynaecologists of Canada for its continuing financial support of the Society for Secretariat services and other support essential to our success.

## HPV Vaccine Update

By Jim Bentley, MD

There has been considerable activity recently in the world of HPV vaccination. Currently there are two vaccines in late stage clinical development. Both vaccines are composed of L1 Virus-like proteins.

Merck has a quadrivalent vaccine against HPV 16, 18, 6 and 11, GARDASIL®. The company applied for FDA approval in the US in December 2005. As of February it has been assigned priority review and it is anticipated that it will be available for clinical use in June. It is likely that regulatory approval will be sought here in Canada in late 2006.

The rival vaccine, CERVARIX®, is being developed by GlaxoSmithKline. It is active against HPV 16 and 18. Regulatory approval will probably be applied for later this year.

In Canada this means that there are unique challenges facing various groups of the medical community. Vaccines in Canada are usually administered by Public Health in the provinces, with the original recommendation coming from the National Advisory Committee on Immunization (NACI). This vaccine is unique as it is potentially a cancer prevention vaccine and thus

*Continued on page 2*

# SCC Postgraduate Course in Vancouver June 23, 2006

By Marie-Claude Renaud, MD  
Programme Director

SCC is happy to invite you to a stimulating educational program in Vancouver. International speaker Dr. John W. Sellors will be informing us about HPV vaccination as well as screening and treatment programs in the developing countries. We will have an interesting debate between Drs. Terry Colgan and Dirk van Neikerk on liquid based cytology (LBC) and its role in cervical screening. Drs. Wright, Ehlen and Renaud will respectively give a talk on: blood vessel patterns in colposcopy, HPV detection in ASCUS/LSIL management and the treatments of VIN. You will also be treated to a cross-country view of quality assurance programs for Colposcopy in most Canadian provinces. Dr. Sadownik will fascinate us with outstanding pictures and a talk on vulvar ulceration. The program will conclude with the ever so fun touch pad session on cervical and vulvar pathologies presented by Drs. Bryson, Shier and Sadownik. Last but not least, some lucky attendant will have the chance to win a colposcopic instrument generously donated by Superior Medical Ltd.

We hope to see you in Vancouver!

## HPV Vaccine Update (continued from page 1)

implementation has an impact on existing and developing cervical cancer screening programs.

The HPV Vaccine Research Priorities Invitational Workshop was held in November in Quebec City. This workshop brought together 55 Canadian and international experts in the areas of vaccines, cancer, and sexually transmitted infections. The aims were to review current HPV research and develop research priorities for HPV vaccine use in Canada. The SCC was well represented by members of the Executive; Drs. Bryson, Bertrand and myself. The SOGC, GOC and CCPCN were also represented. Research questions were identified and then were voted on to develop a list of priorities. The issues included the following:

- How and at what age to deliver the vaccine
- National goals for a vaccination program are needed
- Education for providers and parents is needed
- The significant impact on existing cervical cancer screening programs and new screening paradigms needs to be assessed
- The importance of coordination of efforts was emphasized

This workshop was organized by the Public Health Agency of Canada, the Canadian Association for Immunization Research and Evaluation (CAIRE) and was supported by CIHR.

The SCC and its members obviously have a unique expertise in the effect and management of HPV associated pre-malignant lower genital tract disease. Currently there are several strategies being developed to improve education of specialists and vaccine providers. The SCC Executive is actively involved in these initiatives, some of which are in association with The Society of Gynecologic Oncologists of Canada.

It promises to be an exciting time as these vaccines are introduced!

## Introducing our International Guest Speaker

John W. Sellors



## Career Summary

John W. Sellors is a senior medical advisor for the Reproductive Health Strategic Program at PATH (Program for Appropriate Technology in Health). His technical areas of expertise include: applied research, capacity building, epidemiology, health services research, health technology assessment, operations research, quality assurance, reproductive health, STD programs, supervision, and training. He has over 25 years of primary care medicine and extensive community-based health services and epidemiological research experience in Canada and many developing countries. He is an author on approximately 200 publications and is an associate editor of the Journal of Evidence-based Medicine and the American College of Physicians Journal Club. He currently holds the appointments of visiting professor at the University of Washington and clinical professor at McMaster University. At PATH, he is the leader of the START project and provides strategic and technical leadership for the Alliance for Cervical Cancer Prevention (ACCP) project and for the HPV Vaccine project. He became co-chair of the Human Subjects Protection Committee at PATH in 2004.

## What is p16?

By Peter Bryson, MD

Over expression of the cell cycle regulatory protein p16 has been suggested to represent a useful biomarker for the high risk HPV 16 & 18 related squamous dysplastic and malignant lesions of the cervix. The p16 protein can be detected in immunohistochemically stained Pap smear and cervical biopsy specimens.

Because the presence of high risk HPV does not necessarily equate with DNA integration and progression to neoplasia, i.e. most HPV infections are not persistent and eventually go away, another marker would be helpful in sorting out those with ASCUS and LSIL who in fact are at increased risk of having or progressing to HSIL because of persistent high risk HPV infection.

A number of studies have shown high sensitivity rates, for elevated levels of p16, of over 90% (i.e. a very low false negative rate) and moderately high specificity rates of between 80 to 90% (i.e. a low false positive rate) when HSIL lesions are present in patients who present with ASCUS or LSIL Pap smears. Using p16 as a biomarker in cervical cytology to triage ASCUS/LSIL cases allows one to identify the presence of HSIL with comparable sensitivity and substantially improved specificity than repeat Pap smear or reflex HPV testing.

Better discrimination of non HPV from HPV caused lesions of the cervix will help reduce both false negative results (improving pre-cancer diagnosis) as well as reducing false-positive interpretations, thus reducing referrals to colposcopy for women who indeed have a normal cervix.

Many studies have shown that p16 over expression is highly correlated with the presence of high-grade lesions. Therefore, p16 expression may be useful in identifying small focal high-grade CIN lesions, distinguishing HSIL involving immature metaplastic squamous epithelium from immature metaplastic squamous epithelium not involved by HSIL and distinguishing HSIL from benign mimics. p16 expression could be used as an adjunct to increase the sensitivity of the Pap smear/liquid based cytology as well as the specificity of the HPV test. Studies are being reported on the usefulness of p16 testing in glandular lesions too.

Further studies in a large screening population will define the optimal role of p16 testing in cervical cancer screening programs. While a few papers are from American researchers, the majority of research being published on p16 comes from Europe, Korea, and China.

### President's Message (continued from page 1)

"Educate the Educators" training session. At the end of the course, we were given a training package of Power Point presentations on topics such as "Natural History of HPV Infection", "Clinical uses of HPV Testing", and "HPV Vaccines and their Implementation" to take back and share with our SCC, Gynecology, Family Medicine, Pediatric and Public Health colleagues. You will be hearing more about this learning tool in the near future.

Check the SOGC web site [www.sogc.org](http://www.sogc.org) to register for the Annual Clinical Meeting and visit the SCC web site [www.colposcopycanada.org](http://www.colposcopycanada.org) for more information about SCC. On behalf of the SCC Executive, I hope to see you in Vancouver in June.

## Calendar

**SOGC 62<sup>nd</sup> Annual Clinical Meeting**  
Vancouver, BC  
June 22-27, 2006

**SCC Postgraduate Course**  
Vancouver, BC  
June 23, 2006

**23<sup>rd</sup> Papillomavirus Conference and Clinical Workshop**  
Prague, the Czech Republic  
September 1-7, 2006

**SOGC Québec CME**  
Montréal, Québec  
September 28-30, 2006

**ASCCP Comprehensive Colposcopy**  
Dallas, Texas  
October 20-22, 2006

**XVIII FIGO World Congress**  
November 5-10, 2006  
Kuala Lumpur, Malaysia

**SOGC 25<sup>th</sup> Ontario CME**  
Toronto, Ontario  
November 30-  
December 2, 2006

**SCC Postgraduate Course**  
Toronto, Ontario  
December 2, 2006 (TBC)

**ASCCP – Advanced Colposcopy and Lower Genital Tract Dermatology**  
Palm Beach, Florida  
December 7-10, 2006

**SGO Annual Meeting on Women's Cancer**  
San Diego, CA, USA  
March 3-7, 2007

**IFCPC XII World Congress of Cervical Pathology & Colposcopy**  
New Zealand in 2008

# ASCCP Meeting Highlights

Las Vegas, March 13–17, 2006

By Peter Bryson, MD

There were many highlights and here are but a few:

- 1) The ASCCP will be conducting another Consensus Conference on September 18 and 19, 2006, to update the Bethesda System to fit current information on cervical cancer screening. To participate go to [www.asccp.org](http://www.asccp.org), and then click on Consensus Guidelines. At the top of the page will be a link to the 2006 Consensus Conference Bulletin Board.
  - 2) The quadrivalent HPV vaccine (Merck) will likely be available in the U.S. later on in 2006 and the bivalent vaccine (GlaxoSmithKline) shortly thereafter.
  - 3) Liquid-based cytology is the mode of cytology screening in over 90% of all Pap smears in the U.S. today.
  - 4) HPV testing is very widely used mainly in women with ASCUS, 30 years old and over, but it is also being used in the younger age groups and as a means to monitor patients after treatment for cervical dysplasia.
  - 5) ALTS Study Update Information by Dr. Diane Solomon:
    - a. smoking and low socioeconomic status were identified as risk factors for CIN 3 among High Risk HPV positive women, but not for HPV negative women;
    - b. hormonal contraception, pregnancy, and parity were not found to be risk factors for either group;
  - c. a cost effectiveness analysis confirmed HPV triage of ASCUS is an economically viable management strategy;
  - d. it was confirmed that a repeat Pap smear after less than 3 months from the initial Pap did not lower the sensitivity of the repeat Pap smear;
  - e. HPV –ve ASCUS has a 3% risk of developing into HSIL in 2 years while HPV +ve ASCUS has a 30 % risk of developing HSIL. HPV +ve LSIL has a 13-19% of developing HSIL over the same time period.
- 6) The magnitude of the risk for developing cervical cancer by having oncogenic HPV is demonstrated by the following: The relative risk of developing cervical cancer if one is oncogenic HPV + is 434. The relative risk of developing lung cancer in smokers is only 8 and the risk if developing breast cancer with prolonged HRT is 1.3!
  - 7) Imiquimod 5% cream (Aldara) treatment for VIN in gaining acceptance.
  - 8) Cold Knife Conization, rather than LEEP, remains the preferred method of investigation and treatment of glandular lesions/ ACIS of the cervix.
  - 9) Taking two or more cervical biopsies substantially improves the sensitivity of colposcopic directed biopsies.

## SCC Executive

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- James Bentley, MD  
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### SCC National Office

- Ms. H el ene Soubli ere,  
National Coordinator

### SCC News

- V. Cecil Wright, MD, Editor  
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## Colposcopy Training Guidelines Published

By Susan McFaul, MD

It is with great pleasure that we announce the approval and publication of the SCC Guidelines for Training Requirements in Colposcopy and its Related Treatment Modalities. The Executive Council of the SCC has been developing these training guidelines over the past year. The guidelines have been reviewed and endorsed by The Association of Professors of Obstetrics and Gynaecology of Canada, the SOGC/GOC/SCC Policy and Practice Guidelines Committee and the SOGC Executive and Council. They will be published in the April 2006 issue of JOGC and will available on our website at [www.colposcopycanada.org](http://www.colposcopycanada.org)