

Presidents Message James Bentley, MD



It is with excitement and anticipation that I take the reigns as president of this Society. The Society of Canadian Colposcopists is now in its 21st year and following the Gala celebrating our mission, past presidents and achievements I feel as if we are coming

of age. The Gala as you can see from the pictures was a great success; thanks to the organization of Susan McFaul and Judy Scrivener. Thinking of our beginning and where we would like to be in the future brings me to our mission statement:

“The mission of the Society of Canadian Colposcopists (SCC) is to strive for the provision of the highest quality of care in the detection and treatment of diseases and pre-invasive lesions of the lower genital tract; to recommend and strengthen the basic standards in the training program in colposcopy and lower genital tract disease; to develop and recommend clinical practice guidelines for colposcopy; to provide an educational forum for interdisciplinary presentation, discussion, and publication of scientific inquiry into colposcopy, pre-invasive cervical disease and other benign lesions of the lower genital tract.”

Over the last two years under Dr Peter Bryson's leadership we have been working steadily towards these aims; the training guidelines were approved and published in JSOGC; our educational programs continue to expand with the addition of sessions at the Banff and Spring Gynecology SOGC meetings, this is in addition to record attendance at the annual meeting; and the series of CDROM's published by Dr Cecil Wright supported by the SCC continue to be a success. Similarly over the last few years the membership has continued to increase and currently is close to 200. I'd like to thank Peter for his tireless efforts.

The challenges we face are new, until the last year there was no vaccine offering the promise of primary cervical cancer prevention. Although the true effect of this on cervical cancer may be decades away its effect in the colposcopy clinic could be felt earlier. There will always be a need for a good colposcopist to triage abnormal cytology, and treat dysplastic lesions. Our prime mandate will be to continue to provide quality education in all the evolving areas of cervical cytology, HPV testing, vaccination etc.

I look forward to working with you as we move into this new era.

In this issue...

The SCC
Education Report ... p.3

SCC Celebrates 20 Years ... p.4

Colposcopy Clinical Corner
Leaping into a LEEP! ... p.5

Secretariat: 780 Echo Drive
Ottawa, ON K1S 5R4
Tel: 1-800-561-2416 or
(613) 730-4192 ext. 320
Fax: (613) 730-4314
E-mail: jscrivener@sogc.com
Web: www.colposcopycanada.org

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 Update Fall 2007

By Jim Bentley, MD

Well it has proved to be a controversial summer and fall with respect to HPV vaccination.

First, several Atlantic Provinces announced plans to vaccinate girls in grades 5-7. This was followed by Ontario where grade 8 will be vaccinated. All of these programs are currently underway. Quebec and BC have also recently

announced plans to vaccinate young women starting in 2008.

Meanwhile a series of articles was published by the CMAJ. This attracted a lot of attention and the commentary by Dr Lippman an epidemiologist

Continued on page 2

HPV Update Fall 2007 (continued from page 1)

gist from McGill University led to an article in MacLean's magazine. This was a negative portrayal of vaccine knowledge and effects, suggesting that we are using our girls as guinea pigs. In my opinion this attention detracted from two excellent papers in the same issue of the CMAJ. Lisa Rambout from Ottawa performed a meta-analysis of the trials to-date and Dr Marc Brisson from Quebec City reported on the number needed to vaccinate to prevent HPV related disease using Gardasil. It is estimated that for every eight girls vaccinated one case of warts and one CIN 2 or 3 will be prevented, for a case of cancer 324 girls need to be vaccinated and only 729 girls vaccinated to prevent one death from cervical cancer. In comparison the estimates for other vaccine preventable diseases are 21,100 vaccinated to prevent one death due to meningococcus, 34,000 to prevent a death from varicella and 5,000 to prevent a death from influenza. All of these vaccination programs are widely accepted.

Then as we got back to the school year there were more newspaper reports in the national press. This caused me to write a letter to the editor of the Globe and Mail:

Re: Should your daughter get the needle?

In this review, the difficult decision facing parents across Canada was well addressed.

However, I would like to clarify several points. HPV is not the only sexually transmitted virus against which we vaccinate our children. Children from 2 months to grade 4 receive the hepatitis B vaccine, protecting them from a virus which can be spread by

sexual contact, intravenous drug use, or from contaminated blood. There is little resistance to this well-established vaccination practice.

It is true that with approximately 1,400 cases and 400 deaths a year cervical cancer is not an epidemic, but there are ever increasing numbers of screening abnormalities. There also remains a group of women who do not receive adequate screening, despite maximal efforts of prevention programs. Each year there are over 400,000 abnormal pap smears, with the estimated lifetime risk of having an abnormal pap smear at 30-40%. Most of these women will be seen in a colposcopy clinic. This is a more invasive test and often requires biopsies. This and the subsequent treatment to prevent precancerous changes can have significant psychological, reproductive, and, for the system, financial costs. The implementation of HPV vaccination has been shown to reduce the burden of colposcopy by up to 40%, treatment for precancerous changes by over 60% and potentially cancer by over 70%.

These important facts are among the reasons why we in the Society of Canadian Colposcopists support widespread primary prevention with HPV immunization, and secondary prevention through pap smear screening.

James Bentley President Society of Canadian Colposcopists

Obviously HPV vaccination is proving to be a contentious issue! If the effect of vaccination in the studies translates into practice we should see a reduction of over 50 % in colposcopic volumes. The challenge remains how best to screen in a world post vaccine implementation.

SCC Executive

SCC Executive Officers (2007-2009)

James Bentley, MD, President
S.C. Peter Bryson, MD, Past-President
TBD, President-Elect
Susan McFaul, MD, Secretary-Treasurer

Executive Council

S.C. Peter Bryson, MD
Monique A. Bertrand, MD
James Bentley, MD
Susan McFaul, MD
Lizabeth Brydon, MD
Alexandra Schepansky, MD
Marie-Claude Renaud, MD
Patti Power, MD
Lucy Gilbert, MD
Patrick J. Miller, MD

Committees & Chairs

Marie-Claude Renaud, MD, Bylaws
James Bentley, MD, Finance
Monique Bertrand, MD, Membership
James Bentley, MD, Newsletter
S.C. Peter Bryson, MD, Nominating
Lizabeth Brydon, MD, Programme and Education

SCC National Office

Judy Scrivener
National Coordinator
780 Echo Drive
Ottawa, ON K1S 5R7
Tel: 613-730-4192 ext. 320
or 1-800-561-2416
ext. 320
Fax: 613-730-4314
Email: jscrivener@sogc.com

SCC News

James Bentley, MD, Editor
780 Echo Drive
Ottawa, ON K1S 5R7
Tel: 613-730-4192 ext. 320
or 1-800-561-2416
ext. 320
Fax: 613-730-4314
Email: jscrivener@sogc.com

*Produced and published by
The Society of Canadian Colposcopists.
www.colposcopycanada.org
©2007 by the SCC*

The SCC Education Report

By Drs. Marie Claude Renaud and Jim Bentley

The SCC held its 21st Annual Postgraduate Comprehensive Colposcopy Course at the SOGC Meeting in Ottawa June 22, 2007. There were over 126 registrants for the PG Course. This was a very good year! Thank you.

The morning started with a dynamic touch pad session on vulvar lesions by Dr. Bentley after the presidential address. Following that, Mr. Patrick Walker presented an interesting talk on the association of Leep treatment and adverse pregnancy events. In the afternoon he further entertained us with a talk about using HPV testing after a treatment for intraepithelial cervical lesion. Mr. Walker was our international speaker, coming from London, UK. He is ex-president of the British Society of Colposcopy and Cervical Pathology and current Secretary General of the International Federation for Cervical Pathology and Colposcopy. Just before the coffee break, Dr. Wright dazzled us with colposcopic mimics of cervical glandular lesion and Dr. H el ene Gagn e addressed the delicate subject of vulvodynia. Our second invited speaker



Back row from left to right: Dr. Patrick Walker, Dr. James Bentley and Dr. Marie-Claude Renaud. Front row from left to right: Dr. Peter Bryson, Dr. Monique Bertrand, Dr. Alex Schepansky, Judy Scrivener, Dr. Susan McFaul, Dr. H el ene Gagn e and Dr. Michael Shier.

Dr. Eduardo Franco from Montreal did two talks, one in the morning and the other in the afternoon: new paradigms in primary and secondary cervical cancer prevention and cervical cancer in the era of HPV vaccination. Dr. Franco is a world expert in this rapidly changing world and his insight was well received by the audience.

In the afternoon, we enjoyed a very interesting touch pad presentation that animated some debate among participants with Dr Michel Roy and a cervical colposcopy quiz. Dr. Michael Shier presented on the new ISSVD classification for vulvar dermatoses and the day was ended with a session called: Help is there a doctor in the room? This is where the participants got to ask colposcopic questions about difficult patient management to a panel of experts. This new addition seemed to have been well appreciated by the audience.

In the evening the society held a Gala to celebrate 20 years since its inception. Meetings had been held 20 years ago to

the day at the Westin in Ottawa to develop the mandate of the Society. Many of the previous presidents and members joined together for this special event. A slide show was presented by Dr. Peter Bryson, showing images of many of the events over the past 20 years. The emcee for the evening was one of the founding members Dr. Gordon Lickrish.

We wish to thank Superior Medical Ltd. for their continued support of the SCC courses over the last 16 years and also for donating the Colposcope door prize. A draw for the colposcope was held at the conclusion of the PG1 Course and the lucky winner was Dr. Lucyna Anderson from Ottawa.

SCC also wishes to thank Merck Frosst Canada and GlaxoSmithKline for their support of this meeting.

The SCC Program Committee welcomes ideas for our national meeting at the SOGC ACM next June in Calgary. You may send these to the SCC National Coordinator, Judy Scrivener in Ottawa by email at jscrivener@sogc.com, or by phone at 1-800-561-2416 ext. 320.

Looking forward to seeing you in Calgary!!!



From left to right: Dr. James Bentley, Dr. Lucyna Anderson (door prize winner) and Sandy Santos (Superior Medical)

SCC Celebrates 20 Years

Peter Bryson, Past President

On June 22, 2007 in Ottawa the SCC celebrated its 20th anniversary as a Society. After a successful SOGC Postgraduate Course during the day the Executive and guests dressed up and gathered together for the evening in the Quebec Suite at the Fairmont Chateau Laurier in Ottawa.

The evening began with a welcoming reception where we were able to meet with old and new friends. We were especially pleased to have our guest speakers, Dr. Eduardo Franco from Montreal and Mr. Patrick Walker from the UK join us for the evening. As President I put together a presentation on the history of SCC with many pictures from the past and present and presented it prior to the dinner. This presentation will eventually make its way onto the SCC website for you to view.

It was then my pleasure to introduce the new SCC President Dr. Jim Bentley and hand over the emcee duties to him for the rest of the evening. After the dinner the microphone was taken up by the first President of SCC, Dr. Gordon Lickrish who reflected on the beginnings of the Society. Others including Drs. Denny DePetrillo, Terry Colgan, Cecil Wright, Michel Roy, Monique Bertrand and Michael Shier spoke eloquently on the history of the Society and its promising future.



From left to right: Dr. Pierre Drouin, Dr. Peter Bryson, Dr. Alex Schepansky, Dr. Gordon Lickrish. In the background to the right: Dr. Denny DePetrillo

A very pleasant time was had by all and numerous pictures were taken to help remember the evening. The evening finished off with music and dancing, with the music being provided by the Fifth Avenue Trio.

Acknowledgements were also made to those who sent their best wishes but could not attend. A brief tribute was made to Dr. John Carmichael who passed away in December 2006.

Finally, I wish again to acknowledge and thank the Executive for their support during my term as President and in particular Dr. Susan McFaul and our National Coordinator Judy Scrivener for their hard work and attention to the many details in planning the Anniversary Gala.



Current President: Dr. James Bentley. First President: Dr. Gordon Lickrish



Dr. Fernando Guijon and Dr. Pierre Drouin



*Current President – back row, 2nd in from the left: Dr. James Bentley
Past Presidents-back row from left to right: Dr. Terry Colgan, Dr. Michael Shier, Dr. Michel Roy, Dr. Peter Bryson and Dr. Cecil Wright. Front row from left to right: Dr. Gordon Lickrish, Dr. Monique Bertrand and Dr. Denny DePetrillo.*



From left to right: Dr. Michael Shier, Ron Kilius, Superior Medical, Dr. Gordon Lickrish, and Dr. Terry Colgan



From left to right: Hélène Soublière, Dr. Peter Bryson, and Judy Scrivener.



From left to right: Dr. Jason Dodge, Dr. Patrick Walker, Dr. Fernando Guijon, Dr. Peter Bryson and Dr. Terry Colgan

Colposcopy Clinical Corner Leaping into a LEEP!

By Patti Power, MD

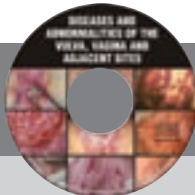
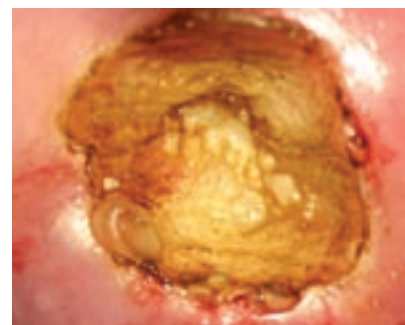
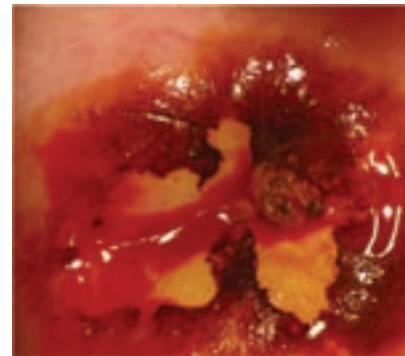
Most colposcopists are comfortable with performing a loop electrosurgical excision procedure (LEEP) for women with high grade cervical dysplasia. The 2006 American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines for Cervical Intraepithelial Neoplasia recommends a LEEP in women with histologically proven CIN2,3 and unsatisfactory colposcopy. Even with satisfactory colposcopy, a LEEP procedure is an acceptable treatment modality. In recurrent high grade dysplasia a LEEP is also recommended.

When high grade lesions are identified in adolescents or young women, management becomes a little more challenging. In this population, the ASCCP guidelines differ slightly. When a histological diagnosis of CIN2, 3 (not otherwise specified) has been made, treatment or observation for up to 24 months using colposcopy and cytology at 6 month intervals is acceptable, provided colposcopy is satisfactory. When CIN 2 has been specified histologically, observation is preferred. Excisional treatment is recommended when CIN 3 is diagnosed or if CIN 2, 3 persists for more than 2 years.

Except under extenuating circumstances, the clinical scenario of

'see and treat' for HSIL cytology is no longer acceptable. The risk of a LEEP procedure on subsequent pregnancies has been well documented. Despite the fact that most of the data has been retrospective, the conclusions are consistent. LEEP procedures to treat high grade dysplasia are associated with preterm labor with odds ratios ranging from 1.8 to 3.5. Several studies have also demonstrated preterm premature rupture of membranes and lower birth weights without any significant difference in perinatal morbidity or mortality. Many of these retrospective studies matched for age, parity, smoking, weight, socioeconomic status and pregnancy history.

Some colposcopists may be reluctant to change their clinical practices based on retrospective evidence since confounders will exist. However, the data is convincing. Before you leap into a LEEP consider the future pregnancy risks in young women. Also consider that many CIN 1 and even CIN 2, 3 lesions spontaneously regress and that there are many circumstances where surveillance with cytology and colposcopy are acceptable treatment options. If the clinical situation warrants a LEEP young women need to be counseled about pregnancy risks.



Colposcopy CD-ROMs Accredited by SOGC Available through the Society of Canadian Colposcopists

Colposcopy CD-ROMs Accredited by SOGC Available through the Society of Canadian Colposcopists

- **100 Case Colposcopy Challenge: Cervix, Vagina and Vulva** including more than 150 images in a Powerpoint® presentation. One credit rating per hour to a maximum of four hours.
- **Understanding Cervical Colposcopy** by analysis of 240 colpophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of three hours.
- **Interpreting Blood Vessel Patterns in Colposcopy** by analysis of 92 true colpophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of two hours.

- **Carbon Dioxide Laser Surgery for Lower Genital Tract Disease** with 246 frames including schematics, text, colpo- and macrophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of four hours.
- **Essentials of Colposcopic Interpretation: Cervix, Vagina and Vulva** – including 723 high quality descriptive images (642 true colpophotographs, 14 photos, 17 cytology, 30 histology, 20 schematics) in Powerpoint® presentation. One credit rating per hour to a maximum of four hours
- **Diseases and Abnormalities of the Vulva, Vagina and Adjacent Sites** - This CD contains 597 frames (416 high quality illustrative images - no cervigrams) in many cases with supportive histology in a Powerpoint presentation. ®

BOOKS

- **Basic and Advanced Colposcopy: Part One – A Practical Handbook for Diagnosis (2nd edition).** Wright VC, Lickrish GM, Shier RM (editors) Biomedical Communications, Houston, 1995. Cost – SCC Members \$35; Non-SCC Members is \$38 (plus taxes and shipping costs).
- **Basic and Advanced Colposcopy: Part Two – A Practical Handbook for Treatment (2nd edition).** Wright VC, Lickrish GM, Shier RM (editors) Biomedical Communications, Houston, 1995. Cost – SCC Members \$25; Non-SCC Members is \$28 (plus taxes and shipping costs).

To order, go to www.sogc.org/scc/english/education/index.asp, or call the Secretariat Office at 613-730-4192 ext. 320/1-800-561-2416 ext. 320.

Welcome to the Society of Canadian Colposcopists

The SCC Membership Committee & Executive Council would like to welcome to the Society its new members:

Maheer K. Abou-Seido, Ontario, Category I
Jan Christilaw, BC, Category I
Nathalie East, Quebec, Category I
Hélène Gagné, Ontario, Category I
Angus Gardner, Nova Scotia, Category I
Katharina Kieser, Nova Scotia, Category I
Melanie Millaire, Quebec, Category I
Marie-Claude Philibert, Quebec, Category I
Cheryl Pugh, Nova Scotia, Category I
Emad Sagr, Quebec, Category I
Susan Thorne, Ontario, Category I
Sandra Derksen Biem, Quebec, Category I
Patrick J. Miller, BC, Category I

Come join us at the Ontario CME!



Once again the SCC will be presenting a concurrent session at the SOGC fall CME. This is scheduled for 10:30am on Saturday December 1.

The ASCCP has recently released new guidelines for management of abnormal cytology and histology; Dr Monique Bertrand who was part of the process will be presenting these and discussing how they may change your management particularly in the Canadian context. Dr Patti Power will be explore the why, how and when

of cone biopsy. Dr Bentley plans to help you identify low grade dysplasia accurately at colposcopy.

As usual the session will finish with some colpo photographs and questions. We invite you to bring your difficult cases for discussion. We look forward to seeing you in Toronto.

For registration information, visit the SOGC web site at www.sogc.org. Register early!

Calendar

3^e FMC du Québec en OBS
Montréal, Québec (Marriott Château Champlain)
November 15-16, 2007

26th Ontario CME
Toronto, Ontario (Marriott Downtown, Eaton Centre)
November 29-December 1, 2007

21st International CME
Antigua (Casa Santo Domingo)
March 10-14, 2008

2008 ASCCP Biennial Meeting
Orlando, Florida
March 17-21, 2008

18th West/Central CME
Banff, Alberta (The Rimrock Resort Hotel)
March 27-29, 2008

4th GYN CME
Toronto, ON (Marriott Downtown Eaton Center)
April 18-19, 2008

64th SOGC Annual Clinical Meeting
Calgary, Alberta
June 25-29, 2008

20^e FMC du Québec
Mont Tremblant, Québec (Fairmont Tremblant)
October 2-4, 2008

IFCPC 13th World Congress of Cervical Pathology and Colposcopy
New Zealand
October 19-23, 2008

4^e FMC du Québec en OBS
Montréal, Québec (Fairmont Le Reine Elizabeth)
November 13-14, 2008

27th Ontario CME
Toronto, ON (Marriott Downtown Eaton Center)
December 4-6, 2008