Cervical Cancer Update

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Objectives

- Review screening recommendations
- Review controversies in screening
- Inform group to VACCINATE
- Cajole group to VACCINATE
- Suggest group VACCINATE
- Recommend group VACCINATE
- Remind group to VACCINATE

Recent ACOG releases

- Cervical Cancer Screening
- Practice Bulletin Number 109
- December 2009

- Human papillomavirus vaccination. Committee Opinion No. 467

Level A Recommendations

- Cervical cancer screening should begin at age 21 years. Screening before age 21 should be avoided because it may lead to unnecessary and harmful evaluation and treatment in women at very low risk of cancer*

- Cervical cytology screening is recommended every 2 years for women between the ages of 21 years and 29 years.

*local variations may apply

Level A Recommendations

- Women ≥30 yo, with 3 consecutive negative screens, may extend to every 3 years

- ….if no history of CIN 2 or CIN 3, are not HIV infected, are not immuno-compromised, and not exposed to diethylstilbestrol (DES) in utero

Level A Recommendations

- Both liquid-based and conventional methods of cervical cytology are acceptable

- Discontinue… if a total hysterectomy for benign indications

  …no prior history of high-grade CIN

Level A Recommendations

- Co-testing using the combination of cytology plus HPV DNA testing is an appropriate screening test ≥ 30 years

- Any low-risk woman ≥ 30 years with negative tests on both cervical cytology screening and HPV DNA testing should be rescreened no sooner than 3 years

Level B Recommendations

- Sexually active adolescents (< 21 yo) should be counseled and tested for sexually transmitted infections, and should be counseled regarding safe sex and contraception
- These measures may be carried out without cervical cytology* and, in the asymptomatic pt, without a speculum

*local variations may apply

Level B Recommendations

- Discontinue cervical cancer screening between 65 - 70 yo

- …..in women who have three or more negative cytology test results in a row and no abnormal tests in the past 10 years

Level B Recommendations

- Women treated in the past for CIN 2, CIN 3, or cancer remain at risk for persistent or recurrent disease for at least 20 years after treatment

- …..and should continue to have annual screening for at least 20 years

Level B Recommendations

- Women who have had a hysterectomy with removal of the cervix and have a history of CIN 2 or CIN 3—or in whom a negative history cannot be documented

……should continue to be screened

Level C Recommendations

- Regardless of the frequency of cervical cytology screening, physicians also should inform their patients that annual gynecologic examinations may still be appropriate, even if cervical cytology is not performed at each visit

- Women who have been immunized against HPV-16 and HPV-18 should be screened by the same regimen as non-immunized women

Age to initiate screening

- ACS (2002)
  - 3 years after onset of sexual intercourse, or by age 21
- ACOG (2009)
  - Age 21
- USPSTF (2003)
  - 3 years after onset of sexual intercourse, or by age 21

Screening interval

- ACS (2002)
  - Conventional cytology q yr; every 2 years for liquid-based cytology; for age >30, every 2 to 3 years
- ACOG (2009)
  - Every 2 years for age 21-29; for age >30, every 3 years
- USPSTF (2003)
  - At least every 3 years

Screening interval exceptions

- After 3 normal consecutive smears and no increased risk

- In utero DES exposure, immuno-compromise including HIV

ACS (2002) and ACOG (2009)

HPV testing

- ACS (2002)
- ACOG (2009)
- USPSTF (2003)

- For women ≥30 years, as alternative to cytology alone; HPV test combined with cervical cytology no more often than every 3 years
- “
- Insufficient evidence

Age to discontinue screening

- ACS (2002)
  - Women may choose, if ≥70 yo
- ACOG (2009)
  - Age 65-70 years
- USPSTF (2003)
  - Age 65, if not at high risk

Age to discontinue exceptions

- If ≥3 consecutive negative tests and no positive tests within last 10 years
- If hx cervical ca, in utero DES exposure, immunocompromise, screening should be continued as long as health indicated
- Screening at provider discretion for women who have tested HPV-positive

ACS (2002) and ACOG (2009)

Post hysterectomy for benign disease (cervix not present)

• ACS (2002)	• Not indicated
• ACOG (2009)	• Not indicated
• USPSTF (2003)	• Not indicated

Post hysterectomy exceptions

- Usual screening if in utero DES exposure, or history cervical cancer

- If definite or possible history CIN 2/3, screen until 3 negative consecutive smears and no abnormals within 10 years

ACS (2002) and ACOG (2009)

The bad news

- Approximately one half of all cases of cervical cancer are found in women who have never had a Pap test

- ….and another 10% have not had one within the past 5 years

The good news

Ongoing cervical cytology screening

and

HPV vaccination

……may help eliminate these deaths

2 vaccines

- Quadrivalent HPV vaccine offers protection against cervical cancer, cervical dysplasias, vulvar or vaginal dysplasias, and genital warts associated with HPV genotypes 6, 11, 16, and 18
- Bivalent HPV vaccine (16, 18) recently obtained FDA approval for protection against cervical cancer and cervical dysplasia in females aged 10 years through 25 years

Dosage*

- First: at elected date
- Second: 1–2 months after first dose
- Third: 6 months after first dose

*0.5-mL IM

Dosage…. minimum intervals

- Minimum interval between first and second dose is 4 weeks
- ….second and third dose is 12 weeks
- ….first and third dose is 24 weeks

Dosage

- If schedule is interrupted, the series does NOT need to be restarted, regardless of the length of time between doses.

- Whenever possible, the same vaccine product should be used for all doses in the series

Recommended Age

Target population: females aged 11 years or 12 years*

- Catch-up vaccination: females aged 13 years through 26 years

*can be started as early as age 9 years

HPV testing

- Testing for HPV DNA is not recommended before vaccination

- If the patient is tested and the results are positive, vaccination is still recommended because the chance that all vaccine preventable types are present is low

Sexually active

- Sexually active adolescents and young women can receive either the quadrivalent or bivalent HPV vaccine

- Vaccine may be less effective in individuals who have been exposed to HPV before vaccination than in HPV naive

Sexually active

- Need for ongoing cervical cytology screening should be emphasized in all women aged 21 years and older, even those vaccinated before the onset of sexual activity
- Preconception visit until proven otherwise

Precautions

- Not treatment for active disease

- Human papillomavirus vaccines can be administered simultaneously or at any time before or after a different inactivated or live vaccine administration.

Precautions

- Vaccinated individuals may develop syncope, sometimes resulting in falling with injury

- Observe patients for 15 minutes after vaccine administration

Breastfeeding

- Lactating women can receive either HPV vaccine because inactivated vaccines, such as these vaccines, do not affect the safety of breastfeeding for mothers or infants

Immunocompromise

- The presence of immunosuppression, like HIV infection or organ transplantation, is not a contraindication to HPV vaccination

- The immune response may be less robust in the immunocompromised patient

Age > 26 yo

- Research regarding vaccination of women older than 26 years is currently under way

- Data insufficient to make recommendations for these women

Males

- The FDA has approved the quadrivalent vaccine for boys and men aged 9 years through 26 years for the prevention of genital warts

Consent recommended

- In all states, minors are allowed to consent for diagnosis and treatment of sexually transmitted infections
- Many of the laws that authorize them to provide such consent may only permit it after they have reached a specific age
- These laws do not mention vaccinations

Contraindications

- Individuals who develop symptoms of hypersensitivity to the active substances or to any of the components of either vaccine after receiving a dose of vaccine should not receive further doses of the product.
- Safety and effectiveness of the two formulations have not been established in pregnant women.

Contraindications

- The manufacturers maintain pregnancy registries to monitor fetal outcomes of pregnant women exposed to the vaccine

- Any exposure during pregnancy can be reported to 800-986-8999 for the quadrivalent vaccine and 888-452-9622 for the bivalent vaccine

SHAPE

- Statewide
- HPV Vaccine for
- Alaska Natives:
- Projects and
- Evaluations