



Latest trends in HPV medicine

By Jenny McCloskey, Sexual Health Physician, RPH. Tel 9224 1644

The Eurogin 2010 conference in Monaco (February 17-20) highlighted recent trends in HPV medicine. Having been to most of these conferences, aimed mainly at European O&G specialists and laboratory personnel, the changes over time have been major. For years, the emphasis was to try to get clinicians to take up HPV testing. Now that HPV vaccines have arrived, it is updating them with the outcomes of vaccination and trying to work out how to successfully vaccinate people.

Issues around HPV vaccination

It is clear that a successful vaccination program requires government involvement. There was a lot of discussion comparing vaccines, however because of methodology differences it is impossible to accurately and directly compare the two vaccines currently available.

There was much excitement about the observation made initially at the Melbourne Sexual Health Clinic – a fall in the number of wart presentations in women shortly after vaccination of girls in Australia was completed, with follow-up data showing similar falls in Cairns, the Gold Coast and Sydney Sexual Health Centres. Over the corresponding time there was no fall in genital wart presentations among men or boys.

Riethmuller presented evidence that the quadrivalent vaccine may prevent recurrence or reactivation of infection or HPV disease in DNA-negative women seropositive to one of the vaccine strains (i.e. exposure to a vaccine HPV type prior to vaccination). Paavonen presented data of vaccine efficacy for the bivalent vaccine against abnormal cytology, resulting in a reduction in cervical Loop excision procedures and the number of colposcopies; both reductions will result in significant cost savings.

Growing focus on males

Interest in the vaccines is now progressing to evidence in males. Joel Palefsky presented efficacy data for the quadrivalent vaccine in men (N=4065) demonstrating a 90% (95%CI 69.8, 98.2) efficacy for genital wart prevention due to vaccine types, and 84% (95%CI 61.2, 94.4) for any HPV type. Similarly, in a smaller group of men who have sex with men (MSM) (N=598) there was also evidence of prevention of anal intraepithelial neoplasia, which is thought to be the precursor for anal cancer in 78% (95%CI 39.6, 93.3). These findings are particularly significant because of the high rates of anal cancer being seen amongst HIV-positive MSM. There are added benefits from vaccinating boys, who demonstrated seroconversion levels higher than girls in studies, and it is thought there will be a reduction in laryngeal carcinomas, and penile cancers as well.

HPV and anal cancers

It is predicted that up to 80% of anal cancer (in men and women) may be prevented by the HPV prophylactic vaccines.

Large genotyping studies are underway for anal cancer and the most predominant HPV in a large French series was HPV 16. Interestingly, HPV 6 (a low-risk HPV type) was found in 5% of their cancers, so maybe the books will have to rewrite the definition of low and high risk

HPV. Other studies using the newer technology of laser microdissection has also found HPV 6 in association with a high-risk HPV in some cervical cancers. The story on the associations between low-risk and high-risk HPV is just starting to unfold with much more research required to understand any interactions.

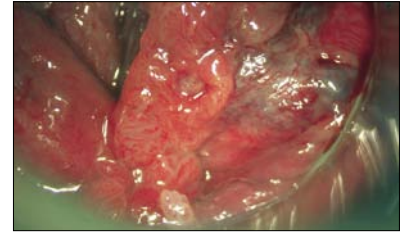
What of Pap screening?

Future shifts in PAP smear screening algorithms will need to occur. With a significant proportion of the female population vaccinated, abnormal cervical cytology will fall as will the sensitivity of cytological screening with PAP smears. It is anticipated therefore that HPV testing will need to be performed either alone with reflex cytology on the positive smears, or in combination with cytology.

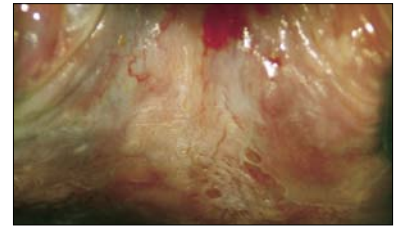
Many new HPV tests are appearing on the market, with much discussion on the value of various tests and a trend towards tests that identify the HPV type, especially HPV 16, which has been demonstrated to have a particularly oncogenic potential.

Persistent cervical HPV

Research into cervical carcinoma has now progressed to allow persistent HPV infection of the cervix to be an end point for clinical trials. This has allowed progressive thinking about the nature of HPV infection, and researchers are now considering trials of treatment of persistent



■ HRA photograph demonstrating the bizarre vasculature and papilliferous lesions that is commonly found in the presence of genital warts.



■ High resolution photograph (X12) of the dentate region demonstrating dense acetowhite staining, thickened surface configuration architecture and prominent abnormal blood vessels with dilated areas and coarse punctuation. Histology AIN 3.

HPV infection, a big step forward from treating late disease where damage to cervical cells has already occurred. It is also a necessary step as current vaccines do not treat persistent infection and appear to be most efficacious in HPV naïve individuals.

Ed. It snowed just before the Eurogin 2010 conference and Jenny McCloskey reports her body held up well post-accident, despite the cold, although she paid a temporary price for long walks through airport terminals and conference venues. ■

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