American Cancer Society Calls for Vaccination against HPV

Panel Says Reaching Potential Will Require Addressing Disparities

Atlanta 2007/01/19 -The American Cancer Society says females should be routinely vaccinated against human papilloma virus (HPV) at age eleven to 12 to prevent cervical cancer and its precursors. The new guidelines join those of other major health groups calling for vaccination among this group.

The guidelines, published in the January/February 2007 issue of CA: A Cancer Journal for Clinicians, emphasize that the full potential of the vaccine will only be realized if vaccination can be achieved in groups of women for whom access to cervical screening is currently most problematic. “The vaccine holds remarkable potential, but unless the same populations of women who right now do not have access to or do not seek regular Pap tests get this vaccine, it will have limited impact,” said Harmon J. Eyre, M.D., chief medical officer of the American Cancer Society. “Also, as HPV vaccination for the prevention of cervical cancer is introduced and promoted, it remains critical that women undergo regular screening even if they have been vaccinated.”

The guidelines were created by an expert panel convened by the American Cancer Society to review existing data and develop recommendations for the public.

The panel concluded:

- Routine HPV vaccination is recommended for females age 11 to 12 years.
- Females as young as 9 years may receive HPV vaccination.
- HPV vaccination is also recommended for females age 13 to 18 years to catch up missed vaccine or complete the vaccination series.
- There are currently insufficient data to recommend for or against universal vaccination of females age 19 to 26 years in the general population. A decision about whether a woman age 19 to 26 years should receive the vaccine should be based on an informed discussion between the woman and her health care provider regarding her risk of previous HPV exposure and potential benefit from vaccination. Ideally the vaccine should be administered prior to potential exposure to genital HPV through sexual intercourse because the potential benefit is likely to diminish with increasing number of lifetime sexual partners.
- HPV vaccination is not currently recommended for women over age 26 years or for males.
- Screening for cervical cancer and precancers should continue in both vaccinated and unvaccinated women according to current ACS early detection guidelines.

In 2007, an estimated 11,150 cases of invasive cervical cancer will be diagnosed in the U.S., and an estimated 3,670 women will die from this disease. Globally, cervical cancer is the second most common cause of cancer death in women, with an estimated 510,000 newly diagnosed cervical cancer cases and 288,000 deaths. In developing countries, cervical cancer is often the most common cancer in women. Virtually all cervical cancers are causally related to infections by HPV. Approximately 70 percent of cervical cancers are caused by HPV types 16 or 18. About 500,000 precancerous lesions (cervical intraepithelial neoplasia Grade 2 and 3; CIN2 and CIN3) are diagnosed each year in the United States, and about 50 to 60 percent are attributable to HPV16 and HPV18.

Cervical cancer screening, including widespread implementation of the Pap test, has led to a 75 percent drop in incidence and a 74 percent drop in deaths from cervical cancer in the past 50 years. Still, the imperfect sensitivity of cytology testing is estimated to be responsible for 30 percent of all cervical cancers; provider errors in follow up of abnormal results accounts for another ten percent. Beyond the limitations of the test itself, the failure of some women at risk to receive regular screening tests also contributes to the burden of cervical cancer. Half of all women who develop cervical cancer in the U.S. have never been screened, and an additional ten percent will have not been screened within five years of their diagnosis. Significant racial and ethnic disparities exist with regard to incidence, mortality, and survival associated with the diagnosis of cervical cancer in this country.

“The burden of HPV-related diseases, recent scientific discoveries of viral etiology of several anogenital cancer

types, and the development of prophylactic vaccines together present an unprecedented opportunity for global cervical cancer prevention," say the authors of the report. The report also notes that while reducing cervical cancer risk by 70 percent is a theoretic possibility depending on future vaccine development and on widespread vaccination, it will be many decades even under the best of circumstances before that could become a reality. Current vaccinations of young girls will not have a substantial impact on cervical cancer rates until they reach the median age of cervical cancer diagnosis, which is age 48 years. However, in the short term, the vaccine will diminish the number of patients infected with HPV thus reducing the number of patients who develop abnormal pap smears requiring investigation and treatment to prevent pre-cancerous changes.

The panel also emphasized that all women will continue to require screening to prevent cancers that occur from carcinogenic HPV types not in present vaccines, and that screening is also necessary to protect women who do not get the vaccine or who are already infected. Those realities, say the panel, "caution against scaling back cervical cancer screening, as premature relaxation of cervical cancer control measures already in place could potentially cause cervical cancer rates to increase." The panel concludes that "[e]ven as HPV vaccination for the prevention of cervical cancer is introduced and promoted, it remains critical that women undergo regular screening regardless of whether they have been vaccinated."

The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering and preventing cancer through research, education, advocacy and service. Founded in 1913 and with national headquarters in Atlanta, the Society has 14 regional Divisions and local offices in 3,400 communities, involving millions of volunteers across the United States. For more information anytime, call toll free 1-800-ACS-2345 or visit www.cancer.org.

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