Cervical Cancer Screening-Are the Days of the Pap



The Pap Smear

- Examination of vaginar econs in guinea pigs;

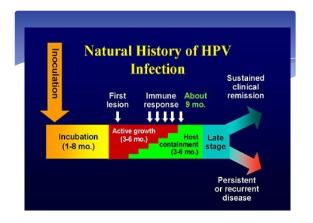
 "The diagnostic value of vaginal smears in carcinoma of the uterus." Am J Obstet Gynecol. 1941;42:193

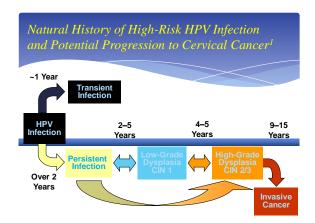
 Introduced into the USA in 1941

 Cervical screening program BC '45

Oncogenic HPV types are a Necessary Cause of Cervical Cancer

- * Infection with oncogenic HPV types is the most significant risk factor in cervical cancer
- * Analysis of 932 specimens from women in 22 countries indicated prevalence of HPV DNA in cervical cancers worldwide = 99.7%.1
- * Specific oncogenic HPV types (16, 18, 45,31,33,52, 58 and 35) are responsible for 95% of cervical cancers and HPV 16 and 18 for 70% of cancers.





Cervical Cancer Cases Canada, 2014 (Estimates)

- * Number of new cases 1,450
- 7.0 ('77 15.4) * Incidence rates *
- * Number of deaths 380
- * Mortality rates * 1.6 ('77 - 4.8)

100,000

*rate per

Canadian Cancer Statistics 2014

Cancer of the Cervix Canada

- *Lifetime probability of:
 - * Developing cancer of the cervix 0.7% (1:153)
 - * Dying from cancer of the cervix 0.2% (1:444)
- 1.4% / year *Incidence rates declining
- * Mortality rates declining 3.4% / year

The current system of Cervical Cancer Prevention in Canada is based on a secondary prevention strategy detection of cancer or precancerous abnormalities after they develop.

Cervical Cancer Screening in Canada

"The majority of deaths from cervical cancer are avoidable..."

Cervical Cancer Screening in Canada: 1998 Surveillance Report. Health Canada.

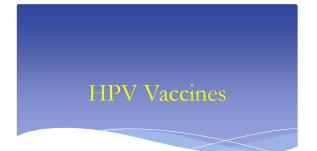
Screening Reduces Mortality

- High screening rates for Cervical Cancer are associated with a decline in disease mortality;
- * Mortality is stable in places with proper screening, suggesting that limits of screening effectiveness have been reached;
- Because screening does not identify all abnormalities, it does not always ensure early intervention;
- * Some women with cancer have had a recent normal Pap smear prior to diagnosis:
- * Some women are non adherent to Cervical Cancer Screening

Cervical Cancer Prevention

Cervical Cancer Prevention

- *Primary Prevention
 - *Vaccines
- *Secondary Prevention
 - *Screening



Human Papillomavirus (HPV)

	Quadrivalent (Merck)	Bivalent (GSK)
Licensed in Canada	2006	2009
VLPs types	HPV 6/11/16/18	HPV 16/18
Producer cells	Saccharomyces cerevisiae (yeast) – expressing L1	Trichoplusia ni insect cell line infected with L1 recombinant baculovirus
Composition	20 µg HPV 6 40 µg HPV11 40 µg HPV 16 20 µg HPV 18	20 μg HPV 16 20 μg HPV 18
Adjuvant	Alum: 225 µg aluminum hydroxyphosphate sulfate	AS04: 500 µg aluminum hydroxide 50 µg 3-O-deacyl-4'- Monophosphoryl lipid A
Schedule	0,2,6 months	0,1,6 months

New Vaccines

- * The duration of protection provided by a new vaccine cannot be determined when the vaccine is introduced
- * Only true way to tell if immunity is waning is by vaccine failures, or breakthrough disease

HPV Vaccines

- There is no immune correlate of protection, no antibody threshold or other immune measurement defined that correlates with protection
- Prophylactic administration of quadrivalent or bivalent HPV vaccines to young women results in some crossprotection efficacy against disease
- However, while cross-protection efficacy has been demonstrated, the true impact and duration of this crossprotection is unknown

Secondary Prevention Screening

Secondary Prevention - Screening

- * Pap Smear (cytology)
- * HPV Testing
- *Co-testing (combination of cytology & HPV testing)
- *VIA (Visual Inspection with Acetic Acid)
- *Self-collected HPV testing

Pap Smear

- * Model for cancer screening
- * Effectiveness no randomized trials
- * Exclusively from observational studies
- * Less sensitive for detecting endocervical glandular abnormalities (50-72% vs. 30 to 87% for squamous)
- * Direct correspondence between cytology (Pap) and histology only $\sim 50\%$
- * Liquid-based cytology no difference in detection rates, but increased specimen adequacy

Is Pap screening enough to prevent cervical cancer?

- Pap testing is secondary prevention; it only detects abnormalities
- *Cervical cancer incidence and mortality rates have steadily declined over the past 30 years, but rates have reached a plateau
- 40% of Canadian women who develop carcinoma of the cervix had frequent Pap screening

Screening – HPV Testing

- *Possible 2 roles:
 - * Primary Screening as adjunct to or instead of cytology
 - * Triage of Pap smears equivocal or lowgrade abnormalities

Screening - Primary HPV Testing

- * More sensitivity than cytology for detection of high-grade lesions
- Primary HPV testing in women < 30 years f age results in substantial detection of transient HPV infections and unnecessary colposcopy;
- One trial suggested a decrease in incidence of cancer with HPV testing, but no change in mortality rates;
- Concerns... HPV testing, will increase the number of positive results and hence increase number colposcopy which can result in overdiagnosis and overtreatment.

HPV- Prevention

Strategies for the reduction in HPV diseases:

- Prevention of acquisition
 - · Safer sex practices
 - Prophylactic vaccination
- Improved detection & treatment of HPV pre-cancerous lesions (Cervical Dysplasia)

Summary

- * The Pap smear remains the model for Cancer Screening;
- * No difference between the conventional smear or liquidbased cytology;
- * The role of HPV testing continues to evolve either as adjunct to cytology or as the primary screening modality especially for the woman >30 years of age;
- * Cervical Cancer Screening should continue to be part of a Cervical Cancer Prevention Strategy which includes the HPV vaccine;
- * In Canada, over 50% of women with Cancer of the Cervix did not participate in the Screening Program.

Thank You Questions?