

"Normalizing the Conversation"

Facilitating HPV Discussions at Home

Dr. Vivien Brown MDCM, CCFP, FCFP, NCMP

Dr. Christine Palmay, MD, CFPC

*Cancer
won't
wait*

Help Prevent HPV and
Cervical Cancer Now

**MARCH
2022**

*"An investment
in knowledge pays
the best interest."*

- Benjamin Franklin

Informing a patient about an HPV-related disease is a consistently complex and sensitive discussion.

Explaining the link between an STI and cancer is often confusing for patients. As well, public awareness of the incidence of HPV is limited. Patients often are unaware of current NACI guidelines encouraging vaccination for both men and women with no upper age limit. Similarly, the public lacks basic awareness of other HPV-related diseases (penile, oral/anal, vaginal, and vulvar cancers). In the age of virtual care, the conversation becomes even more difficult in the absence of comforting eye contact and in-person interactions.

While previous newsletters focused on public education and the proper dissemination of basic HPV facts to patients, the communication does not end in our examination rooms or pharmacies. What happens when our patients leave your pharmacy, office, or a virtual consult? How do they then initiate discussions with their partners and/or manage an HPV diagnosis while dating?

Broken communication coupled with high emotions often leads to disastrous and unnecessary consequences. I have witnessed fights, break-ups, shaming, and despair following a patient's attempt at discussing HPV with a sexual partner. Surprisingly, there is very little official guidance provided by major health care bodies concerning this topic, leaving a huge gap in care.

Here are clinical tips we have found useful to bridge the gap:

- 1. Destigmatize HPV** - Remind patients that HPV exposure is likely inevitable if you are sexually active and 75% of sexually active men and women will be exposed to HPV during their lifetime.
- 2. Lack of Protection** - Emphasize that condoms do not fully protect against HPV infection.
- 3. Lack of Screening** - Remind patients that we cannot routinely screen for HPV infections. PAPs are an indirect way to screen for abnormal cervical cell changes; direct HPV testing is not yet routinely available in Canada.
- 4. STI Testing** - There are cases where patients are left surprised that they have an HPV diagnosis despite having undergone routine STI "screening." Educate patients of the limitations of STI testing and emphasize that HPV is not included in our STI screening panel. Furthermore, remind patients that HPV infection is often silent without symptoms.
- 5. Vaccination Missed** - Remind patients that HPV vaccination is offered in school, but that many older patients may have not benefited from this school-based program.
- 6. Vaccine Eligible** - Remind patients that they can still benefit from protection by being vaccinated against HPV. While Health Canada guidelines have an upper age limit of 45, NACI supports no upper age limit. This provides reassurance to patients and an option to provide proactive protection.

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- 7. Moderation** - Offer to have a discussion with both your patient and their partner to ensure that evidence-based information is being offered. I have found that this has often defused a potentially hurtful and explosive encounter.
- 8. Follow-up** - As health care providers, we often underestimate the effect of an HPV diagnosis. I find that having a quick follow-up call to repeat information, discuss vaccination, and answer questions provides invaluable reassurance.

Regardless of approach, understand that HPV is still a confusing topic for most of our patients. Our messages need to be delivered clearly, consistently, repetitively, and with compassion.

References:

- [1. HPV Statistics](#)
- [2. Recommended HPV Vaccine Schedule](#)
- [3. HPV Prevention: Answers & Questions](#)

Resource Of The Month

[Changing the future of Cervical Cancer in Canada.](#)



Back In Time

The word vaccine is derived from the Latin word Vacca for "cow." The scientific name for cowpox is variola vaccina. Vaccina means "of the cow." Edward Jenner coined the word vaccine in 1796, using it to describe this technique of injecting people with cowpox to confer smallpox immunity.

Around The Globe

Globally, cervical cancer is the fourth most commonly occurring cancer in women.

[Cervical Cancer Statistics](#)

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Clinic Of The Month

**Sunnybrook Health Sciences Centre
Toronto, Ontario**

HPV Vaccination: My Approach to Counselling

Dr. Nancy Durand, MDCM, FRCSC,
Assoc. Professor, University of Toronto
Sunnybrook Health Sciences Centre Dept of Obstetrics and Gynaecology

The best approach to HPV prevention is vaccination before the onset of sexual activity. Canada has an excellent HPV vaccination program which funds gender-neutral vaccination for all children. Why then do I discuss HPV vaccination with adults? Unfortunately uptake is not optimal in many regions and there are significant gaps in vaccine coverage.

For adults, vaccination can help protect against types one has not yet been exposed to. In addition, HPV vaccination has been shown to reduce recurrences in those who have been treated for HPV diseases, including external genital warts, cervical dysplasia and anal dysplasia 1-6. Vaccination of those who are HPV positive reduces transmission to their partners⁷.

When counselling, I focus on the risk of new exposure to HPV, either from new partners now or in the future. Even those in a monogamous relationship can develop HPV diseases through reactivation of latent HPV infection acquired years ago. Discussing vaccination on each visit (rather than just on the first visit) helps to reinforce the messaging and increases uptake. Don't forget to include that partners should also be vaccinated. In addition to having a discussion, I give each patient a prescription as well as a handout including logistics with different options on who can administer the vaccine. They can be vaccinated with me the same day or on a subsequent visit, with their primary care provider or with their pharmacist in many jurisdictions.

During the discussion, it is important to dispel common misconceptions and barriers to HPV vaccination. When patients are worried that this is a new vaccine, explain it has been licensed and on the market for 16 years. All major global societies have endorsed the safety and effectiveness of these vaccines. When patients believe they are too old, explain that in Canada, our National Advisory Committee on Immunization (NACI) has no upper age limit for HPV vaccination, regardless of gender. For those who are worried about the cost of the vaccine, discuss that you pay for one dose at a time, and that doses can be spread out over more than 6 months if needed. When the patient says they don't need a vaccine to prevent an STI, we can instead reinforce that this is a vaccine that has been proven to prevent cancer.

As providers, try to counsel and recommend HPV vaccination regardless of perceived risk. Both you and your patients may not always know about or recognize potential exposures. Do not prejudge who can or cannot afford this vaccine – you will often be wrong. All patients deserve to be given the best information to make their own informed decision. Don't assume that young adults have automatically been vaccinated in school – uptake is still not optimal so many may have missed the opportunity and can still be vaccinated later in life. Remember that counselling adults on the value of HPV vaccination helps to increase uptake in schools. Parents are more likely to consent if they understand how vaccination regardless of gender can prevent HPV diseases and cancers.

When counselling for HPV vaccination, keep the message simple: this vaccine is effective, it is safe and I recommend it. It's never too late to vaccinate for HPV. We have the tools to eliminate HPV cancers.

It's never too late to vaccinate for HPV, and we have the tools to eliminate HPV cancers.

References:

1. Olsson SE et al. *Human Vaccines* 2009; 5:10, 696-704.
2. Kang WD et al. *Gynecol Oncol.* 2013;130:264–268.
3. Ghelardi A et al. *Gynecol Oncol.* 2018;151:229–234.
4. Pieralli A et al. *Arch Gynecol Obstet.* 2018;298:1205–1210.
5. Ghelardi A et al. *Vaccines* 2021; 9:83-94.
6. Swedish KA et al. *Clin Infect Dis.* 2012;54:891–898.
7. Swedish KA et al. *PLoS One.* 2014;9:e93393
8. Wissing MD et al. *Cancer Epidemiol Biomarkers Prev.* 2019 Nov;28(11):1825-1834.

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"Normalizing the conversation about HPV Vaccination"

Wednesday, March 23, 2022
7:00 p.m. EST

Moderator: Dr. Vivien Brown MDCM, CMFC, FCFP, NCMP
Speaker: Dr. Nancy Durand, MD, CM, FRCS
Speaker: Dr. Christine Palmay, MD, CFPC

Objectives:

1. To review common misconceptions about adult HPV vaccination
2. To discuss the importance of collaboration across specialties to improve HPV awareness and Action
3. To discuss how to counsel patients to protect themselves and their partners from the implications of an HPV infection

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