

Cancer won't wait

Help Prevent HPV and Cervical Cancer Now

LOCAL TO GLOBAL

Authored by Dr. Vivien Brown & Dr. Christine Palmay

Welcome to our second newsletter.

BECAUSE AS WE ALL KNOW, "CANCER WON'T WAIT" ...

LOCALLY – What is happening in Canada and what do we need to know?

Globally, nationally, and locally, we continue to face restrictions and cutbacks amidst the pandemic. As such, Public Health in various provinces has made the decision to temporarily suspend school-based vaccination programs in certain jurisdictions. In Ontario the Grade 7 program, offers children: (1) a quadrivalent meningitis vaccine, (2) a Hepatitis B vaccine (2-part series), and (3) an HPV vaccine (2-part series). As schools were closed in Ontario in Spring 2020, the second dose of scheduled vaccines were missed due to school closures. As a result, most children are missing their second vaccine for both Hepatitis B and HPV. In another province, Alberta Health and Alberta Health Services are collaborating on a plan to ensure school immunizations continue. Together, their goal remains firm: to complete routine school-based immunization schedules by the end of the 2020/21 school year. On the other hand, in Quebec, the HPV program (Grade 4 and Grade 9) was moved to either Jan 2021 or September 2021 – depending on which jurisdiction you live in.

Every province is approaching this issue differently, which adds to the complexity of creating a systematic approach to ensure all children receive all doses of eligible vaccines.

Facing a new and promising 2021 ahead, with many school-based programs suspended and most public health offices having to prioritize COVID related issues, how can we, as primary care practitioners, address this gap in vaccine care? Furthermore, there is no consistency in vaccine access, as the decision to run public health clinics and resume vaccine programs differs from region to region.

Every province and public health unit has different regulations, restrictions, and guidelines. However, overall, the literature suggests that the greatest uptake of any immunization program is when it is school-based. We must make up for this gap in care.

One of the goals of this newsletter effort is to alert us all to **pay attention** to our 9 to 14-year-old patients. It is our recommendation that we proactively recall these patients to determine what vaccines are needed. Whether in school, via public health or pharmacies, the goal is to ensure that this cohort has completed their full immunization series, thus avoiding future morbidity and mortality.

I would encourage every primary care provider—doctor, nurse, pharmacist—to maintain focus and vigilance so that our children do not fall through the cracks. In a community we are strong and together we can help ensure the children are vaccinated and doses are not missed.

Perman et al. BMC Public Health (2017) 17:252 DOI 10.1186/s12889-017-4168-0

Globally

IT IS SUCH A SMALL WORLD AFTER ALL!

November 17, 2020, marked an important day as the World Health Organization (WHO) reaffirmed its commitment to the eradication of cervical cancer. On behalf of the WHO, Dr. Tedros announced that:

“Cervical cancer is one of the most preventable and treatable forms of cancer as long as it is prevented with HPV vaccination, detected early, and managed effectively. Prevention and early treatment are highly cost-effective.

Worldwide, however, cervical cancer remains one of the gravest threats to women’s lives, and globally, one woman dies of cervical cancer every two minutes. This suffering is unacceptable and cannot continue.”

“Elimination is within reach”

Proudly, Canada has accepted this ambitious challenge, thus publishing The Canadian Cervical Cancer Elimination Strategy. This mandate outlines a series of steps that need to be undertaken to successfully eliminate cervical cancer.

[Fadela Chaib, A cervical cancer-free future: First-ever global commitment to eliminate a cancer - 17 November 2020.](#)

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Priority 1: IMPROVE HPV IMMUNIZATION RATES WITH A TARGET OF 90% OF 17-YEAR-OLDS BY 2025.

Priority 2: IMPLEMENT HPV PRIMARY SCREENING.

- Target by 2030
- 90% of eligible individuals have been screened with an HPV test.
- 90% of eligible individuals are up-to-date with cervical screening.
- No less than 80% of eligible individuals in any identifiable group are up-to-date with cervical screening.

Priority 3: IMPROVE FOLLOW-UP OF ABNORMAL SCREENING RESULTS.

- Target by 2030
- 90% of all individuals with an abnormal screening result (positive HPV test) should have a clear plan of appropriate follow-up designed and communicated to them within three months of the test that generated the positive result.
- 90% of all individuals identified as being at elevated risk for significant cervical abnormalities have a colposcopy in a timely manner.
- No less than 90% of individuals in any identifiable group receive follow-up.

What can we do right now in the midst of COVID, influenza, pandemic apathy, and physician overload/ fatigue? Firstly, we need to maintain our efforts to see patients in person for PAP tests and immunization. Secondly, we need to protect our patients against the risk of complacency, the inherent inertia in the face of testing during COVID. Finally, we need to immediately screen women who haven't been seen in the last 3 years. Immunizations and screening are and will continue to be an essential service. Further delays will result in catastrophic cancer diagnoses and vaccine-related illnesses.

We challenge our readers to be proactive: Plan a PAP clinic, or routinely complete an EMR query or chart review to ensure immunizations and screening measures are up to date.

We challenge you to embrace your role as a primary care provider and do your best to ensure that immunization and screening care do not fall through the cracks.

**NOT ON OUR WATCH.
NOT WHEN WE HAVE CONTROL.
NOT NOW.
NOT EVER.**

Did you know?

HPV 16 and 18 are globally the most common subtypes.



Clinic of the Month

DR. DUSTIN COSTESCU-GREEN, MD, MS, FRCSC
JURAVINSKI HOSPITAL COLPOSCOPY CLINIC

With over 5000 patient visits a year, the Juravinski Hospital Colposcopy Clinic in Hamilton, Ontario, is one of the largest in the province. Everyone in the clinic—business clerks, healthcare aides, nurses, learners, and physicians—cares deeply about preventing and reducing the burden of cervical cancer. We also know that the experience of colposcopy is stressful in and of itself, and many patients are motivated to improve their health so as not to return. When data emerged on the use of HPV vaccination around the time of LEEP in patients with high-grade dysplasia, the clinic was determined to act in its patients' best interest and get vaccinating. Because of our high volume, we created an HPV information package with vaccine information, preprinted prescriptions (to be signed when a patient wanted it), and a flagging system to identify those offered and those vaccinated.

Back in Time

Ancient Arab camel owners reportedly placed small stones in the uteruses of their animals to prevent pregnancy, though this is likely just a legend. However, animals have played a vital role in the development of intrauterine devices. In 1909, a Polish doctor named Richard Richter published the first paper on the successful use of an IUD created from the guts of a silkworm.

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Resource of the Month

- Interesting overview around school-based immunization programs across Canada including benefits, challenges and ways to optimize these programs. [The article](#) also includes some vaccination rates by province although they do seem a bit high. Published May 2020.
- A resource guide to prepare children for vaccinations at school: [CARD general schoolPamphlet June 13 2019.pdf](#) (immunize.ca)

TO ACCESS THE PREVIOUS NEWSLETTER, [CLICK HERE](#).

Across the Globe

Several countries do not have a universal PAP test program due to geographical, cultural, and religious restrictions, as well as the lack of infrastructure.

Words of Wisdom

“The future depends on what you do today.”

– Mahatma Gandhi

[CLICK HERE](#) TO JOIN THE CANCER WON'T WAIT INITIATIVE.

Want to Learn More?

JOIN US FOR A WEBINAR

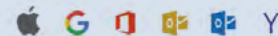
PRESENTER: Dr. Vivien Brown, MDCM, CCFP, FCFP, NCMP

MODERATOR: Dr. Christine Palmay, MD, CFPC/Moderator

FROM LOCAL TO GLOBAL: WHAT'S HAPPENING IN THE HPV WORLD

Tuesday Jan 26th 7-8pm EST
[Join here](#)

Add to calendar



Thursday Jan 28th 12-1pm EST
[Join here](#)

Add to calendar

