

Gynaecological Oncology News

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Should patients treated for CIN, VIN, VaIN be vaccinated?

HPV immunisation after LLETZ for abnormalities reduces the risk of recurrence significantly. This is the conclusion of several papers published in the last couple of years.

The currently available HPV vaccines are designed to prevent HPV associated disease. Current vaccination studies suggest that HPV vaccines do not prevent the progression to pre-cancer or cancer in women with HPV infections. However, whether HPV vaccination would lower the risk of subsequent infection with other HPV strains remained unclear.

A publication from BMJ (Joura et al, BMJ 2012) with authors from Europe, USA and Australia analysed data from two large randomised trials. The FUTURE 1 and FUTURE 2 trials enrolled more than 17,000 women from 24 countries. Half of those women received 3 doses of quadrivalent HPV vaccine and the other half received 3 doses of placebo vaccine.

A total of 1,350 women had surgical treatment for CIN, VIN or VaIN. Some of those women had received the vaccine previously and others only had the placebo. The study compared the incidence of HPV-related disease in both arms.

In brief, vaccination with the quadrivalent vaccine reduced the incidence of any subsequent HPV-related disease by 40% to 65% in women who had been treated for cervical, vulval or vaginal dysplasia previously.

Similar findings were made in a paper from Korea (Kang et al, Gynecol Oncol 2013) and Sweden (Swedish et al, Clin Infect Dis 2011).

The authors conclude that HPV vaccination was associated with a reduced incidence of subsequent cervical, vulval and vaginal dysplasia in women who had been treated for CIN, VIN or VaIN previously.

The authors emphasize that the effect is not due a therapeutic effect of the vaccine. The data suggest that most of the subsequent disease is from a new infection caused by a different HPV type that was not the causal type of the first lesion.

It appears that many patients who we treat for CIN, VIN or VaIN might benefit from HPV vaccination regardless of their age.

As a consequence I started discussing the pro's and con's of HPV vaccination following a LLETZ or other treatment for VIN or VaIN and refer some patients to their GP for HPV vaccinations

Surgery at St Andrews Hospital, Brisbane

In April 2015, I started a fortnightly operating day at St Andrews War Memorial Hospital. The new service at St Andrews has been taken up enthusiastically especially by patients from regional areas. For those patients and their families it is easier to find accommodation nearby.

St Andrews offers fantastic general surgical and colorectal surgical backup as well as urology support. Sometimes input from these specialties is needed to treat patients with complex gynaecological conditions, such as endometriosis or cancer.

Our main office will remain at Greenslopes Private Hospital and all patients are centrally booked through (07) 3847 3033.



Queensland Centre for Gynaecological Cancer SYMPOSIUM 2015

The 3rd Queensland Centre for Gynaecological Cancer Symposium for clinicians will be held on **29 August 2015 from 10 am to 5 pm at the Education Centre at the RBWH in Herston.**

Starting from 9 am there will be a patient symposium, which will cover Genetics and Complimentary Therapies.

<https://yrd.currinda.com/register/event/1042>

THE PROGRAM HIGHLIGHTS INCLUDE:

- Abdominal incisions and perioperative management
- Enhanced recovery
- The Fallopian Tube and the role of salpingectomy
- Power morcellation for uterine fibroids
- How to start a TLH program in a district hospital

REGISTRATION IS ONLINE

Go to www.yrd.com.au - select "Events" in the top menu and select "QCGC Symposium".

Registration Fee: \$110

Please do not hesitate to give me a call if you wish to discuss an aspect of the above or a specific patient with me.
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