

HPV vaccination after surgical treatment

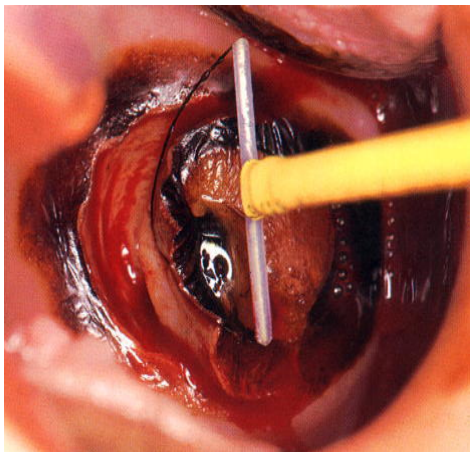
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Risks of women treated for HSIL/CIN2-3



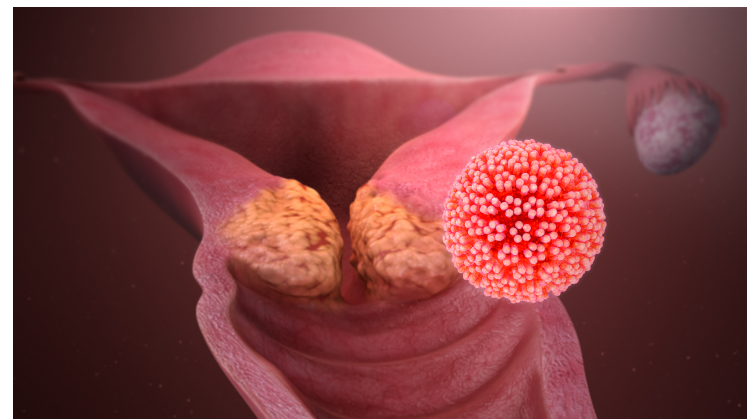
- **Risk persistence/recurrence** of cervical intraepithelial neoplasia after treatment is about **10% (5-25%)**
- **Risk of developing an HPV-related neoplasia** is **2-6 times higher** than the general population



Persistence/recurrence....

... is a multifactorial issue :

- persistence of the HPV infection after the treatment (re-activation of the HPV related with the treated lesion or acquisition of a new HPV)
- missed residual dysplasia
- the state of the margins of the conization specimen
- HPV genotype
- lesional size
- the age of the patient
- the immunological status
- ...



Moreover, don't forget that....

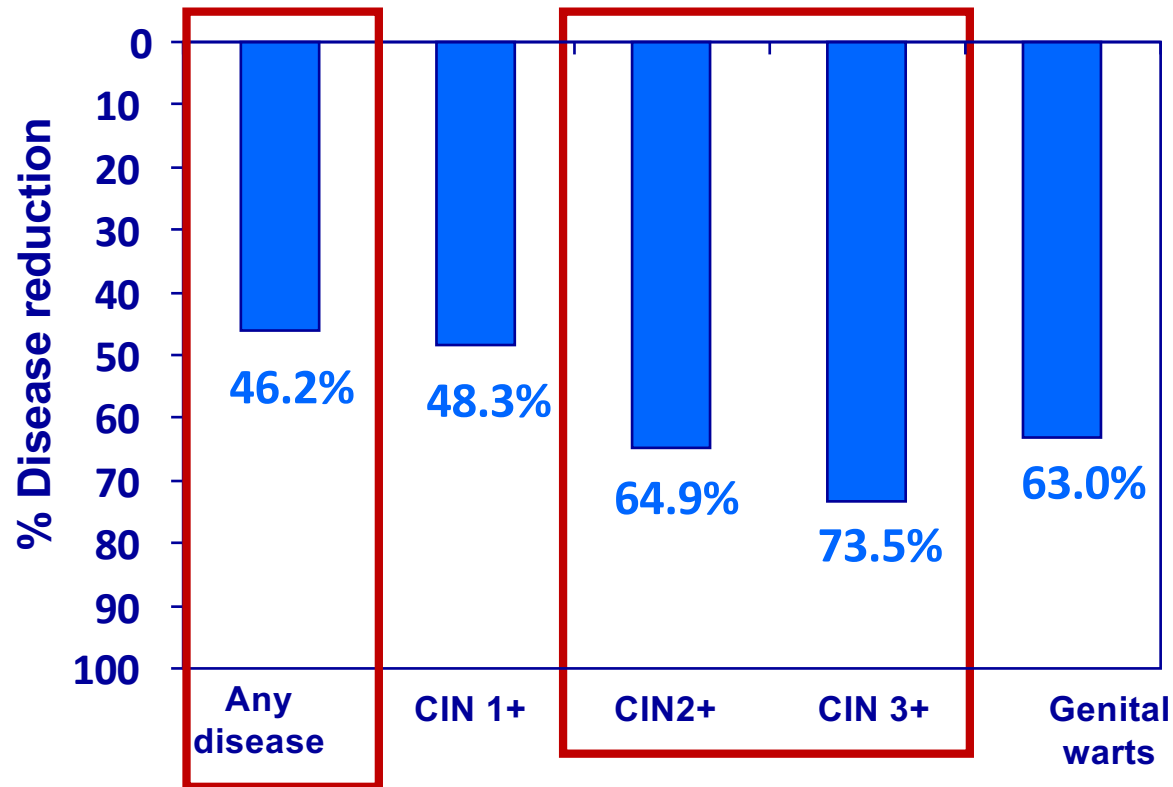
Women who develop HSIL/CIN2+ are at high risk of cervical cancer:

- lifestyle risk factors for HPV infection may remain throughout life
- have higher susceptibility of HPV persistence (the immunological system has already fail once...)



Vaccination and recurrence/persistence

Data from studies FUTURE I y II



Mean follow up = 1.3 years

Any disease included : CIN, VIN, VaIN and GW)

After conization...vaccinated women showed less incidence of subsequent HPV-related disease

Vaccination and recurrence/persistence

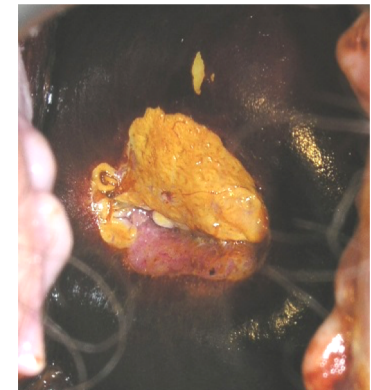
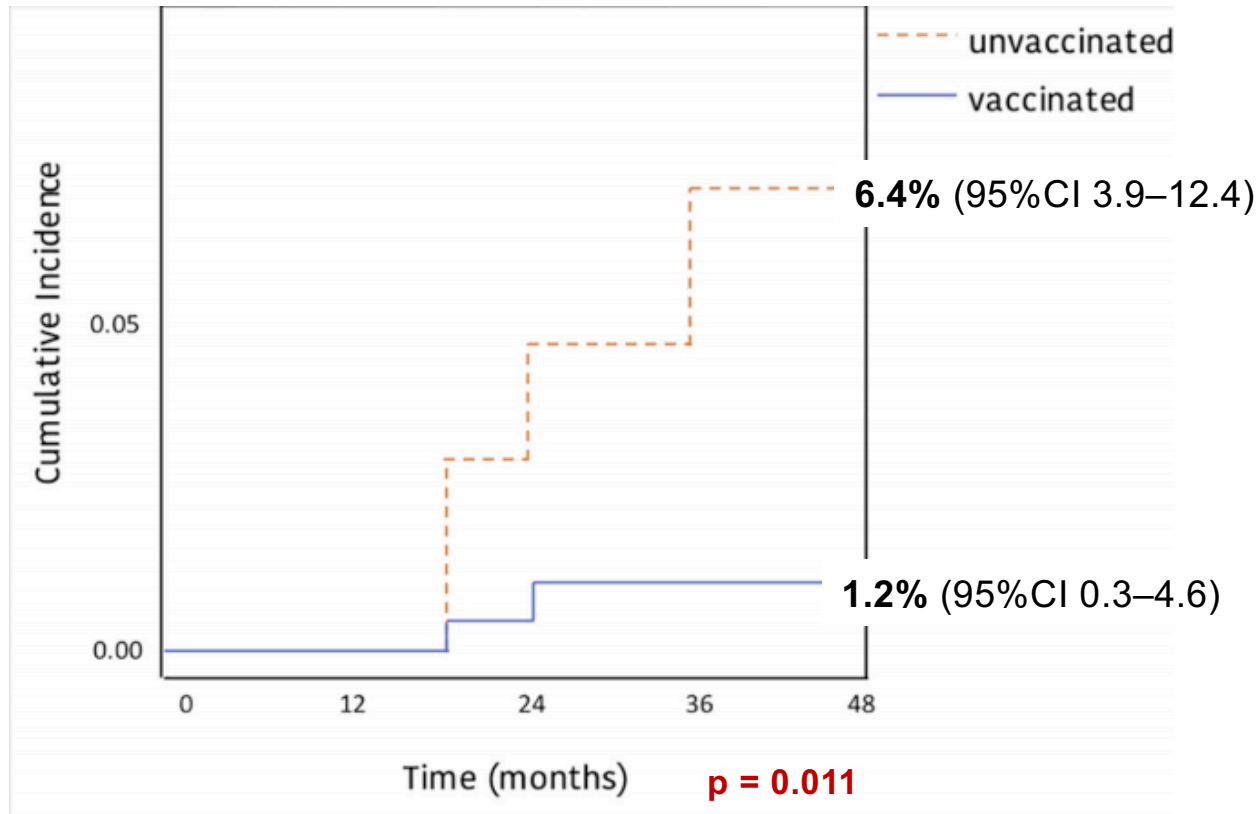
Data from studies PATRICIA

Endpoint	Interval since surgery for first lesion	HPV type in lesion	Group	N	Cases	Rate (95% CI) ¹	Efficacy (95% CI)
CIN2+	≥60 days	Irrespective of HPV DNA	Vaccine	190	1	0.24 (0.01–1.32)	88.2% (14.8 to 99.7)
			Control	264	9	2.01 (0.92–3.81)	
		HPV-16/18	Vaccine	190	0	0.00 (0.00–0.87)	100% (–63.1 to 100)
			Control	265	4	0.87 (0.24–2.24)	

After conization... vaccinated women showed reduced risk of developing subsequent high-grade cervical disease

Vaccination and recurrence/persistence

SPERANZA (prospective clinical project)



Vaccination was associated with a **significantly reduced risk** of **subsequent high-grade CIN** after cervical surgery by **81.2%** (95% CI, 34,3–95,7)

ISBN 978-84-617-6553-9

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VACUNACIÓN SELECTIVA FRENTE AL VIRUS DEL PAPILOMA HUMANO EN POBLACIONES DE RIESGO ELEVADO

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DEL PAPILOMA HUMANO

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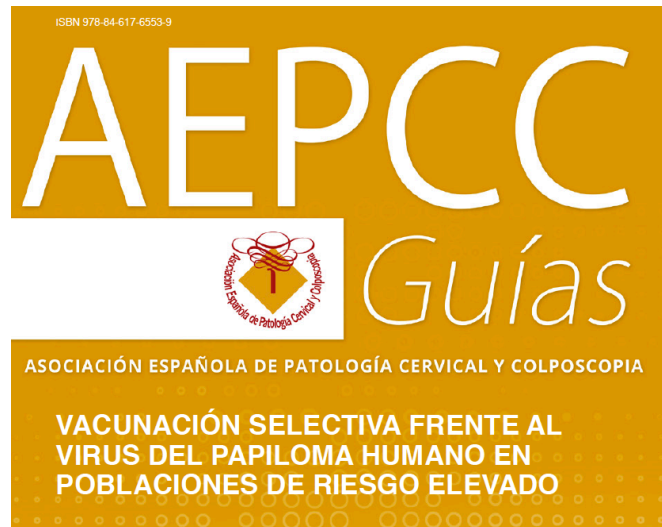
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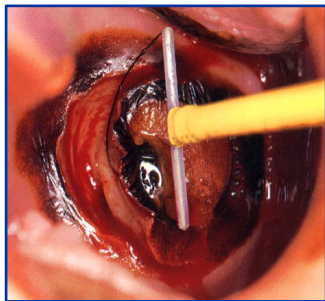
urosveillance 2019

HPV vaccine women treated for SIL in Spain: recommendations

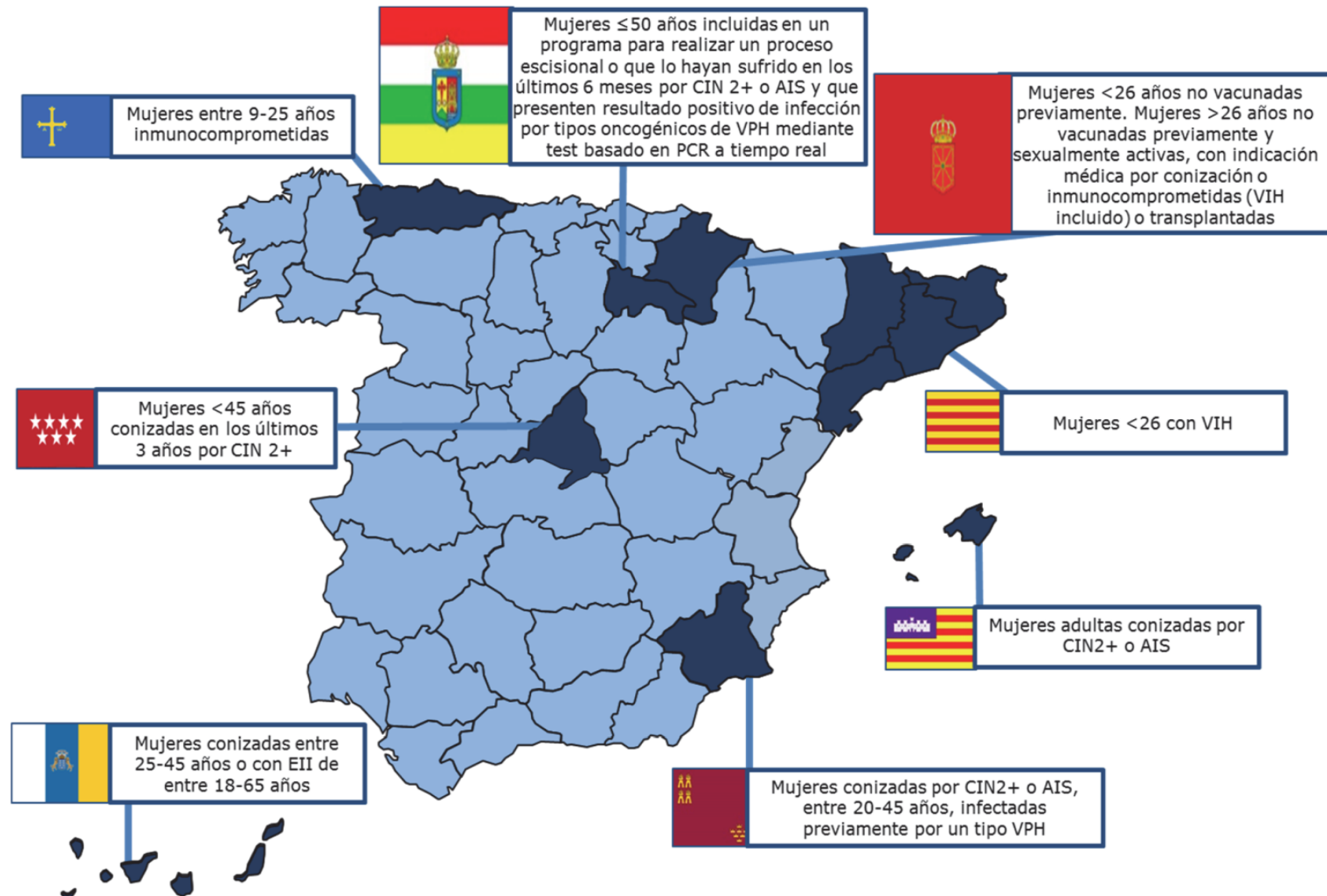


The vaccine can be provided in any moment, but preferentially it would be provided as soon as possible, either in the moment of the diagnosis or before the conization

It is not recommended to perform an HPV test before vaccination, because even in HPV positive women the vaccine should be provided



HPV vaccine in women treated for SIL in Spain 2017



HPV vaccine in women treated for SIL in Spain

Vacunación en grupos de riesgo de todas las edades y en determinadas situaciones

Ponencia de Programa y Registro de Vacunaciones
Julio 2018



It is recommended the HPV vaccination for women undergoing excisional treatment of the uterine cervix with any of the available vaccines. The vaccine should be provided as soon as possible, if possible, before the treatment. When the vaccine will be provided after treatment it has to be administered within the 12 months following the treatment

All autonomic communities have to implement the HPV vaccine for women treated (no age limit) before 2020

HPV vaccine in women treated for SIL in Spain in 2019

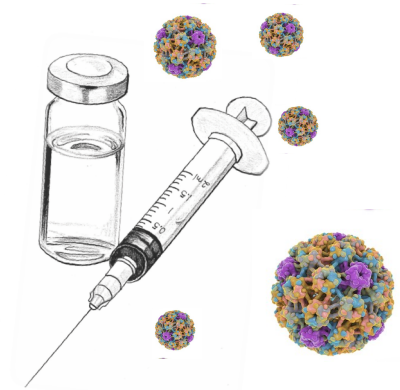


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- Baleares
- Cantabria

Vaccination and recurrence/persistence

The vaccine works in protecting (treated) women from newly acquired HPV

- New HPV detected after treatment for HSIL (CIN): 24% at 3-11 months and 21% at 12-36 months

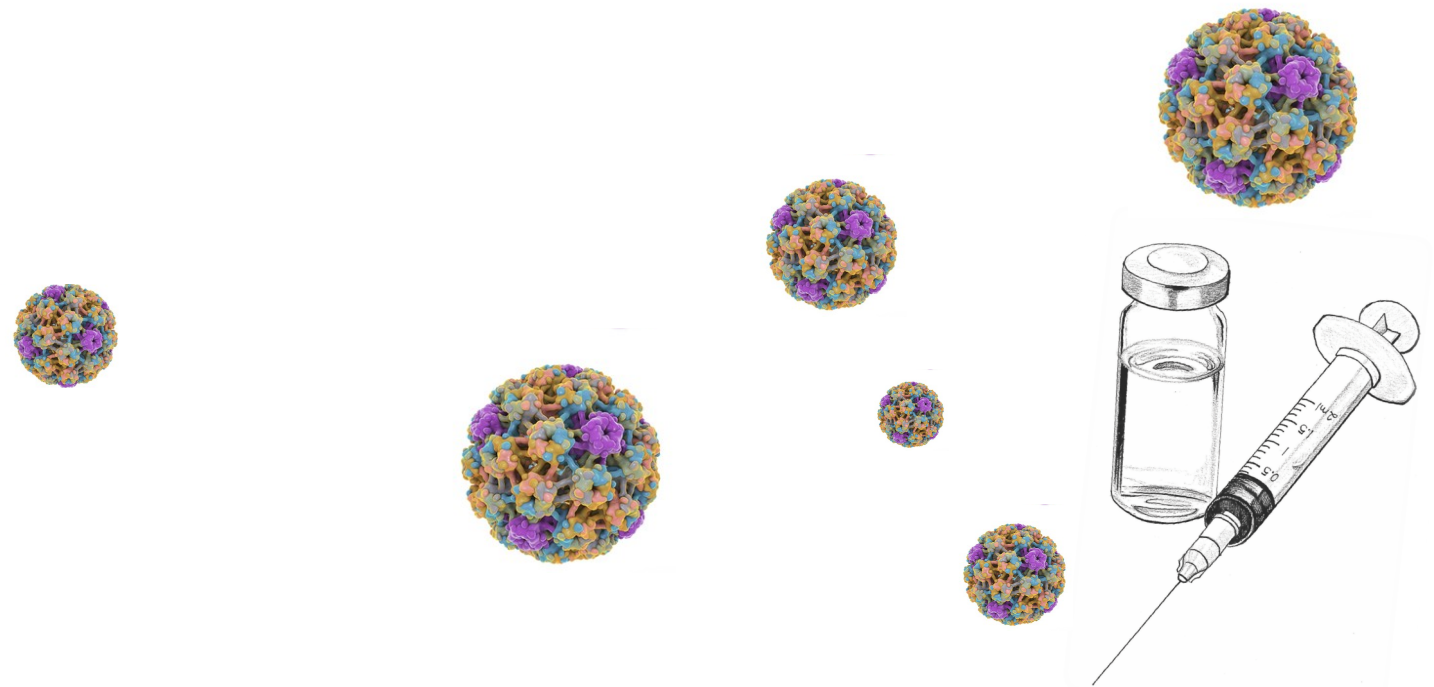


Under debate: Is there any benefit of the HPV-vaccine for women previously infected

- The HPV vaccine has not therapeutic effect
- Does HPV vaccine prevent reactivation of latent, previously acquired infection (immune senescence or immunosuppression) ?
(!! it is currently unknown how important is the reactivation in causing transforming CIN)
- Does HPV vaccine prevent self-inoculation from other areas of HPV infection in the women genital tract
(!! it is currently unknown how important is the self-inoculation in causing transforming CIN)

Conclusions

- Immunisation with **HPV-vaccines** seems **effective** in preventing new cervical HPV-related lesions in women treated for HSIL/CIN2+.
- Immunisation with **HPV-vaccines** seems **effective** even in women with persistent HPV infection/lesions after treatment



(Other important) Conclusions...

- The response of the medical doctors, researchers, scientific societies, governmental authorities is fundamental for the HPV vaccine implementation
- When the vaccine is funded, the women are vaccinated



A high-angle photograph of a rugged mountain landscape. In the foreground, a rocky, scree-covered slope descends towards the right. The middle ground features a series of jagged, rocky mountain peaks and ridges, some with patches of green vegetation. Several small, clear blue lakes are nestled in the valleys and along the slopes. The background shows more distant mountain ranges under a clear, bright blue sky. The overall scene is a vast, natural mountain environment.

**Many thanks for
your attention**