

Answers by Dr. Nancy Durand

To Unanswered Questions submitted during the CIDC Webinar of June 30, 2020

HPV Prevention in the Adult Population: protecting those at higher risk

1. What are the symptoms of oropharyngeal cancer and how to test for this?

Symptoms of OPC:

- long-lasting sore throat
- earaches
- hoarseness
- swollen tonsil
- swollen tongue
- swollen lymph nodes in neck
- pain when swallowing
- pain when chewing
- coughing blood
- unexplained weight loss

<https://www.cancer.ca/en/cancer-information/cancer-type/oropharyngeal/signs-and-symptoms/?region=on>

Testing for OPC:

- no routine screening tests for any HPV-related cancers aside from cervical cancer
- require early recognition of signs and symptoms and referral to specialist
- examination of lesion(s), imaging and biopsy for diagnosis

<https://www.cancer.ca/en/cancer-information/cancer-type/oropharyngeal/diagnosis/?region=on>

2. Should a patient be vaccinated over 45 years if worried about oral cancer and other cancers?

While vaccination is best done at a young age prior to exposure, NACI (National Advisory Committee on Immunization in Canada) has a permissive statement for adult vaccination over age 26 with no upper age limit. Several other countries around the world including the European Union and Australia also have no upper age limit for HPV vaccination.

3. Would you recommend this vaccine to a female who never received this vaccine before and had early menopause at age 30 and currently receiving hormone replacement therapy?

Yes, I would recommend HPV vaccination to an adult woman regardless of menopausal status or hormone replacement therapy.

4. If a patient had the quadrivalent vaccine, and wanted to get the 9 valent now, what would you tell them?

The 9 valent vaccine provides coverage for an additional 20% of high-risk (oncogenic) HPV strains which can cause cervical pre-cancer and cancer. 4vHPV vaccine covers 70% of cervical cancer strains whereas 9vHPV covers 90% of strains.

We discuss 9vHPV vaccination with all patients, even if they have previously been vaccinated with 2vHPV or 4vHPV vaccines so they can understand the difference in coverage and make their own informed decision.

5. Why was there a spike in numbers for males in 1999 specifically?

There was not a sudden spike in numbers for males in 1999 – rather a steady rise of HPV-related OPC in males which has not been seen in females. The cause of the increasing HPV related OPC in males is not known but may be related to changing sexual practices, increasing oral HPV infections in males and lower immune response in males to HPV than in females.

Cervical cancer has declined in women over the same time period.

6. Would you agree the solution of 2nd dose should be resolved and advised to the provinces by the federal level with the health minister?

The federal government can make recommendations however healthcare is administered provincially/territorially. Decisions on the second dose in school-based programs must ultimately be made at the provincial and territorial level.

7. In adults never vaccinated, and not immune compromised, would you recommend 2 doses or 3 doses of 9vHPV?

The recommended dosing for 9vHPV vaccine is 3 doses for anyone age 15 or older (dosing interval is 0 months, 2 months and 6 months).

8. For people who have completed the G4 vaccine, should we recommend they revaccinate with G9?

Yes, I do believe in discussing and offering 9vHPV vaccine to those who previously were vaccinated with 2vHPV or 4vHPV vaccine. Patients should be given the information that 9vHPV vaccination protects against 5 additional high-risk (oncogenic) strains which are responsible for an additional 20% of cervical cancer and pre-cancer.