

HELP PROTECT AGAINST HPV RELATED CANCER AND DISEASES

Anyone who has had any kind of sexual activity involving genital contact could be infected with Human Papillomavirus (HPV). In most people, HPV is harmless and has no symptoms, but for some the virus may persist and lead to diseases of the genital area including genital warts and cancers of the cervix, vagina, vulva and anus.

For more information go to www.hpv.com.au

Ask your GP today about ways to help prevent HPV disease. Importantly, women should continue with regular Pap smears.

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TREATMENT

HOW ARE ABNORMAL CERVICAL CELLS AND PRE-CANCERS TREATED?

Abnormal cervical cells can be divided into low-grade and high-grade abnormalities. Most low-grade abnormalities will clear without causing any lasting effects.

According to current Australian guidelines, if a Pap smear shows low-grade changes, a repeat smear sooner than the usual 2 years (usually after 6 or 12 months) is recommended. Sometimes colposcopy (an examination of the cervix with a special microscope) may also be offered, either straight away or after the Pap test, if it shows that the low-grade changes are still present.

Occasionally, high grade changes will progress to cervical cancer if left untreated. This usually takes a number of years, although in rare cases it can happen sooner.

If a woman's Pap smear shows high-grade, precancerous changes she will be referred for a colposcopy. In many cases, during the colposcopy a small piece of tissue (a biopsy) will be taken from the cervix. If the biopsy confirms the woman has a high-grade cervical abnormality (referred to as CIN 2 or 3), she will most likely be offered surgery to remove the affected part of the cervix. This can be done using a variety of ways including, amongst other techniques, surgical excision and laser removal. This usually requires a day stay in hospital.

HOW IS CERVICAL CANCER TREATED?

If detected early, cervical cancer can be treated, but as with any medical condition, prevention or early detection is always best.

When, after colposcopy and biopsy, a woman is found to have cancer of the cervix (rather than a pre-cancer), she will usually be referred to a specialist cancer gynaecologist for further assessment and management. Treatment for cervical cancer usually involves surgery to remove the cancer (including local excision, hysterectomy) and/or radiotherapy with or without additional chemotherapy depending on the size or stage of the tumour.

HOW ARE VAGINAL, VULVAL AND ANAL CANCERS TREATED?

For patients diagnosed with vaginal, vulval and anal cancers, the main treatment options are surgery, radiation therapy and chemotherapy.

HOW ARE GENITAL WARTS TREATED?

Genital warts can disappear on their own without treatment, however there's no way of actually knowing if they will disappear or grow larger. Depending on size and location, there are several treatment options. A special cream or solution may be applied to the warts. Some genital warts can be removed by either freezing, burning, or using laser treatment.

However, no matter the treatment, there's a chance that genital warts will reappear after treatment, since the types of HPV that cause them may still be present.

CAN HPV BE PREVENTED?

Because HPV is a common virus and is so easily passed on, it is quite difficult to prevent yourself from being infected. Up to 80% of males and females will be infected with at least one type of HPV at some time in their life. But remember that most people clear HPV infection from their body without any symptoms or health problems.

SAFE SEX

If used correctly, condoms can help reduce the risk of genital HPV, and also provide protection against other sexually transmitted diseases. However, because HPV is transmitted through genital skin contact (not just sexual intercourse) condoms don't provide 100% protection against HPV.

HAVE REGULAR PAP SMEARS

Your risk of developing cervical cancer can be reduced by having regular Pap smears which are an early detection screening program.

VACCINATION

It is possible to be vaccinated against some types of HPV.

Vaccination does not protect against all HPV types that could cause cervical cancer therefore it is important women continue with regular Pap smears. Talk to your healthcare professional for more information.

For more information about HPV please speak to your healthcare professional.

HELP PROTECT AGAINST HPV RELATED CANCER AND DISEASES

Human Papillomavirus (HPV) – Some common questions and answers

This leaflet is intended to provide you with information about HPV related cancers and disease so that you can have an informed discussion with your doctor.

HPV EXPLAINED

Human Papillomavirus, or HPV, is a common virus that affects both females and males. There are more than 100 types of the virus. In fact, certain types of HPV cause common warts on the hands and feet. Most types of HPV are harmless, don't cause any symptoms, and go away on their own.

About 40 types of HPV are known as genital HPV, as they affect the genital area. Up to 80% of females and males will be infected with at least one type of genital HPV at some time.

Genital HPV types may be "high-risk" types (such as HPV types 16 and 18) that have been shown to cause some forms of cancer, or "low-risk" types (such as HPV types 6 and 11) that can cause genital warts and usually benign (abnormal but non-cancerous) changes in the cervix. Both "high-risk" and "low-risk" types of HPV can cause abnormal Pap smears.

HPV is easily spread through direct skin-to-skin contact. Anyone who has any kind of sexual activity involving genital contact could get genital HPV. That means it's possible to get the virus without having intercourse. Because many people who have HPV may not show any signs or symptoms, they can transmit the virus without even knowing it. A person can be infected with more than one type of HPV.

Genital HPV infection is not something to feel embarrassed or ashamed about. It's very common and for the majority of people, the body's defences are enough to clear the virus.

HOW WILL I KNOW IF I HAVE HPV?

Because HPV infection doesn't usually show any signs, you probably won't know you have it. Most people can therefore get HPV and pass it on without even knowing it.

CONSEQUENCES OF HPV INFECTION

In most people HPV is harmless and has no symptoms, but in some people the virus may persist and lead to disease of the genital area, including genital warts and cancers of the cervix, vagina, vulva and anus.

WHAT ARE GENITAL WARTS?

Genital warts are benign, flesh-coloured growths that are most often caused by certain "low-risk" types of HPV (types 6 and 11).

Genital warts most often appear on the external genitals or near the anus of males and females. Genital warts may cause symptoms such as burning, itching and pain. The types of HPV that cause genital warts are different from the "high-risk" types that can cause cancer.

After sexual contact with an infected person, genital warts may appear within weeks, months, or not at all.



HOW ARE GENITAL WARTS DIAGNOSED?

A doctor can usually recognise genital warts just by seeing them.

WHAT IS CERVICAL CANCER?

Cervical cancer is cancer of the cervix (which is the lower part of the uterus, or womb, situated at the top of the vagina). Cervical cancer develops when abnormal cells in the lining of the cervix begin to multiply out of control and form pre-cancerous abnormalities. If undetected, these abnormalities can develop into tumours and spread into surrounding tissue.

While factors such as the oral contraceptive pill, smoking, a woman's immune system and the presence of other infections seem to play a part, a woman has to have been infected with certain "high-risk" HPV types for cervical cancer to develop. "High-risk" types 16 and 18 are responsible for around 70% of all cervical cancers.



DOES EVERYONE WITH HPV GET CERVICAL CANCER?

Fortunately, no. For the majority of people who have HPV, the body's defences are enough to clear the virus.

For women who don't clear certain "high-risk" types of the virus, abnormal changes can occur in the cells lining the cervix that can lead to pre-cancers and even develop into cervical cancer later in life. Most often, the development of pre-cancer to cervical cancer takes a number of years, although in rare cases it happens more quickly. That's why early detection is so important. Talk to your doctor about regular Pap smears, which help detect suspicious cell changes in the cervix.

HOW IS CERVICAL CANCER DETECTED?

Cervical cancer can be detected in two ways. A woman may present to her doctor with symptoms due to the cancer, or the cancer may be detected in its early stages with a Pap smear, before the woman has any symptoms.

A Pap smear is part of a gynaecological examination that aims to detect abnormal cells (pre-cancers) in the lining of the cervix before they have the chance to become cervical cancer. Although distressing, pre-cancers detected during a Pap smear can be treated. That's why it's important to follow your doctor's recommendation about regular Pap smears.

If a woman's Pap smear shows cancerous cells, she will be referred to a specialist doctor to confirm the diagnosis and plan appropriate treatment.

ABOUT VAGINAL AND VULVAL CANCERS

Vaginal and vulval cancer are uncommon cancers. Infection with certain "high-risk" HPV types is a risk factor for vaginal and vulval cancers. Other factors include cigarette smoking and a previous history of genital cancer.



ABOUT ANAL CANCERS

Anal cancer is an uncommon cancer that affects both males and females. Infection with certain types of 'high risk' HPV is a risk factor for anal cancers as well as other risk factors including cigarette smoking and immunodeficiency syndromes.

HOW ARE ANAL CANCERS DIAGNOSED?

Anal cancer sometimes has no symptoms at first. Common symptoms can include bleeding and discomfort in the area. Other symptoms can include pain, itching, straining during a bowel movement, change in bowel habits, change in the diameter of the stool, discharge from the anus and swollen lymph nodes in the anal or groin area.

A doctor may diagnose anal cancer using a number of tests such as a physical exam and history, digital rectal examination (DRE), anoscopy, proctoscopy, biopsy or ultrasound.