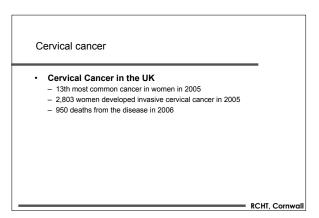
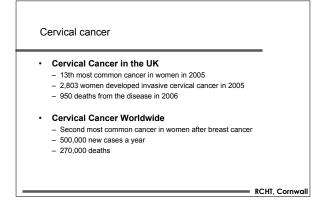
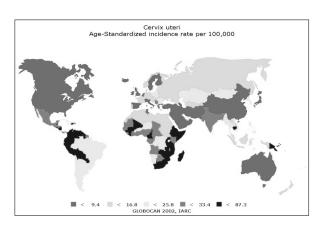
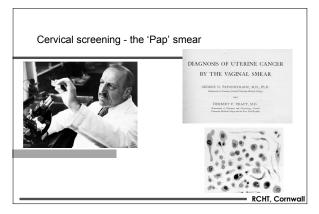


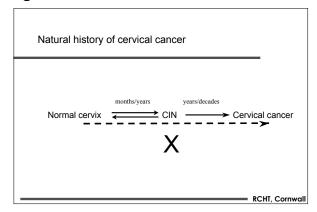
## Overview Cervical cancer Screening HPV The vaccine

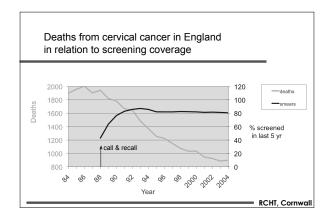


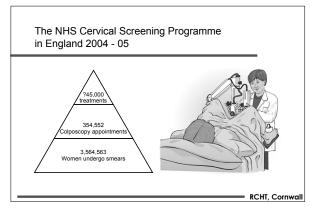






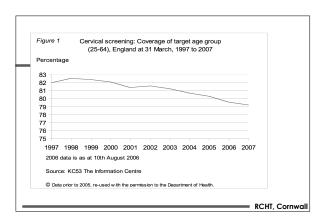


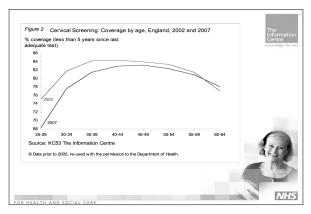


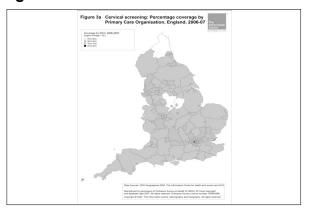


Limitations of cervical cytology screening

 Anxiety , discomfort & embarrassment of test
 Morbidity for 8-10% requiring investigation
 Poor sensitivity
 Poor prediction of adenocarcinoma
 Expensive







#### Cervical cancer and the Human papilloma virus (HPV)

- Press Release WHO/47 3 July 1996
- · CERVICAL CANCER:
- Experts confirmed virus a major cause, new detection technologies available

Experts have formally labelled the human papilloma virus (HPV) types 16 and 18 as "carcinogenic to humans", HPV types 31 and 33 as "probably carcinogenic", and suggested that some other HPV types were "possibly carcinogenic".

99.7% of cervical cancers contain HPV DNA

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#### Human Papilloma Virus



- Member of the Papovaviridea family two strands of DNA with a spherical protein shell, the capsid
- There are more than 100 types of HPV approximately 40 can infect the genital tract and of these about 15 are carcinogenic
- Two genes in the circular genome of papillomaviruses, E6 and E7 are well established oncogenes that are the causative factors in cervical cancer.

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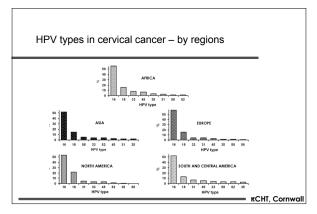
#### Genital 'high risk' HPV infection - natural history

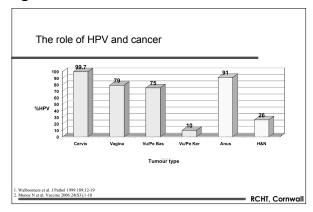
- · Infection is caused by skin to skin contact
- 75% lifetime risk of infection
- Prevalence greatest (approx 50%) in women under 25 years
- Infections usually transient (80%)
  - asymptomatic & resolve spontaneously
- Some become persistent † risk of cancer

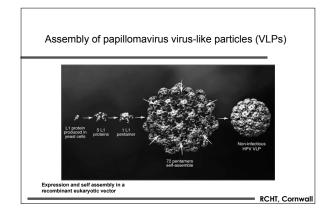
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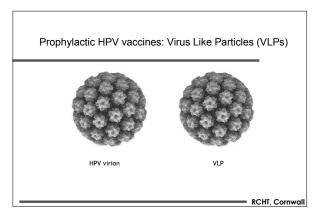
Manacz N et al. Against which human papillomavirus types shall we vaccinate and screen

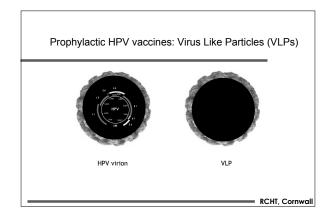
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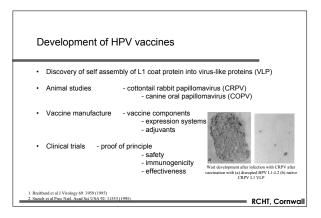




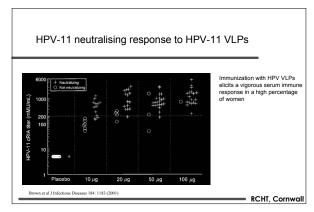


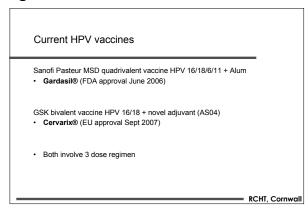


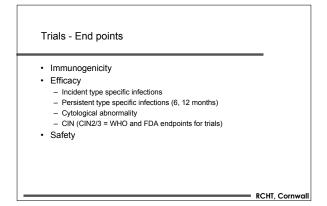


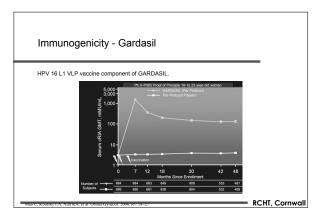


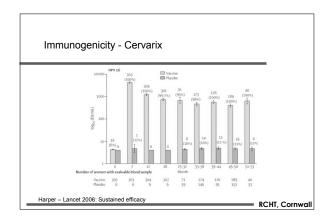
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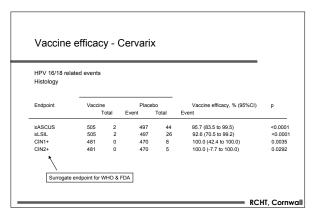




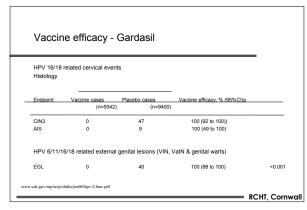


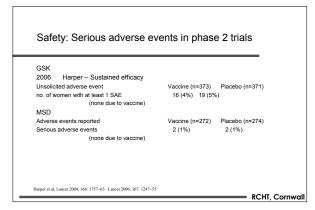




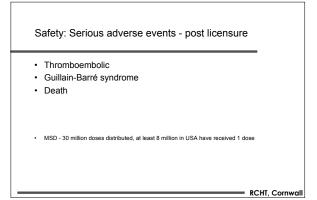


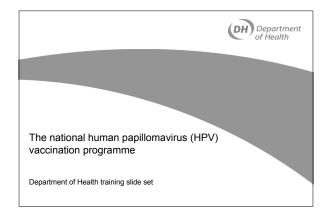
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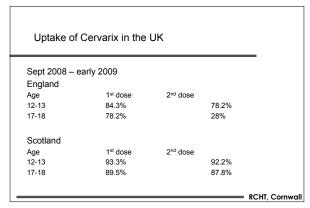


# Prophylactic HPV L1 VLP vaccines Efficacy >90% for persistent infection 100% for disease (5 years post vaccination) in subjects naïve for vaccine HPV types Immunogenic high antibody concentrations up to 1000x > than in natural HPV infection Duration of vaccine induced antibody levels maintained over 5 years protection Safe no vaccine related serious adverse events identified in the trials to date (70,000 women)





## Outline of the HPV vaccination programme • Girls aged 12-13 years (school year 8) will be immunised routinely, starting from September 2008. • A catch-up programme, over two years, will start in autumn 2009: – girls aged 16 to 18 (years 12 and 13) will be offered immunisation in 2009/2010 – girls aged 15 to 17 (years 11 and 12) will be offered immunisation in 2010/2011.



Monitoring - MHRA (May 09)		_
SAE	Cases	
Injection site (pain/swelling)	573	
Allergic reactions	343	
Psychogenic (syncope/dizzy)	988	
Others (nausea/headache/dizzy)	1383	
Not currently recognised (1GB)	394	
At least 800,000 doses		
Medicines and Healthcare products Regulatory Agency (MHRA)		RCHT, Cornwal

The Future?

Developed countries
Developing countries
Increased HPV subtypes in the vaccine
Different administration routes

Cross Protection Number of types HPV 16 + HPV 18 74 + HPV 45 80 + HPV 31 84 + HPV 33 88 + HPV 58 90 + HPV 52 + HPV 35 95

The Future?

• Developed countries
• Developing countries

Tobacc Used in Cancer Vaccine

Broad of The Future Countries

Tobacc Used in Cancer Vaccine

Countries

Tobacc Used Countries

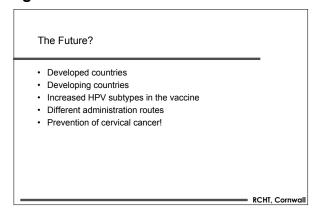
Tobacc Use

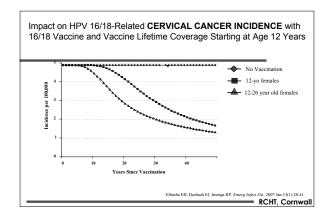
The Future?

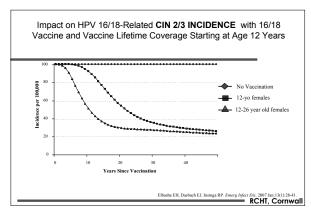
• Developed countries
• Developing countries
• Increased HPV subtypes in the vaccine

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# The Future? Developed countries Developing countries Increased HPV subtypes in the vaccine Different administration routes











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