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Editor's Message

Infections With Human Papillomavirus: Hope for Prevention and Guidance for Diagnosis and Management

Paul M. Krueger, DO

Genital warts, cervical dysplasia, and subclinical human papillomavirus (HPV) infections have been a tremendous source of frustration throughout my career as a practicing obstetrician and gynecologist. Fortunately, we are about to enter a new era—the era of the HPV vaccine and the fulfillment of its potential and promise to prevent HPV-related anogenital infection and neoplasia, especially cervical cancer.

As Anthony H. Dekker, DO, points out in this supplement, physicians will have to take a proactive role in fostering acceptance of the HPV vaccine by parents, guardians, and young female patients. And, despite the future availability of this preventive modality, physicians will still need to care for women who are already infected with the virus. Here is some guidance:

- Download and follow the evidence-based protocols developed by the American Society for Colposcopy and Cervical Pathology (ASCCP). The ASCCP protocols are available at: http://asccp.org/consensus.shtml.
- Adhering to the ASCCP guidelines, physicians should follow up with colposcopies in most women who have a new Papanicolaou (Pap) test diagnosis of atypical squamous cells—cannot exclude high-grade (ASC-H), low-grade squamous intraepithelial lesions (LSIL), high-grade squamous intraepithelial lesions (HSIL), or other serious abnormalities including glandular cell abnormalities.
- I use reflex HPV DNA typing in most—but not all—clinical situations when Pap tests are read as atypical squamous cells of undetermined significance (ASCUS).
- Screening women with too many Pap tests is just as bad as doing too few. Women with a Pap test showing ASCUS and negative typing for oncogenic HPV DNA should return to recommended routine screening intervals.
- Pap tests plus HPV DNA typing is helpful for screening women older than 30 years but not women younger than 30 years. If both the Pap test and the HPV DNA typing show no abnormality, physicians should consider screening at 3-year intervals. Women who have Pap tests showing normal cytology and oncogenic HPV DNA should have HPV DNA typing repeated in 6 to 12 months. Women should undergo colposcopy if positive HPV DNA typing persists.

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- Physicians need to beware the patient who has a Pap test diagnosed as an HSIL and a colposcopy showing no abnormality; an excisional procedure is usually indicated.

I hope my recommendations and the articles by Bethany A. Weaver, DO, MPH; Daron G. Ferris, MD; and Anthony H. Dekker, DO, in this supplement to *JAOA—The Journal of the American Osteopathic Association* are helpful.

About the Cover

The cover of this supplement to the *JAOA* depicts the advance human papillomavirus (HPV) vaccines will have in the prevention of HPV-related oncogenic disease. Superimposed on a background of the abnormal cells seen in endocervical adenocarcinoma in situ, the gloved hands holding the needle into the vial to fill the syringe (SuperStock photograph) represent the soon-to-be-available HPV vaccines. The photomicrograph slides show abnormal cells seen in HPV-related oncogenic diseases; arranged bottom to top are slides showing a high-power view of a human papillomavirus–related lesion, a low-power view of dysplasia in cervical squamous cell carcinoma, and a high-power view of dysplastic changes.

Cytology slides courtesy of Leopoldo T. Gerardo, MD.

Cover design by Leslie M. Huzyk, AOA Creative Director.

Introductory Message

HPV Vaccines: Are We Closer to Preventing Cervical Cancer and Other HPV-Related Diseases?

Bethany A. Weaver, DO, MPH

It was my pleasure to serve as chairperson for the industry-sponsored symposium "HPV Vaccines: Are We Closer to Preventing Cervical Cancer and Other HPV-Related Diseases" during the American Osteopathic Association Unified Convention in Orlando, Fla.

Human papillomavirus (HPV), a significant sexually transmitted pathogen in sexually active adolescents and young adults, is a necessary cause of low- and high-grade cervical lesions, cervical cancer, anal cancer, penile cancer, and genital warts. Current screening methods for HPV-related diseases have limited clinical sensitivity, causing HPV-associated disease to remain an important health problem. Prophylactic HPV vaccines, which may be available for clinical use in the next year, offer the promise of preventing HPV infection and its clinical sequelae. Osteopathic physicians, who often treat patients of all ages, should be properly informed about the prevention, diagnosis, and treatment of HPV infection and its associated clinical sequelae in an effort to improve patient outcomes.

The program, presented October 26, 2005, had the following educational objectives:

- To describe the prevalence of HPV, risk factors for infection, and clinical manifestations associated with both incident and persistent infection.
- To discuss the causal relationship between high-risk HPV infection and cervical cancer, and low-risk HPV infection and genital warts.
- To review published clinical data outlining the efficacy, safety, and immunogenicity of prophylactic HPV vaccines.

Daron G. Ferris, MD, and I presented information supporting these objectives. The presentations were clear, informative, and intellectually engaging, and were successful in translating the relevant clinical and basic science data to an audience of osteopathic physicians and other healthcare professionals.

The articles compiled for this supplement of *JAOA—The Journal of the American Osteopathic Association* represent a re-creation of the information exchanged during the AOA symposium and are intended to provide an enduring reference material that can be disseminated to a larger audience. Dr Ferris, Anthony H. Dekker, DO, and I have contributed articles that describe and synthesize a substantial body of literature to facilitate the learning process.

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