

Rebuttal: Do you approve of spending \$300 million on HPV vaccination?

YES

Marc Steben MD

Starting immunizations when girls are 9 years old and levels of antibodies are highest is the best way to prevent human papillomavirus and related cancers. About 97% of Canadians 7 to 14 years old are in school. They are already well covered by existing programs; coverage is relatively higher in primary schools than it is in high schools. Women most at risk of cervical cancer are those who drop out of school early and miss getting immunized. These women often become marginalized and will likely also lack access to screening for cervical cancer later in life.

Dr Lippman and colleagues said that new vaccines need to be evaluated to see how they improve upon what is already available. There is nothing better for preventing low-grade genital infections and genital warts. The vaccine is almost perfect. The occurrence of both these types of lesions would decrease by 50% within 10 years of mass immunizations with the quadrivalent vaccine.

Immunization programs will not be introduced, as Dr Lippman and colleagues suggest, in an atmosphere of confusion and misunderstanding. Many meetings and discussions took place and reports were written to prepare the way for implementation of these programs and evaluation of their effectiveness.


Most cervical cancers progress slowly, but the sensitivity of Papanicolaou smears is only 53%, which explains why many women with cervical cancer had normal smear results before the diagnosis. The vaccine has been proven to provide 5 years of excellent immunogenesis, strong immune memory, and protection against disease—benefits that cannot suddenly evaporate.

Efficacy trials cannot be conducted ethically in 9-year-olds. So efficacy was inferred for these young girls with excellent levels of antibodies from the efficacy found among older girls with lower levels of antibodies who received excellent protection.

No one has ever said that immunizations would replace annual medical visits. Opportunities for counseling about healthy behaviour would not be affected by immunization programs.

Canadian experts on vaccination made sure that the immunization programs would deliver the best protection for the investment our governments were prepared to make. At this time, I reaffirm that it is fully responsible to spend \$300 million on a vaccination program to complement existing screening programs.

The price of the vaccine will not preclude us from improving the quality and reach of our screening programs. The Canadian Cervical Cancer Prevention Network is working on this.

Healthy personal and sexual behaviour, eating well, having regular Pap smears, and using condoms all together will never be better in terms of efficacy than a human papillomavirus vaccine! 

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Competing interests

Dr Steben is an investigator for Gardasil and part of Merck's Publication Committee and International Speakers Board. He has received travel and research grants from 3M, Adaltis, AutoGenomics, Digene-Qiagen, GlaxoSmithKline, Laboratoire Biron, Merck, Novartis, Roche, and Warnex.

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Cet article se trouve aussi en français à la page 344.

These rebuttals are responses from the authors of the debates in the February issue (*Can Fam Physician* 2008;54:174-7).