

# HPV infections and cervical cancer prevention. Priorities and new directions. Highlights of EUROGIN 2004 International Expert Meeting, Nice, France, October 21–23, 2004

J. Monsonego\*

*EUROGIN, 174 rue de Courcelles, 75017 Paris, France*

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## Introduction

Cervical cancer is caused by infections with a range of high-risk (oncogenic) Human papillomavirus (HPV) types. It seems likely that practically all (>99%) cervical squamous cell carcinomas are linked with these HPV infections. Cervical cancer has an unequal geographic distribution, with the highest global disease burden confined to the developing countries, where the facilities to combat the disease are clearly insufficient. On the other hand, the declining trends in incidence and mortality rates witnessed in many of the developed countries during the past four decades are mainly attributable to the implementation of organized screening programs based on the use of cervical Pap smear, for example, the Nordic Countries, where an organized screening has resulted in up to 80% reduction in cervical cancer incidence since the early 1960s.

Unfortunately, these highly effective organized screening programs exist in few countries only, and the prospects for effective cervical cancer screening based on the Pap test in the majority of these developing countries seem gloomy, if not entirely pessimistic, even in the foreseeable future. This fact has been well appreciated among the scientific community, emphasizing the necessity to find other solutions to cope with this urgent and growing problem. Recognition of this unsatisfactory state of affairs by a group of European experts was the stimulus to the foundation of a new international organization called European Research

Organisation on Genital Infection and Neoplasia (EUROGIN), in the early 1990s in Paris, France.

Since its very beginning, the core mission of EUROGIN has been to gather together the opinion leaders and experts in the field, to discuss the state-of-art research data and share this information with the different liaison groups, including medical professionals, health policy decision makers as well as different societies and groups representing women as patients [1]. This strategy has proven highly successful, as evidenced by the five successive international EUROGIN Congresses organized at 3-year intervals in Paris since 1991. The most recent one was held in 2003, and the consensus statements of that congress were published just recently [2]. Interim between these major tri-annual congresses (with around 1000 participants), EUROGIN started a new initiative in 1996, by organizing the first expert meeting in Geneva, followed by one in Paris (1999), and EUROGIN Leaders Meeting in Nice 2001. The topic of the present Congress Summary Report is the fourth one in this series of expert meetings, entitled EUROGIN 2004 International Expert Meeting, held in Nice, October 21–23, 2004. The meeting was attended by 350 participants and had a distinguished international faculty.

The title of the present meeting: HPV Infection and Cervical Cancer Prevention—Priorities and New Directions, continues to be in alignment with the mission of EUROGIN. The sub-title selected for the present meeting: “Physicians, Patients and Public Health Issues”, reflects the continuous endeavors of EUROGIN to carefully follow-up and respond to the changing challenges in the main field of its mission: cervical cancer and its prevention. The

\* Fax: +33 1 47667470.

E-mail address: [admin@eurogin.com](mailto:admin@eurogin.com).

necessity of having this meeting arranged once again was enlightened by the Secretary General of EUROGIN, Dr. J Monsonogo, in his welcome address, while stating that “As scientists and clinicians working in this field, we feel ourselves privileged, while having witnessed, during the past 20 years, an incredible breakthrough in our understanding of this major human disease. It is very rare that such a major progress has been made in such a short time as elapsed since the early 1980s, when the concepts on cervical cancer and its causes were basically formulated. Despite this tremendous progress, however, this disease has not been eradicated. On the global scale, cervical cancer continues to be the leading cause of cancer mortality among women, and a cause of significant annual morbidity, despite substantial preventive measures and all other efforts taken by national health authorities and international organizations, like WHO and EUROGIN. This unsatisfactory state of affairs is the best single reason to continue these EUROGIN Expert Meetings”.

### Format and aims of the meeting

The format of this meeting followed the pattern adopted in the previous EUROGIN meetings. The theme of this year, “Physicians, Patients and Public Health Issues”, should best describe the core substance of the meeting. With this theme, EUROGIN wants to focus on topics that are common to these three strategic partners: (a) patients as carriers of cervical cancer and its precursors; (b) physicians as health care professionals attempting to diagnose the disease and treat the patients; and (c) public health authorities, dealing with the widespread issues related to implementation of cervical cancer control. It is the conviction of EUROGIN that optimal health care can be provided only by the intimate cooperation of this strategic partnership to the maximum benefit of the patients.

In this meeting, the EUROGIN Program was offered in three different formats: (1) Plenary Sessions, (2) Highlights of Current Research, and (3) Free Communications. In addition, several Workshops were arranged (by different companies) in parallel with the meeting sessions. The four Plenary Sessions included the following topics: Cervical Cancer Control; Strategic Partnerships; Quality of Service; and Public Health Issues. Sessions named as Highlights of Current Research covered carefully selected topics describing the latest progress in cervical cancer research. In Free communications-sessions, participants presented their proffered papers, arranged in three thematic sessions: Cytopathology—Management; Screening—Epidemiology; and HPV testing—Molecular biology.

Being an integral part of EUROGIN mission, the purpose of this expert meeting was to develop comprehensive approaches to cervical cancer control, to highlight the recent advances made, and to exchange information at a specialist level with regard to early detection, new diagnostic, and

therapeutic procedures (including HPV vaccination), recommendations for clinical practice, new directions for research, and enlarging the discussion beyond the medical and scientific aspects.

The highlights of the EUROGIN 2004 are synthesized in this Congress Summary Report, where selected topics are reviewed by identifying the presentations given during the Plenary Sessions and Highlights of Current Research-sessions, as well as in special Workshops. Free communications are intentionally excluded from this report because of the fact that much of this abundant original research will be published on time elsewhere.

### Cervical cancer prevention, science, and its translation

The opening lecture of the meeting was given by Prof. Peter Boyle, who discussed the issues related to cervical cancer prevention, existing science and its translation to clinical practice [3]. In his comprehensive overview, the IARC Director started by giving the latest global cancer incidence data from the IARC data base updated for 2002, which is not generally available as yet [4]. Interesting were the estimations for the future, how these figures might look like in 2050, if nothing more can be done to prevent cervical cancer. According to these estimates, there will be 1,090,000 new cases in the year 2050, and as compared with the present figures of 470,000 this would mean more than doubling of the annual cases during the next 50 years. Like today, the vast majority (1 million) of these cases will be detected in the developing countries.

He then proceeded in presenting the figures on the proportion of global cancer burden ascribable to infectious diseases, ending up with 18% worldwide, being 25% in the developing countries and 8% in the developed countries. HPV alone seems to be responsible for almost 11% of all female cancers worldwide. There is a substantial variation in these figures between the different geographic regions, however. The list of cancers attributed to HPV is increasing in parallel with the improved understanding of the pathogenesis of these lesions, and the estimated total of all HPV-associated cancers currently exceeds 1 million annual cases.

While summarizing the results achieved in cervical cancer prevention, the Nordic Countries were once again used as an example of a major success story. Similar success is now anticipated also in the UK, with their reconstructed screening program having an ambitious goal to reduce mortality by 20% from 1986 until 2000. This is in strict contrast to the situation in the developing countries, where little, if anything, has been achieved in cervical cancer prevention, as demonstrated by the figures from different geographic regions illustrated by Dr. Boyle. Major expectations are currently posed on the prophylactic HPV vaccination trials ongoing in different parts of the world, as updated in the presentation. The obtained results

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