



## North American Society for Pediatric and Adolescent Gynecology

Volume 20 • Number 3 • Fall 2005

### From the President *Janice L. Bacon, M.D.*

### From the Executive Director *Joseph S. Sanfilippo, M.D., M.B.A.*

Dear Members:

NASPAG is looking forward to an exciting fall. Please note the upcoming Fall Post Graduate Course to be held in Montreal Canada on Saturday, October 15, 2005. This meeting will be in conjunction with the American Society for Reproductive Medicine (ASRM) Annual Clinical Meeting. This post graduate course will include topics commonly encountered by healthcare providers for pediatric and adolescent gynecology patients including gynecologic emergencies, vulvovaginal disorders, amenorrhea and dysmenorrhea. Please check the website for a complete agenda and registration information. Please feel free to contact me (jbacon@medpark.sc.edu) or Senta Goldman (NASPAG@asrm.org) if you have any other questions.

Please note the excellent lead article in this newsletter by Heather Brandt, PhD, CHEAS on human papillomavirus infections. This commonly encountered disorder in our teen population is undergoing exciting advances as we look forward to future vaccine development. Dr. Brandt is active with the University of South Carolina School of Public Health and does research on clinical aspects of human papillomavirus, particularly psychosocial issues and epidemiology of the disease process in the South.

The NASPAG website is undergoing "renovations". Please check us frequently to note new sections that will be added. The 2006 Annual Clinical Meeting information is currently on the website as is the call for abstracts. There will be opportunities for new members in place and we will shortly launch a section on "Development".

NASPAG will be putting into place an endowment in order to ensure future success of our educational programs and exciting innovative educational strategies. Please contact us if you wish to make a contribution.

I enjoy hearing from all of the members of NASPAG, making friends and developing collegial relationships is a large part of our organization. It contributes to the success of our patients and practices, both nationally and internationally. Have a great fall!

Let's look at NASPAG from a "Business Model" perspective. All good businesses have a mission statement. It provides the basic operational intent of an organization. The long-term perspective is taken into account and furthermore it provides information regarding the reason the organization is in existence. It provides you, our Society members, with the overall direction and rationale regarding NASPAG. Our mission statement reads as follows:

The mission of the North American Society for Pediatric and Adolescent Gynecology has been to provide a forum for education, research and communication among health care professionals who provide gynecologic care to children and adolescents.

As you surmise, our focus is education of health care professionals; so let's see how we are doing.

We begin with October 2005. Our president, Janice Bacon, has coordinated a NASPAG Postgraduate course in association with The American Society for Reproductive Medicine (ASRM). The theme is "Problem Solving in Pediatric and Adolescent Gynecology". Several members of our Society joined in with Dr. Bacon, viz. Drs. Zeev Harel, Mary Anne Jamieson and Frank Biro. The program was designed for healthcare providers conveying the latest information regarding vulvovaginal disorders and abnormal Pap smears with provision of information unique to the adolescent, abnormal menses and a number of often "hot topics." The latter focused on dysmenorrhea management-best practices, common gynecologic emergencies in the pediatric adolescent patient, trauma, adnexal torsion, etc. Sexually transmitted infection was another important area, as the CDC gears up to provide us with new guidelines slated for release in 2006.

Where do we go from Montreal? We head south and arrive in Orlando, Florida, May 18-20, 2006. Here we see our Program Chairman, Dr. Ellen Rome who has been busy on this educational endeavor in essence for the entire year. We see Malcolm Potts, world-renowned speaker focused on global family planning, contraception and adolescents; Head Coach Pam Borton from the University of Minnesota, Women's Basketball Team discussing newer trends with respect to women in sports, effects on self esteem and the risk behaviors; our own Catherine Gordon on the

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NASPAG NEWS is a quarterly newsletter distributed to all members of the *North American Society for Pediatric and Adolescent Gynecology*. Members are encouraged to submit items for publication.

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**NASPAG Needs Your Email Address**

The central office needs your email address and any change in street address so we can keep the membership list up-to-date, be better informed and keep your mail current. It is important that we have your email address: this issue of *NASPAG News* will be sent electronically and we do not want you to miss anything!

Please send your email address to:  
[NASPAG@asrm.org](mailto:NASPAG@asrm.org)

**ANNOUNCING THE FIRST NASPAG SPECIAL INTEREST GROUP**

The first meeting of NASPAG's Special Interest Group focusing on PRESERVATION OF FERTILITY IN ADOLESCENCE met on May 22, 2005 at the Annual Meeting. Over 15 members were in attendance. Most expressed an interest in developing educational materials, study protocols and more resources for practitioners and children with cancer who wish fertility preservation.

In the meantime, for those health professionals treating young men and women who might lose their ovarian or testicular function, members of NASPAG are encouraged to refer to the American Society for Reproductive Medicine (ASRM) Ethics Committee Report: "Fertility preservation and reproduction in cancer patients" (Fertil Steril 2005; 83: 1622-1628).

**Members interested in participating in this special interest group should email: [NASPAG@asrm.org](mailto:NASPAG@asrm.org) or [AndreaSteinMD@aol.com](mailto:AndreaSteinMD@aol.com).**

**CALL FOR ABSTRACTS**

Abstract submissions will only be accepted electronically this year. We look forward to receiving your original research and case reports by the **new abstract deadline of December 2, 2005**. Check the website for full details on our *Call for Abstracts*.

<http://www.NASPAG.org/Professionals/Meetings/annualmeeting.html>



latest on osteoporosis and bone health in girls and young women; and A. Barbara Mosciki, who is well known for her research on HPV. The program will also focus on a number of workshops including:

- Substance abuse/recreational drug use
- PCOS update
- Primary amenorrhea
- Pre-pubertal vaginal bleeding
- Surgical challenges in pediatric and adolescent gynecology
- Endometriosis it's diagnosis and new concepts regarding management
- Vulvovaginal anomalies their diagnosis and management

So as we reflect back, indeed NASPAG lives up to its Mission Statement. It is you, our membership, which we are focused on. Every effort to provide you with the latest "hot topics" and cutting edge information has been taken. I hope that you are there to reap the benefits as well as the efforts of many, all of which have been designed with "You in Mind."

**MARK YOUR CALENDAR!**



NASPAG went to New Orleans with a blast, next stop Orlando, Florida with electronic abstract submission. The

**2006 NASPAG Annual Clinical Meeting** will take place **May 18-20, 2006**, at the new **Omni Orlando Resort in ChampionsGate, Florida**. Check the website for additional details of the site and registration information.



## ***Update on Genital Human Papillomavirus Infection: Clinical and Public Health Issues***

Heather M. Brandt, PhD, CHES  
Research Assistant Professor, Univ of South Carolina Arnold  
School of Public Health  
Scientific Member, South Carolina Cancer Center  
Columbia, South Carolina

Human papillomavirus (HPV) is the name given to a group of over 100 viruses that affect the skin. Some (~40) types of HPV affect the genital area. Genital HPV infection is the most common sexually transmitted infection in the United States with an estimated 5.5 million people acquiring a new infection each year. The main disease outcomes of genital HPV infection in the United States are genital warts (caused by low-risk or nononcogenic types of HPV) and cervical dysplasia/cervical cancer (caused by high-risk or oncogenic types of HPV). Though HPV infection is very common, cervical cancer is very rare with an estimated 10,500 females diagnosed in 2004. High-risk HPV infection must be persistent (not transient) to progress to cervical cancer. High-risk HPV is responsible for approximately 5% of all cases of cancer worldwide (including cervical, penile, vulvar, and vaginal). High-risk HPV types 16 and 18 are responsible for close to 80% of all cases of cervical cancer in the United States. The age group at highest risk for acquiring genital HPV infection is under 25 years of age while the highest age group for developing cervical cancer is among females over 50 years of age. Currently, there are no good sources of surveillance data to fully explain the extent of genital HPV infection and HPV-induced cervical dysplasia among adult and adolescent females.

Prevention of HPV infection is a topic that has been debated and highly politicized. Is HPV infection something that people should be concerned about preventing? Or is HPV part of the human condition? Experts in the field have differing opinions, but clinicians and public health professionals are frequently confronted with questions regarding prevention. While condom use has been associated with reduced risk of progression to cervical cancer and mortality, there is a lack of evidence effectively supporting that condom use prevents transmission of HPV infection. This is because HPV infection can infect the entire genital area and condoms do not cover the entire genital area. Nonetheless, condoms effectively prevent transmission of other sexually transmitted infections; therefore, condom use must be recommended as a strategy for prevention. Maintaining a healthy immune system seems to be another general prevention strategy. Some groups are using HPV as the main component of abstinence-only programs. While abstinence is recognized as one strategy, other options include delaying first sexual intercourse, engaging in mutual monogamy, and limiting number of sexual partners.

Cervical dysplasia caused by high-risk types of HPV can be detected by routine Pap tests, which have been touted as one of the greatest public health achievements of the 20th century due to early detection and subsequent reductions in cervical cancer mortality. Recently, the availability of liquid-based collection strategies has afforded easily retrievable cervical cellular samples for cytology plus HPV DNA testing. An HPV DNA test (Hybrid Capture II®, Digene Corp., Gaithersburg MD) is now available and FDA-approved for triage of females with equivocal Pap test

results (i.e., Atypical Squamous Cells of Undetermined Significance) and for primary screening in conjunction with Pap tests for females 30 years and older (DNAwithPap™, Digene Corp., Gaithersburg MD). There are no FDA-approved methods of testing males for HPV. The only means by which males are diagnosed with HPV is when visible genital warts are present. Testing of males is a growing area of research.

Very few people, including females and males diagnosed with any type of HPV, know about HPV and its link to genital warts and cancer. This is particularly concerning given the estimated high prevalence of HPV infection. In South Carolina, research findings show that among low-income, rural women who have been told they tested positive for high-risk HPV only about half reported that they were aware of their positive status. Further, few women knew the cause of their abnormal Pap test(s) was HPV infection, had virtually no knowledge of HPV infection, and had many unanswered questions. Women who have abnormal Pap test results are often most concerned about the possibility of having cervical cancer, which may inhibit their ability to comprehend educational information at time of diagnosis. Many patients react with shock and anger when told of their positive HPV diagnosis and may inflict feelings of self-blame. Two studies in South Carolina have confirmed that clinicians recognize the low levels of knowledge among their patients and their own limitations in providing counseling. Non-specialist clinicians, who provide the majority of care to people of lower income levels and living in rural communities, need professional education to remain abreast of this rapidly evolving field.

Early results of vaccines for some types of HPV have been promising. Merck & Company (Rahway NJ) is testing a prophylactic vaccine for two types of high-risk HPV (16 and 18) and two types of low-risk HPV (6 and 11). GlaxoSmithKline (Rixensart, Belgium) is testing a prophylactic vaccine for types 16 and 18. It is likely that the vaccines will be clinically available next year and recommended for administration to adolescents (ages 9 to 12) before becoming sexually active. This changes the target audience to include parents, adolescents, pediatricians, primary care providers, and others. Even with the implementation of vaccines, early detection will remain a priority.

There is a clear need for culturally- and linguistically-appropriate educational messages and materials for women patients, clinicians, and general health information seekers. Messages must also reflect the psychosocial and emotional responses of those women who have been diagnosed with HPV. It seems appropriate for messages that reduce stigma to be developed and implemented. Additionally, these messages must take into account adolescent girls, younger women, and parents and guardians who will be given permission for vaccination. This is particularly important as the reality of a vaccine for some types of HPV nears fruition. The Centers for Disease Control and Prevention (CDC) is currently in the process of developing educational messages, which should be available this year. Figure 1 includes information on sources of HPV educational messages.

There are several patient education and public health challenges associated with HPV infection. Clinicians and public health professionals must continue to work to reach out to rarely and never screened women to improve early detection efforts; promote and actively encourage adherence to recommended

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follow-up care of cervical dysplasia to ensure progression to cancer does not occur; recognize the psychosocial and emotional response of cervical dysplasia and HPV positivity and respond appropriately; and provide culturally- and linguistically-appropriate HPV educational messages to the public. Lastly, these challenges must be addressed to prepare for implementation of future vaccination programs.

**For more information, please contact Dr. Brandt at 803.777.7676 or [hbrandt@sc.edu](mailto:hbrandt@sc.edu).  
(Update to follow in the next issue)**

**Figure 1. Sources of HPV Educational Information**

Hotlines

- o CDC National STD Hotline 800.227.8922 (24 hours a day, 7 days/week)
- o CDC National STD Hotline en Español 800.344.7432 (8 am to 2 am EST, 7 days/week)

Internet

- o Planned Parenthood: Teenwire [www.teenwire.com](http://www.teenwire.com)
- o American Social Health Association [www.ashastd.org](http://www.ashastd.org)
- o CDC [www.cdc.gov](http://www.cdc.gov)
- o Out in the Open: the HPV Community [www.livejournal.com/community/hpv/](http://www.livejournal.com/community/hpv/)

Printed Materials (reading levels of 7th - 9th grade)

- o A Practical Guide for the Tongue-Tied: How to talk with your health care provider about HPV and STDs (American Social Health Association)
- o Genital Warts and HPV: What you need to know (Channing Bete)
- o HPV and Genital Warts (Krames)
- o HPV: Understanding this common virus (Krames)
- o Pap Smears: What they are and what the results mean (American Academy of Family Physicians)
- o STDs: Common symptoms and tips on prevention (American Academy of Family Physicians)

## **SPECIAL ANNOUNCEMENT**

Send your interesting cases to the Editorial Staff of the Newsletter. We would like to print your interesting cases. One case will appear every quarter. Please send any cases felt to be of educational interest to our membership. We will begin printing cases with the next Newsletter. Forward your cases to [jburgis@gw.mp.sc.edu](mailto:jburgis@gw.mp.sc.edu).

## **NASPAG CAREER OPPORTUNITIES**

Please check the NASPAG web site for job announcements.  
([http://www.naspag.org/health\\_profes/announcements.html](http://www.naspag.org/health_profes/announcements.html))