

Izazovi u prevenciji karcinoma grlića materice

Challenges in the Prevention of Carcinoma of the Cervix

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Apstrakt

Humani papiloma virus (HPV) predstavlja veliki zdravstveni problem, ne samo kod nas, već i u svetu, s obzirom na to da je HPV uzročnik raka grlića materice i jedna od najčešćih polno prenosivih infekcija. Podaci o prevalenci HPV-a u opštoj populaciji u Srbiji još uvek nisu dostupni. Međutim, u Južnoj Evropi, u regionu kome Srbija pripada, procenjuje se da je prevalencija HPV infekcije oko 9,2% žena u opštoj populaciji. U Srbiji je 2006. godine registrovana multivalentna vakcina gardasil za HPV tipove 16, 18, 6 i 11. Vakcina je namenjena ženskoj populaciji, uzrasta od 9 do 26 godina; njena primena je efikasna samo kod osoba koje nisu bile u kontaktu sa HPV tipovima 6, 11, 16 i 18, a trajanje zaštite je od 4 do 5, odnosno, 7 godina.

Danas je prevencija HPV infekcije usmerena na primarnu prevenciju, odnosno HPV vakcinaciju, kao i na dijagnostiku HPV infekcije. Koutski i saradnici su 2002. prvi ukazali na preventivne efekte HPV vakcine. Povezanost infektivnog agensa sa nastankom intraepitelne neoplazije i karcinoma grlića materice, kao i svrstavanje HPV-a kao onkoagensa, omogućilo je dalji napredak u pokušaju eradikacije HPV infekcije. Vakcinacija predstavlja noviju opciju primarne zaštite od virusa čija infekcija dovodi do citoloških abnormalnosti i raka grlića materice. Imunitet koji stvara vakcina, posebno protiv HPV tipa 18, kao glavnog uzroka adenokarcinoma (rak grlića materice koji je teško otkriti skriningom), može smanjiti razvoj adenokarcinoma za više od 90%, kao i 80 do 90% svih slučajeva raka grlića materice u svetu.

Značaj primene HPV vakcine u prevenciji raka grlića materice potvrdile su i druge studije, a ima i onih koje govore o ograničenom doprinosu i negativnim efektima vakcinacije. Brojne studije bave se različitim otvorenim pitanjima u vezi sa preporukama za vakcinaciju, kako onim vezanim za ciljnu populaciju, tako i intervalom primene vakcine i intervalom zaštite, pa i isplativošću vakcinacije. Multicentrična studija Rei-Ares i saradnika je pokazala da su trenutno dostupne vakcine efikasne i bezbedne za upotrebu u prevenciji CIN2+ lezija, iako dugoročna efikasnost još uvek nije u potpunosti ispitana.

Upotreba HPV vakcine izazvala je brojne kontroverze, kao i potrebu za konsenzusom stručnjaka iz različitih oblasti medicine. Kako se radi o relativno kratkom periodu primene, nema dovoljno studija o efikasnosti, kao i o rizicima primene.

Veruje se da primena vakcine protiv HPV tipova 16 i 18 pre započinjanja seksualne aktivnosti, uz redovan skrining (jedan ginekološki pregled svake 3 godine), može da smanji incidencu raka grlića materice za 94%. Danas se razmatraju i mnogi drugi aspekti primene vakcine, kao što su: efekti

Abstract

Human papillomavirus (HPV) represents a major health problem, not only in our country but also in the world, given that HPV is the cause of cervical cancer and one of the most common sexually transmitted infections. Data on the prevalence of HPV in the general population in Serbia are still not available. However, in Southern Europe, in the region to which Serbia belongs, it is estimated that the prevalence of HPV infection is around 9.2% of women in the general population. In 2006, the multivalent vaccine Gardasil for HPV types 16, 18, 6, and 11 were registered in Serbia. The vaccine is intended for the female population, aged 9 to 26 years; its application is effective only in persons who have not been in contact with HPV types 6, 11, 16, and 18, and the duration of protection is from 4 to 5, that is, 7 years.

Today, the prevention of HPV infection is focused on primary prevention, that is, HPV vaccination, as well as on the diagnosis of HPV infection. In 2002, Koutski et al. were the first to point out the preventive effects of the HPV vaccine. The association of the infectious agent with the occurrence of intraepithelial neoplasia and cervical cancer, as well as the classification of HPV as an on-coagent, enabled further progress in the attempt to eradicate HPV infection. Vaccination is a newer option for primary protection against viruses whose infection leads to cytological abnormalities and cervical cancer. Immunity created by the vaccine, especially against HPV type 18, as the main cause of adenocarcinoma (cervical cancer that is difficult to detect by screening), can reduce the development of adenocarcinoma by more than 90%, as well as 80 to 90% of all cases of cervical cancer in the world.

The importance of the use of the HPV vaccine in the prevention of cervical cancer has been confirmed by other studies, and there are also those that talk about the limited contribution and negative effects of vaccination. Numerous studies address various open questions related to vaccination recommendations, both those related to the target population, the interval of vaccine administration and the interval of protection and the cost-effectiveness of vaccination. A multicenter study by Rei-Ares et al showed that currently available vaccines are effective and safe for use in the prevention of CIN2+ lesions, although long-term efficacy has not yet been fully investigated.

The use of the HPV vaccine has caused numerous controversies, as well as the need for a consensus of experts from various medical fields. As it is a relatively short period of application, there are not enough studies on the effectiveness, as well as on the risks of application.

It is believed that the administration of the vaccine against HPV types 16 and 18 before starting sexual activity, along with regular screening (one gynecological examination every 3 years), can reduce the incidence of cervical cancer by 94%. Many other

vakcinacije na smanjenje incidencije i mortaliteta od raka grlića materice, najefikasniji programi vakcinacije, pitanja o efektima nepotpune vakcinacije (samo jedna ili dve doze vakcine), neželjena dejstva i kontraindikacije, potreba testiranja na HPV pre primene vakcine, određivanje osobe koja bi donosila odluke u zdravstvenom sistemu o primeni vakcine, promocija primene vakcine, pitanja vezana za ciljnu populaciju za vakcinu (samo devojčice ili dečaci), kao i ekonomska analiza odnosa troškova i efekata vakcinacije. O stvarnim efektima vakcine možemo govoriti tek kada se dokaže da vakcina sprečava klinički manifestnu bolest, a ne samo dispneju.

U slučaju vakcinacije, važno je nastaviti sa redovnim skriningom kako bi se obezbedila zaštita od posledica infekcije HPV tipovima protiv kojih vakcine ne pružaju zaštitu i da se adekvatno meri uspešnost primarne i sekundarne prevencije raka grlića materice.

aspects of vaccine use are being considered today, such as the effects of vaccination on reducing the incidence and mortality of cervical cancer, the most effective vaccination programs, questions about the effects of incomplete vaccination (only one or two doses of the vaccine), side effects and contraindications, the need HPV testing before vaccine administration, determination of the person who would make decisions in the health system about vaccine administration, promotion of vaccine administration, issues related to the target population for the vaccine (only girls or boys), as well as an economic analysis of the relationship between costs and effects of vaccination. We can talk about the real effects of the vaccine only when it is proven that the vaccine prevents clinically manifest disease, and not just dyspnea.

In the case of vaccination, it is important to continue with regular screening in order to ensure protection against the consequences of infection with HPV types against which vaccines do not provide protection and to adequately measure the success of primary and secondary prevention of cervical cancer.