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## FIGO COMMITTEE REPORT

# HPV vaccination and screening to eliminate cervical cancer

## FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health

*The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health considers the ethical aspects of issues that impact the discipline of Obstetrics, Gynecology, and Women's Health. The following document represents the result of that carefully researched and considered discussion. This material is intended to provide material for consideration and debate about these ethical aspects of our discipline for member organizations and their constituent membership.*

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### 1. Introduction and background

1. Cervical cancer is the most common cause of death from cancer for women in low-income countries and is increased within high-income countries for women who have decreased access to health care.
2. Women have a right to the highest attainable standard of physical and mental health and to have their health rights addressed by their governments.
3. HPV subtypes 16 and 18 are the proximate cause of 70% of cervical cancer worldwide with regional patterns that include multiple other oncogenic subtypes.
4. HPV is a sexually communicable disease for which the burden of death and disability falls disproportionately on women.
5. Cervical cancer is now a virtually preventable disease through a combination of early vaccination and screening strategies to identify and treat preinvasive disease.
6. In order to be effective the present vaccines to HPV 16 and 18 must be given at an age before likely viral exposure.
7. Delay in vaccination roll out will result in additional generations being at risk for cervical cancer.

### 2. Recommendations

1. Education of both health professionals and communities about prevention of cervical cancer through both vaccination and screening strategies is an obligation of health professionals, in particular Obstetrician/Gynecologists.
2. The development and maintenance of screening strategies must be addressed for women regardless of vaccination strategy, due to the ongoing risk for unvaccinated women, women who were exposed prior to vaccination, or those with an uncovered oncogenic HPV subtype.

3. Obstetrician/Gynecologists should advocate for youth friendly approaches to vaccination and screening that include primary care, pediatrics and other health professionals and address the unique issues of privacy and confidentiality for this age.
4. Development of community/national/NGO/WHO partnerships is needed to create affordability for vaccination and screening programs to prevent cervical cancer.
5. Obstetrician/Gynecologists have an obligation to advocate for vaccination and screening and to assist in the creation of coalitions to address prevention of cervical cancer.

Lyon, June 2007