Obstetrical & Gynaecological Society of Malaysia

The OGSM newsletter

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THE OGSM COUNCIL, SUBCOMMITTEES & STATE COORDINATORS

COUNCIL 2007/2008

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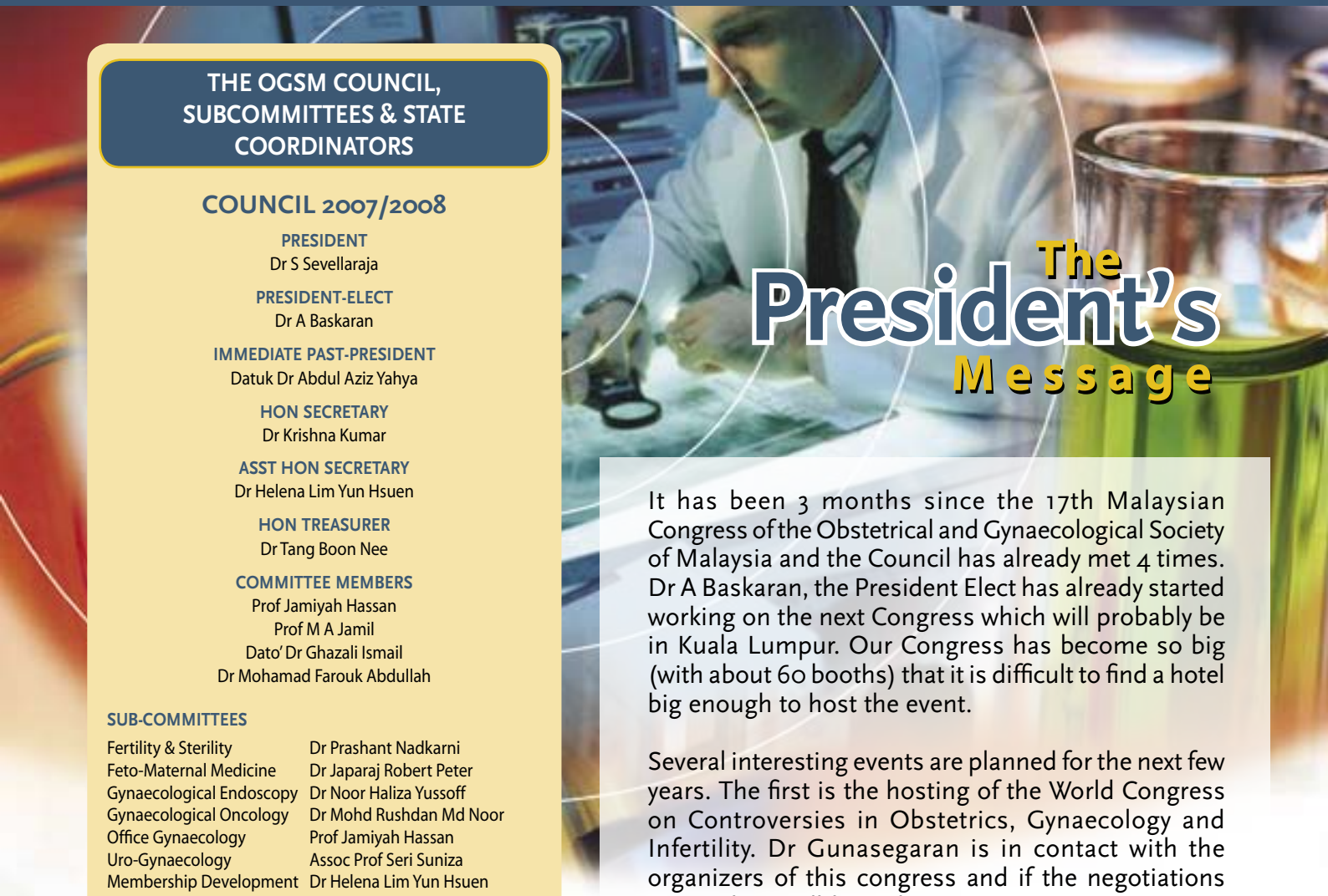


The President's Message

It has been 3 months since the 17th Malaysian Congress of the Obstetrical and Gynaecological Society of Malaysia and the Council has already met 4 times. Dr A Baskaran, the President Elect has already started working on the next Congress which will probably be in Kuala Lumpur. Our Congress has become so big (with about 60 booths) that it is difficult to find a hotel big enough to host the event.

Several interesting events are planned for the next few years. The first is the hosting of the World Congress on Controversies in Obstetrics, Gynaecology and Infertility. Dr Gunasegaran is in contact with the organizers of this congress and if the negotiations succeed we will host this congress in 2010. During the last Council meeting we also decided to bid for the AOFOG congress in 2011. Dr Ravi Chandran has kindly agreed to take on this challenge and will be in Tokyo soon to bid for this congress. The International Federation of Fertility Societies (IFFS) has contacted us and is interested in organizing an infertility workshop here in Malaysia. Associate Prof Paul Tay and I met Prof Ian Cooke, Director of Education of the IFFS in Lyon, France recently and this workshop was initially planned as a precongress workshop for next year's congress. However, we realized that the ASPIRE meeting will be in April 2008 so the organizing committee has decided to postpone it to a later date

cont' pg2 ....

probably before the 2009 congress. With the huge success of FIGO, we hope these meetings held in Malaysia, will again enable more members to attend good international meetings here in Malaysia at a lower cost.

The Council has also selected the chairman of the various subcommittees and the state coordinators. A higher budget has been approved during the last Annual General Meeting and so more activities can be organized this year. I have requested the various subcommittee chairmen to organize one national meeting under the OGSM so that income generation for the society will not be only by the annual congress but also through other CME programmes.

The secretary, Dr Krishna Kumar has suggested that the format of the newsletter is changed so that the various committee members, subcommittee chairmen and state coordinators are given a platform to write and inform members of their planned activities. He has also suggested increasing the frequency of the newsletter from 2 times to 4 times a year.

The last AGM approved the purchase of a building with the profit generated from FIGO. Dr Bux together with other committee members are already looking at several properties to acquire and by the next newsletter, OGSM will be the proud owner of an income generating property.

Lastly, let me congratulate Datuk Dr Abdul Aziz Yahya, Immediate Past President of OGSM on being conferred the PJN by the Yang di Pertuan Agong recently.

Dr S. Selva
President

Secretary's Report

1. REVAMP NEWSLETTER

We hope to create newer segments in the newsletter. This would include

- President's page
- Secretary's page
- Treasurer's page
- Subspecialty column
- Next OGSM scientific meeting page
- Letters to the editor
- Topic discussion – e.g. the place of the private maternity home
- CME
- Diary of events
- Adverts

We also plan to have more issues per year. This would increase from the current two to three or four per year depending on the submission of articles by members for publication. We hope to have general members contributing more opinions into the newsletter to share their own experience and maybe as an avenue to insert their views for consideration.

We also want feedback from members on the various current issues. Some members would like to give their feedback on new changes that have occurred including the implementation of the new rules in the Private Healthcare Act 1998 or even the view of the minister on the role of sub-specialists as an example.

2. ANNUAL SCIENTIFIC CONFERENCE 2007

It has just been concluded in June 2007. It was a big success with more than 500 participants. The profitability of the conference was small as there were an increased number of speakers and door gifts for members. The common complaint that the conference was too packed with lectures and events that it became very tiring. We would like members to give their feedback as to improve the annual conference for next year. Any suggestions to improve are greatly welcomed.

3. ANNUAL SCIENTIFIC CONFERENCE 2008

This conference has been tentatively been planned from 5th to 8th June 2008. The Chairman for the organising committee for this committee is Dr. A. Baskaran. He has already organised a pro-term committee which has already started the initial work for the organisation of this event. It is planned to be held in Kuala Lumpur to increase the number of participants to the conference. The likely candidates will be in Genting Highland Resort and Sunway Lagoon Resorts. We hope that all the members will attend to make it a success.

There is also a plan to combine this event with the Royal College of Obstetricians and Gynaecologists, United Kingdom. This joint meeting is being coordinated by Dr. Guna. We hope to get some of the speakers through this method.

4. DIARY OF EVENTS

We hope to have our own diary of events. This would include all the courses and events which are done together with the OGSM. We hope that this would enable members to be better informed and hence have an opportunity to participate in these events.

5. SUB-SPECIALTY COMMITTEES

There are now various sub-specialty committees. The funding for their activities has been increased. They also can use the newsletter to promote their activities or write on various issues of their sub-specialties.

6. BALLOT PAPERS FOR THE NEXT ELECTION

There was some confusion in the previous elections. The council has now prepared and accepted a standard ballot paper which has been attached with this article for your general information and will be used in the next elections in 2008

Dr H. Krishna Kumar
Hon. Secretary

Treasurer's Words

Hello and we are busier than ever after our AGM. The focus now is on identifying a property as mandated by the AGM for the society. Again this building committee is headed by Dr Shiek Johari Bux. We have identified two potential shop offices that are within our price range of RM2.5 million but we feel that we need a little more time to look at other properties before we commit ourselves. We are basically concentrating in areas like: Mont Kiara, Taman Tun Dr Ismail, Sri Hartamas, Bangsar and Damansara. If any members have any leads, please feel free to contact Mr Chong so that we can view the property. We will be in touch as to any future development.

The society, through the I.S. Puvan OBGYN Foundation has also embarked on doing charity clinics, from about 3 years ago. This financial year, we have just done a charity clinic for the women living in low cost flats off Jalan 222, Petaling Jaya. Dr Farouk and his team from Hospital TAR, Klang ran this clinic and we had examined about 80 ladies. There will be another clinic in September in KL for Burmese refugees who generally do not receive much medical care. **We will be more than happy for any of our members to help in this clinic as we will expecting 200-300 women of child bearing age attending**. In fact the budget is available to conduct more clinics, anywhere in Malaysia. For those who may be interested to find out more, contact Mr Chong or myself.

The other development (just in case you were not at the AGM) is that we have 6 subspecialty chairpersons to look after subspecialty interests. From this year's budget we have allocated RM 10,000 for each subspecialty chairman to utilise for any workshops or activities they may want to organise. This has generated a lot of excitement and CME activities are already on the rise even though the financial year has just started. This allocation will allow us to be a little less dependent on medical companies for sponsorship. If any of our members are interested in organising any CME activities, do contact Mr Chong and he will be able to tell you which subspecialty chairman to approach.

On top of that each State representative has also some allocation to organise CME activities and state fellowship events. It will be nice if we see a lot more participation from our members in activities that are organise for them. We will try our level best to make the events of some standard, enhancing not only learning but fellowship as well.

The increase in budget is possible through the efforts of our members who have worked hard in organising events, both international (FIGO, in particular) and local. The society has grown in terms of its financial means but we must make this money work for us so that it will generate future income. Otherwise with increased spending and inflation, the money, however much, will run out one day. We would like our society to remain in the forefront of O&G activities in Malaysia, therefore prudence now is important for our future. That is something that I will like to remind everyone, it is not a bottomless pit, but we will try our level best to support good CME activities.

On that note I wish all of us a good year and happy learning.

Dr Tang Boon Nee
Hon Treasurer

The Great OGSM Debate

For the next OGSM Congress in June 2008, we will invigorate it with the participation of our junior members in the form of a debate. This will give an opportunity for the trainees to show their ability in debating as well as to help them with their exams through public speaking. Hurry to sign up as it is limited to only 8 teams.

Eligibility:	Trainees who are OGSM members
Team:	2 trainees / team
Time:	1st speaker 5 minutes
	2nd speaker 7 minutes including rebuttal
Place:	There will be preliminary knockout rounds prior to the main event.
Main event:	At the Annual OGSM Scientific Meeting, June 2008
Closing date:	31st March 2008 or earlier on first come first entry basis to the first 8 teams

Please sign up and have a ball in a friendly competition. You might win a big prize!!!!

Dr H. Krishna Kumar
Hon. Secretary

Election
Ballot Papers

PRESIDENT ELECT	
HON. SECRETARY	
HON. ASST. SECRETARY	
HON. TREASURER	
COMMITTEE MEMBERS	**1.**
	2.
	3.
	4.

NEW STRAITS TIMES MONDAY, JULY 9, 2007 LETTERS ◀ 27

> FERTILITY TREATMENT

Proper evidence necessary

THE NST recently reported on the use of a holistic approach to treat childless couples to achieve pregnancy ("Triplets cheer for couple after holistic treatment" — NST, June 14).

In that report, a doctor claimed that he used holistic treatment, not drugs, to induce the release of eggs for fertilisation, adding that the success rate was even higher than conventional medical treatment.

There are many reasons why a couple cannot achieve pregnancy. Some of the causes include hormonal imbalance leading to problems of ovulation (release of eggs), tubal blockage, low sperm count and endometriosis. An investigation is necessary to find out the causes of infertility before embarking on treatment.

Treatment may involve the use of drugs to induce ovulation, surgery and even assisted reproductive techniques such as IVF (invitro fertilisation, resulting in what is known as test-tube babies).

These treatments are evidence-based. Clinical trials have been performed and the results are published in peer review medical journals before doctors practise these forms of treatment to help childless couples.

In the absence of a large body of published data, a claim by an individual that his treatment is superior to established therapy should be balanced against overwhelming medical literature that does not support such claims.

Doctors working in the field of infertility are always looking for the best means of helping childless couples to conceive.

The media should countercheck with professional bodies before publishing unsubstantiated claims as the goal is for care to be delivered to the infertile patient.

DR S. SELVA
President
DR PRASHANT NADKARNI
Chairman
Obstetrical and Gynaecological Society of Malaysia
Kuala Lumpur

ELECTION TO COUNCIL – TIME FOR CHANGE?

The Council of the OGSM is elected once a year at the annual AGM. The system of election over all these years has been conducted in a smooth and friendly environment. More importantly the members have elected a team who has proven to be very capable and have made the OGSM grow from strength to strength. Therefore it is a good system and should there be a change?

The answer is probably yes, as it is always prudent to review and reflect on existing practices and make changes, if appropriate. The OGSM today is different from the OGSM 30 years ago. It has grown in membership, is more matured and is more recognized internationally. Members are more discerning and they have more choices in joining the ever increasing societies. Hence the society needs to stay relevant to its members (Think MMA and how sometimes it seems irrelevant). There are more younger members now and they need to feel a part of this election process. The society must be able to play an important role both locally and internationally. And this can only be achieved if we have a strong and capable leadership that is elected fairly by all its members.

The Council consists of 10 members. The President and Past President do not get elected at the AGM as they have been elected previously. The President-Elect, Secretary, Assistant Secretary, Treasurer and four Council members are elected at the AGM.

The President

The President is elected once a year for a one year term. He is elected a year ahead as president elect and becomes familiar with the routines and organizes the next congress. During his tenure as President Elect he is a party to the Council plans and carries it out to completion during his term of Presidency, if not completed. There are concerns (maybe unfounded) that we may one day have a leader who may take the society in a direction that jeopardizes its objectives and its finances. There are also concerns that

the election of the President is all predecided by a small group of members and it leaves little avenue for change during the AGM. So how do you choose one more democratically?

Present practice

Some years ago there was a 'Gentlemen's Agreement' and it involved a system of rotation. The Presidents rotated between the university, government and private. This usually produced the senior most and heads of departments. But numbers of suitable candidates are limited and after some time this system died a natural death. More recently a name or names of a suitable candidate is lobbied around in the weeks before and sometimes just the night before the AGM. The outgoing Council sometimes uses its wisdom unofficially to propose a name at the last Council meeting. This is not perfect as the members at large are not a party to the decision process or the screening process. With the present system, the President (and the Council) is elected by those present at the AGM and this sometimes represents only 10% of the membership. Hardly can this be said to command a popular vote. The present system also has a potential problem as this small numbers can be easily influenced to vote a certain candidate of their favour.

Hence, one proposal is that a candidate should be at least 12 years Post Membership/Masters to reflect seniority and should have served in the Council for at least two terms but not necessarily concurrently. This way he/she has an understanding of the workings of the Council and the relevant historical background to important issues. He/she can be from private, government or university background and it should be open to all. One may also have been a President before and that should not exclude him/her. This has been done before. They do carry with them a wealth of experience and some of them held the post at the time they were heads of department. At that time they had time constraints and now that they are retired or semi retired they have more time and passion to lead the society. The candidates should be invited to apply to the Council with their CV and their plans for the OGSM. The OGSM has to devise a system that independently reviews and vets the applicants. Perhaps an election committee should be set up. After vetting through, these should be circulated to the members who vote by postal ballot. This way all members have a chance to vote and feel a part of this important process. Currently the tenure is for one year and it has been debated whether it should be extended to two years. Perhaps it should be.

Secretary and Treasurer

The post of Secretary, Assistant Secretary and Treasurer can be voted similarly by postal ballot. As we want to groom the younger set of leaders these posts need not have a criteria of years Post Masters. They should however serve for at least two to three terms to ensure continuity. These are important posts as the running of the society depends on them.

Council Members

The Council should reflect a mix of senior and junior members and at least two of these Council members should be Past Presidents who can provide the wisdom and continuity with the past historical events.

Co-opted members

To ensure a strong link with sister organizations whose members are also members of the society the Council should co-opt a representative of the College of O & G of the Academy of Medicine and a representative of the Malaysian Representative Committee of the RCOG. This way there is less chance for sister organisations to 'break-away' and more importantly to ensure there is no duplication of activities.

Some of the changes require amendments to the constitution while others require a Council endorsed guidelines on the elections. But firstly it is time for a debate on the need for change.

The society has grown in numbers and in strength and it is also financially well endowed. It needs to stay relevant with the larger section of the members and at the same time have a leadership that can be entrusted to carry out its objectives with full commitment and take it to greater heights without ever jeopardizing what has been built with hard work over the years.

Dr Gunasegaran P T Rajan

OGSM-RCOG Life Saving Skills Course (LSSC)

The OGSM and the Women's Health Foundation is teaming up with the RCOG to organize a Life Saving Skills course in 2008. The dates of the course will be announced later but it is expected between March and June 2008. The LSSC is designed to be an intensive 3 day practical and theoretical evidence-based curriculum. It's objective is to equip doctors and all health care related staff to be able to develop and maintain sound knowledge and skills to effectively manage potential obstetric emergencies. The topics covered in the first course will be conducted by a team of 6 gynaecologists and 1 anaesthetist appointed by the RCOG. They are experienced and have been involved in LSSC in other parts of the world.

The course covers short lectures, skills teaching, case scenarios, workshops and demonstrations on mannequins and equipments which are flown in from the UK. The emphasis is on the emergencies in Labour Room but it also covers early pregnancy bleeding, counseling of the parents in a crisis and information on reducing medical litigation. You will be supplied with manuals and course materials. The topics covered include ABC of Maternal Resuscitation, Newborn Resuscitation, Eclampsia, Hemarrhage, Shock, the Unconscious Patient, Sepsis, Obstructed Labour, Instrumental Deliveries, Shoulder Dystocia, Multiple Gestations, Third & Fourth Degree Tears and Surgical Skills in Cesarean Sections and Perineal Tears.

Who should apply?

1. Obstetricians
2. Trainees
3. Medical Officers & House Officers
4. Midwifes
5. Any Health Professionals involved in Obstetric Care

The course fee is yet to be determined.

Upon successful completion of the course you will be awarded a certificate jointly by the RCOG and OGSM and accorded MMC-CME points.

A pool of 20 doctors will be selected from this course to be the **trainers** for future courses. This involves another one day of training and the selection will be based on several factors including strategic geographical locations of the trainers.

All members are invited to send in your request to the OGSM Secretariat as soon as possible and indicate if you would like to be a trainer as well.

Dr Gunasegaran PT Rajan
Course Coordinator

Women's Health FOUNDATION news

1. **Name Change**
   The trustees of the I.S. Puvan OBGYN Foundation had decided on a name change to reflect the present activities of the Foundation as well as to be 'sponsor friendly'. There is a need for continuous funding and seeking corporate funding appears more appropriate and relevant if the name appears as such. This name change was mulled over for at least 2 years and finally decided on the above. This proposal was put forward and debated at the last AGM and carried through. The proposal has been put forward to the IRB for final approval. The primary objective of the Foundation will remain a memorial for I. S. Puvan and the current activities such as the Annual Puvan Memorial Lecture will continue to be organized.

2. **Charity Clinics**
   A successful clinic was carried out on 29 July 2007 at the Dewan Serbaguna, Taman Impian Baiduri, Petaling Jaya. This was in cooperation with the Persatuan Guru Dharma. The MP for PJ Utara, Dato' Donald Lim kindly graced the occasion and it was well attended. A total of 80 women were screened. The volunteers included doctors and nurses from Klang Hospital.

   Another clinic was jointly organised with the United Nation High Commissioner for Refugees (UNHCR) on 16 September 2007 at a community centre, Off Jalan Imbi, Kuala Lumpur. More than 300 women were screened. See accompanying story which appeared on 'malaysiakini'.

Volunteers Needed

We need as many volunteers as possible. Volunteers are also needed for the Organising Committee of Walking Tall 2008. If any members are interested to be a part of the volunteer team, please email to ogsm@po.jaring.my.

Dr Gunasegaran PT Rajan
Deputy Chairman
Women's Health Foundation

Free clinic for refugees

by Yante Ismail | Sep 20, 07 7:24pm (www.malaysiakini.com)

An unprecedented free clinic for female refugees proved a huge hit at the weekend when more than 300 women queued up to see doctors at a community centre in Kuala Lumpur.

Volunteers turning up at dawn on Sunday to run the half-day clinic – organized by the UN refugee agency with funding from the private Obstetrical and Gynaecological Society of Malaysia (OGSM) and the IS Puvan OBGYN Foundation – were amazed to see dozens of women waiting for the medics.

Most of those using the facility were refugees from Myanmar. "We were taken aback. We'd never seen this before at any of our other clinics. It was only 6.00am and at least 50 refugee women were already there," said OGSM volunteer Chong.

The number had swelled to more than 300 women by the time the clinic opened three hours later offering services such as pap smears, breast examination, blood glucose and blood pressure tests, HIV testing and counselling, and consultations and referrals. Volunteer staff also gave advice on ante-natal care, sexually transmitted diseases and birth control.

The OGSM holds free clinics for underprivileged Malaysians, but this was the first time they had held one for refugees. Some of the medics had never met refugees before, but the success of the exercise has prompted organizers to consider holding another session at a different location.

Sunday's session clearly filled a gap in a country where 30 percent of the 32,000 UNHCR-registered refugees and asylum seekers are women. Most of them could never afford a visit to the gynaecologist at a private or public hospital.

"The delivery was expensive and we had to borrow money from friends. So after that, I could not afford to see the doctor again even though I felt some pain," explained Pham, a 29-year-old ethnic Chin refugee from Myanmar, who was seeking post-natal treatment a month after giving birth.

Many of the women who turned up at the clinic were young mothers or pregnant women who wanted advice on health care for themselves and their babies during pregnancy and after delivery.

"My son was born six months ago, but he hasn't been well," said Sui, another young Chin woman. "My husband earns only RM15 ringgit (US$3) each day working at a market. This is not enough for the hospital bills. Our friends lent us money for my son's treatment because we cannot afford it."

Sui has been suffering from pains in her abdomen for several months, but could not afford the extra expense on top her son's medical fees. The free clinic was a chance for her to talk to a gynaecologist.

"We tend to only see the women at the later stages of illness," Susheela Balasundaram, a UNHCR senior programme assistant for health, said. "They don't see a doctor until they can't avoid it any more," she added.

"Cost of health care, fear of meeting doctors because of language barriers, all play a part in preventing refugee women from getting treatment. That is why this clinic is so important," Dr Balasundaram said.

Tang Boon Nee, treasurer of the OGSM, said the response to the free clinic was eye-opening. "Malaysians take health care for granted. We know we can get treatment when we need it. For refugees, there is no alternative – they rely on free clinics like this," said Dr Tang.

The point was reiterated by volunteer Kavitha Ramachandran, a staff nurse at a local hospital who did not realize before Sunday that there were refugees in Malaysia. "The refugee women said they are scared to see doctors; I think they are scared that the doctors might report them. This is a safe space for them to get treatment," she said, adding: "I'm happy to help today and I will volunteer again at the next clinic."

Photos courtesy of UNHCR/E. Oliveira

YANTE ISMAIL is External Relations Officer of the United Nations High Commissioner for Refugees in Kuala Lumpur.

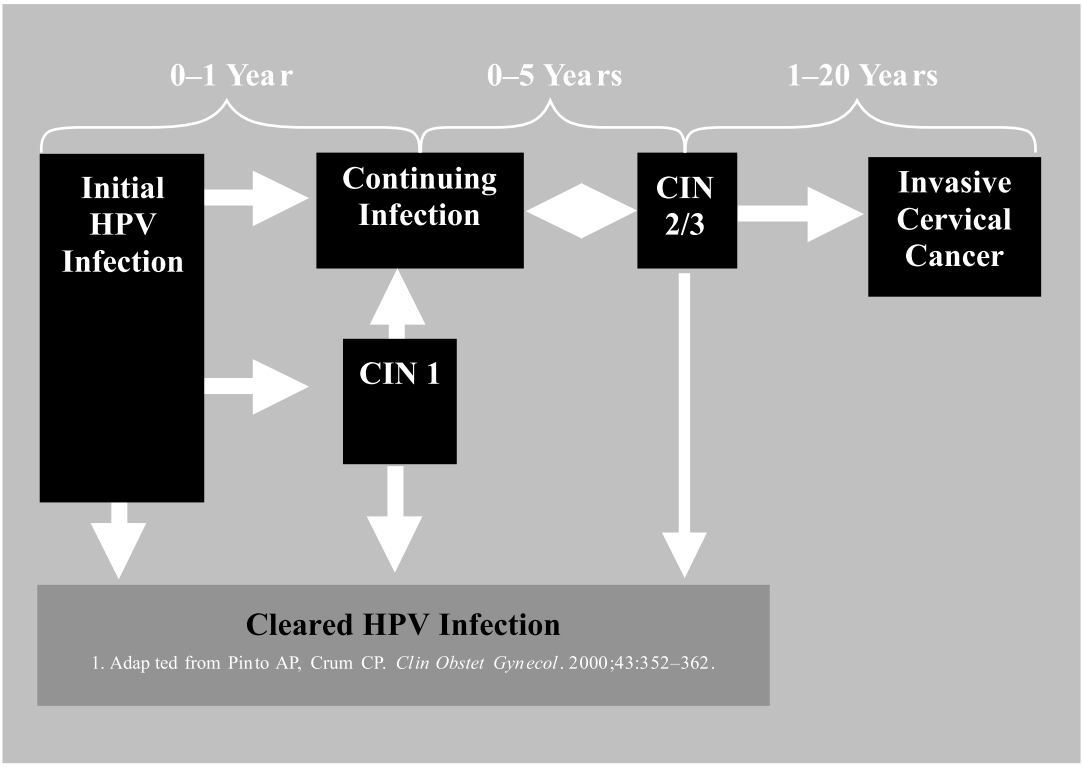
The role of HPV Vaccination

A/Prof. Dr Paul Ng
Department of Obstetrics and Gynaecology, Universiti Kebangsaan Malaysia
Committee Member, Gynaecology Oncology Subcommittee, OGSM

Cervical cancer is a common cancer in Malaysia with an age standardised rate of 19.7/100,000 patients[1]. It is well known to develop from a premalignant state that allows secondary prevention to take place through cervical screening and appropriate colposcopic management. Since the 1980's, Human Papilloma Virus (HPV) has been recognised as an important factor in the development of pre-invasive changes that would ultimately lead to the development of cervical cancer. In fact, 99.7% of all cervical cancer tissue has been found to contain HPV DNA[2]. HPV infection occurs largely by sexual transmission.

The association between HPV infection and the development of pre-invasive changes leading ultimately to cancer is shown the figure 1.

Natural History of HPV Infection and Potential Progression to Cervical Cancer[1]



Repeated and persistent infections are associated with a higher risk of conversion to pre-invasive disease[3]. The risk of development of invasive cervical cancer can be as high as 26% over a period of 20 years from the onset of CIN3[4].

HPV is made up of over 120 types that can be classified as 'high risk' and 'low-risk'., HPV type 16 and type 18 DNA can be found in up to 70.7% of cervical cancer tissue[4]. This is followed by Types 45, 31, 33, 52, 58,35. Types 45, 52, 58 and 59 are a more predominant type after types 16 and 18 in Asia[5]. Local data is lacking at present although a publication in 1995 by Yadav et al did confirm the presence of HPV DNA types 16 and 18 in cervical cancer tissue[6]. In addition to high risk types that could cause cervical dysplasia, there are also low risk types that are associated with the presence of genital warts that are a common problem experienced by both men and women[7].

Two major pharmaceutical companies have developed prophylactic vaccines. MSD has developed Gardasil which is a quadrivalent vaccine covering HPV 6, 11,16 and 18 while GlaxoSmithKline has developed cervarix which is a bivalent vaccine protecting against HPV 16,18. Phase II and III studies carried out demonstrating efficacy up to 5

years. The vaccine is developed from recombinant expression of the single capsid protein L1 to produce virus-like particles (VLP) that act as an effective immunogen without causing the harmful changes to cells that would take place following infection with HPV. To enhance the immune response, Gardasil contains an aluminium adjuvant while Cervarix contains a proprietary ASO_4 adjuvant that appears to produce higher and longer lasting antibody tires.

Gardasil has been approved for use in Malaysia since November last year. Cervarix is currently awaiting approval in Europe and approval for use in Malaysia should follow soon after that.

Efficacy:
To demonstrate efficacy of the vaccines, a reduction in the number of HPV infections would have to be demonstrated following vaccination. An important surrogate endpoint relevant to the prevention of cervical cancer would be a reduction in the incidence of cervical intra-epithelial neoplasia. The efficacy of both these vaccines have been well documented in randomised controlled studies in the literature.

In a publication from the Lancet[8], the bivalent vaccine has demonstrated a higher than 98% seropositivity rate, with efficacy of more than 90% for incident infection and persistent infection. Vaccine efficacy of 100% was demonstrated for CIN lesions associated with HPV types covered by the bivalent vaccine.

The New England Journal of Medicine covered the efficacy of the quadrivalent vaccine against HPV to prevent anogenital diseases[9]. Efficacy of 100% was demonstrated in preventing CIN or adenocarcinoma in situ associated with vaccine type HPV. Vaccine efficacy of 95% was also demonstrated when all external anogenital or vaginal lesions were combined. The authors of the publication did add that while efficacy was demonstrated against patients who were initially HPV naïve, there does not appears to be clear evidence at present to show that the vaccine could alter the course of disease or infection present before administration of the first vaccine.

In practice, the data shows that both vaccines have an effective role in preventing the acquisition of HPV 16, 18 that could lead to pre-invasive cervical changes while the quadrivalent vaccine would have an additional role of preventing HPV 6, 11 infections that could lead to anogenital warts.

Both vaccines have demonstrated an excellent safety profile. The incidence of adverse effects has not been increased over that of patients in placebo groups in efficacy studies. Understandably, the incidence of immediate side effects such as injection site pain, inflammation and slight fever was increased in patients having the vaccination. With regard to patients found be pregnant during the vaccination schedule, there has not been any increase in terms of congenital abnormalities neither has there been any increase in the number of adverse obstetric outcomes with regard to pregnancy losses. Should a patient become pregnant during HPV vaccination, the vaccination schedule should be delayed until the pregnancy is completed. Contraindication to the vaccination would be in patients with a history of 'immediate' hypersensitivity or severe allergic reaction to yeast or to any vaccine component.

Who should receive the vaccine? Gardasil is approved for use in Malaysia for girls aged between 9-26 years. The best time to give the vaccination ideally should be before a woman's sexual debut although previous sexual contact should not be a contra-indication for the vaccine. Patients who are known to have infection with one of the HPV types such as Type 16 for example, may still benefit from protection from Type 18 should the vaccination be given.

HPV testing prior to vaccination is not of benefit as this would only provide a snapshot as to whether active infection is present at that point in time and not be a reflection of previous infection.

Doctors counseling patients about the vaccination may come across patients who are older than the stated age group. These patients should be counseled that while the efficacy data is applicable for patients aged between 9-26 years, patients who are between 27 and 45 could still derive a benefit from the vaccine although formal data regarding this is still pending.

At this point in time, HPV vaccination shows great potential in preventing infection of HPV Types 6, 11,16 and 18. Prevention of Types 6 and 11 will help reduce the incidence of common and embarrassing genital wart infections. Prevention of Types 16 and 18 will help reduce incidence of these infections that could prevent up to 70% of cervical cancers. The benefit of cross reactivity could potentially reduce the acquisition of other types resulting to further prevention of cervical cancer[8].

The Advisory Committee of Immunization Practices (ACIP) has recommended vaccination of 11-12 year olds with 3 doses of the quadrivalent vaccine and have added that the vaccination series can be started as early as 9 years of age at the discretion of the provider. The World Health Organisation has recommended vaccinating 9-13 year old girls as a primary target population with the aim of reaching them before their sexual debut with a catch up population aged 14-26 years. Vaccinating the general population rather than those in high risk groups as vaccinating high risk groups alone is thought to cause a much greater reduction of the incidence of carrying HPV if the model of universal vaccination for Hepatitis B is followed[10]. Vaccination of vectors such as boys and men would be beneficial in reducing the incidence of HPV infection.

While it is accepted that a formal screening program has been proven to be effective at reducing the incidence of cervical cancer on a population basis with a coverage rate of over 80%, this may not be practical to achieve this at this point in time in Malaysia. Cervical smear screening will still play a very important role in the prevention of cervical cancer. The use of the HPV vaccination will however help to prevent onset of relevant infections that could lead to pre-invasive disease. Reduction of the incidence of pre-invasive disease that has been so clearly demonstrated in the efficacy studies discussed will reduce a significant amount of morbidity from excisional biopsies and hysterectomies, while in time hopefully reduce the need for close cervical surveillance and colposcopic examinations that can be a source of great anxiety to patients. In time to come, HPV vaccination may play an increasingly important role in the prevention of cervical cancer.

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ANNOUNCEMENT

The OGSM in collaboration with the O & G Department of Hospital Tuanku Jaafar Seremban and MMA Negeri Sembilan branch will be organizing a weekend update in O & G for primary care physicians. Please contact Dr Shukiman or Staff Nurse Bahariah at 06-7685042 for further details.

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