Did you get “it” yet?

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My partner was my first. I never kissed or even looked at another person before. We have been together since the day we met and neither one of us have ever been with anyone else.”

If this is how your life story reads, then you don’t need to get “it”. If it doesn’t… then you really should get “it”:

Knowledge: the information you need to truly understand HPV, its risks and potential consequences
Screening: to detect any abnormal cells in your body caused by HPV that, if left untreated, could develop into serious health issues
Vaccination: to prevent being infected by strains of the HPV virus responsible for 70% of all cervical cancers, a strong proportion of cancers of the anus, vagina and vulva, as well as 90% of genital warts

Fast Facts About HPV

- There are over 100 different types of Human papillomavirus (HPV).
- HPV is the most common sexually transmitted infection in Canada.
- Almost 8 out of 10 Canadians will get an HPV infection in their lifetime.
- HPV spreads from person to person through skin-to-skin contact (penetration is not required) or during genital, anal or oral sex.
- There is no cure for HPV.

How do you get HPV?

2 individuals + sexual activity
HPV infection (over 100 types)

- High-risk HPV strains types 16 or 18 (covered by two approved vaccines in Canada)
- High-risk HPV strains (e.g. 31 and 45) (not covered by vaccination)
- Low-risk HPV strains types 6 or 11 (covered by one of the two approved vaccines in Canada)
- Low-risk HPV strains

Anyone who is sexually active is at risk for HPV. It could be that you will never get the virus, or that you’ll get it and your body will cure itself on its own.
How do I know if I have HPV?

With the exception of genital warts, which look like small cauliflower growths on or inside the sex organs that can sometimes cause burning or itching within three months of sexual contact with an infected person, there are often no visible signs or symptoms. As a result, you just don’t know when you or your partner are infecting, or being infected by someone else.

Like most viruses, HPV attacks the body’s healthy cells and, over time, forces them to become abnormal. If left untreated, these abnormal cells can develop into serious health issues such as cancer. While a DNA test exists to specifically detect the presence of HPV strains in the body, it is not available everywhere in Canada, costs about $100, is not publicly funded, is not always covered by Canadian health insurance plans, and is generally recommended for women over 30 who receive an abnormal Pap test result. While the process to obtain cell samples for testing are the same for the HPV DNA test and the Pap test, the Pap test is designed to detect cell changes in the cervix before cancer develops, not to confirm the presence of the HPV virus.

**Canadian guidelines dictate that you should have a Pap test by age 21, and that you should continue to get regular Pap tests throughout your lifetime, as often as your health-care professional recommends.**

Is there a cure for HPV?

While there are treatment options to address the genital warts and cancers caused by HPV, there is no cure for the virus itself once you are infected.

How do I protect myself from HPV?

The only way to completely protect yourself from HPV is to practice abstinence. Because this is not a realistic option for most people, the SOGC recommends the following:

**Be careful.** Limit the number of sexual partners you have and always make use of a condom. But remember, you can still get HPV from infected skin that is not covered by the condom.

**Get screened.** HPV is one of the most common reasons for abnormal Pap test results. Have regular Pap tests done. It is the best defense against cervical cancer.

Get vaccinated. Two vaccines have been approved in Canada. Administered as three separate injections over a minimum period of six months, both vaccines protect against HPV types 16 and 18 responsible for 70% of all cervical cancers as well as a strong proportion of cancers of the vagina, vulva, anus, head and neck (mouth and throat). One of these vaccines also provides protection against HPV types 6 and 11 responsible for 90% of genital warts. You should consider vaccination if you are sexually active and even if you have already had an HPV infection as you are not likely to have been exposed to all types of HPV that you can be protected against.

Did you know...

**Studies show that:**

- Over 21,000 women were vaccinated in trials before the first HPV vaccine was approved for use with the general public.
- Since the approval of the first HPV vaccine in Canada in 2006, few side effects have been reported, and the most common is a temporary soreness at the site of injection.
- HPV vaccines do not contain any live or dead virus. You cannot get HPV from the vaccine.
- HPV can cause these types of cancer: cervical, vulvar, vaginal, anal, penile, head and neck (mouth and throat).
- Each year in Canada, 400,000 women receive an abnormal Pap test result; about 1,500 women are diagnosed with cervical cancer; and almost 400 women die of this disease.
- After breast cancer, cervical cancer is the second highest cause of death in women between the ages of 20 and 44.

Did you get “it” yet?

**Don’t let “it” be HPV.**

*Get the knowledge you need. Get your Pap test. Get the vaccination against HPV.*

To learn more about HPV, visit HPVinfo.ca.
Genital Warts

The wart that you may get on your hands or under your feet is not the type that is being referred to here. We are talking about genital warts. In women, they can be found on the vulva, vagina, cervix, pubis, thighs or in and around the anus. In men, they can be found on the penis, scrotum, pubis, thighs or in and around the anus.

There may be one or many warts that you can see or feel. They may look like small, red or white cauliflower. They may be flat or feel like small raised bumps. Although the warts are unsightly, most of them are painless but can sometimes cause burning or itching. Genital warts are often the only sign that someone has an HPV infection. In fact, genital warts are the most common sign of HPV in men.

Some studies have shown that 2 out of 3 people who have sexual contact with a person who has genital warts will develop genital warts within one to eight months of being exposed. These warts are considered a chronic infection, which means that once you are infected, you can develop warts at any time, for the rest of your life.

A health-care professional can remove genital warts by using chemicals, laser surgery or freezing with liquid nitrogen or can boost your immune system to develop resistance against the HPV virus. However, that does not mean that you are cured of HPV, that the warts won't return, or that you can't spread the virus to your sexual partners or newborns.

The risk of getting genital warts increases as your number of sexual partners increases, if your partners were promiscuous, or if you smoke.

The two HPV types responsible for 90% of the cases of genital warts are HPV 6 and 11.

Vaccination can help prevent the incidence of genital warts.

Cervical Cancer

The cervix is the lower opening of the uterus. Cervical cancer, or cancer of the cervix, is almost exclusively caused by HPV and is estimated to be the second most frequent cancer in women aged 20-44 after breast cancer. In Canada, about 1,500 women are diagnosed each year and 400 die from this type of cancer.

A Pap test, or Pap smear, is a simple screening method that detects cell changes on your cervix. When abnormal cervical cells are found early, they can often be treated effectively before these changes become dangerous. If left untreated for several years, abnormal cells can develop into cervical cancer.

If the Pap test results indicate that abnormal cells were found, the first step is to have a colposcopy. This procedure allows the gynaecologist or colposcopist to examine your cervix by using a special instrument (colposcope) that shines a light on your cervix and magnifies it, like looking through binoculars.

Depending on the result, a control visit or treatment can be recommended. Should a treatment be required, your doctor may suggest cryosurgery, laser surgery or a LEEP procedure to remove the affected cells. Cryosurgery freezes cells off, laser surgery burns or vaporizes the cells off, and LEEP (Loop Electrosurgical Excision Procedure) removes the cells using a wire loop.

The four HPV types most commonly associated with cervical cancer are HPV 16, 18, 31 and 45.

Vaccination can help prevent the incidence of cervical cancer.
### Anal Cancer

Cancer of the anus is rare but increasing. Anal cancer is similar to cervical cancer because the skin of the inside of the anus is a lot like the skin of the cervix and the skin of the outside of the anus is very similar to the skin of the vulva.

The infection can cause warts around and inside the anus. Symptoms can include anal bleeding, difficulty passing stools, pain or lumps, itching or discharge. In the presence of signs and symptoms, an intra anal examination should be performed.

In the presence of signs and symptoms of head and neck (mouth and throat) or anal cancer, a health-care professional may recommend imaging tests and biopsies. Treatments may include laser surgery, microsurgery, radiation therapy and/or chemotherapy.

The HPV type most commonly associated with head and neck (mouth and throat) and anal cancers is HPV 16.

Vaccination can help prevent the incidence of anal cancer, but has not been clinically proven to prevent head and neck (mouth and throat) cancer.

### Penile Cancer

Men can get cancer of the penis, just as women can get vulvar and vaginal cancers. Penile cancer is a more rare type of cancer representing less than one percent of cancers in men.

Generally, penile cancer affects the head or foreskin of the penis rather than the shaft of the penis. Signs and symptoms can be a lump or ulcer on the penis. Growths can be raised, wart-like or flat and can be painful and inflamed. There may be itching and burning in the region as well.

For vulvar, vaginal, and penile cancers, treatment varies depending on how advanced the cancer is. It might include laser surgery, microsurgery, radiation therapy, and/or chemotherapy.

The two HPV types most commonly associated with vulvar and vaginal cancers are HPV 16 and 18.

Vaccination can help prevent the incidence of vulvar and vaginal cancers, but has not been clinically proven to prevent penile cancer.

### Head and Neck Cancer (mouth and throat)

Oral cancer is a cancer of the mouth. It commonly involves the lips and tongue and may occur on the roof or floor of the mouth, cheek lining, or gums. Head and neck cancer includes cancer of the mouth as well as cancer of the nose, sinuses, salivary glands, throat, larynx and lymph nodes in the neck.

Head and neck (mouth and throat) cancers are usually associated with high tobacco and alcohol consumption but these numbers are going down while HPV related ones are going up. Head and neck (mouth and throat) cancers are linked with sexual behaviour including the practice of oral sex with a person infected with HPV.

Some typical symptoms of head and neck (mouth and throat) cancers include a lump or a sore in the head and neck area that does not heal, a sore throat that does not go away, white or red patches in the mouth, difficulty swallowing, and a change or hoarseness in the voice.

### Vulvar and Vaginal Cancers

The vulva is the outer part of the female genitals. It includes the opening of the vagina, the outer lips and the inner lips. It extends upward to the clitoris and downward to the perineum. Vulvar and vaginal cancers are more rare types of cancers representing approximately 3% of all gynaecologic cancers, but the number of women affected is increasing. There are two types of vulvar cancer. One is associated with HPV infection and tends to occur in younger women. The other is associated with vulvar skin disease (such as lichen sclerosis) and is more frequently found in older women.

Often, there are no signs or symptoms. If there are, they can appear as itching or burning that does not go away, pain in the pelvic area, abnormal vaginal bleeding, difficulty urinating and/or painful intercourse. The Pap test does not screen for vulvar or vaginal cancers.