CURSO BÁSICO DE COLPOSCOPIA

20 e 21 de outubro de 2016

Centro de Formação
Hospital Prof. Doutor Fernando Fonseca
Amadora

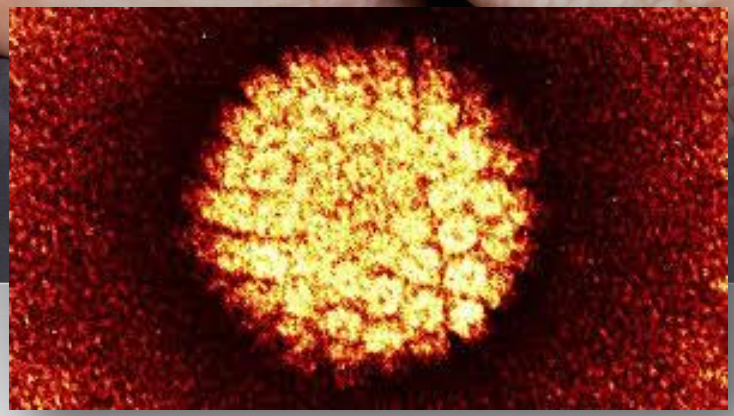
HPV em ORL

Filipe M. Freire
Serviço de ORL

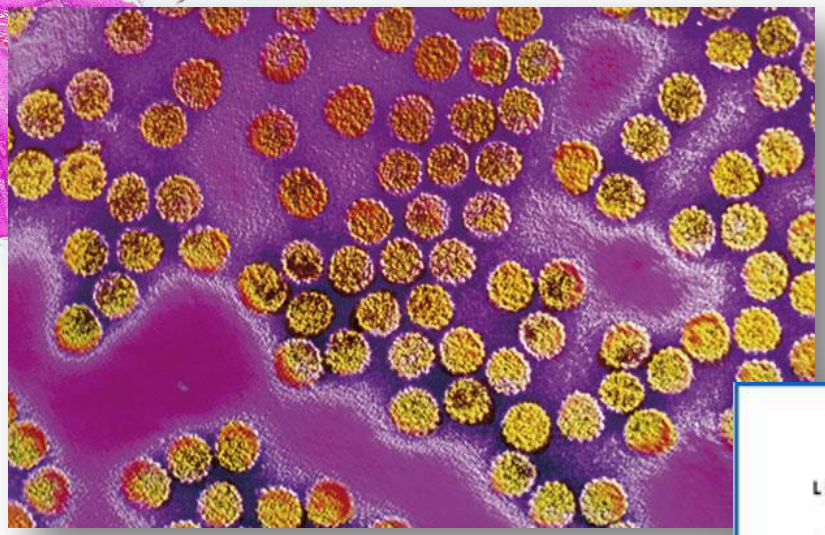
PROF. DOUTOR FERNANDO FONSECA EPE
HOSPITAL

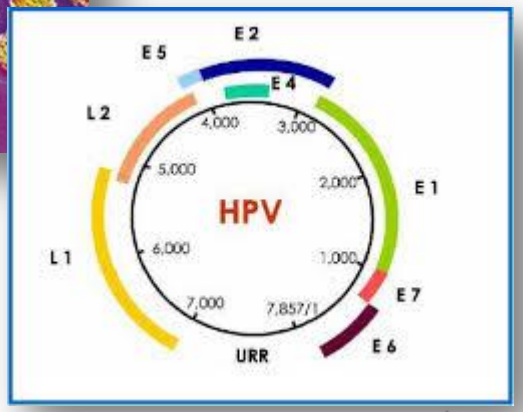
SPG
SOCIEDADE PORTUGUESA DE GINECOLOGIA


Ears, Nose & Throat (ENT)



HPV



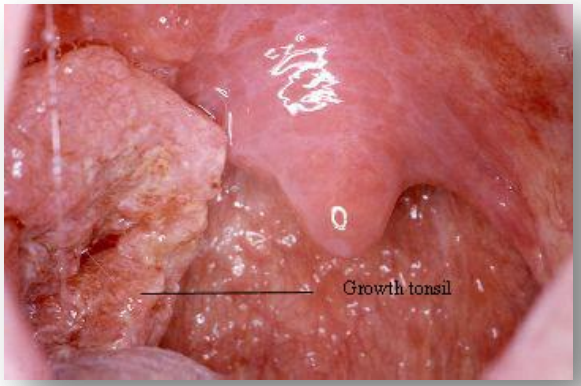


oncovirus dsDNA epiteliotropico > 180 sub tipos

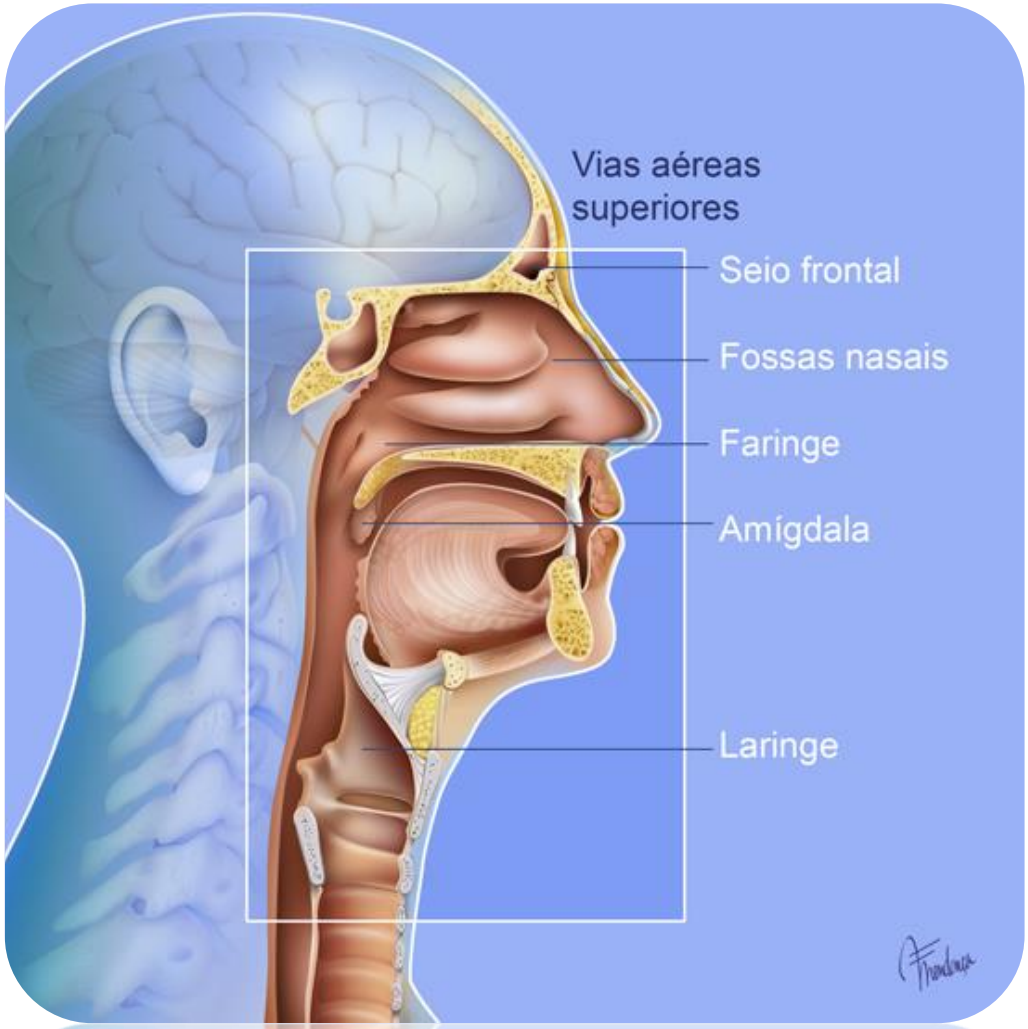
6 11 16 18

HPV em ORL

- Papilomas benignos das mucosas
- Papilomatose respiratória / laríngea
- Carcinoma pavimento-celular da cabeça e pescoço


Growth tonsil


AK ElGeneidy DDS

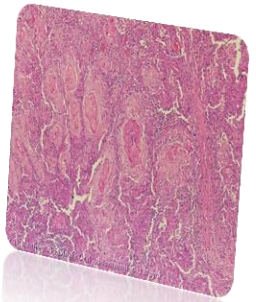


Tumores da Cabeça e Pescoço

Cavidade Oral
Orofaringe
Hipofaringe
Laringe
Cavidades naso-sinusais
Pele

6º grupo de tumores + frequente
500 000 novos casos / ano
$3,6 biliões em 2014 nos EUA

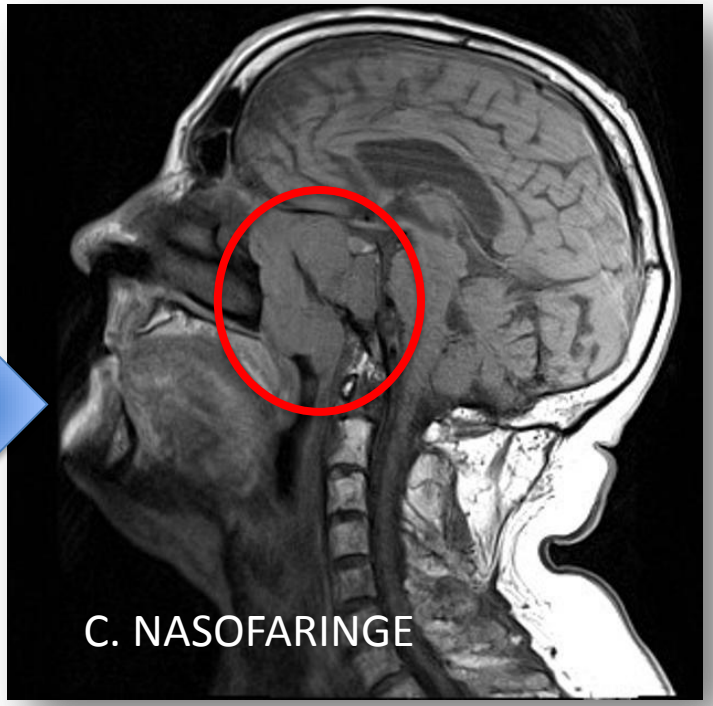
90% são CPC

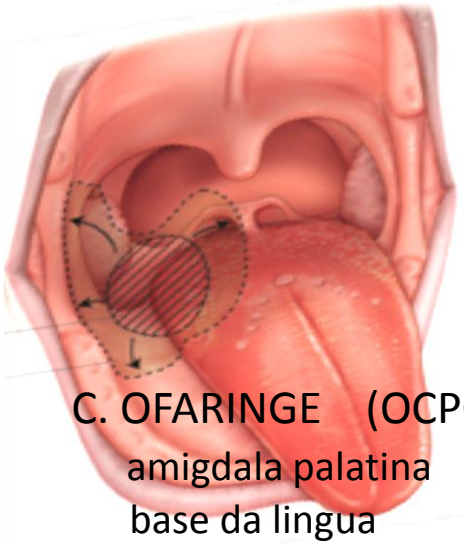


PROF. DOUTOR FERNANDO FONSECA EPE HOSPITAL

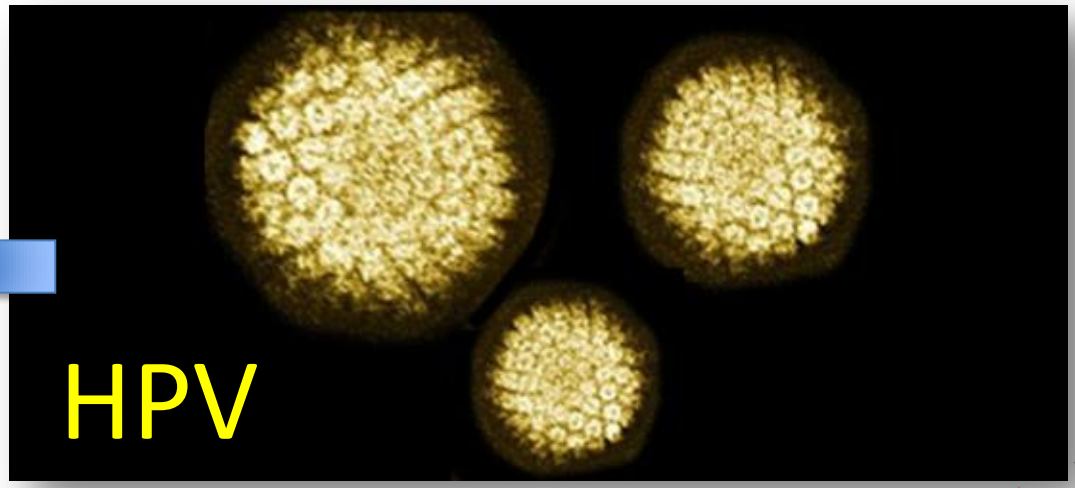
SPG SOCIEDADE PORTUGUESA DE GINECOLOGIA

FATORES DE RISCO





C. OFARINGE (OCPC)
amigdala palatina
base da lingua



HPV e TUMORES DA CABEÇA E PESCOÇO

Int J Oral Surg. 1983 Dec;12(6):418-24.

Morphological and immunohistochemical evidence suggesting human papillomavirus (HPV) involvement in oral squamous cell carcinogenesis.

Syrjänen K, Syrjänen S, Lamberg M, Pyrhönen S, Nuutinen J.

Evidence for a Causal Association Between Human Papillomavirus and a Subset of Head and Neck Cancers

Maura L. Gillison, Wayne M. Koch, Randolph B. Capone, Michael Spafford, William H. Westra, Li Wu, Marianna L. Zahurak, Richard W. Daniel, Michael Viglione, David E. Symer, Keerti V. Shah, David Sidransky

Journal of the National Cancer Institute, Vol. 92, No. 9, May 3, 2000

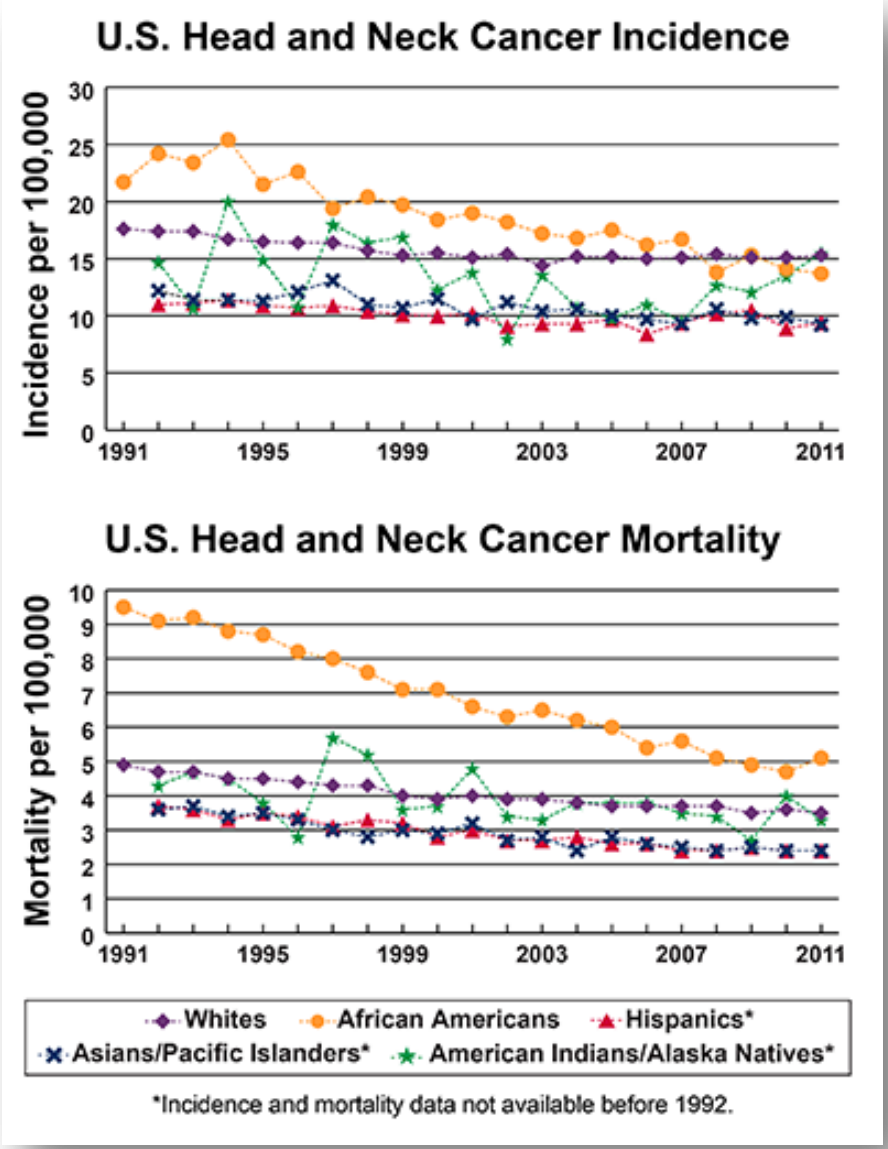
Semin Oncol. 2004 Dec;31(6):744-54.

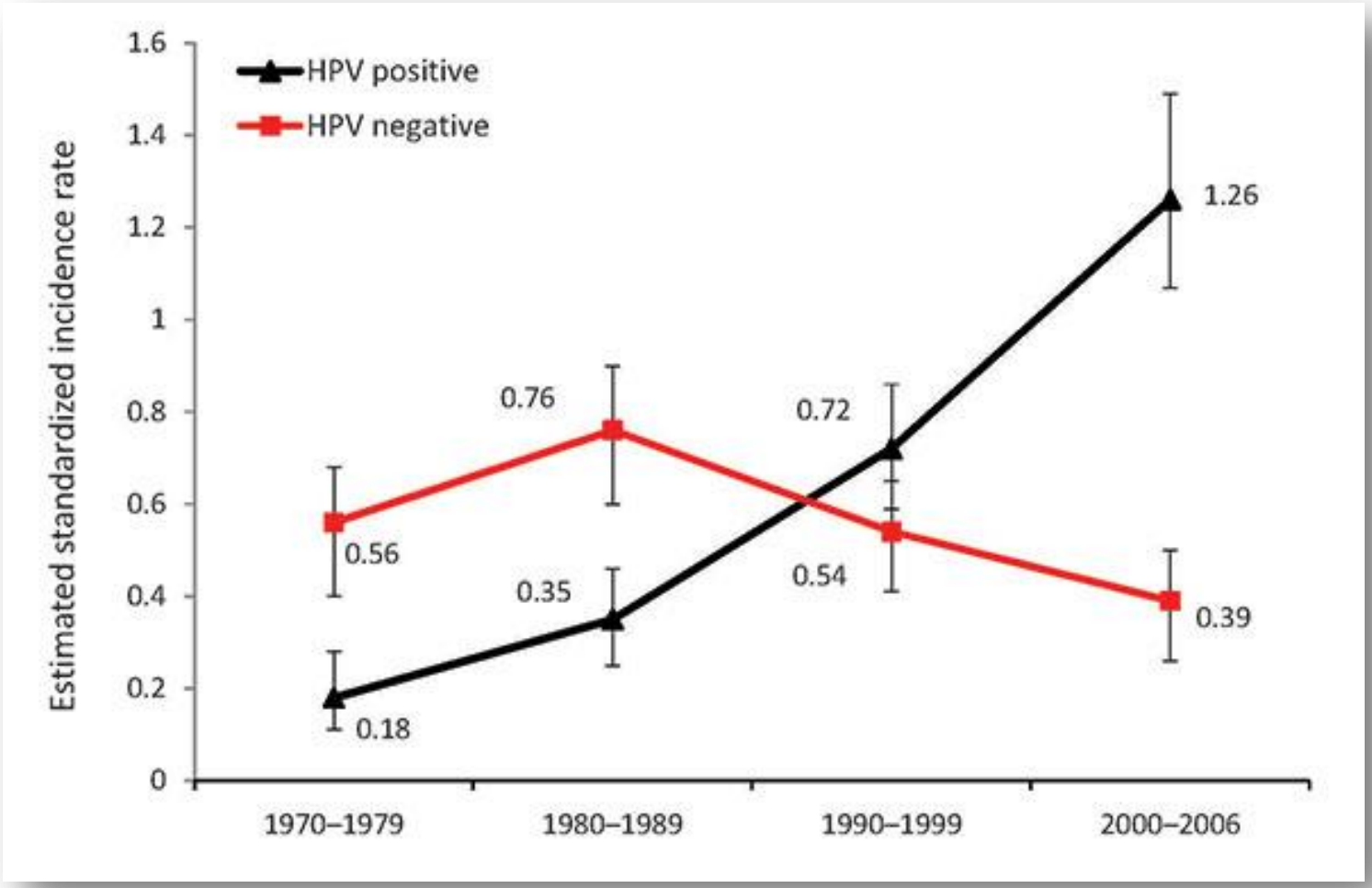
Human papillomavirus-associated head and neck cancer is a distinct epidemiologic, clinical, and molecular entity.

Gillison ML[1].

Author information

[1]Department of Medical Oncology, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Johns Hopkins School of Medicine, Bunting-Blaustein Cancer Research Building, 1650 Orleans Street, Baltimore, MD 21231, USA.


U.S. Head and Neck Cancer Incidence
Incidence per 100,000
30
25
20
15
10
5
0
1991
1995
1999
2003
2007
2011
U.S. Head and Neck Cancer Mortality
Mortality per 100,000
10
9
8
7
6
5
4
3
2
1
0
1991
1995
1999
2003
2007
2011
Whites
African Americans
Hispanics*
Asians/Pacific Islanders*
American Indians/Alaska Natives*
*Incidence and mortality data not available before 1992.



Hammarstedt L, Dahlstrand H, Lindquist D, et al. *The incidence of tonsillar cancer in Sweden is increasing*. Acta Otolaryngol 2007;127:988-92.

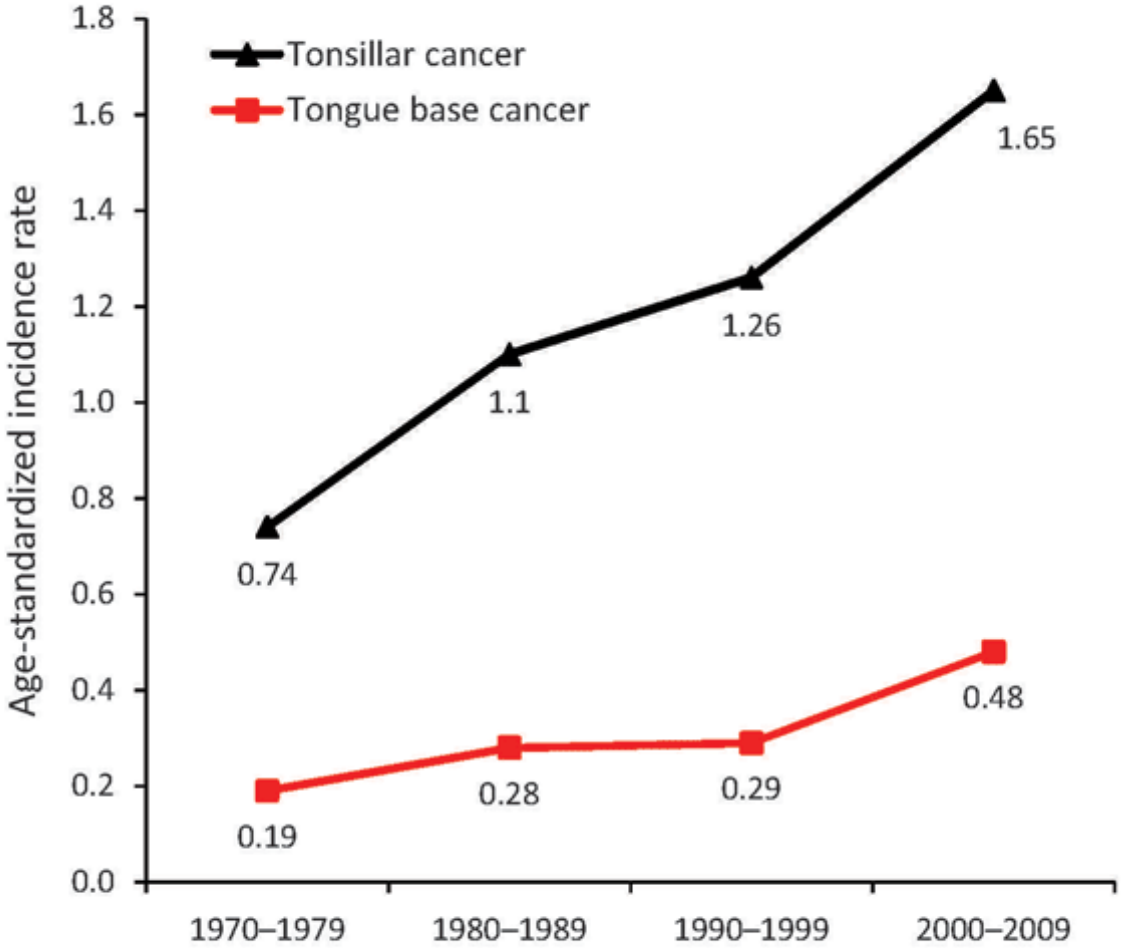
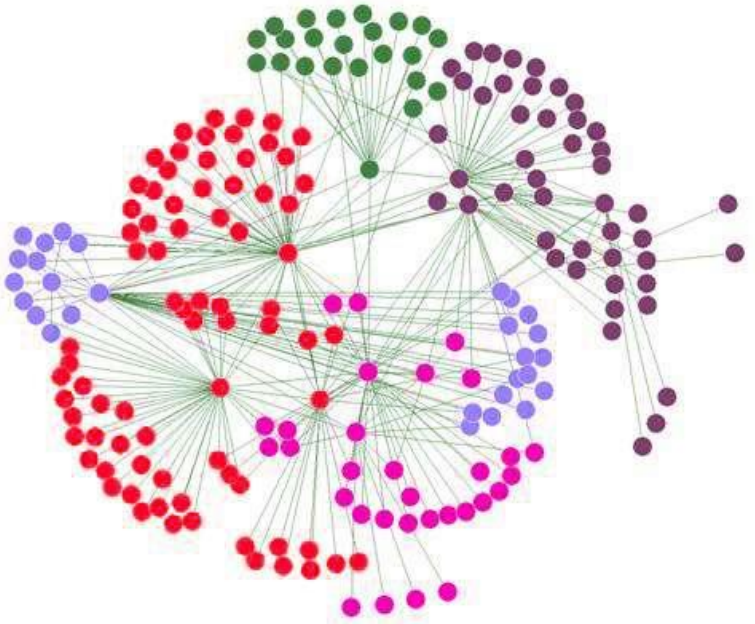
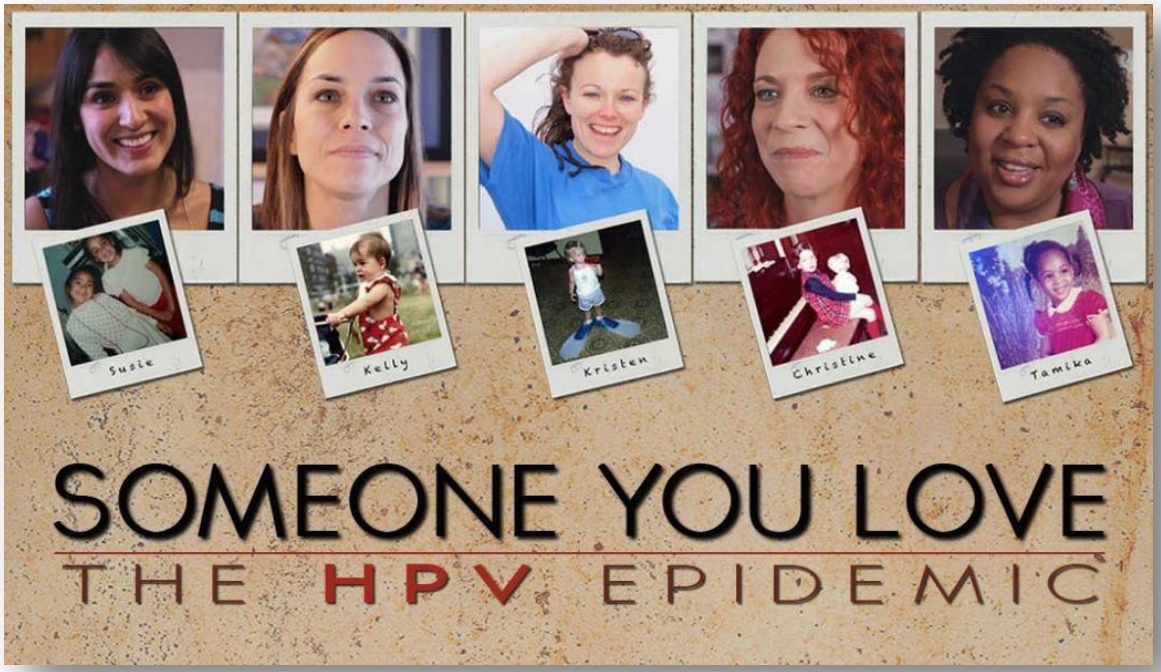


Figure 2. Age-standardized incidence of tonsillar and base of tongue cancers, Stockholm, Sweden, 1970–2006.

Hammarstedt L, Dahlstrand H, Lindquist D, et al. *The incidence of tonsillar cancer in Sweden is increasing*. Acta Otolaryngol 2007;127:988-92

EPIDEMIA?

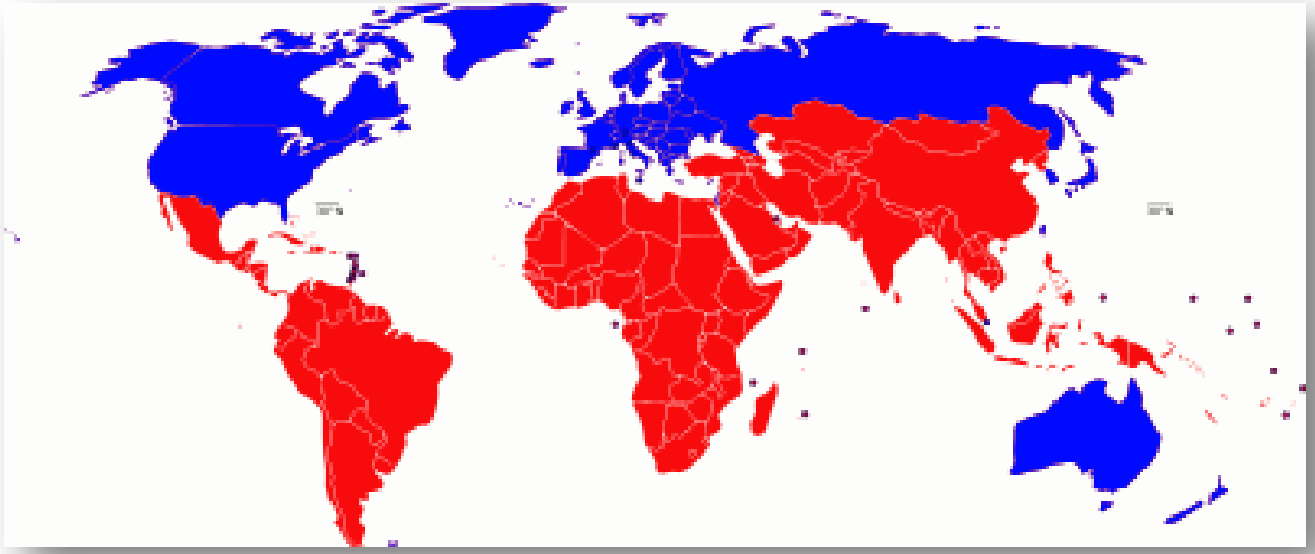


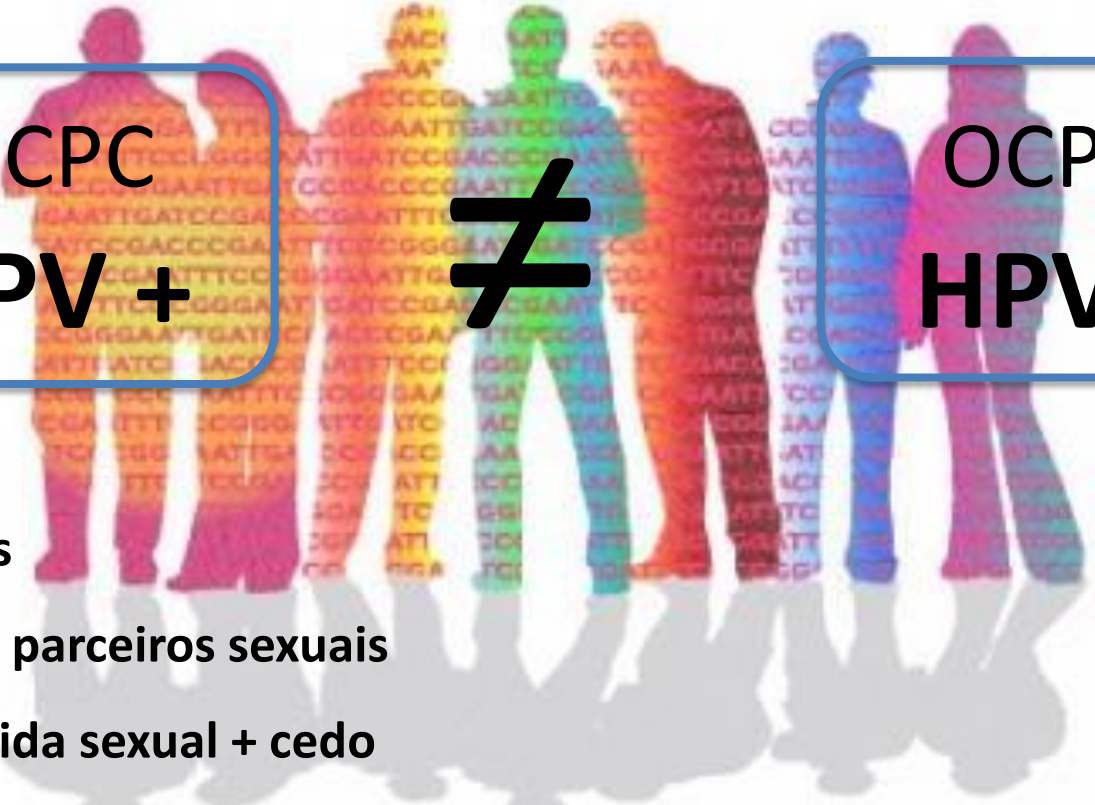

Susie
Kelly
Kristen
Christine
Tamika
SOMEONE YOU LOVE
THE HPV EPIDEMIC

OCPC
HPV +

≠

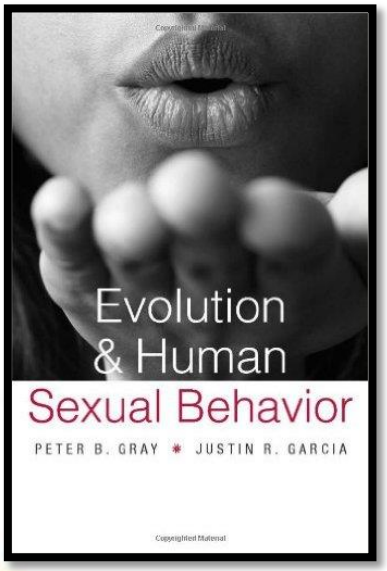
OCPC
HPV -

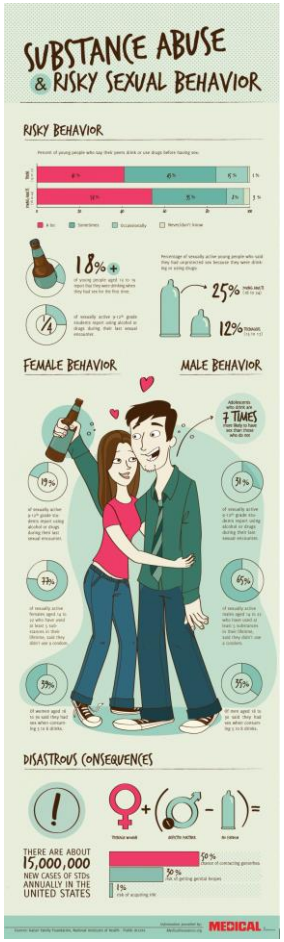


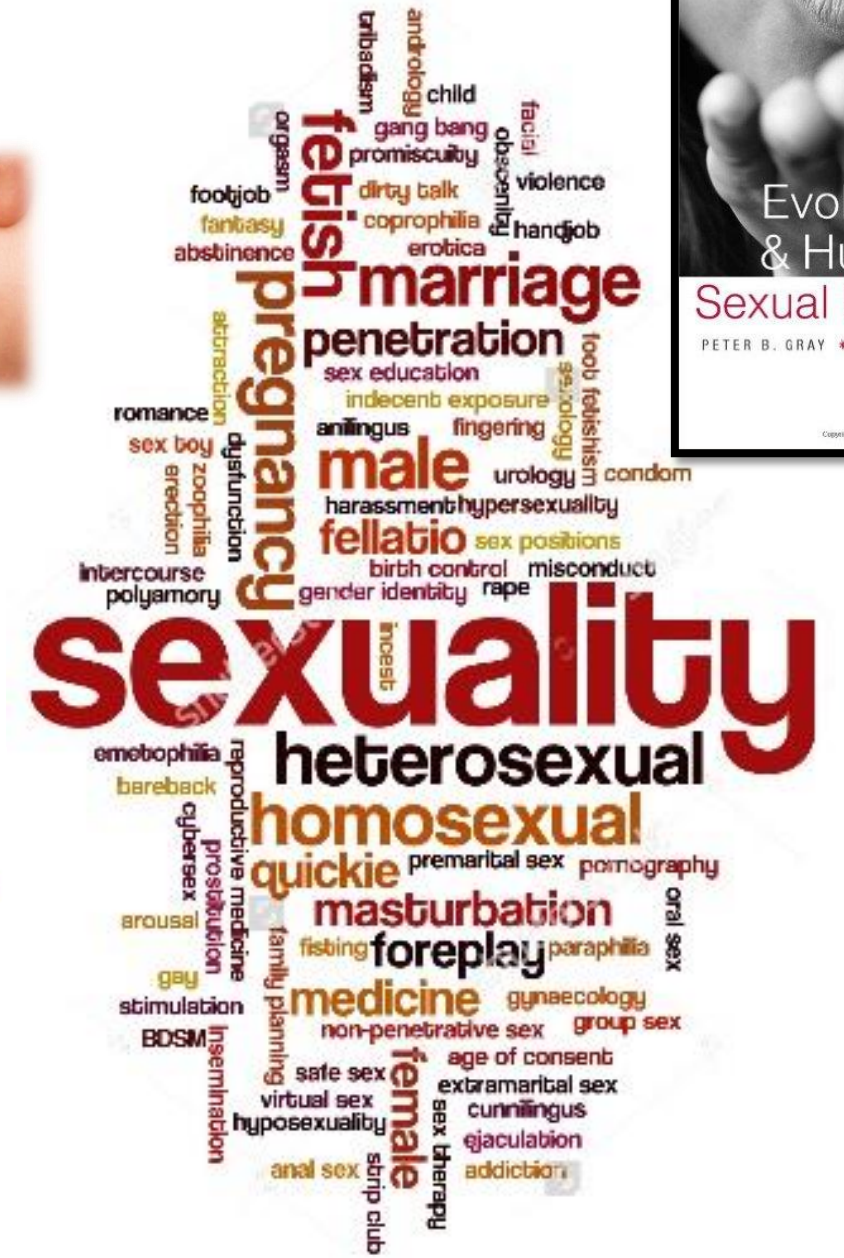


OCPC **HPV +** ≠ OCPC **HPV -**

- **DST (?)**
- **+ novos**
- **> nº de parceiros sexuais**
- **Início vida sexual + cedo**
- **> status sócio-economico e educativo**
- **< associação tabaco e alcool**
- **> risco de OCPC em mulheres com CPC ano-genitais e seus parceiros**
- **Papel de outros co-fatores (alcool, tabaco, susceptibilidade genética, nutrição) e peso relativo?**


Evolution
& Human
Sexual Behavior
PETER B. GRAY * JUSTIN R. GARCIA
Copyrighted Material

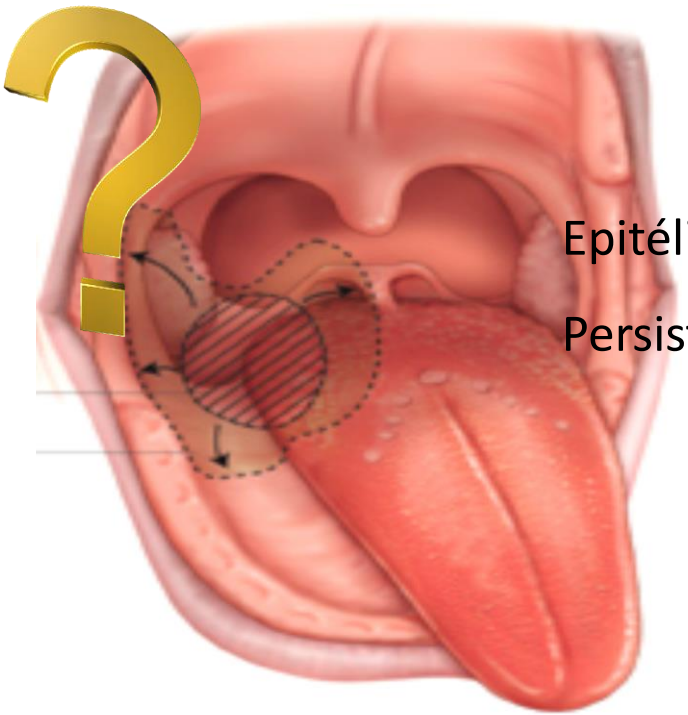

SUBSTANCE ABUSE
& RISKY SEXUAL BEHAVIOR
RISKY BEHAVIOR
18%
25%
12%
FEMALE BEHAVIOR
MALE BEHAVIOR
7 TIMES
DISASTROUS CONSEQUENCES
THERE ARE ABOUT
15,000,000
NEW CASES OF STDs
ANNUALLY IN THE
UNITED STATES
MEDICAL


sexuality
heterosexual
homosexual
marriage
penetration
pregnancy
fetish
male
fellatio
quickie
masturbation
foreplay
medicine
female
sex education
indecent exposure
fingering
urology
condom
harassment
hypersexuality
sex positions
birth control
misconduct
rape
gender identity
polyamory
intercourse
romance
sex boy
erection
dysfunction
zoophilia
abstinence
fantasy
footjob
dirty talk
coprophilia
erotica
handjob
violence
obscenity
facial
gang bang
promiscuity
child
anthology
tribadism
orgasm
attraction
foob fetishism
sexology
premarital sex
pornography
oral sex
paraphilia
gynaecology
group sex
non-penetrative sex
age of consent
extramarital sex
cunnilingus
ejaculation
addiction
sex therapy
strip club
anal sex
safe sex
virtual sex
hyposexuality
BDSM
Insemination
stimulation
gay
arousal
prostitution
cybersex
reproductive medicine
family planning
fisting
bareback
emetophilia
incest

OCPC
HPV +

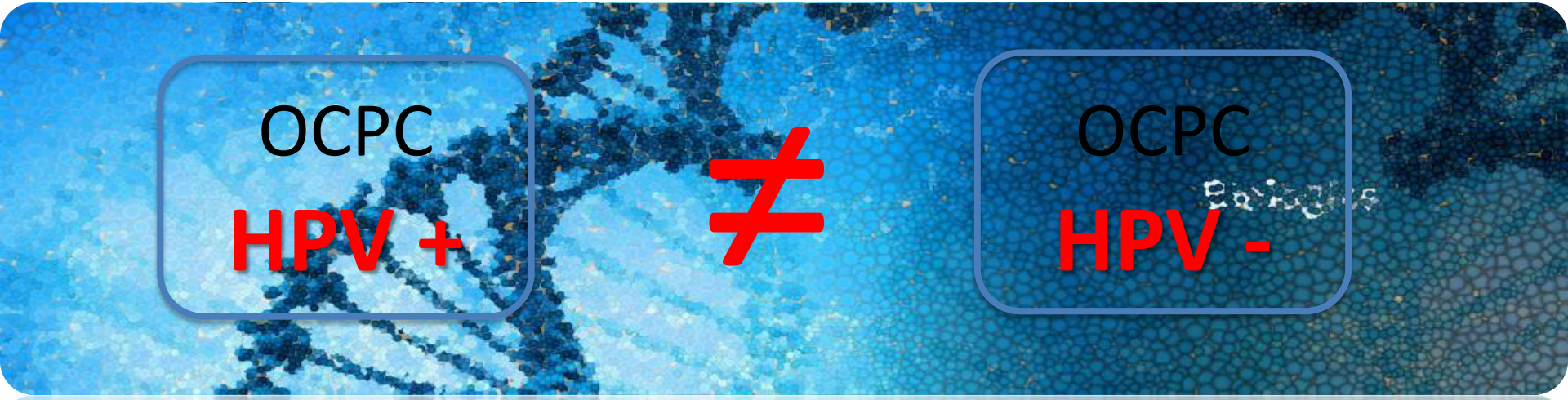
≠

OCPC
HPV -



Epitélio de transição

Persistência / quiescência HPV 16 no tecido amigdalino



Degradação p53

Up regulation pRB

Down regulation p16

Mutações p53

Down regulation pRB

Up regulation p16

> radiosensibilidade

OCPC
HPV +

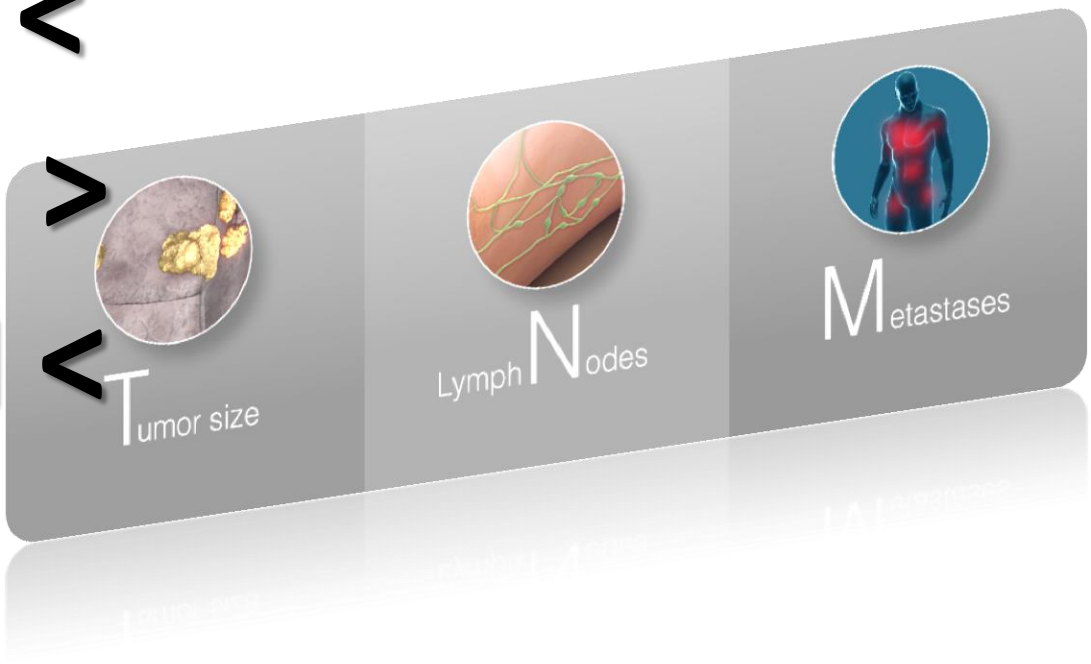
≠

OCPC
HPV -

T <

N >

M <



OCPC **HPV +** ≠ OCPC **HPV -**

< risco de morte (28% menos)
< risco de recorrência (50% menos)
< risco de 2º tumor

Melhor resposta a terapia (- alt. genéticas)
> Sobrevida total e livre de doença
(ajustado a fatores de melhor prognóstico - idade jovem, menos comorbilidades e menos tabaco)

OCPC **HPV +** ≠ OCPC **HPV -**

"…suggest that **HPV status** can be used in the clinical decision-making processes to select patients for **less aggressive non-surgical treatment**. Thus, assessing HPV presence is of utmost importance."

S. Elrefaey, M.A. Massaro, S. Chiocca, F. Chiesa, M. Ansarin. «HPV in oropharyngeal cancer: the basics to know in clinical practice". Acta Otorhinolaryngologica Italica 2014;34:299-309

2008

NCCN National Comprehensive Cancer Network®

"HPV testing is recomended for all oropharyngeal tumors"

2013

DGS desde 1899 Direção-Geral da Saúde

NORMA

da Direção-Geral da Saúde

Francisco Henrique Moura George

Digitally signed by Francisco Henrique Moura George
DN: c=PT, o=Ministério da Saúde, ou=Direcção-Geral da Saúde, cn=Francisco Henrique Moura George
Date: 2015.04.27 09:58:15 +01'00'

NÚMERO:	020/2013
DATA:	06/12/2013
ATUALIZAÇÃO	27/04/2015
ASSUNTO:	Tratamento do Cancro da Orofaringe no Adulto
PALAVRAS-CHAVE:	Cancro da orofaringe, tratamento
PARA	Médicos do Sistema de Saúde
CONTACTOS:	Departamento da Qualidade na Saúde (dqs@dgs.pt)

DGS desde 1899 Direção-Geral da Saúde

NORMA

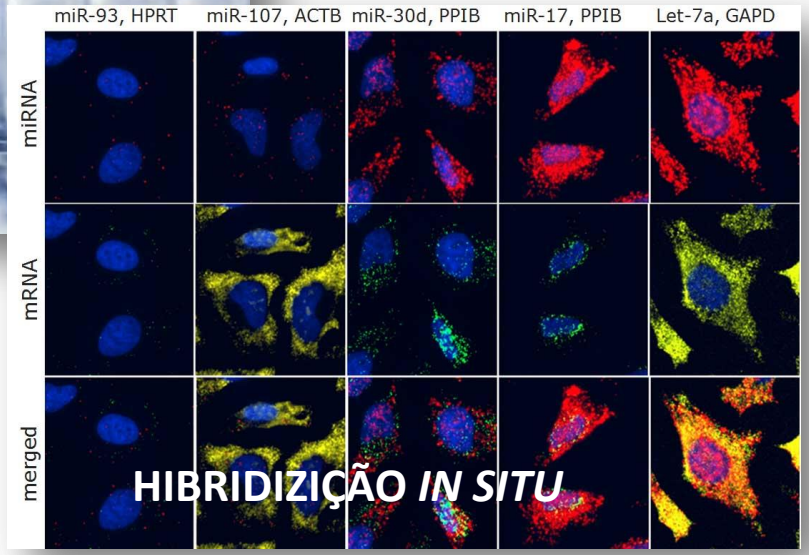
da Direção-Geral da Saúde

7. O diagnóstico deve ser confirmado por biópsia efetuada no centro de tratamento especializado (ou por revisão efetuada no centro de tratamento especializado) de exame histológico efetuado no exterior e o seu resultado disponibilizado em oito dias úteis (Nível de Evidência C, Grau de Recomendação I)[1-5].
8. A determinação do HPV deve ser efetuada em todos os tumores da orofaringe (Nível de Evidência B, Grau de Recomendação I)[1-4,27,28].
9. O primeiro tratamento, se for cirúrgico, deve realizar-se até 15 dias seguidos após a decisão terapêutica, conforme tempo máximo de resposta garantida na Portaria 1529/2008 de 26 de dezembro que define os tempos máximos de resposta garantidos (TMRG)[5].
10. Se o primeiro tratamento não for cirúrgico devem ser observados os tempos de resposta considerados clinicamente adequados segundo o melhor julgamento clínico (Nível de Evidência C, Grau de Recomendação I)[5].

DIAGNÓSTICO

IHQ p16

PCR



HIBRIDIZIÇÃO *IN SITU*

HPV DNA Teste

Anti E6 HPV 16 ?

HPV

YOU ARE THE KEY TO CANCER PREVENTION

CDC

Centers for Disease Control and Prevention

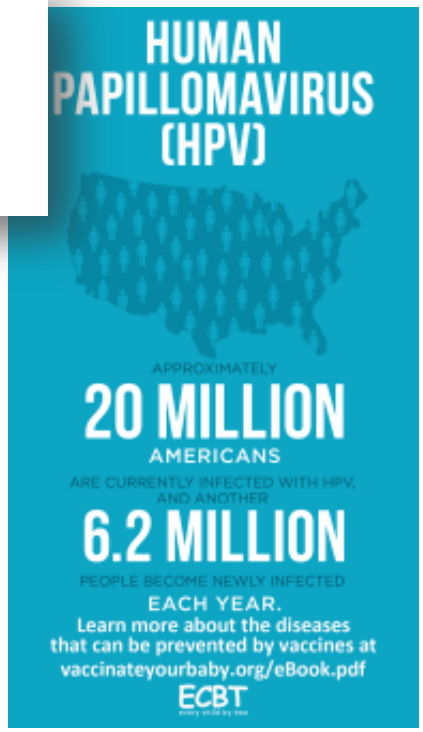
CDC 24/7: Saving Lives, Protecting People™

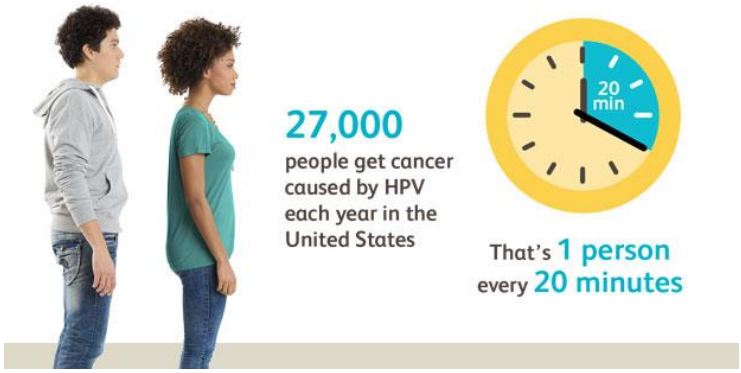
2006

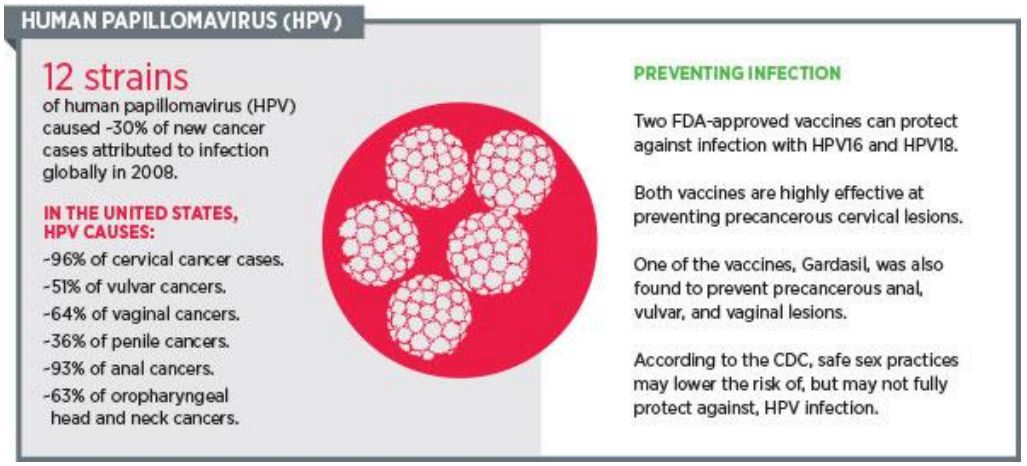
♀ 9-26

2011

♂ 11-21







DGS desde 1899 Direção-Geral da Saúde

Desde 2008

PNV 2017 – ESQUEMA RECOMENDADO

	Nasc	2 meses	4 meses	6 meses	12 meses	18 meses	5 anos	10 anos	25 anos	45 anos	65 anos	10/10 anos
Hebatite B	VHB 1	VHB 2		VHB 3								
Infeções por Haemophilus influenzae b		Hib 1	Hib 2	Hib 3		Hib 4						
Difteria, tétano, tosse convulsa*		DTPa 1	DTPa 2	DTPa 3		DTPa 4	DTPa 5	Td 1	Td 2	Td 3	Td 4	Td 5 ...
Poliomielite		VIP1	VIP 2	VIP 3		VIP 4	VIP 5					
Infeções por Streptococcus pneumoniae		Pn13 1	Pn13 2		Pn13 3							
IInfeções por Neisseria meningitidis C					MenC 1							
Sarampo, Parotidite epidémica, Rubéola					VASPR 1		VASPR 2					
Infeções por vírus do Papiloma humano **								HPV 1,2				

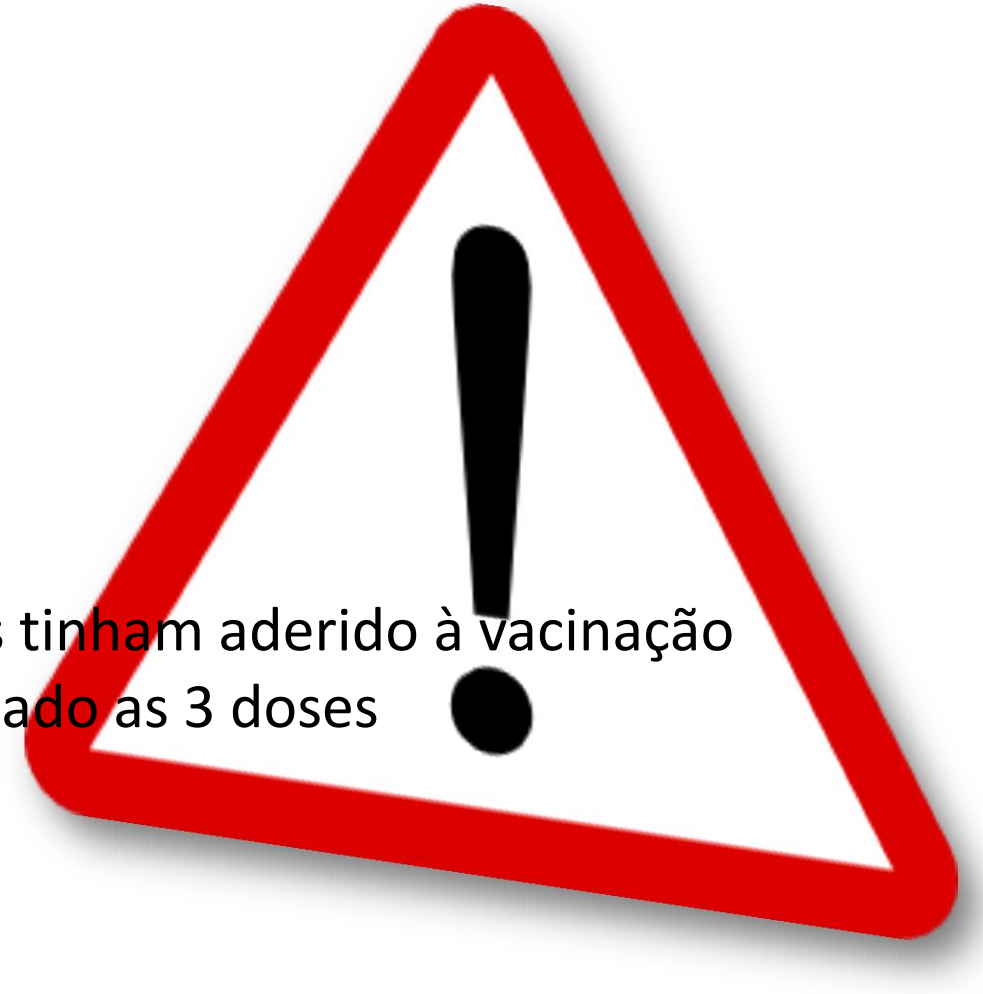
* As grávidas serão vacinadas contra a tosse convulsa, o tétano e a difteria (Tdpa) em cada gravidez

** Aplicável apenas a raparigas, com o esquema 0, 6 meses

AACR American Association for Cancer Research
FOUNDATION FINDING CURES TOGETHER℠

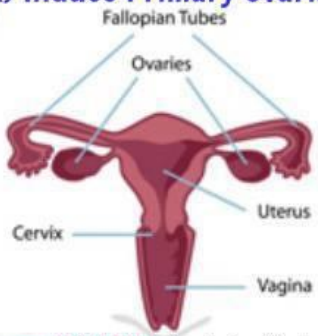
EUA 2013

♀ 53% das raparigas tinham aderido à vacinação
1/3 tinha completado as 3 doses



♂ 34,6%

New Study: HPV Vaccines (Gardasil, Cervarix) Induce Primary Ovarian Failure



Am J Reprod Immunol. 2013 Jul 31. Conclusion: We documente
evidence of the potential of the HPV vaccine to trigger a life-disa
autoimmune condition. The increasing number of similar reports
HPV vaccine-linked autoimmunity and the uncertainty of long-te
benefits of HPV vaccination are a matter of public health that wa
further rigorous inquiry.

TheHealthyHomeEcor

THE HPV VACCINE

TH

TORONTO STAR

WEATHER HIGH -11 C | PARTLY SUNNY | MAP S12 — THURSDAY, FEBRUARY 5, 2015

> STAR INVESTIGATION

A wonder drug's dark side

Hundreds of thousands of teen girls in Canada have safely taken Gardasil, a vaccine shown to prevent HPV. But a Star investigation has found that since 2008, at least 60 Canadians experienced debilitating illnesses after inoculation. Patients and parents say the incidents point to the importance of full disclosure of risks

DAVID BRUSER AND JESSE MCLEAN
STAFF REPORTERS

By the time Kaitlyn Armstrong received her third and final injection of the popular HPV vaccine Gardasil, pain had spread through the Whitby teen's body, migrating from her back to her knees to her hips.

After her first dose, Natalie Kenzie of London developed egg-size lumps on the soles of her feet, her joints swelled and her limbs twitched uncontrollably.

Before getting the shots, both 13-year-old girls were told the vaccine had no significant risks. And as they struggled to learn what ailed them, and began to believe Gardasil played a role, doctors dismissed their concerns.

Hundreds of thousands of teenage girls in Canada have received the vaccine's three doses, the vast majority without incident.

Regulators, including Health Canada and the FDA in the United States, cite comprehensive clinical trials and other data that show the vaccine's well-studied safety and efficacy.

But since 2008 at least 60 girls and women in Canada have convulsed or developed disabling joint and muscle pain and other debilitating conditions after receiving Gardasil.

One needed a wheelchair, another a feeding tube. A 14-year-old Quebec girl, Annabelle Morin, died two weeks after receiving the second injection of the vaccine.

It was 7:30 p.m. on the night of Dec. 9, 2008, when her mother, Linda, found her in the tub, her head underwater and turned to the side.

The paramedics lifted Annabelle's body on to a stretcher. "I put a blanket on her, saying, 'She's going to freeze,' " Linda recalled. "I did not know she was already dead."

The Quebec coroner's office said the cause of death was drowning, yet also said that any role Gardasil might have played should be further investigated.

In the cases discussed in this article, it is the opinion of a patient or doctor that a particular drug has caused a side-effect.

There is no conclusive evidence showing the vaccine caused a death or illness.

Like Kenzie and Armstrong, many of the girls say the vaccine was pushed on them by school officials, nurses or doctors who understated the risks, sometimes claiming zero significant side effects despite the existence of a list of rare but serious vaccine-related reactions published by the drug's maker.

The Star has found the girls' concerns are not isolated, that in Canada important safety information about the vaccine has not been communicated to many young patients and their parents.

As part of its ongoing investigation into drug safety, the newspaper analyzed side-effect reports from a Health Canada database, and interviewed regulators, a doctor closely involved in the vaccine's clinical trial and, in 12 cases, young women and parents who believe the vaccine caused considerable suffering.

Some of the girls have, after several years, made partial recoveries and are trying to live normal lives. Others are still bouncing from doctor to doctor, looking for answers.

GARDASIL continued on A10

RANDY RISLING/TORONTO STAR

Kaitlyn Armstrong says the nurses giving her the HPV vaccine Gardasil ignored her when she said she was allergic to metal.

> WHAT IS GARDASIL?

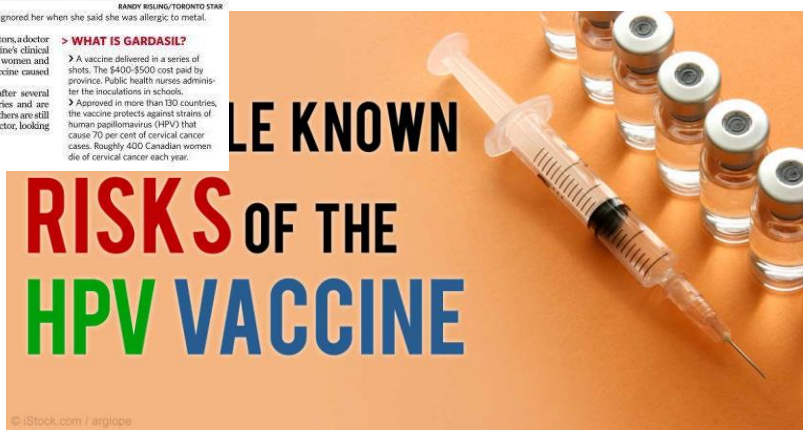
> A vaccine delivered in a series of shots. The $400-$500 cost paid by province. Public health nurses administer the inoculations in schools.

> Approved in more than 130 countries, the vaccine protects against strains of human papillomavirus (HPV) that cause 70 per cent of cervical cancer cases. Roughly 400 Canadian women die of cervical cancer each year.

libertycampaign.org

LE KNOWN

RISKS OF THE HPV VACCINE

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Reduced Prevalence of Oral Human Papillomavirus (HPV) 4 Years after Bivalent HPV Vaccination in a Randomized Clinical Trial in Costa Rica

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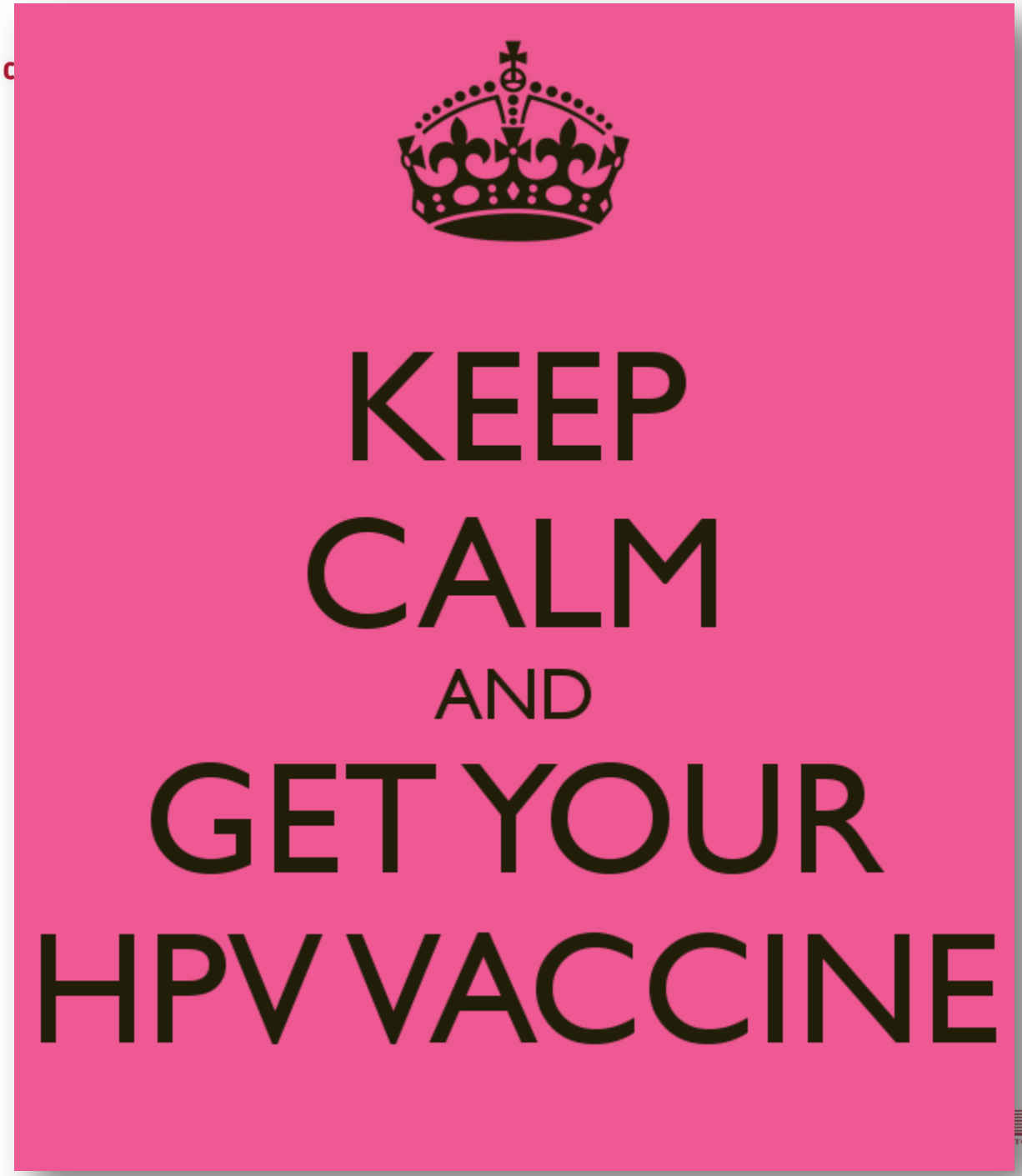
KEEP
CALM
AND
GET YOUR
HPV VACCINE

Bibliografia

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