

**From The Chief Medical Officer:
Dr Henrietta Campbell CB**

**Castle Buildings
Upper Newtownards Road
Belfast BT4 3SJ**

**Telephone: 028 90 520563
Fax: 028 90 520574**

E-Mail: henrietta.campbell@dhsspsni.gov.uk

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To: All General Practitioners (for cascade to practice nurses)
Medical Directors of HSS Trusts (for cascade to:
 Consultant Obstetricians & Gynaecologists
 Consultant Oncologists
 GUM Clinics
 Cytology Laboratories)
Community Pharmacists
Directors of Public Health in each HSS Board (for cascade to local Family
 Planning Clinics)
Directors of Nursing of HSS Trusts and Boards
Directors of Pharmaceutical Services in HSS Trusts and Boards
Prescribing Advisers in HSS Boards
GP Advisers in HSS Boards
Chief Executives of HSS Trusts
Brook Advisory Centre

Dear Colleague

**LONG TERM USE OF ORAL CONTRACEPTIVES AND RISK OF CERVICAL
CANCER IN WOMEN WITH HIGH RISK TYPE HUMAN PAPILLOMA VIRUS**

A paper and editorial on long-term use of oral contraceptives (OCs) and risk of cervical cancer in women with high risk type human papilloma virus (HPV) appear in this week's Lancet. The findings strengthen the evidence that OCs may contribute to the development of cervical cancer but are not conclusive.

IT IS ESSENTIAL THAT ALL SEXUALLY ACTIVE WOMEN, ESPECIALLY THOSE ON LONG-TERM ORAL CONTRACEPTIVES, BE ENCOURAGED TO HAVE REGULAR CERVICAL SMEARS.

This message provides information to help you advise your women patients and gives information for women themselves and guidance on where to seek further information.

HPV AND CERVICAL CANCER

HPV is a sexually transmitted infection. There are more than 80 HPV viruses, only a few of which are associated with an increased risk of cervical cancer. Exactly how these few high-risk strains cause cervical cancer is unknown. It is already known that other factors such as

cigarette smoking also increase the risk of cervical cancer. Many women are infected with HPV at some point in their lives, but it is not yet possible to tell which of these women will go on to develop abnormalities of the cervix. Persistence of the virus is important. Most HPV infections disappear without causing any problem and even those women who contract high risk HPVs rarely go on to develop cervical cancer. There is currently no routine test for HPV.

ORAL CONTRACEPTIVES AND CERVICAL CANCER

For many years the long-term use of oral contraceptives (OCs) has been associated with an increase in cervical cancer. This is stated in prescribing information and the leaflets in OC packets. What has been unclear is how much of this association is due to oral contraceptives and how much to other factors such as smoking or sexual behaviour. This study adds to the evidence that OCs play a role in the development of cervical cancer.

THE LANCET PAPER

The paper reanalyses several case-control studies on cervical cancer conducted in Spain, South America, Asia and Africa by the International Agency for Research on Cancer (IARC) between 1985 and 1997. This reanalysis focuses on HPV positive women, thus possibly reducing a major source of confounding.

It reports an association between increasing risk of cervical cancer and increasing duration of use of OCs in HPV positive women. While women who used OCs for up to 5 years had no increase in risk, there was a 3-fold increase in those who used OCs for 5-9 years and a 4-fold increase in those who used OCs for 10 years or more.

It is important to note that the original studies were carried out in women who live in countries with no national cervical screening programmes. These women are therefore at much greater risk of developing cancer than women in the UK.

ADVICE FROM THE COMMITTEE ON SAFETY OF MEDICINES

The Committee on Safety of Medicines (CSM) considered a pre-publication copy of the paper. They advised that the evidence was not sufficiently robust to change the current product information for OCs immediately or to take any other regulatory action. They also stated that it was still not clear that it was duration of OC use itself that was the cause of the increase in risk. HPV infection was only measured once, which might exaggerate the observed association of OC use with cervical cancer. Duration of OC use could also be related to duration of HPV infection, which could be the true cause. In addition, the main findings of increased risk are based on small numbers of cases. CSM also advised that women

who have used OCs for more than 5 years should be particularly scrupulous about being screened for cervical cancer.

THE NATIONAL CERVICAL SCREENING PROGRAMME

The NHS Cervical Screening Programme has reduced the incidence of cervical cancer by over 40%. In the UK the incidence and mortality of cancer of the cervix has been falling in recent years. Cervical screening is not perfect, but between 80% and 90% of cervical abnormalities are detected and treated in women who attend for regular smears. It is essential that all women aged 20 to 64 who are or have been sexually active be encouraged to have a cervical smear test every 3-5 years, regardless of whether they are using OCs.

CONCLUSION

The new Lancet paper strengthens the evidence that OCs contribute to the development of cervical cancer in women with HPV infection. However, it does not prove it. Due to the effective national cervical screening programme the absolute risk of developing cervical cancer in the UK is low, whether women use OCs or not. The benefits of taking OCs outweigh the risks in the vast majority of women who use them.

CONTACT

Further information is available on the www.mca.gov.uk, the NHS Cancer Screening Programmes website (www.cancerscreening.nhs.uk) or from the MCA Central Enquiry Point (telephone 020 7273 0000).

Yours sincerely



HENRIETTA CAMPBELL (DR)
Chief Medical Officer

INFORMATION FOR WOMEN USING THE ORAL CONTRACEPTIVE PILL

THE RISK OF CERVICAL CANCER FOR WOMEN WHO USE THE ORAL CONTRACEPTIVE PILL FOR A LONG TIME

You may have heard recently about new research suggesting that women who use oral contraceptives (commonly called the pill) for more than 5 years are more likely to develop cervical cancer than women who have never used it. This leaflet provides you with some information and explains what this means for you. The main message is that having regular smear tests is very important.

BENEFITS OF THE PILL

The pill is highly effective at preventing pregnancy and generally has an excellent safety record. Whilst the pill has been associated with a small increase in the risk of thrombo-embolic disease, it also reduces the risk of ovarian and endometrial (lining of the womb) cancer.

CERVICAL CANCER

Cervical cancer is caused by Human Papilloma Virus (HPV), which is a sexually transmitted infection. There are more than 80 types of HPV virus, but only a few of them are associated with an increased risk of cervical cancer. Cancer only develops when infection with one of the high risk types lasts for many years. Many women are infected with HPV at some point in their lives, but in most women the HPV infection disappears naturally without causing any problems. Even those women who contract high risk HPVs rarely go on to develop cancer. Other factors may add to the risk of developing cervical cancer. There has been some evidence to suggest that taking the pill might be one of these other risk factors. However it has not been clear how much risk it might add or whether the pill itself or sexual activity is the cause.

LATEST EVIDENCE

A new study, mainly in developing countries, on the long-term use of the pill and risk of cervical cancer has just been published in The Lancet. The findings of this study suggest that women in those countries who use the pill for more than 5 years and have HPV have a risk of developing cervical cancer three to four times higher than those who have never used it. HOWEVER, YOUR OVERALL LIKELIHOOD OF GETTING CERVICAL CANCER IN THE UK REMAINS LOW WHETHER YOU USE THE PILL FOR A LONG TIME OR NOT.

SCREENING FOR CERVICAL CANCER

The rate of cervical cancer is very low in the UK due to a highly effective screening programme. This detects and treats cervical abnormalities before they develop into cancer and prevents between 80 and 90% of cancer cases in women who attend for a smear at least once every 5 years. The results of this new study emphasise the importance of having regular smear tests and attending for your smear test when you are invited. The NHS Cervical Screening

Programme invites women aged 20 to 64 for screening every 3 to 5 years. Women under 20 are not invited as their bodies are still developing and screening is not beneficial at that age. Women aged over 64 are entitled to cervical screening if they have never been screened or if their last two tests were not clear.

ESSENTIAL INFORMATION

* The various forms of pill are very safe and highly effective at preventing pregnancy. Their benefits outweigh their risks for the vast majority of women who take them and you should not immediately stop taking your pill because of this recent research.

* If you are concerned and feel that you would like to stop using the pill in the longer term you should discuss alternative forms of contraception with your doctor. In the meantime continue to take your pill as you could become pregnant at any time after stopping.

* Even if you have been using the pill for more than 5 years, your risk of developing cervical cancer remains low.

* Your chances of developing cervical cancer are significantly reduced by having a smear at least every 5 years, whether you use oral contraceptives or not.

* If you have not had a smear in the last 5 years and are, or have ever been, sexually active, you should make an appointment with your GP, family planning clinic or GUM (genito-urinary medicine) clinic as soon as possible.

Further information is available on the MCA's website at www.mca.gov.uk