



EDITOR'S CORNER

ADHD, DEMENTIA, AND HPV MODULES



Q: Did drug companies influence the content and “message” of these modules?

A: The short answer is “no.” We make every effort to develop modules that are as evidence-based and as free from bias as possible. This is accomplished in a variety of ways:

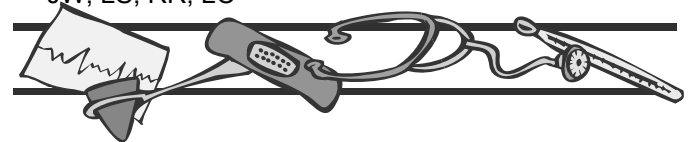
- Our researchers systematically search literature from around the world to identify the best evidence-based information. When identifiable, they flag research that has been funded by pharmaceutical companies.
- The majority of module authors are family physicians who are PBLP members, and they work closely with medical writers without competing interests.
- Editors are family physicians who have experience as module authors.
- At least two specialist reviewers for each module are recommended by our researchers based on publications, perceived expertise and a diverse regional perspective.
- We try to use absolute risk and risk reduction, rather than relative risk, which can sometimes be viewed as a pharmaceutical tool that causes “undue” influence. However, the literature often doesn't give the absolute risk reduction, and it may not be possible to accurately calculate it from the information given.
- The Foundation accepts **no** funding from pharmaceutical companies (even as “unrestricted arms-length” educational grants) to cover any of the costs associated with module development. Funding for modules comes entirely from membership fees and partnerships with other nonprofit health care organizations such as the College of Family Physicians of Canada, the Canadian Lung Association and the Heart and Stroke Foundation of Canada.

Our efforts may be tempered, however, by the current realities of our healthcare system:

- Much of the published primary research has been funded (in part or whole) by the pharmaceutical industry.

- Many physicians with expertise in a particular condition/field are sought after by the pharmaceutical industry to serve as consultants or speakers, even when their research is not directly supported. (Note: Competing interests among our physician contributors are always stated to assure transparency.)
- Drug companies often provide financial support for organizations that develop and/or publish evidence-based guidelines. In other cases, members of a guideline committee disclose competing interests, as in the case of the recent Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA) guidelines. See www.caddra.ca/ [click on Physicians, then Guidelines, then Preface and Acknowledgement]
- The Canadian Task Force for Preventive Health Care has been inactive since 2005, making it more difficult to find rigorous evidence-based *national* Canadian recommendations. To provide appropriate standards of care, we often need to use Canadian guidelines—which may have been supported by drug companies.

Some maneuvers, such as HPV immunization or PSA testing, are controversial and are not supported by some members of the medical community. We make every effort to delineate the controversy and offer the best evidence for both perspectives. When controversies arise after the development of a module, we try to discuss those in this section of the Newsletter. (See the following item re the controversy around HPV vaccine.)
— JW, LS, RR, LC



HPV VACCINE: AN OVERVIEW OF THE CONTROVERSY

Q: Is the HPV module too biased in favour of the vaccine?

A: Much of the controversy related to the HPV vaccine came to light just prior to publication of the module, ruling out an opportunity to fully address the issue. Info point 21 does identify “unanswered questions” about the vaccine and cites a reference outlining the argument against a universal, publicly funded immunization program.¹ This newsletter provides an opportunity to provide a closer look at the HPV vaccination debate.

The evidence for the HPV vaccine is persuasive, at least with regards to short-term immunogenicity and safety. Large clinical trials of preventive HPV vaccines^{2,3} have demonstrated high efficacy in preventing type-specific HPV infections [Level I Evidence].

Despite this strong evidence, there are many in the Canadian medical community who believe the introduction of a publicly-funded HPV vaccination program is premature. Their opposition is based on several key points:

- The long-term efficacy of Gardasil® (the quadrivalent vaccine which protects against HPV types 6,11,16,18) is unknown. The vaccine appears to offer immunity for five years and ongoing studies will determine if the immunity shows signs of waning.⁴ The other HPV vaccine, Cervarix®, protects against HPV types 16 and 18 with some cross-reactive protection against virus strains 45 and 31. It is not yet licensed for use in Canada.
- Pap testing is an established screening strategy for cervical cancer, and Pap tests need to be continued despite the vaccination programs. As well, the associated health care visits provide an opportunity to counsel about issues such as contraception, sexually transmitted diseases (STDs) and general health promotion.¹
- Vaccination may create a false sense of security among young women about their chances of developing cancer. They may become less vigilant



- about regular Pap tests and using measures to reduce the risk of STDs.¹
- “There has been no public debate about whether vaccination as an add-on is the best use of resources in light of possible alternatives needing funding” such as improved Pap smear screening or in developing other approaches such as direct HPV testing.¹
- The high cost of the vaccine (\$404 for 3 doses) calls into question the cost effectiveness of a vaccination program.⁵

The debate on the HPV vaccination program is likely to continue, even intensify. Stay tuned. —LC, RR, JW

1. Lippman A, Melnychuk R, Shimmin C, Boscoe M. Human papillomavirus, vaccines and women's health: questions and cautions. *CMAJ* 2007; 177(5). PM:17671239.
2. Villa LL, Costa RL, Petta CA, Andrade RP, Ault KA, Giuliano AR et al. Prophylactic quadrivalent human papillomavirus (types 6, 11, 16, and 18) L1 virus-like particle vaccine in young women: a randomised double-blind placebo-controlled multicentre phase II efficacy trial. *Lancet Oncol* 2005; 6(5):271-278 PM:15863374
3. Skjeldstad FE. Future II Steering Committee. Prophylactic quadrivalent human papillomavirus (HPV) (types 6,11,16,18) L1 virus-like particle (VLP) vaccine(Gardasil) reduces cervical intraepithelial neoplasia (CIN)2/3 risk. 2005. IDSA Conference Proceeding, San Francisco.
4. Reisinger KS, Block SL, Lazcano-Ponce E, Samakoses R, Esser MT, Erick J, et al. Safety and persistent immunogenicity of a quadrivalent human papillomavirus types 6, 11, 16, 18 L1 virus-like particle vaccine in preadolescents and adolescents: a randomized controlled trial. *Pediatr Infect Dis J* 2007;26(3):201-9. PM: 17484215
5. Comeau, P. Debate begins over public funding for HPV vaccine. *CMAJ* 2007; 176(7):913. PM: 17374749

FOUNDATION NEWS AND NOTICES

The Foundation's medical editor and director of module development and research, Dr. Jacqueline Wakefield, was recently honoured with the Society for Academic Continuing Medical Education as the recipient of the Research in Continuing Medical Education Award. This recognition is awarded to an individual or group of individuals who have made outstanding contributions to research in continuing medical education. Congratulations Jacqui!

Just a Reminder: Invoices went out August 1, 2008, for all PBSG and PBIL Members with a September start date.

FACILITATOR TRAINING WORKSHOPS contact Heather Haywood 800.661.3249 haywood@mcmaster.ca

Fall 2008 Tentative Dates

Saturday, October 4 Hamilton
Saturday, October 18 Calgary - closed
Saturday, October 18 Halifax

Spring 2009 Tentative Dates

Saturday, April 25 - Vancouver
Saturday, April 18 - Hamilton
Saturday, April 25 - Eastern (Ottawa/Montreal/Halifax)

UPCOMING MODULES Do you have a module topic suggestion? Send to: fmpe@mcmaster.ca

- Age-Related Macular Degeneration
- COPD
- Depression in Children
- Fibromyalgia

PILOT TEST NEW MODULES To volunteer your group contact Nancy McInnes mcinn@mcmaster.ca

Visit our Website at www.fmpe.org or call (800) 661-3249