Study: Most Teen Girls Lack Knowledge of STIs

BY SHERRY BOSCHERT
San Francisco Bureau

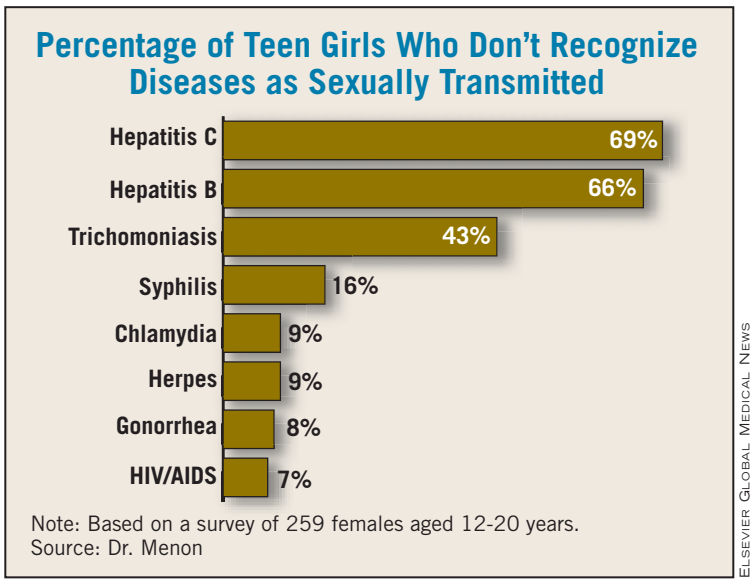
Newport Beach, Calif. — Only one in five female adolescents correctly identified nine common sexually transmitted infections or correctly answered seven true-false questions about their sequelae in a study of 259 subjects.

Questionnaires completed by patients aged 12-20 years at an outpatient clinic showed that most of them did not recognize hepatitis B or C as sexually transmitted infections (see bar chart), and 46% did not know that symptoms of sexually transmitted infections are less likely to appear in males than in females.

Almost half (45%) thought that birth control methods besides condoms could prevent sexually transmitted infection, and a majority of the cohort reported inconsistent condom use, Dr. Seema Menon reported in a poster presentation at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

The age of respondents and their primary source of information did not seem to affect their level of knowledge about sexually transmitted infection. The only factor that predicted greater knowledge was having had one of the infections, which was reported by 47% of the cohort, said Dr. Menon of the University of South Carolina, Columbia, and her associates.

"A prior history of sexually transmitted infection should not be the sole driving force for teens to acquire knowledge," she said. "Health care providers should aim to increase education about sexually transmitted infections during routine visits, as well as actively create new educational tools to improve accurate knowledge in the adolescent population that is so vulnerable to these infections."



Given a list of nine common sexually transmitted infections, only 19% of participants correctly identified them all as sexually transmitted.

Although 93% correctly identified HIV/AIDS as a sexually transmitted infection, 91% incorrectly said that it is the only serious sexually transmitted infection by marking it true on a list of seven true-or-false statements about sequelae.

The fact that cervical cancer is linked with a sexually transmitted infection was not known by 27%. Asked about gonorrhea and chlamydia infections, 19% of respondents did not know that these infections can affect fertility, 25% did not know that they can lead to surgery, and 13% did not know that they can lead to a serious illness.

Responses to a list of four true-or-false statements about strategies to prevent sexually transmitted infection showed that 11% thought Depo-Provera use prevents infection and 13% thought oral contraceptive pills prevent infection, while 48% did not know that condoms can prevent transmission of herpes simplex virus and human papillomavirus.

Among 253 participants who provided information about their current birth control methods (including condoms), 59% reported inconsistent use of condoms, 24% used condoms consistently, 25% were on Depo-Provera, 18% used contraceptive pills, 2% used a contraceptive ring, 1% used a contraceptive patch, and 30% used no contraception. (More than one response was allowed.)

Reasons for not using condoms were identified as monogamy by 73%, dislike of condoms by 29%, use of another contraceptive method by 17%, refusal by a sexual partner in 11%, embarrassment by 5%, and cost by 2%.

Among 199 participants who identified a source of their information about sexually transmitted infections, 30% said a doctor or nurse, 30% said classes at school, 28% said family, 5% said friends, 2% said boyfriends, and 5% said TV, radio, or the Internet.

The 199 in this subgroup did not reach a preset goal of 200 participants needed to reach a power of 80% in detecting a difference, so it is possible that information from doctors still made a difference in the adolescents' knowledge of sexually transmitted infections.

"The impact a health care provider may have on sexually transmitted infection education or condom use should not be undervalued," Dr. Manon said. ■

FDA Approves Two New Uses for Trastuzumab in Treatment Regimens

The Food and Drug Administration has approved two new uses for trastuzumab with hormone therapy in HER2 overexpressing, node-positive or high-risk node-negative breast cancer, the agency announced.

The new approvals are for use of trastuzumab (a) as part of a treatment regimen containing doxorubicin, cyclophosphamide, and docetaxel, and (b) as part of a regimen that includes docetaxel and carboplatin.

The two supplemental license applications for Herceptin were submitted based on data from a study that substituted carboplatin for anthracyclines.

Genentech, which manufactures trastuzumab under the brand name Herceptin, submitted the two supplemental biologics license applications in June 2007 based on data from a Roche study that included an arm in which carboplatin was substituted for anthracyclines (doxorubicin and others) in an attempt to decrease the cardiotoxicity associated with that class.

Among other research, Genentech and Roche are studying trastuzumab in combination with bevacizumab for human growth factor receptor 2 (HER2)–positive first-line metastatic breast cancer and for adjuvant HER2-positive breast cancer.

Herceptin, which was first approved in 1998, is the first humanized antibody approved for the treatment of HER2-positive metastatic breast cancer. It is designed to target and block the function of HER2 protein overexpression, and is indicated as a first-line treatment with paclitaxel and as monotherapy in second- and third-line therapy.

In 2006, trastuzumab gained approval in a regimen containing doxorubicin, cyclophosphamide, and paclitaxel for adjuvant treatment. In January, Herceptin was approved as a single agent for adjuvant treatment of HER2 overexpressing node-negative and node-positive breast cancer following multimodality anthracycline-based therapy.

—Shirley Haley, "The Pink Sheet"

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