Genital Syndromes

Overview

- Cervicitis
- Vaginal discharge

Cervicitis: Diagnosis

- Two major diagnostic signs
  - Purulent endocervical exudate in the cana;
  - Sustained endocervical bleeding that is easily induced
- Other signs
  - Edematous ectopy
  - PMNs in endocervical secretions
- No consensus definition for cervicitis in a research setting
- FGGT: combinations of dyspareunia, erythema, edema, tenderness, and discharge

Infectious Cervicitis: Etiology

- C. trachomatis and N. gonorrhea are important causes
- T. vaginalis can cause an erosive inflammation of the ectocervical epithelium
  - Strawberry cervix
  - Petechiae or hemorrhages surrounded by pale area
- HSV can cause cervicitis
  - Most commonly in primary infection

Infectious Cervicitis: Potential Etiology

- Bacterial Vaginosis
  - Several studies demonstrate an association between cervicitis and BV
  - Intravaginal BV medications enhanced rates of resolution

- M. genitalium
  - Relatively new culprit
  - Women with M. genitalium were 3.3 times more likely to have cervicitis
    - Even after controlling for GC/CT
  - Inadequate data to support routine testing

Infectious Cervicitis: Unlikely Etiology

- CMV
- Human T cell lymphotrophic virus
- Unclear if these viruses contribute to cervical inflammation OR whether these viruses are shed more in an inflammatory environment

Non-Infectious Cervicitis: Etiology

- Substances that erode cervicovaginal mucosa or cause an irritant mucositis
  - Douches
  - Some spermicides
  - Deodorants
  - Herbal preparations

Non-gonococcal, Non-chlamydial Cervicitis

- Neither C. trachomatis nor N. gonorrhea are detected
  - Up to 50% in some studies

- Limited data suggest antibiotics targeted at GC/CT may not be adequate for cervicitis
  - 23% persistence
  - 33% recurrence

- Proposed solutions
  - One study supports intravaginal metronidazole
  - No evidence that directed M. genitalium treatment confers benefit
  - Some experts recommend broad antibiotic coverage

Taylor et al.- May 2013

- 577 women screened for STDs
- Women with MPC randomized to
  - Empiric treatment (cefixime, azithromycin)
  - Placebo
- Excluded if pathogen identified
- Followed 2 months
- 87 women completed enrolment procedure-> 45 enrollment failures (GC/CT/Trich/syptomatic BV)
- Clinical cure rate at 2 months was 33% in placebo and 19% in treatment

Cervicitis: Persistence

- No standard definition of persistence exists
- Limited data describing the epidemiology
- Additional antimicrobial therapy may be of limited benefit
- Some providers provide more antibiotics
- Some providers perform an ablative procedure

PSRT

- Participant presents at month 7 with yellow, non offensive vaginal discharge
- Pelvic exam revealed grade 2 cervical edema, grade 2 cervical erythema, Grade 1 clear cervical discharge; grade cervical excitation, and grade 1 vaginal erythema. No uterine tenderness
- Diagnosed with Grade 2 cervicitis. Product hold
- Participant treated with cefexime, azithromycin, metronidazole
- Returns days later and edema, erythema are still present
- Product hold continues

PSRT

- Participant returns to Month 8 visit.
- You note all symptoms and signs resolved except cervical erythema, Grade 1

PSRT

- Submit PSRT query
  - No guidance about restarting study product in the SSP or protocol
- Likely guidance
  - Grade 1 findings, restart product
  - Grade 2 or higher, continue hold, consult gyne
  - Low threshold for return evaluation
  - Continue monitoring until stabilization or resolution

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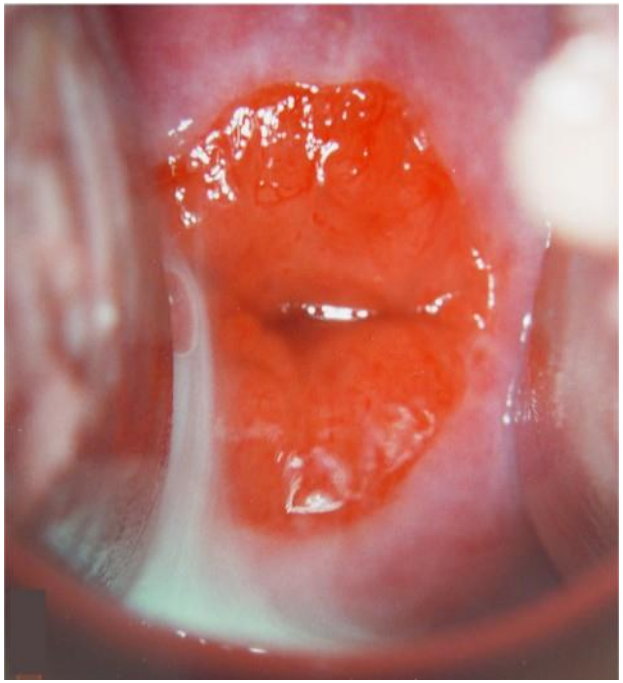
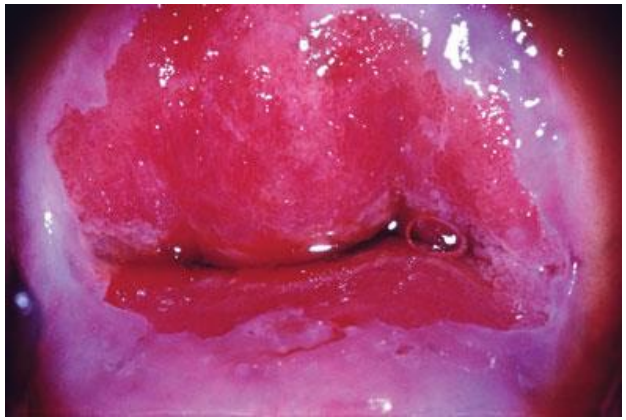
Persistent cervical erythema

- Consider cervical ectopy
- Consider vaginal products
- Close follow-up after starting study product





By way of reassurance…

- Persistent grade 1 finding after a diagnosis of cervicitis is a common PSRT query
  - Please provide an update
  - No reported problems with product re-start
- Only 1 incident of cervical erythema increased in severity. Developed edema and friability. Ultimately gonococcal infection diagnosed

Vaginal Discharge

- New guidance issued since last year
  - Genital symptoms reported by the participant that have resolved by the visit date do not require a pelvic examination
    - Use clinician discretion
    - Bleeding is the exception
  - All AEs need to be followed until stabilization or resolution
    - Vaginal discharge only observed by the clinician is the exception
    - Use clinician discretion

- Questions?