

HEALTH MATTERS

The New HPV Vaccine: Is it Worth the Hype?

BY RENEE LANG, ND

Commercials discussing HPV (Human Papilloma-virus) and cervical cancer began airing on TV a few weeks ago. The commercials began after FDA approval of a new HPV vaccine made by Merck and Glaxo-SmithKline. The commercial claims that the vaccine protects against HPV strains that cause cervical cancer, implying that the vaccine prevents cervical cancer. The commercial also provided some useful information about HPV and its link to cervical cancer.

Currently, much of our health education comes courtesy of drug companies with a financial interest in the condition at hand. Ideally, health education would be administered by unbiased sources, including healthcare providers, the National Institutes of Health (NIH), and the school systems. Unfortunately, health education in this country is abysmal.

Strains of HPV associated with cervical cancer are sexually transmitted. Use of condoms is mildly to moderately effective in preventing its spread.

HPV, a group of viruses containing over 100 different strains, causes warts on the body. HPV strains cause both genital warts and general body warts, often appearing on the hands and feet. HPV requires skin-to-skin contact to spread. Over 30 of the 100 strains spread via sexual contact. Two strains, HPV16 and HPV18, cause 60 percent and 10 percent of cervical cancers respectively. The vaccines focus on preventing infection by these two strains.

I reviewed three published studies, funded in part by the two producers of the vaccines, Merck and GlaxoSmithKline. The results of these studies show that the vaccines effectively decrease incidence of HPV16 infection including persistent HPV16 infection. Persistent HPV16 infection has been linked to cervical cancer development. The studies do not conclusively illustrate efficacy of the vaccine against HPV18 infections.

The longest study tracked both infections and incidences of precancerous cervical changes over 4.5 years. The vaccine showed about a 95 percent efficacy in preventing low-grade changes due to HPV16 and HPV18. However, the efficacy dropped to about 40 percent in preventing low-grade changes due to any reason. This distinction matters because in any given person, the specific HPV strain causing changes does not matter as much as the changes themselves.

Still, there was a 40 percent drop in low-grade changes as a result of the vaccine. In many women, the low-grade changes

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Renee Lang, N.D.

clear up without treatment.

The current studies show no efficacy in preventing cancer at this point. The longest study has been 4.5 years, not nearly long enough to prove or disprove cancer prevention.

The majority of cervical cancer cases occur in women aged 35 to 50. Participants in the study ranged in age from 16 to 25. The only definitive way to know if the vaccine prevents cancer is to conduct a long-term study.

Women already infected with HPV16 or HPV18 were excluded from the studies. The studies do not show protection for women already infected with HPV. About 20 million people have an HPV infection at any given time and over 6 million new cases occur each year. Fifty percent of men and women contract an HPV infection at some point in their life. Eighty percent of 50-year-old women have had an infection.

The best tool for preventing cervical cancer is the Pap smear. Cervical cancer rates have dropped by 40 percent since 1973, due to the introduction of accessible Pap smears, including those provided by Vermont's Ladies First program. Cervical cancer rates continue to drop by about four percent each year. Pap smears are still required, even with vaccination.

Is there a danger in getting the vaccine?

No long-term data exists for the safety of the vaccine. However, reactions to the vaccine were negligible in the studies. The vaccine contains micro-amounts of the metal aluminum. Otherwise, the biggest danger is a false sense of security.

Even though most women do not like getting a Pap smear, receiving regular Paps continues to be necessary for cervical cancer prevention. I am concerned that vaccinated girls will think that they don't have to have a Pap smear done regularly because they are protected by the vaccine.

Finally, cancer is not purely a physical or infectious problem. The development of cancer depends on multiple factors, including immune system health, inflammation, mental and emotional factors, stress, diet, and lifestyle. Though not entirely understood, it is likely that many women are unable to clear HPV from their bodies due to decreased immunity. The decreased immunity may be due to stress, unresolved emotional issues, poor diet, poor sleeping habits, and drugs or medications. To put

the entire focus on the physical virus blinds people to the other necessary changes they need to make to prevent all cancer.

Prevention as cure

All genital-to-genital contact can spread the virus. It hangs out in the genital area and just needs skin contact to spread. Limiting sexual partners decreases risk of contraction - i.e., no more than two partners in one's lifetime. Most people have more than two partners in their lifetime, and so it becomes less of a realistic factor.

The type of contact - any genital-to-genital contact, including anal - can spread the virus. Oral sex may be less likely to spread HPV, and lesbians may be less likely to spread it directly to each other. There isn't much data specific to lesbian contact, though based on route of transmission, it's likely a decreased risk. Gay males spread it via genital and anal contact, but they don't get cervical cancer.

The best thing a woman can do is to use condoms or dams with all partners, manage stress to keep immunity elevated, and get regular Pap smears.

True prevention of illness requires a multi-faceted approach. Cancer prevention in general requires a healthy diet, adequate sleep, proper stress management, smoking cessation, exercise, and a healthy mental and emotional state.

Dietary suggestions include eating at least two servings of dark green-leafy vegetables daily, eating a variety of fruits and vegetables each day (make your day colorful- oranges, yellows,

reds, purples to maximize nutrient content), drinking at least 64 ounces of good water daily, and limiting coffee, sugar, simple carbohydrates, and deep fried foods.

Lifestyle suggestions involve getting 7.5 to 8 hours of sleep per night. If your sleep is not restful, you are not restoring your body. Decrease stress and/or develop good management techniques. Exercise at least 5 times per week, combining light aerobic movement (walking, swimming), stretching (yoga, tai chi), and some weights (use ankle weights while walking). If you smoke, quit! Smoking is a major health benefit risk factor for most cancers - not just lung cancer.

Pay attention to mental and emotional factors. The majority of women diagnosed with breast cancer have experienced a traumatic event in their life in the previous five years. Addressing and healing the trauma is crucial in both cancer prevention and cancer care.

The HPV vaccine has not been shown to prevent cervical cancer. Pap smears remain a necessity in the prevention of cervical cancer. Get your Pap smear regularly at the appropriate interval determined by your health history. Check with your doctor for more information. Contact the Ladies First program in Vermont for Pap smear coverage if you cannot afford the test. ▼

➔ Renee Lang, ND, can be reached at The Healing Way Clinic in Brattleboro, or by email at dr.rlang@thehealingway.net.



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