



Women's Health Wisdom

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As you may know, the first Human Papillomavirus (HPV) vaccine has just been released along with a barrage of information from Merck and the FDA promoting the vaccination of young women ages 9-26. The recent media attention about the vaccine has raised concern in millions of women unnecessarily. Read on to learn about your risk of contracting cervical cancer from the virus. I also discuss why you'll want to think long and hard about immunizing your daughter for HPV.

DOES YOUR DAUGHTER NEED THE HPV VACCINE?

Earlier this summer (2006), Merck pharmaceutical received FDA approval to market the first Human Papillomavirus (HPV) vaccine Gardasil, a genetically engineered vaccine that helps prevent four types of HPV viruses, including type 16 infection, one of the most common HPV type viruses implicated in cervical cancer. Other HPV vaccines are in the pipeline. With the approval of Gardasil, HPV and its link to cervical cancer was suddenly front page news around the world with a barrage of media ads marketing the vaccine heavily for women. The CDC quickly recommended vaccinating all women age 9-26 and even beyond. Overnight women with virtually no risk for cervical cancer (the vast majority) were suddenly made to feel vulnerable, thus creating a huge market for the vaccine.

Let me put the issue into much needed perspective. The risk of getting cervical cancer from HPV has been greatly overstated! Fifty to seventy-five percent of all people are exposed to HPV in their lifetimes. The virus clears spontaneously by the immune system within two years in over ninety percent of all women, posing no risk at all. Though the vaccine undoubtedly has some value for some women, it is unnecessary, and may even be dangerous, to administer it to millions of girls and women in the United States.

THE NUMBERS SPEAK FOR THEMSELVES

There are an average of 9,710 new diagnoses of cervical cancer and 3,700 deaths from the disease in the United States each year, according to the CDC. Of these new cases, 70 percent are related to HPV. That's about 6,797 cases per year. Over fourteen types of HPV are associated with cervical cancer. Gardasil protects against the HPV strains that are implicated in about 90 percent of cervical cancers, not 100 percent. That further reduces the number of cases of cervical cancer that might potentially be prevented with a vaccine to just fewer than 6,200. And the vast majority of these cases could be prevented with improved nutrition, safe sex, and the king of screening and early treatment that is already in place!

The HPV vaccine media blitz had overshadowed the fact that the incidence of cervical cancer has already decreased dramatically through routine cervical screening with pap smears and HPV (DNA) testing. For example, the National Health Service of England reports that the incidence of invasive cervical cancer fell by 42 percent between 1988 and 1997 in the U.K. because of cervical cancer screening programs. The NHS reports that in 2000, there were 2,424 new cases of invasive cervical cancer, most of which are not fatal.

ABNORMAL PAPS ARE COMMON

Surveys suggest that about four percent of all pap smears will show an abnormality associated with HPV infection, which is known as atypical squamous cells of undetermined significance (ASCUS). In the vast majority, further evaluation will fail to show any abnormality, and no further action is required. (This occurrence of “false positives” with Pap smears led to the development of the ThinPrep® Pap Test, which is more reliable but still not 100 percent accurate.) But five to ten percent of patients initially diagnosed with ASCUS actually have more worrisome cellular changes, known as high-grade, which must be followed closely and treated in some women.

The Department of Pathology, at the University of Alabama in Birmingham reviewed 39,661 pap and HPV test from January 1, 2002 to December 31, 2003. Of these, 12 percent were diagnosed with ASCUS. High risk HPV (DNA) was detected in only 732 cases! Out of all of these, only six had persistent abnormal pap smears requiring repeat follow-up; five had evidence of cellular abnormalities; and four had low-grade cervical dysplasia or cellular changes associated with HPV. And only one had high-grade dysplasia (a more worrisome type of cellular change that is associated with a higher risk of actual cancer down the line if not treated.)

The remaining patients all had negative pap smears. In other words, only a very small percentage of those with high risk HPV were found to have cervical abnormalities – which are not invasive cervical cancer and are treatable!

VACCINES AREN'T ENTIRELY SAFE

According to the National Vaccine Information Centers (www.909shot.com), “The FDA allowed Merck to use a potentially reactive aluminum containing placebo as a control for most trial participants, rather than a non-reactive saline solution placebo.”

Using a reactive placebo can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial. Gardasil contains 225mcg of aluminum and, although aluminum adjuvants have been used in vaccines for decades, they were never tested for safety in clinical trials. Merck and the FDA did not disclose how much aluminum was in the placebo.

Whenever you vaccinate an individual, you're intervening with their immunity. And that's exactly what happened with Gardasil in the clinical trials. According to the Merck product insert, there was one case of juvenile arthritis, two cases of rheumatoid arthritis, five cases of arthritis, and one case of reactive arthritis out of 11,813 Gardasil recipients. There was also

one case of lupus and two cases of arthritis out of the 9,701 patients who received the aluminum containing placebo. Investigators dismissed the total of 102 Gardasil and placebo-associated serious adverse events, including 17 deaths that occurred during the clinical trials, claiming that they were unrelated. (It's also not clear how many girls received the Hepatitis B vaccine in addition to Gardasil. Giving a couple vaccines at the same time can increase the risk of adverse outcomes.)

Regardless, there were 102 adverse events in 21,514 women and children who received the vaccine or the aluminum containing placebo. This translates to 474 adverse events per 1 million people getting vaccinated. Conservatively speaking, that's 14,220 (474 x 30 million) adverse events expected if you were to give the vaccine as recommended to about 30 million women and girls – the approximate number of people in the target market for Gardasil. Is it worth it to make 14,220 girls and women sick in order to possibly prevent 6,200 cases of HPV-related cervical cancer?

THE BOTTOM LINE ABOUT HPV VACCINE

Remember, it is not HPV per se that causes the cancer. It's the immune system's inability to fight the virus that is the issue. The rapid, widespread, and unquestioning acceptance of the HPV vaccine as "the answer" to cervical cancer prevention speaks volumes about our cultural misunderstanding of the root causes of health and disease. On his deathbed, Louis Pasteur, the famous pioneer in the discovery of the role of germs in disease, said that Antoine Beauchamp, his rival, was correct. It was not the germ itself that caused disease; it was the environment, which Beauchamp had claimed all along.

While it is certainly laudable to want to decrease the incidence of invasive cervical cancer even further, and while this vaccine may be useful for some high-risk women and girls, it is far too early to subject millions to yet another vaccine. There is so much we can do to shore up an individual's immunity safely and effectively. (For a complete program on how to do this, read *Mother-Daughter Wisdom*, Bantam, 2005.)

Gardasil definitely isn't cost free – it's a staggering \$360 per person. It's administered in three shots, which must be given over six months. At this time, it doesn't even guarantee for longer than five years.

Gardasil will not eliminate the need for routine pap smears. And whether or not a woman opts for the vaccine, she should still protect herself from getting a sexually transmitted disease by using condoms, abstaining from intercourse, being discerning about her sexual partners, and also making sure her diet is rich in antioxidant nutrients that help her resist infections of all kinds.

Rather than relying solely on mass immunization programs that treat everyone as though they are at equal risk (which clearly isn't the case), and which also promote the myth of universal vulnerability, it is far more prudent to optimize a woman's nutrition and lifestyle so

that her immune system is functioning optimally in the first place. This is especially true if she is one of the few who don't clear HPV rapidly and spontaneously.

Moreover, if a woman has a persistent HPV infection, she has a problem with her immune system. The bottom line is: The depression of her immune system is what's putting her at increased risk for cervical cancer. So while a vaccine might prevent cancer in one location, disease will manifest in another area if the root cause isn't addressed. This is done by looking at her entire life – body, mind, and spirit.

MONEY TALKS

So who really benefits by vaccinating approximately 30 million girls and women with a vaccine that costs about \$360? Industry analysts point out that mandating the HPV vaccine for virtually all girls and women will make Gardasil the blockbuster that Merck needs to boost profits since it was forced to withdraw its arthritis drug Vioxx. I certainly agree. It is no secret that medical schools, researchers, the CDC, and even the FDA itself are increasingly controlled by drug company profits. So is the mainstream media. To learn facts about this, I recommend the documentary film *Money Talks: Profits before Patient Safety*.