Cervical Cancer

Cervical cancer affects women of all ages and tends to develop slowly over time. Cervical cancer and the abnormal changes in cervix cells which precede cervical cancer are easily identified via a pap smear in which cells are scraped from the surface of the cervix and examined under a microscope.

Cervical cancer may develop due to a number of reasons; however the most common cause of cervical cancer is Human Papilloma Virus infection. (HPV) There are about 40 different strains of HPV which affect the reproductive organs. HPV 16 is the most common cause of cervical cancer followed by HPV 18, HPV 45 and HPV 31. HPV 16 and 18 cause most cases of cervical cancer and are more likely to develop in a shorter period of time, in some cases in as little as 18 months.

Another possible cause for cervical cancer and other rare forms of vaginal cancers is the drug Diethylstilbestrol (DES) given to pregnant women. Daughters of these women who were exposed in-utero are at risk for these types of cancers.

There are also several risk factors which increase the likelihood of cervical cancer developing when exposed to HPV these include cigarette smoking, long term oral contraceptive use (5 years or more), multiple pregnancies, decreased immunity and immune system failure, genetics – having 1st generation family members who have had cervical cancer may increase the risk of development of cervical cancer. Age is also a factor; women over the age of 30 are at greater risk for developing cervical cancer. Other factors which play a role include having multiple sex partners, having a partner who has had many sex partners, engaging in intercourse without the use of condoms, becoming sexually active prior to the age of 18 and neglecting to receive regular pap smears.
In order to prevent cervical cancer, it would be prudent to begin with solid sex education beginning at a young age, prior to the possibility of sexual activity occurring. The use of condoms is essential in preventing exposure to the human papilloma virus. While condoms do not provide 100% protection they greatly reduce the risk. HPV is transmitted through intimate contact in the genital region. Female condoms provide better protection but are less available, cost more and are used less frequently than regular condoms. HPV is spread by vaginal, anal or oral sex. HPV can also cause oral, throat and rectal cancers.
Prior to engaging in unprotected sex with any partner a thorough discussion of sexual history is in order. There is no test to determine if a man carries the human papilloma virus, in fact most men and women who carry the virus do not know they are infected with it, unless they happen to have a strain which produces visible warts or have had an abnormal pap smear which tested positive for the presence of HPV. Questions regarding the number of sexual partners, condom usage (have condoms been used in every instance of genital contact?) and Pap smear history. A woman may want to ask her partner if any of his previous lovers have had abnormal pap smears or genital warts. Asking questions such as these can help one determine how great the risk the individual may have of carrying the virus. However, even one unprotected sexual encounter is enough to expose someone to HPV.

Once a woman becomes sexually active, or by the age of 21 (whichever comes first) she should begin having annual pap smears. Pap smears are a diagnostic screening test used to identify abnormal changes in the cervix cells to allow treatment before they have the opportunity to progress to something more serious, such as cancer.

It is estimated that 80% of the sexually active population will be exposed to HPV in the course of their lifetime. Not all who are exposed to HPV will develop symptoms as the body often clears it on its own. Should HPV show up on a pap smear there are a number of proactive steps that may be taken to help reduce the risk for cervical dysplasia and cervical cancer.

1. Quit smoking and/or eliminate exposure to carcinogens found in tobacco smoke. One of the main contributing factors for developing cervical cancer after exposure to HPV is smoking or having a partner that smokes. Chemicals found in cigarette smoke such as nicotine and cotinine are also found in the semen of smokers and men who are exposed to second hand smoke.
2. Get regular annual pap smears to identify any abnormal changes in cervix cells. Ignorance is not bliss; it leads to the development of cervical cancer. The majority of women who develop cervical cancer do not receive regular pap smears. Other sexually transmitted diseases and viruses may also increase the risk for cervical cancer, Herpes simplex, HIV, and Chlamydia in particular.
3. Discontinue use of oral contraceptives. Long term use of birth control pills has been linked to the development of cervical dysplasia and cervical cancer.
4. Consume a healthy diet. A nutrient dense diet rich in fruits and vegetables, with the liberal use of organic and whole foods is advisable. With the avoidance of foods known to be high in hormones, chemicals, sugars, unhealthy fats and excessive processing would be a wise choice since these types of foods have been linked to an increased risk of a wide variety of cancers.
5. Keeping the immune system strong and providing additional immune support can assist the body in reducing or eliminating viral load and reduce the risk for developing cervical cancer.
6. Tend to the bodies basic needs. When life gets hectic often the simple and most important things get left by the wayside. Be sure to get enough sleep each night. Reduce stress levels. Consume a healthy well balance diet. Consume enough water on a daily basis. Maintain good bowel function. Learn how to say no, all too often women are so busy caring for others they neglect caring for themselves. It is important to make time to care for ourselves when dealing with a health crisis.
7. Lose weight if needed. Obese women appear to be at greater risk for the development of cervical cancer.
8. Consider the risk vs. benefit of vaccination against HPV. Current vaccinations offer protection against HPV 16 and 18 the two strains of HPV which cause 70% of cervical cancer and HPV strains 6 and 11 which cause about 90% of genital warts.\textsuperscript{iv} The vaccine is only effective if the woman (or girl) has not been previously exposed to HPV, for this reason the vaccine is recommended for girls and young women ages 9 to 26. Some considerations:
   a. Receiving the vaccine does not protect against all forms of HPV and may lull young women into a false sense of security. Condom use is still essential for many reasons.
   b. Viruses mutate easily and rapidly, one may wonder how long these vaccines will be effective against these strains of HPV.
   c. Vaccines may have serious side effects and companies are not always forthcoming about the ingredients found within any particular vaccine. Amorphous aluminum hydroxyphosphate sulfate found in Gardasil for example has linked with neurological damage, behavioral problems and diseases such as ALS.\textsuperscript{xii xiii} Animal studies on the effects of polysorbate 80, another chemical used in the HPV vaccine have yielded concerning results as well. Injected polysorbate 80 has demonstrated mutagenic effects increasing the risk for cancer, and a study was published showing neonatal rats injected with small doses of polysorbate 80 demonstrated major effects on the reproductive organs of the rats, resulting in infertility.\textsuperscript{xiv} There is concern among some individuals that injecting small amounts of polysorbate 80 into adolescent girls may lead to infertility as well, but we won’t know if this is a valid concern until the girls being injected with this vaccine are older and wish to start a family of their own. (Please see Note #1)

There is a wide variety of proactive steps one can take to prevent the development of cervical cancer. Even if diagnosed with cervical dysplasia the activities, lifestyle choices and dietary selections play a major role in the progression or the reversal of cervical dysplasia. There are also a number of surgical procedures which can remove abnormal cervical tissue and prevent the progression to cervical cancer. The cervix is very accessible and diagnostic screening is readily available in the United States and other developed countries. Yet in spite of prevention, education, diagnostic techniques and available treatments to prevent the progression of cervical dysplasia over 10,000 new cases of cervical cancer are diagnosed each year in the US.\textsuperscript{xv} In 2005 approximately 4000 women died from cervical cancer.\textsuperscript{xvi} Cervical cancer is the 14\textsuperscript{th} most common form of cancer affecting women in the US today and the 5\textsuperscript{th} most common form of cancer affecting women worldwide. Somewhere in the world, a woman dies every two minutes from cervical cancer.\textsuperscript{xvii} In underdeveloped countries cervical cancer is the 2\textsuperscript{nd} most common form of cancer affecting women and ranks number one in Central America and South Africa.\textsuperscript{xviii} Cervical cancer is still a major problem worldwide affecting hundreds of thousands of women each year.

**Will You Choose to Vaccinate Your Daughter? Get the Facts and Know the Risks First.**

Note #1: Since originally writing this report, an article was written on WebMD discussing the possible link between 2 fatal cases of ALS being linked to the HPV vaccine, Gardasil. We are already aware that one of the ingredients in Gardasil has been linked to causing neurological damage, including the development of ALS. In one case, a 14 year old girl developed ALS dying a year later, which is considered very rapid progression of the disease. In the other case, a 20 year old woman developed the disease 4
months after her first shot and died 28 months later. Again, the disease progressed more rapidly than was typical for ALS when seen in young people.

Yadollah Harati, MD, a neurologist at Baylor College of Medicine in Houston says, “The fact that “the postmortem studies show distinct immunological features different from what is typical of ALS” suggest an association between vaccination and ALS.”

More than 7 million young girls and women have received the vaccine. We're experimenting on a whole generation of our young women; this is likely only the beginning of the health problems that will arise. It is difficult to imagine how the 14 year olds parents must feel, thinking to vaccinate their daughter against cervical cancer only to have her die a year later from ALS that was very likely cause by the vaccination that she received. I could not imagine anything more horrible.

---


