

To V. (vaccinate) or not to V. – That Is The Question

Although cervical cancer is one of the most common cancers worldwide, its incidence in the United States has seen a dramatic decline over the past 70 years since Pap smears have been used regularly for cervical cancer detection. This is an example of how a screening test, when properly implemented, can lead to dramatic results.

99% of all cervical cancer is caused by the HPV virus.

Armed with this information, it has been recommended that all women over age 30 be screened with not only a Pap smear, but a high-risk HPV screening test.

What is HPV? Who is at risk? Who should be tested? What is the difference between high-risk and low-risk HPV? What is Gardasil? Who should receive this vaccine?

HPV is the abbreviation for Human Papilloma Virus. This is a virus that is spread by sexual contact. You can prevent the spread by abstaining from intercourse or by using condoms consistently. Limiting the number of sexual partners can also reduce your risk of HPV and cervical cancer.

Research has shown that using the HPV screening test can detect high-risk changes in the cervix earlier than pap testing alone. Earlier detection lessens the need for invasive procedures to treat pre-cancer and cancer of the cervix.

There are many types of HPV. They can be classified as low-risk or high-risk. The two most common low-risk types are 6 and 11, responsible for most cases of genital warts.

Although most HPV infections do not cause cancer, the two most common high-risk varieties responsible for 70% of all cervical cancers are types 16 and 18. It is these four HPV types (6,11, 16,18) that make up the Gardasil vaccine.

This vaccine is recommended for boys as well as girls starting at age 9-26. In most cases, it is covered by insurance in this same age group. The goal of any vaccine is to confer immunity to the condition for which it is given before the person is infected with the virus.

Determining when to administer the vaccine is a decision best left to the patient, her parent (if a minor) and the health-care provider.

While HPV testing is not a replacement for the Pap smear, a negative or non-detected HPV can provide reassurance of one's low risk for cervical cancer, allowing the Pap smear to be performed less frequently.



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The high-risk HPV should be done in women under thirty – only if the Pap smear test is abnormal or if the results are unclear. After age 30, it is recommended as part of routine screening. It is not felt to be a cost-effective practice for women under age 30 because the risk of cervical cancer and precancerous changes are low, as well as the fact that many women under this age, have transient HPV, which even if left alone, will usually not be present on a subsequent cervical cancer screen.

So, to answer the question: V or not to V?

Have a discussion with your doctor regarding your risk profile, to review your Pap smear frequency and to see if you would benefit from the Gardasil vaccine.

Innovative Women's HealthCare Solutions offers low-cost screenings:

From September 1 - December 31, 2014:

Free Fibroid Check for the first 100 women who "like" us on Facebook. After the first 100 women, the Fibroid Check is only \$50.

Cervical Cancer Screen and Fibroid Check - \$50 (up to age 29)
\$100 (age 30 and over - includes High-Risk HPV Testing)

Free Breast Exam during October only, Breast Cancer Awareness Month



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Melinda Miller Thrasher is a native of NYC and attended Cornell University, Mt. Sinai and NYU for her residency training. Her expertise includes fibroids and minimally invasive surgical procedures to treat fibroids. She is on staff at Emory University Hospital and Piedmont Hospital. Dr. Miller-Thrasher has been selected as one of Atlanta's Top Doctors each year since 2009 as listed in *Atlanta Magazine*, One of the Gynecologists You Love (*Essence Magazine*) and she is a Patients' Choice Award recipient. She is also a member of the WebMD medical review board. Her new book, "The Innovative Women's Guide to Fibroids," will be available late summer 2014.

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