HPV Vaccine/ Cervical Cancer (transcript)

Main Episode Page: HPV Vaccine/Cervical Cancer

(ANNOUNCER)

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(MUSIC)

(DR. PETER SALGO)

Welcome to Second Opinion, where each week you get to see firsthand how some of the country's leading healthcare professionals tackle health issues that are important to you. Now each week our studio guests are put on the spot with medical cases based on real life experiences. By the end of the program, you'll learn the outcome of this week's case and we hope that you'll be better able to take charge of your own healthcare. I am your host, Dr. Peter Salgo, and today our panel includes our Second Opinion primary care physician, Dr. Lisa Harris, from the University of Rochester Medical Center, activist Christine Baze, Dr. Diane Harper from the University of Missouri, and Dr. Mark Shelly from the University of Rochester Medical Center. Thank you all for being here. We're going to be discussing our patient, Katelyn. Katelyn is in her pediatrician's office for her eleven year old well visit. Lisa what does this visit typically entail?

(DR. LISA HARRIS)

Well typically we like to find out things – how things are going in school. Talk to her mom about her eating habits, nutrition. We measure growth, blood pressure, vision, things like that – the routine standard things. And then we get into a discussion about preventative things that we need to do as pediatricians.

(DR. PETER SALGO)

Such as what?

(DR. LISA HARRIS)

Immunizations are a big thing that we talk about.

(DR. PETER SALGO)

But wait – shots – I mean that's three, four, five year old kids, right.

(DR. LISA HARRIS)

No well now.

(DR. PETER SALGO)
Mumps, rubella, you know.

(DR. LISA HARRIS)

Right but now we're giving a tetanus shot at age twelve or sixth grade, so she's right in that range depending on what grade she's in, she might get the –

(DR. PETER SALGO)

Okay.

(DR. LISA HARRIS)

- The vaccine.

(DR. PETER SALGO)

Okay. Anything else.

(DR. LISA HARRIS)
Yep. We would also start talking about the human papilloma virus vaccine and we might even talk about the menactra vaccine, which is the meningitis vaccine.

(DR. PETER SALGO)

Well the HPV vaccine comes up and the doctor explains to Katelyn and to her mother, they're both in the room, that Katelyn needs to get the HPV vaccine. Mark, what is HPV first of all?

(DR. MARK SHELLY)

HPV is human papilloma virus and that's a virus that is a sexually transmitted virus. And when it infects the cervix there are some people who will subsequently get not just the genital warts but may get cervical cancer from that.

(DR. PETER SALGO)

Alright, I think we need to illuminate a little bit more, get some numbers on this. First of all how many people get HPV? How prevalent is it?

(DR. DIANE HARPER)

Approximately eighty percent of women throughout their lifetime will have had the opportunity to be infected with HPV of some type. They believe that while we're studying men, we're starting to get early statistics on men that it looks like the prevalence of HPV in men is similar.

(DR. PETER SALGO)

Now when you get, most people get – most cases of HPV – what happens?

(DR. DIANE HARPER)

It goes away. It does absolutely nothing.

(DR. PETER SALGO)

You don't even know you've had it.

(DR. DIANE HARPER)
No signs or symptoms.

(DR. PETER SALGO)

Alright. So if most people get HPV, let me just follow this line of statistical reasoning a bit. If most people get HPV and most never know they have it, and cervical cancer is not that common it occurs to me just doing the simple arithmetic in my head most HPV is not associated with cervical cancer. Not the other way around. And if you were to listen to the advertising and all you would assume that whoa I've get one case of HPV I'm a goner. Is my rational here correct?

(DR. DIANE HARPER)
Your rational is right on. And I think that has been the problem with the hype and the aggressive advertising that we've seen with the vaccine is that it makes people believe that if they get HPV they're socially stigmatized. That they're going to get cancer. They're going to die. And none of those are true.

(DR. PETER SALGO)

Now how many different kinds of HPV are there?

(DR. DIANE HARPER)
There are over a hundred types that affect the human body but they're sight specific. So the type that causes warts on your fingers are different than the type that cause warts on your feet which are different than the types that cause head and neck cancer or that cause cervical cancer. There are fifteen types that are considered high risk that cause cervical cancer or are associated with cervical cancer. They do it in different proportions, so HPV16 causes the majority, about half of cervical cancers. But in women who are infected with HPV, HPV16 is only present in two percent of the women who are infected with HPV. So there's a very big difference in how many are associated with the cancer versus how many are associated with just overall infection.

(DR. PETER SALGO)

Alright, this is all sort of laying the ground work here because at the end of the day there is a vaccine which can protect women, since we're giving it to women mostly, against HPV – a virus which in some women can go on to predispose them to cancer. So at the end of the day we have two words that are closely linked, cancer, vaccine. That's not a bad thing is it? It sounds like something that we like. What's? Is there anything wrong with that?

(DR. MARK SHELLY)

I wouldn't think that there was anything wrong in trying to prevent a serious illness and particularly if the idea being that even though it's asymptomatic in most of the cases it's the amount of cervical cancer total that you're thinking of preventing, not just focusing on preventing the asymptomatic disease.

(DR. DIANE HARPER)

But I want to say Mark also that it prevents the HPV infection. It doesn't prevent cancer. And the stages of infection are that you get an infection that becomes a reproducing entity that makes more virus that is purely an infection. And isn't oncogenic or cancer causing at all. And it's only after many, many repetitions of what we call persistent infection that you could get that infection to actually become a cancerous infection. So I would go back to what you said earlier, Peter, and I would say it's not appropriate for us to be linking HPV vaccine and cervical cancer tightly together. We need to link HPV vaccine with the prevention of infection. And if we can get prevention of infection that lasts long enough, which I think is the real question with these vaccines then we might be able to prevent women from having abnormal pap smears. And that's the first step in the prevention of being able to prevent ((inaudible)).

(DR. PETER SALGO)

You know, in our very first season of Second Opinion, we did a show on cervical cancer and at the time the vaccine, this vaccine, was still in its research phase and everybody was optimistic and the panelist thought that it would prove effective and would be released to the public. And one panelist on our broadcast in particular was very hopeful. I want to roll in a clip from that show.

(CLIP FROM PREVIOUS SHOW)

(DR. PETER SALGO)

And you're sitting across from a doc, as you did.

(CHRISTINE)
Yeah. I'm hearing cancer.

(DR. PETER SALGO)

That's what I thought.

(CHRISTINE)

That's all I'm hearing.

(DR. PETER SALGO)

And what else happens to you. What's the response?

(CHRISTINE)
Fear, anxiety, my goodness what can we do. Tell me more. What can I do? What can you do? What should we do?

(FEMALE VOICE)

Christine, how did your doctor tell you?

(CHRISTINE)

Well.

(FEMALE VOICE)

Do you remember what the words were?

(DR. PETER SALGO)

Yeah tell us what it was like.

(CHRISTINE)

Well for me once I had the colposcopy and the biopsies done, what happened is we made that follow appointment for a week later. And then I got a phone call, actually, at eight o'clock in the morning. And I'm a musician so nobody calls me at eight o'clock in the morning. And I was like well this is weird. And they were confirming a doctor's appointment with a different doctor for later in that day. And I said well that's interesting. I don't know that doc and –

(FEMALE VOICE)

((inaudible))

(CHRISTINE)

- I have an appointment with my gynecologist at eleven.

(Dr. Mark Shelly)

Oh good.

(FEMALE VOICE)

That was not good.

(CHRISTINE)

And they were like well no your gynecologist set this up with this other doctor. And I was like –

(FEMALE VOICE)
Oh that's not good.

(CHRISTINE)

- well what do you mean and who's this other doctor and where are you calling from. And the woman on the phone said to me, Christine I'm so sorry.

(FEMALE VOICE)

Oh no.

(CHRISTINE)

This doctor is a gynecologic oncologist. And I'm calling from the North Shore Cancer Center.

(end of clip)

(DR. PETER SALGO)

Hi, Christine.

(CHRISTINE)

Hi.

(DR. PETER SALGO)

Welcome back.

(CHRISTINE)

Thank you very much. I'm very lucky to be here.

(DR. PETER SALGO)

I got to tell you that that was taped a year after your diagnosis was made. And the way you were informed you had cancer still shocks me.

(CHRISTINE)

Yeah, you know, most people when they hear my story that is something that definitely takes them aback because it's the story that nobody wants to hear. Because I was a girl who was very proactive, I always went to the doctor. I did my pap test every single year. I always had a normal one. You know, I was a vegetarian. I was married. I didn't smoke cigarettes. You know I did everything right and yet I still ended up with this diagnosis of invasive cervical cancer with extensive lymphatic invasion.

(DR. PETER SALGO)

Now it's been ten years since your diagnosis.

(CHRISTINE)

Yeah baby.

(DR. PETER SALGO)

It couldn't have been an easy road right to get here? Tell me what it was like following your surgery and whatever else you needed.

(CHRISTINE)

You know I was told that I had invasive cancer and then ten days later I had a radical hysterectomy. And then they discovered that I did indeed have extensive lymphatic invasion so then I had another surgery. And then I had five weeks of daily pelvic radiation concurrent with four rounds of chemotherapy followed by three rounds of internal radiation. And so for me, at thirty-one years old, totally healthy happy, rockin and rolling with my band, doing my thing, my life was turned upside down in an instant. And when I did find my way through it and fought through to get to the other side and fought through the depression that followed the cancer and regained my sense of self I was like well why did this happen to me and what can I do about it to make sure this does not happen to any other woman.

(DR. PETER SALGO)

Well that would be.

(CHRISTINE)

Because what I learned was that there was all these things that we could do. And I was like then we got to share the word. We got to make sure that everybody knows what's going on.

(DR. PETER SALGO)

Your story is the worst case scenario. And that's what Katelyn's doctor is trying to prevent Katelyn from having to go through. First of all what are the statistics here? How likely is it that Katelyn is going to be facing this kind of medical problem? Do we know?

(DR. DIANE HARPER)

The very best that pap smears can give us is getting us down to an incidence of cervical cancer that's between two to three per hundred thousand women. That works out to about three thousand women a year in the United States who are exactly in Christine's ship. They have had normal pap smears. They've gone routinely to do that but the pap technology fails them. We should contrast that though with the fact that the current incidents or the current rate of cervical cancer in the U.S. right now is at eight per hundred thousand on average. Some ethnic groups are a little higher. Some ethnic groups are a little lower.

(DR. PETER SALGO)

And I'll ask another question. If Katelyn did get cervical cancer what were her chances of dying from it?

(DR. DIANE HARPER)

The cure rate for cervical cancer is based on stage of diagnosis. Now it sounds like with Christine's that hers was very far advanced at the time it was diagnosed, which is even more miraculous that she's sitting here with us today. And for most women with the stage one and stage two cancers you're cure rate is going to be above eighty percent, even above ninety-five percent for the stage one cancers. So the cure rates actually very high.

(DR. LISA HARRIS)

That's right. We don't really understand human papilloma virus. We don't really understand it's linkage with cervical cancer. It is an ambiguous virus. It hides. It shows up later. And it pops up out of the blue. So we don't really know what it's doing. So if you can prevent the infection with a vaccine and I think it gets into the discussion are you are risk? Are you in a higher group that's more at risk for developing invasive cervical cancer and have an intelligent conversation on that level.

(CHRISTINE)

And then also to that I would say every woman is at risk because being intimate with one person one time can expose you to this. Virtually ubiquitous virus. And so it begs to question, it's not about promiscuity or infidelity –

(DR. LISA HARRIS)
Right. That's right.

(CHRISTINE)

- or lifestyle or poor choices. It's just about being human.

(DR. PETER SALGO)

Katelyn's mom asks a ton of questions about the vaccine and she says she's unsure if she wants to get it. So I'll ask why not get it.

(DR. DIANE HARPER)

Well the first reason is that at this point in time we know from mathematical modeling that the vaccine has to last at least, at least fifteen years in order for us to prevent any cancers at all. Otherwise all it does is postpone them. People continue to get infected throughout their entire life. They're not just infected when they're sixteen or twenty years of age. So anytime you're sexually active you're at risk for HPV infection. So the vaccine has to last at least fifteen years. We have evidence Guardisill lasts for five years.

(DR. PETER SALGO)

Gardasil is the trade name of the vaccine.

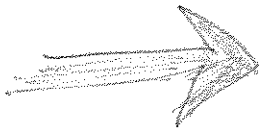
(DR. DIANE HARPER)

A trade name of one vaccine. The other one's Cervarix lasts for eight-and-a-half years. Neither of those are at fifteen years. I was involved with both companies. I helped them. Neither company knows gynecology so both companies needed to go to

someone who understood what women's healthcare was. I was part of the panel, the international panel that helped design the clinical trials. I was involved in the phase two and the phase three trials for both vaccines. So I've been working for the last, probably, ten years in clinical trials convincing young women between the ages of sixteen and twenty-six to enter these trials.

(DR. PETER SALGO)

So in a nutshell what was the fair takeaway from all these trials?



(DR. DIANE HARPER)

The fair takeaway is that nobody in their wildest mind thought that these vaccines could be a hundred percent effective against a virus. Against a viral infection that we really never anticipated to be able to be that successful. We really thought this is pretty amazing. And then you got off into this honeymoon phase of my god we've created a vaccine that's going to cure cancer, which is not right at all. Which is totally not right at all, but that was the euphoria around seeing such incredible results that came out.

(DR. PETER SALGO)

Alright, now you've seen the ads for the HPV vaccine. And what these ads are saying is that if you get the vaccine you're going to be one less person who's going to get cervical cancer.

(DR. DIANE HARPER)
Yeah.

(DR. PETER SALGO)

Why on earth then would Katelyn's mother hesitate? If this ad is right in front of you. If the vaccine is going to keep her daughter from getting cancer just like that ad says.

(DR. DIANE HARPER)
It's called selective information is being given. It's not the full picture of what is known and not known about the vaccine. And that's what's wrong with the ad?

(DR. LISA HARRIS)
That, you know, to have a commercial that says that you're preventing cancer when we know that the vaccine protects to a certain extent against the most common types that can cause cervical cancer. So you're already not giving a hundred percent immunity to a virus that you're not sure is actually causing the cancer in the first place. And it's three shots. And then you may need to yet give additional immunity. I mean if we could do one, one and done that'd be great. But you know I get one kid that comes in and they forget to come in for the second one or they forget the third one and then you're starting all over again.

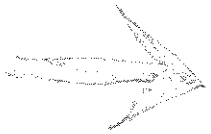
(DR. PETER SALGO)

Did I sense that you were leaping out of your chair here?

(CHRISTINE)
Yeah. I totally, it's like I'm totally listening and it's hard for me obviously as a survivor

because I am the girl that wanted to be one less. And I agree that those commercials did bother me, not only because it wasn't fully clear that it was protecting against seventy percent of the HPV that can lead to cervical cancer. But they weren't also emphasizing that with that thirty percent gap it is essential that all girls and woman then follow up with the rest of the tools that are available to us today.

(DR. DIANE HARPER)
That's right.



(CHRISTINE)
Which include a liquid pap test and.

(DR. LISA HARRIS)
That's right.

(CHRISTINE)

An HPV DNA test.

(DR. DIANE HARPER)

That's right.

(CHRISTINE)

That is available for women over thirty. But I think that's my role as a survivor –

(DR. PETER SALGO)

Okay.

(CHRISTINE)
- you know to say there's many tools out there in this bucket that no matter what your age we can be using to prevent this cancer.

(DR. PETER SALGO)

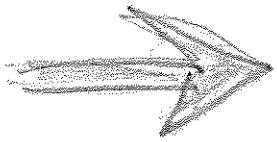
I have a feeling that the pediatrician at this moment, Katelyn's mom beginning to ask all these questions, takes a deep breath (sound effect). Alright I'm going to have to explain this to you.

(DR. LISA HARRIS)
Yeah.

(DR. PETER SALGO)

And says this is what HPV is. It is related to cervical cancer. It's spread through sexual contact. The vaccine will help prevent getting cervical cancer. And now there's a note in the chart. Katelyn's mom is angry because she heard the pediatrician say that her

(DR. PETER SALGO)
You know why not?



(DR. DIANE HARPER)
Perfectly fine. The vaccine showed, they've been tested up to twenty-six years of age. There is no medical reason why she has to have it at eleven years of age. She can wait.

(DR. LISA HARRIS)
The point is that we have eleven and twelve year olds who show up pregnant at their, at the point of puberty, so you want it. As much as they're good Catholics and as much as you know their kids you need to kick the paradox and have a separate conversation with this child.

(DR. PETER SALGO)

So right away now we've gotten some interesting issues over here but what I want to do is pause just for a moment and review what we've been discussing. I think it's fair to say that there are certain types of human papilloma virus that are spread through sexual contact. Some of them can lead to cervical cancer. There is a vaccine for human papilloma virus. It is only effective in about seventy percent of causes. We are talking about the case of Katelyn, who is an eleven year old. She's in her pediatrician's office, as you recall, discussing whether or not she'll get the HPV vaccine or not. We also have with us Christine. I'm thrilled to have you back with us because in 2001 you were diagnosed with cervical cancer. Do you have children, by the way?

(CHRISTINE)
I do not because I had a hysterectomy. The original surgery they took the top third of my vagina, my cervix, my uterus, fallopian tubes, connective tissues, all the pelvic lymph nodes. Kept the ovaries because I did want to have a biological child and I also wanted my hormones because I was so young and crazy enough. I figured I needed to keep those. And but then when the discovered the extensive lymphatic invasion they determined that I was going to need the additional treatment. So they went in and did a laparoscopic surgery to move the ovaries out of the frying zone. The left one was too damaged from the hysterectomy. They were not able to save it. The right one had imbedded itself in my colon, they carved it out, tucked it up under my right rib cage.

(DR. PETER SALGO)

Alright.

(CHRISTINE)
I know that I am one of the lucky ones because I am here to share my story and to share what I've learned and to try to do something so that other women are not in my shoes.

(DR. PETER SALGO)
But still in all that must have been a terrible strain on you. You were married at the time, right?

(CHRISTINE)
I was. I was married at the time and my marriage did not survive. I, you know, when trauma comes into a person's life, you know, people handle it in all kinds of ways and my husband was very supportive in there with me through the experience. And I think at the end of the day we both grew in very different directions as a result of these different

daughter is sexually active at age eleven and she says we're good Catholics. She knows her daughter is not interested in boys. I don't think you have any right to give my daughter this vaccine and assume things not in evidence.

(DR. DIANE HARPER)
I'd like to clarify a point and then I would love to hear what your comment on that is. Sexual contact by far and away is the most common way to get HPV but just because you haven't had sexual contact doesn't mean that you can't get HPV, which isn't really addressing mom's outrage at being accused of being sexually active.

(DR. LISA HARRIS)

Right. And that's where the conversation has to go. It's like no one's accusing your child of being sexually active. We're trying to protect your child before that event even happens. And again that same explanation that it's skin to skin contact. We're not talking about gonorrhea or herpes or HIV. It's more than sexual contact. It's human to human to contact.

(CHRISTINE)

Exactly.

(DR. LISA HARRIS)

And that's the message we need to promote.

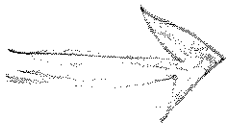
(DR. DIANE HARPER)
And it's immaterial. It's immaterial to the discussion of cervical cancer prevention. The discussion of cervical cancer prevention is you have pap smears available and these vaccines can help prevent about ten percent of the abnormal pap smear.

(DR. PETER SALGO)

Well Katelyn's mother says my daughter's only eleven.

(DR. DIANE HARPER)

That's right.



(DR. PETER SALGO)
Alright, let us put aside the question of sexual behavior, sexual activity, skin to skin contact at the age of eleven. Why not wait?

(DR. LISA HARRIS)
No.

(DR. DIANE HARPER)
Perfectly fine.

choices and lifestyle that was clearly not going to go down the path that we had originally laid down for ourselves.

(DR. PETER SALGO)

The reason I was leading you this way is literally to see the impact that this disease had on your life. It just sounds devastating, as upbeat as you are.

(CHRISTINE)
Yeah.

(DR. PETER SALGO)

And this is what, in all good faith, I think Katelyn's pediatrician is trying to save her from. That's understandable. But Katelyn's mom wants to know the risks of the vaccine. I think we've heard the risks of cancer, what are the risks of the vaccine.

(DR. DIANE HARPER)
In general both vaccines are safe for most women. So let's state that upfront. But I think it's very important for us to realize that as in everything in medicine nothing is completely safe. For a very small number of people there will be adverse side effects. There will be things that happen. And I've talked to parents of their thirteen year old who received Guardisill and they said you know we're pro-vaccine. We've gotten our daughter vaccinated against everything through her childhood. We were excited about this, came out. But if someone had told us that she would have had the same or better cancer protection by participating in the pap smear screening program we would have opted not to vaccine her.

(DR. PETER SALGO)

Now Mark this vaccine has caused a real firestorm. But the truth of the matter is every vaccine has a percentage of people who get it who have problems. And some of those problems are severe up to and including death. Does this one look worse than any other?

(DR. MARK SHELLY)

Most of the time when we have vaccines they'll get – you'll get an immune response to it and that immune response can go in a variety of different ways. That when we have the phase three trials where you enroll many people you still can only get reasonably at the things that happen one in a thousand or maybe one in ten thousand. And you're still left with what happens if I'm going to give two million people this vaccine. There will be some people in those two million who will have terrible things happen and you'll be left wondering whether or not the vaccine was what made that terrible thing happen. The answer is probably some of the time that terrible thing was the vaccine's fault and some of it was chance.

(DR. PETER SALGO)
So we get back to the risk benefit ratio.

(DR. LISA HARRIS)
Right.

(DR. PETER SALGO)

I mean this is not necessarily a disease that we have only one way to attack. Alright. You mentioned the pap smear program. They've always been used to detect cervical cancer yet you were in that program.

(CHRISTINE)
Absolutely.

(DR. PETER SALGO)

And it failed you.

(CHRISTINE)

It did because it is not a perfect program. However what's come out now are more accurate tests like the liquid pap and the HPV test, which can increase those numbers and that awareness so that less people like me fall through those cracks.

(DR. DIANE HARPER)
That underscores to me the importance of leaving this decision to each woman to make. That she knows that she doesn't have to make the decision for vaccination at eleven. She can say I'm not ready for this decision yet. I want to make it a little later. I want to make it in conjunction with this decision about getting pap smear screening. There are now options and women can understand what are the risks and benefits and then individually for themselves rather than having us put a blanket over them and saying you must do this we can say to them choose what you'd like to do. And choose when you would like to do it.

(DR. PETER SALGO)

Alright. So let me just ask a couple of real quick black and white questions just to be sure we nailed it. I think we have. Getting the vaccine does not mean you can stop having pap smears. True?

(DR. LISA HARRIS)

Correct.

(DR. PETER SALGO)

Okay, that's straightforward. The pap smear doesn't prevent your getting cervical cancer. It finds cervical cancer early enough to do something about it.

(DR. DIANE HARPER)
It finds –

(DR. PETER SALGO)

True?

(DR. DIANE HARPER)

-- a pre-cancer.

(DR. PETER SALGO)

It finds pre-cancer or --

(DR. DIANE HARPER)

Yes if you're lucky.

(DR. PETER SALGO)

-- unless

(CHRISTINE)
Yes.

(DR. DIANE HARPER)

Yes exactly.

(DR. PETER SALGO)

Unless as in your case.

(CHRISTINE)

It didn't.

(DR. PETER SALGO)

It finds advanced cancer --

(CHRISTINE)

Right.

(DR. PETER SALGO)

-- even though you've been doing it all along. Are there other ways aside from the vaccine to prevent cervical cancer?

(DR. DIANE HARPER)

No. There isn't any way of being absolutely a hundred percent sure that you will never get cervical cancer.

(DR. LISA HARRIS)

Unless you live in a glass bubble with no human contact.

(DR. PETER SALGO)

Alright. Now Katelyn and her mom.

(CHRISTINE)

You just can't be born.

(DR. PETER SALGO)

Katelyn and her mom get all the information from the pediatrician. They decide that they want to talk about the vaccine some more. They leave the doctor's office without getting the vaccine. They schedule a follow up visit. The doctor's notes have an aura here of I'm not happy with this decision.

(DR. LISA HARRIS)
I think one of the problems is that the doctor said that she needs to get this vaccine. And I think –

(DR. PETER SALGO)
Right.

(DR. LISA HARRIS)

– and I think that wording is really in appropriate. The conversations that I think you should have with your patients are let's talk about a vaccine that's available and what your options are. And if they decide that they don't want to do this then at the next well child check in the next year we revisit that same issue again. They don't need to come back in thirty days –

(DR. PETER SALGO)

So.

(DR. LISA HARRIS)

– but in a year we –

(DR. PETER SALGO)

You want to take the projective off it –

(DR. LISA HARRIS)

Absolutely.

(DR. PETER SALGO)

– to increase the chance that these folks will come back and –

(DR. LISA HARRIS)

That's right.

(DR. PETER SALGO)

– and stay observed.

(DR. LISA HARRIS)
I don't think it should be something that should be mandated. This is an individual discussion that you have with your doctor with the information that we just talked about.

(CHRISTINE)

And again as a survivor a sit back and I watch and I go I just don't want any other woman to be in my shoes or worse lose her life to this disease. And to me I want every woman, every man, every person, doctor, teacher to know what is out there.

(DR. PETER SALGO)

Which leaves me at this point to sum up again what we've been talking about. Let's try to put a button on some of this again. As with any medical decision, open and honest communication between you, the patient, and your healthcare provider is critical to making decisions that are right for you. Healthcare is a partnership. Patients need to get all the information they want and all the information they need before making a decision. Christine, before we leave since you've been so kind to join us again. How is your life?

(CHRISTINE)

My life is great. I feel better than ever. I feel very positive about the direction that cervical cancer awareness and prevention is going. I feel proud to be a part of it and I'm happy that I still got my team behind me with my mom and my dad and my little dog Harold.

(DR PETER SALGO)

Thank you so much.

(CHRISTINE)

Right on. Thanks for having me.

(DR. PETER SALGO)

The problem is we're out of time. But you can continue this conversation on our website, secondopinion-tv.org, where you'll find transcripts, videos, more about HPV,

the HPV vaccine. Other healthcare topics are there too. And I'd like to thank you for watching. And thank all of you and especially you.

(CHRISTINE)

Thanks.

(DR. PETER SALGO)

With special emphasis on you for coming back and joining us here today. I'm Dr. Peter Salgo and we'll see you next time for another Second Opinion.

(MUSIC)

(ANNOUNCER)

Major funding for Second Opinion is provided by the Blue Cross and Blue Shield Association; an association of independent, locally-operated and community-based Blue Cross and Blue Shield plans, supporting solutions that make quality, affordable healthcare available to all Americans.

(ANNOUNCER)

Second Opinion is produced in association with the University of Rochester Medical Center, Rochester, New York.