

by the
DOWN THERE HEALTH COLLECTIVE

We are the **Down There Health Collective**, a group of folks based in DC, trying to figure out our bodies, heads, health, and how to take care of ourselves and each other. A driving force behind the collective's work is the desire to **take back control** of our own well-being from medical professionals and a profit-driven, government-controlled health care industry. We recognize that we can know our bodies better than any "expert." Learning how to take care of ourselves is vital to feeling good, being autonomous, and accomplishing whatever we set our minds to.

A few years ago we noticed that **HPV kept showing up in our lives**. Some of us had it and lots of friends were talking about it. As we tried to track down answers to our many questions, we saw deep inconsistencies in the available information and realized doctors were giving out bad and outdated information. The HPV zine is a product of our long process of trying to make sense of the virus and understand its implications. We created the zine to focus our learning and to share what we've figured out. We have tried to capture and distill the best information we can find, but it all seems to be in flux. There is a lot about HPV that isn't yet known. We've tried to avoid making guesses, assumptions, or using questionable information. We are not doctors, clinical herbalists, professional researchers, or anyone else who passes as an expert. But we have each lived in our own bodies for quite awhile and we know that we have the ultimate authority over our own bodies.

When the HPV vaccine came out in mid-2006, there was a flood of information. A lot of our questions about HPV infection, warts, and cervical cancer were answered but new ones arose. With healthy skepticism, we've tried to sort through the hype and drug company propaganda.

What was behind the surge of support to make the vaccine mandatory immediately upon its release? Drug company lobbyists are pushing hard to convince lawmakers for mandatory vaccine laws despite the absence of long term studies and lack of testing on young girls. The vaccine has raised **issues of race, class, and gender**: who makes decisions about health care policy for young girls? What gives *them* the right to make those choices, and what voice do young people, their families, and communities have?

HPV and the vaccine are politically charged issues, and the lack of clear information makes it difficult to understand the virus and its implications. The information available doesn't always speak to the variety of situations we are in, and different kinds of sex we have. What about the possibility of transmission through oral sex, anal sex, girls doin' it with girls, sharing toys, etc.? How might the risks be different for transgendered people? How do we talk in open and honest ways about this topic that affects all of us? How can we approach it with a casual lover, in a long-term relationship, or in the context of non-monogamy?

We want **experiences with health that empower each of us, build us, make us feel stronger and more capable**. Making this zine has been part of that process for us and we hope it will be for you too.

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Please photocopy and distribute this zine!!!

Email us for the HPV zine as a PDF file that you can print out. Find us in person and we'll give it to you for free, or write us for copies. Please send \$2 per zine in stamps or money to: The HPV Zine, 737 Quebec Place NW, Washington DC 20010



So... what is HPV, anyway?

HPV is short for *human papillomavirus*, the name of a group of viruses that infect the skin and mucous membranes. This zine talks about the 30 or so kinds of

HPV that infect the genitals. HPV is one of the most common sexually transmitted infections (STIs) in the world. Health experts estimate there are more cases of genital HPV infection than any other STI in the United States, infecting an estimated 80% of sexually active individuals at some point in their lives. This means that *anyone* who has ever had sexual relations has a high chance of being exposed to HPV, but in most cases the virus will not cause health problems.

Even though HPV is so common, it is not an easy virus to explain.

More than 100 HPV types of this common virus have been identified, most of which are harmless. About 30 types are spread through sexual contact. Researchers have numbered and categorized the each type as "low-risk" or "high-risk" in relation to their potential to cause certain types of cancer. Of the 30 sexually transmitted types, some low-risk HPV can cause external genital warts but do not cause cancer. About 17 types are considered high-risk and may cause abnormal cell changes on the cervix that can lead to cervical cancer. Some types of HPV are linked to other forms of cancer, such as anal, penile, and throat cancer. Other types of HPV cause common skin warts, such as those found on the hands and soles of the feet. These types of HPV do not cause genital warts.

Like many STIs, genital HPV infections often do not have signs and symptoms that can be seen or felt. Some people have warts they can't see and many never get warts at all, so most people with HPV do not know they have it. If you are infected but have no symptoms, you can still spread HPV to your sexual partner and/or develop complications from the virus.

In some ways, HPV is like the common cold of STI's. Like a cold or flu virus, the infection is usually transient and is often cleared by the immune system. However, the HPV virus sometimes remains in body and causes problems, so it's good to know what its risks are.

Who can get HPV?

Anyone, of any gender, who has ever had sex can get an HPV infection. HPV is more common in people in their late teens and twenties. Because HPV is spread mainly through sexual contact, your chances of getting it increase with an increase in the number of sex partners. However, if you contract HPV, don't blame yourself or your partner. Your HPV status is *not* an indicator of your sexual behavior or that of your partners.

Will I know if I have HPV?

Probably not. In most cases HPV infections have no symptoms or illness, so most people who are infected with genital HPV never know it. It can take weeks, months, or years after exposure to HPV before symptoms develop or the virus is detected.

Genital HPV's noticeable signs include visible genital warts, lesions, or changes in the cervical cells. In most cases a person is diagnosed with HPV only because some troubling symptom brought them to a health care professional or some abnormality was revealed in the course of a routine exam.

Will I have the HPV virus forever?

Probably not. HPV infection is very common, but it is usually cleared by the immune system (or suppressed below the limits of detection) within 1-2 years. A 2004 Planned Parenthood fact sheet states the average length of infection was eight months, with 70% clearance within one year and 92% clearance within five years. The vast majority of genital HPV infections cause no symptoms and go away on their own.

If not cleared by the body's defenses, some HPV types cause genital warts. Other types cause abnormal cell changes in the cells lining the cervix that can lead to pre-cancers and even turn into cervical cancer if left undetected. It is possible to have multiple strains of HPV at once. Cervical cancer is very rare and can almost always be prevented if detected early through regular Pap tests.

Can HPV infections be treated?

There is currently no treatment available for the virus itself in mainstream medicine. Treatments do exist for the diseases HPV can cause, such as cervical cell changes or genital warts. Although it is not usually mentioned by allopathic practitioners, supporting and/or stimulating your immune system can help your body get rid of the virus. See page 28 for more info on treatments.

If I have genital warts or dysplasia, will I have recurrences for the rest of my life?

Warts and dysplasia do recur in some cases, but by no means all. When they recur, they show varying persistence. Some people experience just one more episode, and others several. The good news for most people is that with time, the immune system seems to gain some mastery over the virus, making recurrences less frequent and often eliminating them entirely within about two years.

Dysplasia: *Cervical dysplasia is the abnormal growth of cells on the surface of the cervix. Although this is not cancer, this is considered a pre-cancerous condition.*

Recent studies suggest that while HPV often is eventually cleared from the body in people with well-functioning immune systems, the virus *may* persist. In some cases

the virus apparently does remain in the body indefinitely, able to produce symptoms if the immune system weakens. If an individual's immune system is impaired—by the use of certain medications, by HIV infection, or by some temporary trauma such as excessive stress, serious illness, or surgery—it may be unable to prevent recurrence.

TRANSMISSION AND PREVENTION

There isn't a completely effective way to prevent the transmission of HPV during sex. However, there are some steps you can take to reduce the possibility of contracting and spreading HPV. First and foremost, it helps to practice safer sex. You can help protect against HPV as well as other STIs by using latex gloves, lubricated condoms, female condoms, plastic wrap or dental dams. Barrier methods don't fully prevent HPV transmission, but they can lower the chances of getting it. Used correctly, barrier methods are very effective against STIs like gonorrhea and HIV that are spread through bodily fluids. However, they are likely to be less protective against STIs that spread through skin-to-skin contact, such as HPV and herpes. Be aware that barrier methods don't usually cover the entire genital area and often leave the vulva, anus, perineal area, base of the penis, and scrotum uncovered, so skin-to-skin transmittable STIs may still spread through infected skin that remains uncovered. Spermicides do not kill HPV.

The HPV vaccine offers protection against some strains of HPV that cause cervical cancer and genital warts. For more information about the vaccine, see page 42.

What about my partner/s?

Long term partners (monogamous or otherwise) share HPV until each partner's immune response suppresses the infection. They do not continually re-infect each other with the same strain. When one HPV infection goes away the immune system will remember that HPV type and prevent another infection of the same HPV strain; being exposed to more of the *same* HPV type does not make it more difficult to get rid of the infection. However, there are many different types of HPV, and becoming immune to one HPV strain does not protect you from getting a *different* strain.

If genital warts are removed, do they remain contagious?

This remains unclear and the medical consensus might be phrased as, "Don't be too sure." A person may have other good reasons for wanting genital warts removed - they may be uncomfortable physically or psychologically - but removing warts cannot guarantee that the risk of transmission is removed.

Will I be able to transmit HPV if symptoms are not currently visible?

Much remains unknown about HPV transmission when symptoms (lesions such as warts or cell changes) aren't present, so no one can accurately answer this question. Many researchers and clinicians do believe that "subclinical" HPV infections (without symptoms) are less likely to be transmitted than cases where warts or cell changes are detected. This is probably due to a reduced viral load (the amount of virus that is in the infected tissue), and based on that assumption it is reasonable to

say that the chances of transmitting the virus years after the last clinical episode (where lesions were detected) will become increasingly remote over time. This is not easy to prove and the lack of a solid “yes or no” answer is frustrating.

Can I get genital HPV without having sexual contact?

Maybe, but it’s highly unlikely. Most sources state that more research must be conducted to examine non-sexual modes of transmission. People have wondered if in very rare cases, HPV may be passed by sharing towels, bathwater, or underwear, but there is no documented evidence of this.

Suggestions for Safer Sex

These are some general guidelines for safer sex—they’re not specific to HPV or meant as a guide to preventing HPV transmission (remember that barrier methods only *reduce* the possibility of transmission, and no one knows by how much). No method is 100 percent guaranteed to prevent any STI, but the risk of STIs and pregnancy is much lower if you always practice safer sex.

- During sex, you can help prevent the exchange of fluids by using latex gloves, lubricated condoms, plastic wrap or dental dams.
- Female condoms cover more surface area than male condoms, and may offer better (but still not 100%) protection from STIs that are transmitted through skin-to-skin contact.
- If you don’t have a dental dam for oral sex, you can make a barrier out of a condom or glove. If you don’t have either of those, plastic wrap is better than nothing.
- Use a new glove or condom when switching from one partner to another.
- Switch to a new glove when moving your hand from anus to vagina.
- Make sure your fingernails are filed down and smooth so they do not make small tears in your partner’s insides.
- Spermicides such as Nonoxynol-9 do not prevent STI transmission, and can actually cause microscopic irritations that make it easier for STIs to pass through the lining of the vagina or anus. They *can* help prevent pregnancy if that is a concern.
- Take care of those toys! To prevent infection, use a condom or other barrier on your sex toys and keep your dildos, vibrators, buttplugs, harnesses, crops, whips, vegetables and all other props and toys as clean as possible. Different materials such as silicone, cyberskin, leather and rubber have different care instructions, so read the instructions that come with your toys. All toys should be cleaned and allowed to dry before being put away. Vibrators that are not waterproof should be wiped clean with a damp cloth, not immersed in water.



HPV AND THE MANY KINDS OF SEX WE HAVE!!

Like most information about sex, HPV information usually focuses on penetrative sex with a penis and a vagina. How does all of this information apply to other kinds of sex? If you're curious about how HPV relates to the various kinds of sex you're having, information is hard to find and often insufficient when available.

Transmission

The general consensus of the medical establishment (with its narrow view of sex) is that genital warts are caused by skin-to-skin contact, but that doesn't necessarily mean that genitals need to be rubbing against each other for transmission to occur. Most "experts" agree that it's possible to spread genital warts through oral sex. Some sources say that HPV has been detected in genital cells that rubbed off onto the fingers of a sex partner, bringing up the possibility that HPV *could* be transmitted by touching one person's genitals and then touching your own or another person's. It may also be possible to spread HPV through dildos or other sex toys. Really the only answer to these questions is that no one knows, and the best bet is to play it safe. The fact that the medical establishment ignores or downplays many of the kinds of sex that people have puts everyone at risk—and that pisses us off!

Lesbians and HPV

Contrary to popular belief, lesbians are not low-risk for HPV infection and should have regular Pap tests. About 20% of women who have never had sex with men have HPV, and they are as likely to have high-risk HPV as lesbians who do have or have had sex with men. The scarcity of lesbian-friendly health practitioners and the misconception on the part of practitioners that lesbian sex doesn't transmit HPV contributes to inadequate Pap screening and follow-up for lesbians.

Anal Sex

Transmission of HPV through anal sex receives little attention even though it is well-documented. Genital warts can be spread through anal-genital contact (and possibly through other kinds of anal play), and some strains of HPV can cause anal cancer. About 50% of men who have penetrative sex with other men carry a strain of HPV in their anal canal (statistics for other people who have anal sex aren't available, but it's safe to bet that they're similar). Anal cancer is uncommon (according to the American Cancer Society about 1900 men in the US will be diagnosed in 2007) but rates have risen sharply in recent years; one study cites a four-fold increase between 1973 and 2000. Some anal cancer is caused by the same strains of HPV that cause cervical cancer (notably strains 16 and 18).

The heterocentric media give a lot of attention to cervical cancer while anal cancer, which is wrongly presented as only affecting men who have sex with men, is rarely talked about. The discussion of HPV in the mainstream media is largely dominated by information from large pharmaceutical companies who currently focus their marketing on cervical cancer; we think this focus on making money instead of providing good health care for everyone is fucked up.

Anal Pap tests are available as a way to screen for anal cancer; for information see page 11.

Oral Sex

Genital warts and cancer-causing strains of HPV can be transmitted through oral sex involving all kinds of genitals. HPV can probably also be transmitted through oral-anal sex. As with other kinds of sex, symptoms do not have to be present for the infection to be contagious. Dental dams and condoms provide some protection against transmitting HPV, but only so far as they prevent skin-to-skin contact.



STD vs STI

STD (sexually transmitted *disease*) and STI (sexually transmitted *infection*) are often used interchangeably.

What's the difference, and why do people choose one term over the other?

STD is the conventional term used for infections and/or diseases that are passed from person to person via sexual contact. Some people and organizations opt to use the term STI rather than STD as a way to avoid the stigma attached to the word "disease." In addition, because many sexually transmitted infections (for example, HPV or Chlamydia) are often asymptomatic and may never cause "disease," the term "infection" is sometimes more accurate (see the definitions below). Neither term is correct or incorrect; many people like to use the term STD simply because it's more common and doesn't require an explanation, and others use the term STI because they think it's more accurate and not as loaded.

Disease: An alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the vital functions, and causing or threatening pain and weakness; malady; affection; illness; sickness; disorder.

Infection: Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication or antigen antibody response.

the pap test

What is a Pap test?

A Pap test (also called Pap smear) is an examination of cells from the cervix. There is also an anal Pap test that we will discuss below. [When we use the term Pap test, we are referring to the cervical kind unless otherwise specified.] A Pap test is the standard way to detect cellular changes, including precancerous cells, and it is generally thought of as a test for cervical cancer and cervical dysplasia. The Pap test can also detect vaginal yeast, trichomonas or bacterial imbalance, as well as cervicitis (irritation of the cervix), but usually tests for these conditions are done in the clinic with a microscope rather than sent to the lab as a Pap test.

How is a Pap test done?

Samples of cells are taken from three different sites on the cervix and sent to a lab. If the test is done correctly it should take about 30 seconds and should not hurt, though it may feel a little strange. First, cells are taken from the face of the cervix by rotating the tip of a small wooden or plastic instrument 360 degrees at the cervical opening. Then cells are gently scraped from the vaginal walls and secretions underneath the cervix are picked up. Finally, cells are wiped from the cervical opening with a swab. A lab technologist examines the specimen for abnormal cells.

Why should I get a Pap test?

Having regular Pap tests is an important step to prevent cervical cancer since a Pap test can tell if you have precancerous or cancerous cells of the cervix. Before the invention of the Pap test, cervical cancer was the second leading cause of cancer death in women. Using a Pap test to detect abnormal cervical cells early, and treating them as necessary, can almost always prevent cervical cancer from developing. Since cervical cancer is a slow-growing condition that usually takes years to progress, getting screened on a regular basis can catch any potential problems before they become serious.

When and how often should I get a Pap test?

Most sources say to ask your health care provider. However, the American College of Obstetricians and Gynecologists recommends that you get your first Pap test 3 years after becoming sexually active or at age 21 – whichever comes first. If you have not had a Pap test before, ask your health care provider for advice about how often to have one.

Until recently health care practitioners stressed the need to have a yearly Pap test. However, research has found that it might not be necessary to screen this often and after a series of normal results, a test every three years may be recommended. If

you have an abnormal result, it may be recommended that you be screened more often than once a year.

What are possible results of a Pap test?

Test results are either “normal” or “abnormal” but the term “abnormal” is non-specific and can be confusing. There are a variety of reasons why a Pap test might come back with abnormal results. There may be changes in the cervical cells, called cervical dysplasia. Abnormal results might also be caused by local irritation, hormone use, or an infection not related to HPV. Sometimes an error in taking the sample or an error at the lab is the cause of an abnormal result. For these reasons your healthcare provider will most likely recommend that you come in for a repeat test in a few months.

Pap Results and Hormone Therapy

Transgender people (or anyone else) who use testosterone should be aware that the hormone causes changes in the cervix that can resemble dysplasia. If you are comfortable and feel safe with your health care provider, it's a good idea to tell them that you are using these hormones. An abnormal Pap after beginning hormones may not be an indication of a problem but just a reflection of the effects of testosterone. Similarly, people beginning menopause may also be more likely to get a false positive Pap test due to hormone changes in their bodies.

Anal Pap Test

If you've had anal sex with multiple partners it's a good idea to be screened for anal dysplasia. It's especially recommended for those who have anal sex and are HIV-positive, are commercial sex workers, or have histories of vaginal or vulvar dysplasia or cancer. Anal Pap tests are not routinely performed in physical exams the way cervical pap tests are, but you can request one from your health care provider. Don't be afraid to ask to have an anal Pap test; many practitioners don't regularly provide them and you may need to advocate for screening or referral to someone who can screen you.

If your anal Pap test comes back abnormal, you should be referred to a specialist for High-Resolution Anoscopy (HRA), where a practitioner uses an instrument similar to a magnifying glass to look for abnormalities in your anal tissue (similar to a cervical colposcopy). The examiner should begin by feeling the lymph nodes in your groin for enlargement, then palpating around and inside your anus for lumps. Following the initial exam the practitioner should insert an anal speculum and swab the lining of your anus with vinegar solution to highlight any abnormal cell growths. If abnormal cells are present the practitioner might take a biopsy to determine whether or not the cells are cancerous. The types of Pap test results, biopsy procedures, and treatment of anal dysplasia are similar to those for cervical conditions.

Classifications of Pap Test Results

There are many different systems that health care providers use to classify a Pap test. Within each system, there are different degrees of severity or abnormalities. The various classification systems and degrees of severity include:

Papanicolaou Classification	Old System	Bethesda System	Other Terms	What does it mean?
Class I	Normal	Within normal limits		Phew! Nothing unusual. Continue with your normal schedule of routine screenings
Class II	Atypical	Benign cellular changes or Atypical Squamous Cells of Undetermined Significance (ASCUS)		Something looks out of the ordinary but the person who read the test couldn't tell what it was. Could be traces of another infection or could be nothing at all. Your practitioner will most likely recommend another Pap test in a few months.
Class III	Mild Dysplasia	Low-grade Squamous Intraepithelial Lesion (LSIL)	Cervical Intraepithelial Neoplasia 1 (CIN 1)	Mild abnormalities in some cells on the surface of your cervix. The cells look somewhat different from normal cervical cells but are not classified as cancerous.
	Moderate Dysplasia	High-grade Squamous Intraepithelial Lesion (HSIL)	CIN 2	Some cells in the epithelium, or skin, of the cervix look very different in size and shape from normal cells. These are also not classified as cancer but are more likely to progress to cancer if untreated.
	Severe Dysplasia	HSIL	CIN 3	Some cells look highly abnormal and may be found deeper in the epithelium, but still are not classified as cancerous and still have not moved outside of the epithelium.
Class IV	Carcinoma In Situ	HSIL		Cancerous cells in the epithelium, or skin, of your cervix that have not spread to other parts of your cervix or other parts of your body.
Class V	Invasive Squamous Cell Carcinoma/ Adenocarcinoma	Squamous Cell Carcinoma Adenocarcinoma		Cancerous cells that began in the squamous cells but have moved into other cervical tissue or other organs.

What happens next if I have an abnormal Pap test?

Usually your provider will recommend another Pap test; repeat tests often come back normal. Sometimes they may do other tests to more accurately determine the exact cause of the abnormality. If abnormal cells are confirmed, options include monitoring the cells by returning for regular follow-up Pap tests or treatment with the help of an herbalist, naturopath or medical doctor, depending on the degree of the abnormality. If you feel that the results and/or follow-up have not been sufficiently explained to you, it's okay to insist that your provider take the time to answer your questions. Refer to the treatment section on page 28 for more info.

Here are some follow-up tests that your health care provider may recommend:

- **Another Pap test** to verify that abnormal cells are actually present.
- **HPV DNA test** to detect "high-risk" types of HPV that can cause abnormal cervical cells and cervical cancer particularly if the result of the Pap test is ASC-US. This may be done in conjunction with your routine Pap test or as a separate follow-up.
- **Colposcopy** to closely examine the cervix for abnormalities. An illuminated tube is inserted into the vagina to examine the cervix for abnormalities. The health care provider looks at the cervix through a magnifying lens and may use a vinegar solution to make abnormalities on the cervix stand out from normal tissue. The provider might also take a biopsy during this procedure if abnormal cells are visible.
- **Biopsy** to see if precancerous or cancerous cells are present (will be performed in conjunction with a colposcopy). A sample of the cervical tissue is removed and examined by a pathologist under a microscope. There are several different types of biopsies used to detect cervical cancer.

I had an abnormal Pap test; does that mean I am at high risk for cervical cancer?

Not necessarily. An abnormal Pap test rarely means that cancer is imminent. Remember that abnormal Pap results are extremely common for a variety of reasons and cervical cancer is extremely rare. Even if further treatment is recommended after an abnormal result, it doesn't mean that you have cancer or will develop

cancer. You will almost always have plenty of time to consider your follow-up options.



See more discussion of next steps for an abnormal Pap in the "Treatment" section.



★ The HPV Test ★

What is the HPV test?

The HPV test, also called the HPV DNA test, is an accurate way to tell if high-risk HPV is present in a cervix. It's different from the Pap test, which is designed to detect abnormal cell changes of the cervix instead of detecting the HPV virus itself.

Sometimes the test is done routinely at

the same time as a Pap test; sometimes it is only done as follow-up to an abnormal Pap. When it's used as follow-up, the HPV test is primarily used in cases to *confirm* the presence of HPV after an inconclusive Pap test rather than to rule out the presence of the virus. The HPV test does not detect all strains of high-risk HPV, only some of the highest-risk strains.

Like the Pap test, a health care provider takes a sample from the cervix and it is analyzed in a laboratory for HPV. It uses molecules called promoters that bind to HPV genetic material (DNA) and make many copies of it. This amplification of very small amounts of DNA then allows sequences that are present only in HPV to be detected easily. The test does not detect all of the strains of HPV, only 13 of the specific types that have been linked to cervical cancer. The test does *not* indicate if you are infected with the low-risk HPV types that potentially cause warts, meaning that someone could have warts on their vulva *and* HPV test results that indicate they are free of high-risk HPV.

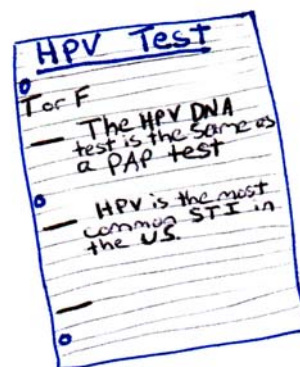
HPV TEST TERMINOLOGY

NEGATIVE TEST RESULT = THE VIRUS WAS NOT DETECTED IN THE SAMPLE OF CELLS TAKEN FROM THE CERVIX.

POSITIVE TEST RESULT = THE VIRUS WAS DETECTED IN THE SAMPLE OF CELLS TAKEN FROM THE CERVIX.

When is the HPV test recommended?

The HPV test is usually offered only to people over 30 or people who have had an abnormal Pap test. The test is not routinely offered to younger women who have not had abnormal Pap tests. In most cases their immune systems will fight off an HPV infection. At least one of the major lab companies that serve clinics and providers in the US now does a "reflexive" HPV test when a Pap test result is abnormal; that means they automatically test any specimen that has abnormal



cervical cells in it for high-risk HPV. In this case the Pap test results will also contain HPV test results.

Your health care provider may not offer you the HPV test even if it seems appropriate to you. Their answer may relate to what kind of insurance you have or the guidelines for that particular clinic instead of your best interest. If the test is refused to you even if you ask for it and think it's important, ask around to other providers and see if you can get one somewhere else.

If you test positive for a high-risk HPV strain your provider should follow up with you to make sure the infection goes away and that you don't develop abnormal cells. Usually that means getting a follow-up Pap test after a few months.

A negative HPV test does not mean that you have not been infected with HPV, it just means that at the time of the test you did not have an *active* HPV infection on your cervix. HPV can "hide" in genital cells and go undetected long after you were first exposed.

Should I get tested if my partner has a positive HPV test?

Did your partner test positive for high or low-risk HPV? In the case of high-risk HPV: if you have a cervix get regular Pap tests to check for any changes and request the HPV test to know for sure if you have the virus. If you participate in anal-receptive play, you may want to consider an anal Pap test. If your partners test results indicate low-risk HPV, keep an eye out for visible warts.



Males and HPV

Can males get an HPV test?

Thus far there is no diagnostic test that can accurately determine whether a male is carrying an HPV infection. Screening for men usually consists of a visual inspection to look for lesions (such as warts) but the high-risk HPV types that can cause cancer do not have visible symptoms. Some health care providers apply an acetic (vinegar) wash to highlight lesions, but this is not a specific test for HPV and may lead to over-diagnosis.

If someone who has sex with men has an HPV infection it's likely that their male partner is or has been infected with the virus, although it's highly unlikely that he will ever show any symptoms. Even if it is assumed that a male partner has contracted an HPV infection, it's not possible to determine whether he can spread HPV to a future partner because his immune system may or may not fight off the virus in a given amount of time.

A male may want to have a medical examination if his partner has external genital warts.

What health problems can HPV cause in males?

Most males who get HPV (of any type) never develop any symptoms or health problems. Some types of HPV can cause genital warts and other types can cause penile cancer or anal cancer. The types of HPV that can cause genital warts are not the same as the types that can cause penile or anal cancer.

How common are HPV related problems in men?

- About 1% of sexually active men in the US have genital warts at any one time.
- Penile cancer is rare, especially in circumcised men. In the US, it affects about 1 in every 100,000 men. The American Cancer Society (ACS) estimated that about 1,530 men would be diagnosed with penile cancer in the US in 2006.
- Anal cancer is also uncommon—especially in men with healthy immune systems. According to the ACS, about 1,900 men will be diagnosed with anal cancer in the US in 2007.

Some men are more likely to develop HPV-related diseases than others. Gay and bisexual men are 17 times more likely to develop anal cancer than heterosexual men. Men with weak immune systems, including those who have human immunodeficiency virus (HIV), have been found to be more likely than other men to develop anal cancer. People with HIV are also more likely to get severe cases of genital warts that are hard to treat.

Can males get tested for HPV?

Currently, there is no test designed to find HPV in men. Finding out if you have HPV in your body is not as important as finding out if you have the diseases that it can cause. The HPV test on the market is only designed to find certain HPV types on a woman's cervix that can cause cervical cancer. Scientists are still studying how best to screen for penile and anal cancers in men who may be at highest risk for those diseases.

Is there a test to screen for HPV-related cancers in males?

Some experts recommend yearly anal Pap tests for gay, bisexual, and HIV-positive men, since anal cancer is more common in these groups. This test can find abnormal cells in the anus that could turn into cancer over time. If abnormal cells are found, they can be removed. Some sources do not recommend anal Pap tests citing a lack of research showing that removing abnormal anal cells actually prevents anal cancer from developing in the future. More studies are needed to understand if anal Pap tests and treatment of abnormal cells prevent anal cancer in men.

You can check for any abnormalities on your penis, scrotum, or around the anus. See your health care provider if you find warts, blisters, sores, ulcers, white patches, or other abnormal areas on your penis—even if they do not hurt.

••• visiting the doctor ••• *one down there member's experience*

As much as I try to avoid going to the doctor, sometimes it is worthwhile. I want to be able to know my body and figure out whatever issues that come up for myself, but I can't always. There are a lot of reasons it's been difficult for me to visit the doctor at different times in my life – lack of or insufficient insurance coverage, months-long waits to get an appointment, finding a day to take off from school or work, not knowing how to find a good doctor... We all have our own hurdles to getting the care we need, but one that seems to come up for a lot of us is that doctors can be assholes and make us feel bad.

I have seen some docs that I've liked, felt respected by, who took time to address my needs and acted like they cared, but some have seemed to go out of their way to make me feel bad. One seemed to interpret something I said as "too promiscuous" and then made her disgust with me clear, giving me the silent treatment for the rest of my annual exam.

Another told me I was "type A" when I asked if we could schedule a phone appointment to discuss lab results. A male gynecologist argued with me, trying to convince me that men make better gynecologists than women, as my feet were in the stirrups, abortion procedure about to begin.

Sometimes doctors are fucked up

So what's going on here? It can feel like a huge power imbalance between you and this highly educated expert whose schedule you have to abide by, who gets paid a lot of money, who you may have to be undressed in front of, who may think and act like they have all the answers. It's hard to say why some doctors are so shitty. But rather than being so discouraged that we avoid seeking care, let's try to figure out ways to improve our experiences.

Finding a provider you like

Some health care providers are on your side and are awesome. Think about how you'd feel the most comfortable and seek it out. Ask friends for recommendations for doctors or clinics. Call local LGBT, holistic health, or patient's advocacy organizations and ask if they have a list of suggested providers. Do you want a provider of a specific gender, race, or ethnicity? If you have a bad experience with someone, go somewhere else next time you need care. Consider seeking care from a nurse midwife or nurse practitioner. If you find someone you like, keep going to them and develop a relationship.

Get your needs met

Remember that this is about you – your life, your needs, your happiness. You deserve to be listened to and cared for. What do you want out of this visit? If you have a goal, write it down, let the provider know, and don't leave before it's completed. If you have questions, write them down ahead of time, pull out the list when you get there. Make it visible and make sure everything gets answered. Questions that may be helpful: What are alternative treatments? Is this necessary? Can you recommend additional resources for information.

Consider seeking a second opinion if you feel that you need it. It's *your* choice, not the doctor's. Well, sometimes it's the insurance company's choice— a second opinion might not be covered by insurance, and that sucks.

Cultivating a better provider

Lay out what you need. "I have some questions/I need you to listen to me/Tell me before you touch me and explain to me what you are doing and why." Think about what you need to feel comfortable and how to articulate it ahead of time.



Call them on their shit. If they say something offensive or insensitive, tell them. If you can't say it right then, write them a letter or phone them. If you had a positive experience with a provider who listened and answered your questions, etc, give them positive feedback.

During an exam

If a nurse or medical assistant leads you to the exam room and tells you to strip and put on a gown before you've spoken to the doctor, you can choose to stay dressed until you've had the chance to talk to the provider.

During a speculum exam, if you want, you can ask to raise the headboard or prop yourself on your elbows so that you can see and make eye contact with your provider. Do not let anyone pull you towards the end of the table. If they do, tell them to stop and that they should *ask* you to scoot down. If they say "spread your legs" tell them that is loaded language and unacceptable to use with you and others. Teach the doctor for the next time to place their hands out to the sides and say "drop your knees to my hands." Wear socks if it'll help make you feel more comfortable. Press the paper or sheet covering you down to your belly so that you can see better, or remove it completely if you feel comfortable. Some people like to bring their own sheet to the exam so they don't have to use the paper kind.

You are in control of your body. Do not let a doctor detach you from it. Ask for mirror and for them to show you what they are looking at.

SELF EXAMS

Cervical exams, pelvic exams, and Pap tests can be done by non-doctors (meaning - YOU!) Self-**cervical** exams are a great tool in learning about what's normal for *your* body and seeing all your bits for yourself. You'll need a speculum, mirror, and flashlight. These websites have useful suggestions:

- <http://www.fwhc.org/health/selfcare.htm>
- <http://168.144.20.227/services/Gyn%20Health/cervical.htm>
- <http://www.sisterzeus.com/usingspeculum.html>

With a friend and some gloves, you can learn how to do **pelvic** exams together. Find instructions at:

- <http://www.hesperian.info/assets/Midwives/MW-20-21.pdf>

A **Pap** test is a little more difficult to learn and requires a few special supplies for swabbing and access to a laboratory that will read the results; it's tricky but not impossible. You could ask homebirth midwives or other health care providers who are friendly to the do-it-yourself ethic if they have useful resources.



HPV can cause different kinds of cancer, including (but not limited to) cervical, anal, penile, and oropharyngeal cancers. Most of this section focuses on cervical cancer; see below for information about other types.

What's the link between HPV and cervical cancer?

Most people who have HPV will not get cervical cancer, but HPV is a necessary precondition in almost all cases of cervical cancer.

There are many, many strains of HPV, and only a small number of those are associated with cervical cancer (numbers 16 and 18 are the most common of the high-risk strains). The strains that cause warts are considered to be low-risk for cervical cancer, while the strains that cause nearly-invisible flat lesions are higher-risk. In other words, if you develop cervical cancer, HPV was a likely factor, but if you are diagnosed with HPV it is still very, very unlikely that you will get cervical cancer. In most healthy people the immune system will rid itself of the HPV virus before developing any dysplasia or cancer.

How likely am I to get cervical cancer?

Cervical cancer is a *very* rare disease, especially in comparison to HPV rates. The American Cancer Society estimates that in 2007 more than 11,000 women will be diagnosed with cervical cancer and approximately 3,600 will die from it. In the US, there are 6.6 cases of cervical cancer for every 100,000 White women, and 10.5 cases for every 100,000 African American women. Cervical cancer was once the leading cause of cancer death for women in the United States. However, during the past fifty years, US cervical cancer incidence and mortality from cervical cancer have dropped by three-quarters, primarily because of the widespread use of the Pap test to detect cervical abnormalities.

In most cases of HPV, the immune system will keep the virus (including the cancer-related high-risk types) under control or get rid of it completely before cancer develops. If the body's immune system does not clear up HPV, it may lead to cervical dysplasia or possibly, much later, cervical cancer. One reason it is relatively easy to prevent cervical cancer through early detection is because it is slow to progress. It is extraordinarily rare for a person getting consistent normal Pap test results to be suddenly diagnosed with full-blown cancer. Most cases of cervical cancer occur in people who have not been getting regular Pap tests.

Many of the statistics available on cervical cancer focus on how many people are diagnosed and how many deaths cervical cancer causes. What about people who are

diagnosed with cervical cancer and survive? What about the processes they've gone through? We were unable to find any information about how many people who are diagnosed with cervical cancer have a hysterectomy, undergo chemotherapy or radiation, or have parts of their cervix removed. However, we want to recognize that these treatments are a big deal for cancer survivors, and we think it would be helpful if information about how common these treatments are was available for people who have been diagnosed with cervical cancer.

Signs and Symptoms of Cervical Cancer

Early phases of cervical cancer usually present no symptoms you would notice, which is why screening is the best way to detect cervical cancer. Once the cancer is more advanced, a person may experience abnormal vaginal bleeding, irregular vaginal discharge, pelvic pain and pain during sex. But these symptoms don't usually occur until the cancer is quite advanced. Generally, cervical cancer or precancer is detected through Pap tests as part of routine check-ups.

Signs and Symptoms of Anal Cancer

As is often the case with cancer, sometimes there are no signs or symptoms. However, some signs to watch out for are: anal bleeding, pain, itching or discharge, swollen lymph nodes in the anal or groin area and/or changes in bowel habits or the shape of your stool.

Signs and Symptoms of Penile Cancer

Initial signs may include changes in color, skin thickening, or a build-up of tissue on the penis. Later signs: a growth or sore on the penis. It is usually painless, but in some cases, the sore may be painful and bleed. There may be no symptoms until the cancer is quite advanced.

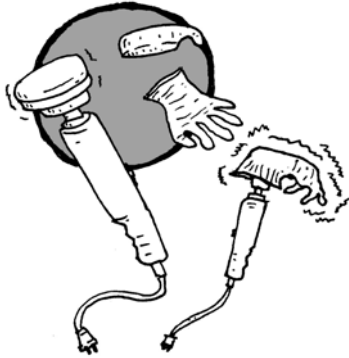
HPV and Oropharyngeal Cancer

Recent studies indicate a clear link between HPV and oropharyngeal (the tonsils, back of the tongue, and throat) cancer. These cancers are uncommon, and very few people who have HPV will develop them. However, it is worth understanding the connection. In May 2007, research was released that shows HPV to be a strong risk factor for oropharyngeal cancer. This is different from the previously identified major risk factors for these cancers: heavy alcohol and tobacco use. Doctors often do not recognize oropharyngeal cancer in non-smokers and non-drinkers, which can lead to misdiagnosis.

Individuals orally exposed to HPV are 32% more likely to develop oropharyngeal cancer. Sexual behavior is strongly connected to this: the risk increases with the number of oral sex partners. There is no difference in the transmission between same-sex and different-sex partners. Men are more likely to develop these cancers. The strain that accounts for the majority of oropharyngeal cancers is HPV 16. This is one of the strains also known to cause cervical cancer.

Prevention of Oropharyngeal Cancer

Use barrier methods during oral sex (condoms on penises, dental dams or plastic wrap on vaginas and anuses) to minimize your chances of spreading HPV. As with HPV infections in other parts of the body, good general health makes a difference. Oral care, including regular brushing, flossing, and dental visits will lower the risk of many types of oral infection and inflammation, which may include lower risk of developing oropharyngeal cancer.



Vaccines against HPV may be useful in preventing this cancer. Gardasil protects against HPV 16, as well as 18, 6, 11, and possibly others. Its use in men has not been evaluated. For more information about the HPV vaccine, see page 42.

Remember, oropharyngeal cancer is not common, so don't be freaked out. Try to be informed and take precautions if you are concerned.

Transgender People and Cervical Cancer

There is little data on transgender people and the risks of cervical cancer. Transphobia in the health care system puts trans people at higher risk for cervical cancer by reducing or eliminating access to health care. Transgender people with cervixes (including surgically constructed ones) are at risk for cervical cancer just like anyone else, but are less likely to find a health care provider they are comfortable with, less likely to have health insurance, and less likely to receive appropriate follow-up than non-trans people.

- It is not known whether long-term testosterone usage affects the incidence of cancer.
- People who pack might want to use cornstarch instead of talcum (baby) powder on their packer because there may be a link between talc and ovarian cancer.

For more information, check out the following:

Vancouver Coastal Health, Transgender Health Program,

<http://www.vch.ca/transhealth/>

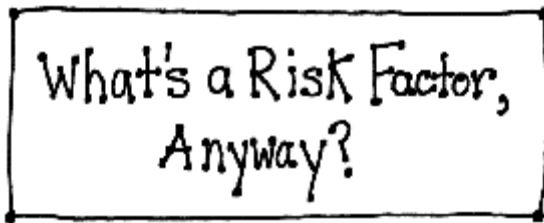
American Public Health Association, Cervical cancer screening needs of female to male transgender persons,

http://apha.confex.com/apha/134am/techprogram/paper_140599.htm

Gay and Lesbian Medical Association, Transgender

Health Resources, <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&PageID=664&CFID=27239084&CFTOKEN=89398050>





A risk factor is something that increases a person's chances of developing a disease. Some risk factors are based on genetics, such as age, sex, and family medical history. Other risk factors relate to behavior, such as smoking. Some risk factors are created by outside forces but presented as inherent factors by the health care establishment. Race and

income are often presented in this way, when in fact the issues are much more complicated.

For example, cervical cancer rates in the US are much lower than in most non-industrialized countries, and within the US, immigrants, people of color, and low-income people experience the highest rates of cervical cancer. African American women are more than twice as likely as white women to die from cervical cancer. Latinas are almost twice as likely as non-Latina white women to be diagnosed with cervical cancer. Vietnamese women have the highest rates of cervical cancer of any group in the US. These differences are partly due to inadequate access to health care for regular screenings; when dysplasia is diagnosed and treated early it almost never develops into cancer. If everyone had access to quality, affordable health care, cervical cancer rates would not be disproportionately high among people with less privilege.

We take issue with the common classification of race, ethnicity, and economic status as "risk factors" for cervical cancer. Is being African American an inherent risk factor? No, but living in a country founded on racist principles that continue to undermine access to health care *is* one. Poverty doesn't genetically predispose someone to developing cervical cancer, but high insurance costs can make it damn hard to get regular screenings. Unlike the case with some genetically determined health problems, there may not be a biological basis for a group's classification as "at risk" for cervical cancer. Really, these risk factors stem from the structures created and perpetuated by the government, pharmaceutical companies, the traditionally white-supremacist medical establishment, and a complicated web of other institutions that profit from health care. We prefer to say that racism, classism, heterosexism, and many other forms of oppression are the real "risk factors." Our profit-based health care system doesn't fully meet *anyone's* needs; in this sense capitalism puts us all at risk. What would you think if your provider listed *that* among your risk factors at your next annual exam?

Besides socioeconomic factors, what are some major risk factors for cervical cancer?

Smoking, oral contraceptive use, and deficiencies in vitamin C, folic acid, or beta-carotene may increase the risk of cervical cancer and cervical dysplasia. People diagnosed with cervical dysplasia or cancer may want to take supplements of these vitamins (see Treatment section for more info on this).

People in their early- to mid-teens are thought to be more susceptible to HPV infection because the cervix has not yet fully developed and is actually more vulnerable to infection. As women grow older, HPV infections become less common, but the occurrence of cervical cancer increases.

Anyone with a compromised immune system (for instance, from HIV or immunosuppressant drugs used in organ transplants) is also at higher risk, as are females whose mothers took the drug DES during pregnancy. (DES stands for Diethylstilbestrol, a drug sometimes given to people during pregnancy before 1971 when it was found to have health risks associated with it.) Because stress is a major disrupter of immune function, excessive stress may also impair the body's ability to clear up HPV on its own.



Oh, the Smorgasbord of Contraceptives...

Finding a contraceptive method that works well for you can be tricky. No method is perfectly reliable and most have some side effects, such as oral contraceptives, which are a risk factor for cervical cancer. The best advice is to do research and decide what best matches your needs. The following is a brief list of contraceptive methods, including some the doc may not tell you about:

- **Hormonal methods:** the pill, the ring, the patch, and Depo-Provera, IUD (intrauterine device-there are hormonal and non-hormonal varieties)
- **Barrier methods:** condoms, cervical cap, diaphragm, and others
- **Fertility awareness:** charting your cycle based on body temperature, cervical mucus, and/or other fertility signs to determine when you are fertile
- **Herbal methods:** Some experienced herbalists have found Queen Anne's Lace to be effective. Consult an experienced herbalist before you try this method. Very little of the available information on this herb is based on extensive experience or research.

With all these choices, it's important to do your own research before deciding on what method is right for you. Don't let a health care provider pressure you into one type of contraception if you would like to try something different. Also, no matter which type of birth control method you use, barrier methods are the only birth control methods that reduce the risk of STI transmission.

=genital warts=

Some strains of HPV can cause genital warts (also called condyloma acuminata or venereal warts). These strains are different from the strains that cause cancer. Warts are the only visible sign of genital HPV, but many people have a genital HPV infection without genital warts. There are about 20 strains of HPV that can cause genital warts, and more than 90% of genital warts are caused by HPV types 6 and 11, which are considered low-risk for cervical cancer. Warts may appear as soon as six weeks after contact with HPV or could take years to show up.

Genital warts are a type of growth on the skin of the vulva, vagina, cervix, penis, scrotum, perineum, or anus. They range from nearly flat to raised bumps, and may have smooth or rough surfaces. The warts may be white, gray, lighter, darker, or the same color as your skin. Warts' appearance often depends on the type of tissue they're found on. For example, warts on the drier parts of the vulva (outer labia and areas covered by pubic hair) tend to be harder and are often the same color as your skin, while those found on the inner labia and clitoris tend to be soft, white, and bumpy. Some cases of genital warts go unnoticed because they infect only the skin inside the vagina or anus. Genital warts prefer moist areas, such as the vagina and anal canal, so often wart-causing HPV is not visible on a penis but will become symptomatic when transmitted to these moister environments, giving the impression that the infection appeared out of nowhere. Warts in all areas might burn, itch, or bleed, or they might not feel especially sensitive.

Warts on the hands, feet, and other parts of the body are also caused by HPV strains, but they are not the same strains that cause genital warts. Each strain of HPV has a preferred environment where it can grow; exposure of warts on one kind of body tissue to a different kind of tissue is unlikely to transmit the warts. For example, warts on your hands can't be transmitted to your or someone else's genitals.

Warts and Cervical Dysplasia

Two or more strains of HPV often co-infect, so even though they are caused by different strains it is possible to have both genital warts *and* cervical dysplasia. For this reason, it's important to have a Pap test or HPV DNA test if you have visible genital warts.

Sometimes genital warts can form on the cervix. These are not the same as cervical dysplasia, but they do mean there is an active HPV infection on the cervix and might indicate co-infection with an oncogenic (cancer-causing) HPV strain.

Warts and Pregnancy

Warts may increase in number and/or size during pregnancy due to hormonal changes and decreased immunity. They may also spread to areas that were previously unaffected.

In extremely rare cases genital warts can cause complications in pregnancy and childbirth. If you are pregnant and have a current case of genital warts it's important to discuss them with your health care practitioner.

Transmission and Prevention of Genital Warts

The strains of HPV that cause warts might be present in your tissue even if the warts have disappeared; this is called latency. Warts are the most contagious expression of HPV, so it is easier to transmit the virus if you have warts, but it may be possible to transmit the virus even if warts aren't present. Keeping your skin clean and dry can reduce the chance that warts will grow.

The HPV vaccine may help prevent genital warts by protecting against two of the most common strains of HPV that cause them. However, there are other strains that cause genital warts, and the vaccine should not be considered 100% effective. For more information about the vaccine see page 42.

As with other forms of HPV infection, smoking and weak immunity increase the chance of developing genital warts. A compromised immune system, for example in cases of extreme stress, HIV infection, cancer, lupus, or diabetes, can also cause warts to grow larger and more rapidly. Concurrent infections with other STIs can weaken local immunity and increase the possibility that warts can grow.

Shaving your pubes can increase the possibility of spreading genital warts because it creates small nicks and abrasions in the skin that can allow the virus to enter the tissue. If you or your partner(s) has genital warts it might be a good idea to avoid shaving your genital areas until the warts clear up.

Unfortunately there is not a guaranteed way to prevent the spread of genital warts. If you know your sex partner has genital warts or you're having risky sex, the best you can do is try to reduce the transmission. Abstinence is a reliable way of preventing a genital wart outbreak from spreading to someone else. However, for people who can't or don't want to abstain from sex it's important to communicate clearly and honestly with your partner(s) about genital warts. Telling sex partners about genital warts and then deciding together how they will affect your sexual practices is a good first step toward decreasing the chance of transmission. For some suggestions about communicating about HPV, see page 40.

Dealing with Genital Warts

In 10 to 30% of cases, genital warts will go away on their own in a couple of months. Almost all cases will disappear within a couple of years. However, many people want

to get rid of warts as soon as possible, and treating warts might reduce the risk of spreading them to partners. However, treating the warts themselves does not necessarily get rid of the HPV infection, and warts reappear in about 50% of cases. For information about treatment of genital warts, see the treatment section on page 36.

Genital warts are not life-threatening, so most of the research and public health programs about HPV focus on cancer-causing strains instead. But it's important to recognize that warts come with their own set of social stigmas, and abnormalities in your genitals or anus can be scary, uncomfortable, and difficult to talk about. If you don't have anyone with whom you feel comfortable talking about genital warts, the following online chat groups might be helpful:

<http://health.groups.yahoo.com/group/clubhpv/>
<http://chat.houston-texas.org/chatrooms/HPV.html>
<http://web.icq.com/> (an ICQ chat room: the ICQ# is 31472638)



Questions to ask your health care provider

- Where are my warts?
- Was my cervical Pap test normal?
- Should I have an anal Pap test?
- What is the best treatment method for my warts? How long will the treatment last, what is the success rate, what are the side effects, and how much does it cost?
- How long will I need follow up to make sure the warts are really gone?
- What should I tell my partner?
- Should my partner be examined?
- What can I do to prevent future warts?



There are both conventional and herbal treatments for cervical dysplasia and warts caused by HPV. This section includes information on herbal treatments and how they work, a run down on conventional treatment methods and their associated risks, and nutritional and other suggestions that may help treat and prevent warts and dysplasia.

None of us in the Down There Health Collective are herbalists or naturopathic doctors! The information shared here is from sources we trust and is to give you ideas and inspiration so that if you are inclined, you can care for your body using plants, nutrition and lifestyle adjustment. If you plan to use an alternative treatment, it's a good idea to learn more and find resources other than this zine. Keep in

mind that it is still really important to have regular appointments with the doctor to figure out what the cervical cells are doing (using Pap tests, HPV tests, and/or colposcopy) and for further treatment if dysplasia is progressing.

HPV can live in the body beyond the cells that it visibly affects. Conventional removal efforts for both genital warts and cervical dysplasia remove damaged cells but do not necessarily remove the virus. Recurrence after removal is a possibility, especially with genital warts. Whether a conventional removal method or an alternative treatment method is used, it can be useful to support the body with good nutrition and supplements so that the immune system functions at its best.

Medicinal plants can be used to stimulate the immune system, fight viruses and repair tissue. Many people have successfully treated HPV and cervical dysplasia with herbs, even without huge dietary and lifestyle changes. If you choose a conventional treatment, you may still want to take herbs to help heal damaged cells and try to clear the virus. Healthy cells are more resistant to both future infections and unhealthy cell changes. Herbs are medicine, not just complements to nutrition, and an herbalist can help you figure out what herbs and dosages would work best for your body and situation.

The choice to use an herbal treatment can be a tough call. Herbal treatments have the potential to be effective, but take dedication and patience. They won't "fix" you immediately and might require a lot of work to prepare and take regularly. Unfortunately, most conventional physicians do not support such alternatives. Be thoughtful about all the information available; take into account the doctor's opinion

and be aware of their potential prejudice against using herbs. If you seek the assistance an herbalist or naturopath, they will recommend treatments that are more complete and individualized than what is suggested here, addressing deeper imbalances in the body.

Keep in mind that LOTS of people have HPV. Many of your friends and family have likely had it, with or without their knowledge. If you can talk openly about your experiences with treatment, you will create space for others to share their experiences, discuss different options, and bring up questions.

***What's the difference between an
herbalist and a naturopath?***

An herbalist primarily utilizes medicines made of plants for healing and may make suggestions relating to diet and lifestyle. A naturopathic practitioner uses a broader array of methods that may include homeopathy, acupuncture, supplementation with vitamins, minerals, and herbs, hydrotherapy, and others. Both aim to address the underlying causes of illness, see the patient in a holistic way, and have confidence in the body's capacities when given the proper supports.

NUTRITION AND LIFESTYLE SUGGESTIONS

The following preventative measures can be used to support any kind of treatment. Changing your diet, sleep and exercise patterns (and quitting smoking, if you smoke) takes a lot of thought and effort, but it can have huge rewards in relation to HPV and your overall health. Eating healthy food and making time to focus on your own needs is an important part of this.

Lifestyle Changes:

Smoking has been shown to increase the chance that HPV might move from mild to more severe, and increase the chance of damaged cells being more susceptible to HPV even after treatment. So, it's a great idea to quit smoking. (Free support, counseling, and resources are available at 1-800-QUIT-NOW)

Hormonal birth control (pills, the patch, the ring, IUDs with hormonal components, and others) may contribute to the development of cervical dysplasia. However, for many people these can be the best birth control option. If you have cervical dysplasia and are taking any of these forms of birth control, it might be worth evaluating whether or not to continue. There's no clear answer to the question of whether or not one should stop using hormonal birth control but if you understand both the risks and benefits, you'll be able to make the best choice for yourself. See page 24 for information about birth control options.

Nutrition Suggestions:

Diets high in *vitamin C*, *carotenoids*, *vitamin E*, *selenium*, and other substances in many fruits and vegetables have been found to be protective and have anti-cancer benefits. Each day, eat five or more servings of fruits and vegetables along with grains and beans. Look for colorful fruits and veggies, especially yellows and oranges;

try to eat as many different colors of fruits and veggies as possible. Try to get any animal products in your diet from small-scale producers who don't use hormones, antibiotics, or pesticides. Reducing or eliminating refined and simple sugars (including corn syrup, honey, white grape concentrate, etc.) will help assure optimal immune function.

Carotenes are a group of nutrients that include beta-carotene and may protect cervical cells and reduce dysplasia. In a supplement, look for "mixed, natural" carotenes and take 25,000-50,000 IU for prevention and 150,000 IU as part of a treatment. Food sources of carotene include: carrots, sweet potatoes, leafy greens (like kale, collards, turnip greens), winter squash, apricots, and cantaloupe.

Vitamin C supports the immune system and is involved in the synthesis of healthy tissue and chemical detoxification. Use 1,000 to 2,000 IU a day for prevention and 2,000-6,000 IU a day as a part of a treatment plan. Food sources include: oranges, sweet red pepper, kiwi fruit, green pepper, grapefruit juice, strawberries, cantaloupe, broccoli, brussels sprouts, and sweet potato.

Omega-3 fatty acids are important for good immune function. Good plant sources include freshly ground flaxseed, flax oil, and walnuts. It is found in much smaller quantities in kiwi, purslane (a garden weed), green leafy vegetables, canola oil, and tofu. Animal sources are eggs from free-range (grass-fed) chickens and fish and shellfish from the ocean. Fish oil pills are another way to get easily absorbable omega-3s.

Folic Acid (also known as Folate) deficiency, which is common in women using oral contraceptives, may cause changes in cervical cells. Using Folic Acid supplements has been shown to lead to dramatic improvements. Use 0.8-2.4 milligrams a day for prevention and 2.5-10 mg a day as part of a treatment plan. The supplements available at stores tend to be less than one milligram a capsule but larger dosages are available by prescription. If you take a high dosage of folic acid, take a B-complex vitamin or B12 supplement as well because the folic acid may mask vitamin B12 anemia. Dietary sources of folic acid include: broccoli, asparagus, leafy green vegetables, oranges and orange juice, tomato juice, cantaloupes and other melons, sunflower seeds and peanuts, pinto beans and lentils.

Vegetarianism: Some herbalists and naturopaths recommend a vegetarian diet to treat cervical dysplasia and others do not. A lot of people have difficulty digesting the staples of many vegetarian diets – soy products such as soy protein isolate, tofu, and soymilk. Non-animal proteins that are more easily digested include nuts, beans, and tempeh (a product made from fermented soy).

Protein: For the immune system to work well and tissues to heal properly, it is important for the body to have an adequate amount of absorbable dietary protein. The Recommended Daily Allowance (now called Dietary Reference Intake) estimates

that we need 0.36 grams of protein each day per pound of body weight. If you weigh 140 pounds, multiply that by 0.36 and you end up with about 50 grams of protein a day. This number is a rough guide because even bodies that are the same size have different needs, and the same body might have different needs at different times depending on what it's going through. People often need more protein when their immune system is stressed.

CERVICAL DYSPLASIA TREATMENT: CONVENTIONAL

Often if there is an abnormal Pap test the doctor will try to get more information about how advanced the dysplasia is by doing a colposcopy, biopsy, or endocervical curettage (see page 13 for more information about these procedures).

Mild dysplasia (also called CIN 1 and LSIL) regresses to normal in about half of all cases, requiring no treatment. If mild dysplasia is found, your health care provider will likely suggest a "wait and see" approach - that you return every three or six months for a Pap test to monitor if the cells progress or go away. They may also suggest removal. Because the potential progression from mild to severe dysplasia generally takes years, you could give your body the chance to rid yourself of it or seek advice from an herbalist. However, if you know that you won't return for the follow up Pap tests, you may want to consider removal.

Moderate and severe dysplasia (also called CIN 2, CIN 3, HSIL) may also regress to normal, but its likelihood is lower, at 35%. Health care providers will likely recommend removal with LEEP, knife or laser conization, or cryotherapy. None of these treat the virus itself. Instead, they destroy or remove the infected cells. It is possible that infected cells will remain in the body after treatment.

If you decide to have any of these procedures done, it is important to know that some practitioners might not be fully aware of or acknowledge the associated risks. Find out which procedure your practitioner recommends and research it yourself so you are fully informed before you go ahead with it.

A rare but significant long-term effect of surgical treatment that removes cervical tissue through LEEP, cone biopsy, or laser conization is cervical stenosis (the narrowing of the opening to the uterus). This increases the risk of preterm delivery, low birth weight, premature rupture of the placenta, and the need for cesarean section. The rate of these incidences is low, but increasing. Although the risks are important considerations, cervical cancer is extremely serious and despite the risks, one of these procedures may be the best option for you.

Once invasive cancer is present, conventional doctors usually offer hysterectomy, radiation, and/or chemotherapy. These are all major treatments with many side effects. Hysterectomy is a removal of the uterus, including the cervix, which causes permanent sterility and may have other side effects including dramatic effects on sexual function. Radiation therapy for cervical cancer may result in a loss of ovarian

function, which means permanent sterility as well as induced menopause due to the loss of hormones produced by the ovaries.

What exactly *are* the procedures to remove cervical dysplasia?

Loop electrosurgical excision procedure (LEEP, LLETZ, or LLEC) uses a thin wire loop with electrical current passing through it to cut away cervical tissue. The removed tissue is kept intact and sent to a lab to examine its outer edges, looking for signs of dysplasia to determine if removal was complete. LEEP is generally performed with a local anesthesia and pain levels vary from mild to intense and there is often light bleeding afterwards. After a LEEP, you should not put anything in the vagina or do heavy lifting for four weeks afterward. It's important to return for follow up. LEEP is considered by the medical establishment the treatment of choice for cervical dysplasia because it is the most effective, allows for testing to be performed on the removed tissue, and is considered to have few side effects.

Cone biopsy, also known as conization, and cold knife conization, uses a surgical scalpel to remove cervical tissue containing moderate to severe dysplasia. It can be more invasive than LEEP and is considered day surgery, done in an ambulatory surgery setting under general anesthesia. Providers use this when there is concern about dysplasia extending into the os (opening of the cervix) where the LEEP can not reach. The cone biopsy has a higher complication rate of bleeding, stenosis, and scarring.

Laser conization is performed with a carbon dioxide (CO2) laser that seals blood vessels as it cuts, leaving only minor scarring. It is not appropriate for large lesions.

Cryotherapy was once a common treatment but is not frequently used today. A probe cooled by liquid nitrogen essentially freezes the cervix, causing the cells damaged by the cold to slough off. However, when the cervix heals, scarring may make it difficult to identify new lesions and there is a high failure rate for treating large areas of dysplasia.

CERVICAL DYSPLASIA TREATMENT: HERBAL

There has been a lot of success in treating HPV and cervical dysplasia with herbs. Finding an herbalist who can help you will increase your likelihood of success. An herbalist can determine what underlying issues may be contributing to the HPV not clearing on its own and put together a formula specifically for you. Low estrogen and pelvic congestion are commonly present, and addressing these issues can help you to resolve the dysplasia and clear HPV from your cervix and your system. Other contributing factors may include chronically imbalanced vaginal flora in the form of chronic yeast infections or bacterial vaginosis. Herbalists also have experience in figuring out what dosages are appropriate for you, knowing what herbs may not be appropriate for you, are more likely to have the proper supplies for making suppositories, and may prepare the following recipes for you. Seeing or talking to an experienced herbalist makes the treatment much more likely to be effective than if you just take random dosages from a list of herbs. If you cannot find an herbalist that can help you in your area, there are some herbalists who will do phone consultations (see *resources*). Seeking out a naturopath is another option. The

herbal knowledge of naturopaths may be extensive or minimal. Treating HPV and dysplasia on your own using herbs and nutrition is a possibility, but is not the most effective option.

A common treatment plan an herbalist would put together involves taking herbal tinctures by mouth, 3 times a day, and inserting an herbal suppository, vaginally, over night. Treatment for mild dysplasia frequently lasts 2-3 months, sometimes longer or shorter, and the herbs must be taken consistently every day. For some people, following this regimen is simple, for others it is more than they can comfortably commit to. The treatment will likely be different with different practitioners, with more or less emphasis on supplements and/or diet and lifestyle change. If you decide to try herbal treatment, it is important to see the treatment through. It's important to think about if you will be able to follow through with a plan such as this, and if not, to consider other options. As with all dysplasia treatments, it is necessary to make follow up appointments with your gynecologist to make sure the treatment succeeds.



Since there is no way to test whether you have cleared the virus entirely or if it has gone into its "latent" phase, no one can say for sure that herbs can help you to clear the virus. However, we do know that after treating with herbs, sometimes for as little as one month, people have come back from the gynecologist with a negative HPV DNA test. Also, recurrences after herbal treatment are rare. Herbs can also heal the cells that have been damaged, potentially making both HPV recurrence and cancerous cell changes less likely in the future.

If you have found an herbalist or naturopath, ask them if they have experience treating cervical dysplasia or genital warts. If you can't afford their services, ask if they provide care on a sliding scale and encourage them to do so if they don't already. If they are not experienced in treating HPV, but do have a solid clinical practice, share the following information about herbal treatment with them. You could also show them the *Women's Encyclopedia of Natural Medicine*, where naturopath Tori Hudson, ND describes treatments for cervical dysplasia that must be carried out with the assistance of an experienced herbal practitioner.

When using herbs in any form of herbal medicine it is important that the plant medicines you are using are of good quality. There are a lot of poor quality herbs and herbal products on the market. Essential oils are notorious for not being pure, even when they claim to be. If you are just using them for scent, that may be ok, but for internal use it could be detrimental. True essential oils tend to be more expensive (maybe \$10-15 for 15 ml). Find a company in your area with a good reputation for quality essential oils: Original Swiss Aromatics and Simplers are two that are recommended from the western US; both offer mail order.

Cervical Dysplasia Suppository: recipe and usage

The following is a treatment developed by herbalist Michael Moore (see *resources*) with some minor additions by herbalist Caty Crabb. Suppositories are like large gummy pills and are inserted in the vagina as close to the cervix as possible to melt and deliver the medicinal properties of the plants. Bodies respond to this treatment in 1-8 months, with 2-3 being most common. Combined with nutritional modifications, the following suppository treatment can be used to treat cervical dysplasia or to help the body fight off a high-risk HPV infection even if dysplasia is not present. These suppositories should be taken along with herbs by mouth, as recommended by an herbalist. Folic Acid, B-12, and Vitamin C may also be recommended as an important aspect of treatment.

Ingredients:

- 25 ml Echinacea purpurea or Echinacea angustifolia fluid extract* (or 150 ml/5 oz Echinacea tincture)
- 5 ml Anemopsis (Yerba manza) tincture**
- 5 ml Calendula officinalis tincture
- 175 ml Glycerin
- 25 grams Gelatin (pharmaceutical grade)
- 5 ml Thuja occidentalis essential oil

*If you cannot find the fluid extract, you can make an equivalent by slowly evaporating 5 ounces of Echinacea tincture down to 25 ml of milk-grey liquid in a double boiler. Re-measure the evaporating tincture frequently as it reduces quickly at the end.

**If you cannot find Anemopsis, double the amount of Calendula tincture used to 10ml.

Preparation:

Heat the glycerin on a double boiler, add the Echinacea, Calendula and Anemopsis and maintain at a low temperature for at least 30 minutes to evaporate off some of the alcohol. Add the gelatin (preferably finely powdered) and whisk (or egg-beat) until the gelatin is thoroughly dissolved in the liquids. Don't leave any little gelatinous solids. Continue stirring until the liquid is a clear grey-brown syrup. Add the highly evaporative Thuja oil to the dissolved syrup just before you begin to pour into the molds.

Fill a plastic roll of disposable 3 or 5 ml suppository molds up to the top of the form line. A small turkey baster or a baby syringe are the easiest tools for this. The mixture should make 80-100 suppositories. Two-piece hard plastic or metal suppository molds, although reusable, are difficult to work with for gelatin based suppositories. Perforated molds can be obtained from a number of pharmaceutical supply houses. Every pharmacy has these catalogues, and any reasonable pharmacist should be willing to locate a source and order them for you. If they won't, try another pharmacy.



Usage:

A suppository should be inserted at night into the vagina and as close to the cervix as possible. Gelatin-based suppositories dissolve slowly over 8-12 hours; this slow melting keeps the herbs in contact with your cervix for a longer period of time, which increases the amount of the herbs that can be absorbed through the mucous membrane. This can be continued for many days if necessary. In the rare case that it causes inflammation, stop the treatment. Examine your cervix with a speculum regularly to check for visual changes. Visit the gynecologist after three months (or sooner) to check your progress.

Vegetarian note: Gelatin is far superior in this case than vegetarian substitutes. It melts slower and adheres to the cervix allowing for better absorption of the herbs. Alternatives may not have the same effect and a complete recipe has not been developed. If there is no way you are going to use gelatin, here are some recipe modifications to make it vegetarian. They are vague and it might be a frustrating attempt, and should only be tried with mild dysplasia. You could try cocoa butter as a substitute for the gelatin – but it may melt too quickly and be ineffective because the herbs would not be in contact with your cervix for a long enough time. It also makes them more difficult to travel with (you have to keep them cool), and more messy in general. If you want to use cocoa butter, you will have to change the recipe and experiment. You want to have one or two drops of the Thuja essential oil in each suppository and no more. It is important to be exact about this, as too much of the essential oil will irritate your tissue. It is an option to get dried herb of the anemopsis and calendula, finely powder them, and add them to the cocoa butter, instead of using the tinctures. It is important to powder the herbs well, so that they will melt out with the cocoa butter and you won't be left with plant matter staying in your vagina. -- This not a well-tested or complete recipe. As with all other treatments, we do not recommend that this recipe be used without the consultation of a health practitioner.

Herbs to take by mouth

Whatever kind of treatment method you use, it is extremely useful to take herbs by mouth. Stimulating your immune system is an important complement to conventional treatments, and a necessary part of the herbal treatments for both warts and cervical dysplasia. It is important to consult with an herbalist or naturopath to develop a formula that is determined by what is going on in your body and is safe and effective. The strategies will vary for different practitioners, but usually will include herbs to stimulate the immune system and kill viruses. Thuja plicata, or occidentalis, is an herb that should be included in most formulas, in tincture form. It is thought that Thuja works against HPV by stimulating specific immune cells (probably NK or natural killer cells) that find and kill cells that are infected with viruses. Other components may include immune stimulants such as Myrrh or Echinacea or antivirals like Lomatium dissectum or Ligusticum. There are a variety of different health conditions and medications that could make the use of some of these herbs inadvisable.

Some of these conditions include pregnancy, breastfeeding, autoimmune and kidney disorders, and immunosuppressive drug therapy. This is not a complete list. To overcome any infection it is helpful to strengthen the whole person by supporting any organ systems that are out of balance and working on calming stress patterns.

GENITAL WARTS: CONVENTIONAL TREATMENT

The primary goal of the conventional treatment of visible genital warts is their removal. Treatment can induce wart-free periods, but warts sometimes reappear after numerous treatments. If left untreated, visible genital warts might resolve on their own, remain unchanged, or increase in size or number. Treatment may reduce, but does not eliminate, HPV infection because the virus may live in cells around the wart or in places where there are no visible warts. When warts *are* present you can be sure that they are contagious, but when they're not visible it's practically impossible to tell if they're gone or merely latent.

Treatment of genital warts depends on what the person with the warts prefers. Considerations include wart size and number, anatomic site of wart, cost of treatment, convenience, adverse effects, chances of recurrence, availability of resources, and experience of the healthcare provider in the kind of treatment being sought.

Factors affecting response to treatment include the presence of immunosuppression (HIV cancer, lupus, or diabetes) and how well one can follow through with the therapy. Most folks require a course of therapy rather than a single treatment. In general, warts located on moist surfaces or in areas under folds of skin respond better to topical treatment than do warts on drier surfaces.

Changes in skin pigmentation are common with wart removal, and lowered or raised areas of scarring are also possible. In extremely rare cases, treatment can result in chronic pain, and in the case of rectal warts, pain when pooping and other complications.

Treatments are classified as patient-applied and provider-administered. Patient-applied methods are preferred by some because they can be done at home. When using these treatments, it is important to be able to identify and reach all genital warts. Don't use patient-applied methods if you are pregnant! **And don't use over-the-counter wart treatments for genital warts!**



Conventional Treatments:

Patient-Applied Treatments:

Podofilox 0.5% solution or gel. Applied to visible genital warts twice a day for 3 days, followed by 4 days of no therapy. This cycle may be repeated, as necessary, for up to four cycles. Mild to moderate pain or local irritation after treatment is common. Used for external warts.

Imiquimod 5% cream. Apply imiquimod cream once daily at bedtime, three times a week for up to 16 weeks. Mild to moderate redness and irritation after treatment is common. Used for external warts.

Provider-Administered

Cryotherapy with liquid nitrogen or cryoprobe. Repeat applications every 1–2 weeks. Safe for pregnant women. Recurrence rate: 40%. Used for external and cervical warts.

Podophyllin resin 10%–25% in a compound tincture of benzoin. A small amount should be applied to each wart, repeat weekly, if necessary. Recurrence rate: 27%–65%. Used for external warts.

Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) 80%–90%. A small amount is applied only to the warts, repeat weekly, if necessary. Recurrence rate: 36%. Used for external warts and warts in the vaginal canal and urethra.

Surgical removal either by tangential excision with scissors, scalpel, or curettage. Requires a local anesthetic. Generally used after other methods have been unsuccessful; repeat visits often not needed. Used for external and anal warts.

Electrodessication, electrocautery, LEEP uses an electric current to destroy or remove warts, requiring a local anesthetic. Generally used after other methods have been unsuccessful; repeat visits often not needed. Used for external, cervical and anal warts.

Interferon therapy injects immune stimulating interferons directly into the base of warts. It is expensive, requires many office visits and has a high rate of recurrence and side effects.

Laser surgery using carbon dioxide lasers is generally used inside the urethra and for those who have not responded to other therapy. The recurrence rate is frequent. Used for external, cervical, and anal warts.

5-Fluorouracil Cream is used in cancer chemotherapy and can be effective in wart removal, but is very toxic with a high incidence of side effects. Used for cervical, vaginal and anal warts.

GENITAL WARTS TREATMENT: HERBAL

An herbal approach to treating genital warts is fairly simple. Whether you choose to use an herbal or conventional treatment, or no treatment at all, the nutritional recommendations and immune-stimulating herbs to be taken by mouth, suggested previously for cervical dysplasia, will be useful in helping your body to function at its best and combat the virus causing the warts.

If you suspect that you have genital warts, keep in mind that they may occur both externally (vagina, penis, scrotum, perineum, outside the anus) and internally (vaginal canal, cervix, urethra, anus). It is difficult to fully examine all those areas yourself, so if you want to do an herbal treatment, you may want to visit a doctor for an exam. On the other hand, using a speculum, good lighting, a mirror, and a trusted friend, you could examine yourself. To look for warts in the vaginal canal and on the cervix, use a weak vinegar and water solution and with a speculum in place, apply the mixture with a long cotton swab, allow to sit for a few moments and look for whitish patches. This is not wholly conclusive but should be interesting to try.

As with treating cervical dysplasia, taking an immune-supporting herbal formula by mouth can increase the effectiveness of treatment. The first recipe below (Warts on the Outside) is topical, developed by herbalists Adam Seller and Joshua Muscat. It can be used in the cases of warts limited to external areas such as thighs, vulva, buttocks, penis, scrotum, and the area around the anus. The second recipe (Warts on the Inside) is by Michael Moore.

Warts on the Outside: recipe and usage

Ingredients:

- olive oil*
- Thuja occidentalis or Thuja plicata tincture
- Thuja occidentalis essential oil (be sure to get good quality essential oil)

Preparation:

Fill a one-ounce bottle 80% with olive oil and 20% with Thuja tincture. Add 10-15 drops of Thuja essential oil.

Usage:

Apply this mixture on the affected areas three times a day. Continue treatment for 2-3 weeks after all signs of the warts are gone. There may be improvement in a month or two, or it may take several months. Once the warts are gone, some people choose to regularly repeat the treatment for two weeks at a time to ward off possible recurrence.

It is a good idea for partners to use this treatment as well, even if they show no sign of infection.

**Thuja infused in olive oil:* An improvement on this recipe is to use Thuja infused in

olive oil in place of the plain olive oil called for in the recipe above. An herbalist may be able to supply this for you or you could make it yourself using the following recipe.

Ingredients:

- olive oil
- dried Thuja herb (of a good quality that is still dark green in color with a strong smell. If it is brown and odorless, don't bother.)

Preparation:

Mix one part dried Thuja with 7 parts olive oil in a blender until warm [ex. 1oz dried Thuja and 7oz olive oil]. Next, pour it into a jar and set it aside in a cool, dark spot. After a week, pour it back into the blender, blend until it's warm again, and strain (a few layers of cheesecloth works well).

Warts on the Inside: recipe and usage

Warts in the vaginal canal may be treated in a way similar to cervical dysplasia. Keep in mind that it is possible to have warts in the vaginal canal without realizing it. Have a practitioner examine you or try to find out for yourself, as explained at the beginning of the Genital Warts Treatments section.

Ingredients:

- 30 ml Echinacea purpurea or Echinacea angustifolia fluid extract
- 175 ml Glycerin
- 25 grams Gelatin (Pharmaceutical Grade)
- 5 ml Thuja occidentalis or Thuja plicata essential oil

See resources in the back for the contact information of **herbalists** experienced in treating HPV

Preparation:

Make the same way as the Cervical Dysplasia Suppository (page 34).

Usage:

Similar to the Cervical Dysplasia Suppository. Use until the warts are gone, which may be a month or more.

Mind - Body Connection

Illness can be used as an opportunity to examine one's relationship to their body and to redefine their health. In a loving and non-judgmental way, consider what messages your body might be trying to send you with this illness. What stressors may specifically affect that part of your body? What negative emotions do you store in your body? Some people see their spirituality and health as very closely connected. Nurturing that connection can improve both your physical health and your relationship to your body. For example, people who believe in the chakra system of energy may want to reflect on their relationship to their second chakra, which includes the cervix and all pelvic organs. Meditation and visualization can be great complements to other therapies or used on their own for early stages of dysplasia.

Talking With Your Partner(s) About HPV

Communication about sex and sexuality is often difficult. Many consider these topics awkward and avoid talking about them, but good communication about sex is essential to building trust and facilitating positive sexual experiences.

Talking to sex partners about HPV can be especially confusing. It can already be difficult to figure out how to talk about STIs in general because they are often stigmatized as dirty and others may use them as an opportunity to make assumptions about your sexuality. HPV can be even more confusing because of its frequency, possible lack of symptoms, and the fact that HPV infections usually go away after an unspecified amount of time. It's also confusing because, unlike many STIs, you can't just drop in to a clinic and get a conclusive positive or negative answer from an HPV test.

Doctors and public health resource websites may tell you not to talk about HPV with your sex partners. That seems weird, right? One possible explanation is that the policies and protocols they develop come from a perspective of thinking about infections at the population level rather than focusing on individuals, communication and consent. Their effectiveness in preventing health problems from HPV lies in early detection and treatment of cervical cancer, not in preventing the spread of HPV from person to person.

We don't claim to have the answer either, but we do think a lot about consent and communication when it comes to sex. Consent is an essential part of a healthy sex life, and it isn't limited to talking about whether or not you want to do X, Y, or Z. Discussing STIs before engaging in any activities that could transmit them to another person allows everyone involved to make fully informed choices. These conversations are an important part of showing that you care about and respect the people you have sex with, whether it's a brief encounter or an ongoing relationship.

Consent and communication with partners about STIs starts when you're alone—it can be helpful to define your boundaries and needs in your mind before you try to communicate them to someone else. Spend some time thinking about how you want to talk about STIs, what safer sex means to you, and what kinds of sex you're comfortable with. Having these things clear in your head can make it much easier to express them to someone else and can help avoid having to make split-second decisions when you're getting frisky with someone. Remember that the word "sex" doesn't only mean penis-and-vagina intercourse; think about all the other kinds of sex you might have and how your boundaries and safe sex needs apply to them.

If you find out you have HPV it can be difficult to broach the topic with partners and lovers because it's never clear where or when you contracted it. If you're in a monogamous relationship your partner might react by suspecting that you've been

with someone else. In reality, you probably won't ever know who got it first and passed it to whom or when you contracted the virus—it could easily have been before you and your partner were together. Talking about HPV transmission with partners is also complicated because most adults will contract HPV at some point, but few will develop disease as a result of HPV. One of the important things that can come out of these conversations is that people know what HPV is and how they can get screened for its complications.

There are no clear answers when it comes to talking to sex partners about HPV. Really the only answer is that you have to decide for yourself.

Here are some of the things we think about:

- What does my having high-risk HPV mean for my partners? Or their current or future partners?
- What does being careful mean?
- I feel more comfortable having sex with people who take an active role in their own health, like having regular Pap tests.
- Do I care about how many sex partners my current partner has or has had? Maybe their safe sex practices are more important than the number of people they've slept with?
- It's hott when someone knows a lot about their body.
- I feel awkward talking about STIs with my partners. I like to role-play in my head while I'm alone and that helps me to have the real conversations when I need to. I'd really like to role play with friends but it makes me feel awkward.
- I worry that if I tell my partner they won't want to sleep with me. But then I think, "if that's what they think, that's bullshit."
- Gosh, it sure is awkward to talk about STIs in the heat of the moment. But I think it's more awkward *not* to, and if I don't, I think about it later and feel crappy.
- Through my actions and interactions I can work towards creating the world I want to live in. Respecting the people around me and being honest and up-front are big parts of that.
- Maybe if I talk about HPV more with my friends it won't seem like such a big deal, and they will feel more comfortable speaking up about their experiences with it.



How the HPV Vaccine Shows We Need to Smash the State

As if HPV hasn't already been difficult enough to write about – with rampant misconceptions and ever-changing research – now we need to figure out what the hell is going on with the new HPV vaccine. With widespread and pervasive media and lobbying campaigns, the pharmaceutical industry has put HPV in the spotlight. In all 50 states, Merck has successfully lobbied for the introduction of legislative initiatives to make the vaccine mandatory for young girls; quite a far-reaching policy considering that HPV infections usually clear on their own and that the use of the Pap test has significantly reduced the incidence of cervical cancer.

What follows is our effort to debunk some of the hype and take a critical look at the vaccine and the politics surrounding its use. We have uncovered endless layers of issues, half-truths and oversimplifications coming from both supporters and opponents of the vaccine. It is not as simple as supporting "the first ever vaccine against cancer" as Merck and Co. touts. A critical look at the vaccine means a critical look at the health care system, the pharmaceutical industry's influence on public health policy, vaccination policy and, of course, capitalism. While we cannot possibly cover all of the issues in depth, we try to touch on all of them.

The controversy surrounding the HPV vaccine reveals the complicated herstory of women not being given full information to take control of our health. During a community forum in Washington, DC concerning the City Council's mandate that all girls entering the 6th grade must be vaccinated against HPV, a nurse and mother of a girl in DC public schools powerfully stated, "we (women) are constantly told that we cannot do anything on our own – from our first menses to menopause – we are sold products, pills and told to go to doctors for everything. We need to recognize that nutrition and lifestyle are the most important factors in our health, and much of this we can take care of ourselves."

What is the HPV vaccine?

Like vaccines for measles, polio, or the flu, the HPV vaccine uses dead or weakened viruses that stimulate the immune system to make antibodies (proteins in your blood that recognize and flag foreign matter). The premise is that the next time your body encounters the same virus it will recognize and destroy it quickly. This mimics the process that happens when you develop immunity after an infection (such as with chickenpox).

As of December 2007, when you hear about the HPV vaccine most people are referring to Merck's Gardasil. In June 2006, the Food and Drug Administration (FDA) approved Gardasil, a three-dose HPV vaccine that protects against four HPV types: two strains

of HPV that cause genital warts (HPV 6 and 11) and two of about 15 high-risk strains of HPV that can lead to cervical cancer (HPV 16 and 18). Together these four HPV types cause 70% of cervical cancers and 90% of genital warts. Gardasil was approved for girls and women ages 9 through 26 years, and is currently targeted at 11 and 12 year old girls with the hope of vaccinating them before they become sexually active.

Gardasil is currently the only FDA-approved HPV vaccine. GlaxoSmithKline manufactures a vaccine called Cervarix that protects against several strains of HPV that can cause cervical cancer, including HPV 16 and HPV 18; Cervarix is not yet available in the US, but GSK expects it will be soon.

Though often referred to as a vaccine against cancer, these vaccines are actually against specific strains of the HPV virus. While HPV is an important, and perhaps necessary, precondition in the development of cervical cancer, it is not the sole factor. Very few who are infected with HPV ever develop cancer.

Will the HPV vaccine eliminate the need to get a Pap test?

No. The vaccine will NOT provide protection against all types of HPV. About 30% of cervical cancer in the US is caused by HPV strains that are not covered by the HPV vaccine, so it will be important for women to continue getting screened for cervical cancer (regular Pap tests). The vaccine will not treat existing HPV infections or existing diseases or conditions caused by HPV. Also, the vaccine does not protect against all HPV strains that can cause genital warts—nor will it prevent other STIs.

How long does vaccine protection last? Will a booster shot be needed?

No one knows. Studies have monitored women for only five years. Though these studies have shown that women are still protected, more research is being done to find out how long protection will last and if a booster vaccine is needed. Complications with follow-up booster shots or mistaken reliance on immunity could arise if further studies show that coverage is not life long. Some immunologists are concerned that because there are so many strains of HPV, it will be easy for the virus to mutate, and the strains that are currently not covered by the vaccine will become stronger and cause more disease, rendering the vaccine ineffective.

Is the HPV vaccine effective?

The Centers for Disease Control reports that studies have found the vaccine to be almost 100% effective in preventing diseases caused by the four HPV types covered by the vaccine – including precancerous conditions of the cervix, vulva and vagina, and genital warts. The vaccine has mainly been studied in young women who had not been exposed to any of the four HPV types in the vaccine.

If proven safe, the vaccine could reduce the need for medical care and invasive procedures associated with the follow-up to precancerous or cancerous cervical cells. Treatment of precancerous conditions can involve cutting, burning, or freezing part

of the cervix, and can cause complications in childbearing. Reducing the number of these procedures could benefit women's health and reduce medical costs for some.

How safe is the HPV vaccine?

There isn't any data about the vaccine's long-term safety. Because the time between the contraction of HPV and the development of cervical cancer is usually decades long, five year studies don't offer us much assurance. As shown by repeated scandals involving FDA-approved drugs (notably, Vioxx, Ketek, and children's cold medicines), approval is often based on scant clinical trials of a few hundred or few thousand people or, in the worst cases, on bribes and political influence. In many cases side effects are not evident until years later when millions of people have been affected.

At the request of Merck, the Gardasil vaccine was approved through a fast-track priority review process designated for vaccines that have "potential to provide significant health benefits." This process takes six months or less. The vaccine has not yet been tested for long-term safety and even medium-term studies have only been done on girls over 15 years old. There are only two studies available for review and both were done by the manufacturer. Studies on girls 10 – 15 years old did not assess safety beyond 14 days and these studies have not been published and are not up for review by the medical community. Merck has tested the vaccine on only a few hundred 11 and 12 year old girls. The fact that the effects on young girls have not been studied is particularly troubling given that the vaccine is being recommended, and even mandated, for girls as young as 9.

Though the vaccine does not contain mercury, a potentially harmful ingredient in some other vaccines, it does contain aluminum hydroxide, which some doctors are concerned could cause long-term health problems.

Have there been any reports of serious side effects?

As of May 8, 2007, VAERS (Vaccine Adverse Event Reporting System) has received a total of 1,763 reports of potential side effects following HPV vaccination. The most common VAERS reports have been soreness where the shot was given. There have been some cases of fainting after vaccination, and some incidences of fainting have then resulted in broken bones and other injuries from falling. Fainting and soreness have also been found with other vaccines given to adolescents.

Of the total VAERS reports, 94 (5 percent) are defined as serious. They include 13 unconfirmed reports of Guillain-Barre syndrome (GBS), a neurological illness resulting in muscle weakness and sometimes in paralysis. It is important to know that some cases of GBS may occur following vaccination but not because of vaccination.

There has been a lot of attention around four reported deaths among females who received the HPV vaccine. Here is the information we have found: two of the deaths involved blood clots (one in the lungs called a pulmonary embolism); one involved inflammation of the heart muscle due to influenza; and one involved multi-organ

system failure due to influenza infection unrelated to HPV vaccination. Preliminary data indicate that the two women who died of blood clots were taking birth control pills, and blood clots are a known risk associated with birth control pills. All four deaths are being investigated but none appear to be caused by the HPV vaccine.

What about a vaccine for boys, men, or women over age 26?

It is not yet known if the vaccine is safe and effective in boys, men or in women over 26 years of age; these groups are currently being studied. Regulators in Australia and South Korea have approved Gardasil for boys ages 9 to 15. They cited data showing that it produced an immune response in boys, though its effectiveness in preventing infection in sexually active men has not been proven.

Are there girls or women who should not get the HPV vaccine?

Anyone who has ever had a life-threatening allergic reaction to yeast or to any other component of the HPV vaccine or to a previous dose of the HPV vaccine should not get the vaccine. Tell your doctor if you have any severe allergies.

Pregnant women should not get the vaccine. There has been only limited information about how safe the vaccine is for pregnant women and fetuses outside of the clinical trials.

POLITICIZATION OF OUR HEALTH

In order to make the best decisions about our health we need information - *accessible and thorough* information. The public debate surrounding the HPV vaccine does not address all the issues that we need to consider when deciding whether the vaccine is right for us. As usual, if you get the majority of your information through the popular media, you are not getting the full story.

Media Blitz

As far as the media are concerned, HPV is a hot issue! Based on frequent news stories about the vaccine, "tell-a-friend" websites, Cervical Cancer Awareness Month and the Merck's fancy "One Less" ad campaign, HPV and cervical cancer might seem like the most pressing health issue of our time.

Merck's "One less" ads tell us that for each woman who gets vaccinated there is "one less" cancer victim. This is misleading! They falsely imply that if you do not get the vaccine, you will get cancer. The ads neglect to tell us that people who have been vaccinated can still develop cervical cancer because there are high-risk strains of HPV not covered by the vaccine. There is not a direct – one more vaccination equals one less cancer victim – correlation. Through their extensive ad campaign, Merck has successfully manipulated the health agenda.



The Liberals Are Just As Bad

In the Spring 2007 issue of Ms Magazine, Cindy Wright poses the question, "Why won't everyone embrace a new vaccine that guards our daughters against cervical cancer?" Finally, we thought, someone is going to ask the tough questions and look critically at this vaccine: why is it so expensive, who is it being marketed to and why do politicians feel it is necessary to mandate this vaccine when simple health measures like STI testing and Pap tests are not even accessible to many people?

But Ms. Magazine didn't take that leap. According to Ms. Magazine and other "feminist" or "progressive" groups that are pushing for mandatory vaccinations, the issue that makes the vaccine controversial is that Christian conservatives think the vaccine promotes early sexual behavior because it targets an STI in young girls. Rather than look critically at other aspects of the vaccine, most national feminist organizations are supporting mandatory vaccinations for young girls backed up by unquestioned information straight from Merck's marketing materials and on a political agenda of supporting anything the Right opposes. Engaging the Christian Right's abstinence-only agenda with a knee-jerk response supporting mandatory vaccinations is irresponsible and potentially dangerous.

Mandatory Legislation

As a result of Merck's heavy lobbying efforts, legislators in all 50 states have introduced legislation to require, fund or educate the public about the HPV vaccine.



By May 2007, legislation to make the HPV vaccine a school entry requirement for girls had been introduced in 25 states and Washington, DC. This near immediate support by policy makers for a new health technology is unprecedented. Anticipating that its competitor GlaxoSmithKline would have its version of the vaccine on the market soon, Merck had a strong financial incentive to establish its market without delay.

Many of the school requirement legislative bills include opt-out policies for parents with religious and/or philosophical objections. While some groups point to opt-out provisions as a sufficient offering of "choice", an opt-out policy is meaningless if there is not comprehensive education and full disclosure of the issues.

The Washington, DC City Council passed legislation in April 2007 to mandate the HPV vaccine for all girls entering the sixth grade and requires DC to spend public money to educate residents about Gardasil. This outraged a lot of parents and women's health advocates. Down There members asked ourselves, Since when has the City Council started caring so much about young girls' health?

Did we miss the press release about mandating education on the importance of “down there” health and free Pap tests to all women? Where is the money mandated to address more pressing public health challenges? Cervical cancer is not a major epidemic in DC, so why the rush to require this vaccine? Only with community pressure did the City Council even agree to postpone the requirement to begin in the 2009 school year to allow for education and discussion on the issue.

HPV: Help Pay for Vioxx

These vaccines don't come cheap. Gardasil is one of the most expensive vaccines ever marketed: three shots over six months at \$120 a pop, totaling \$360. Texas alone paid \$50 million for the first year of vaccinations. Merck hopes to generate 3 billion dollars in annual sales from Gardasil.

Merck happens to be the same company that potentially stands to lose \$14 billion in lost profits and legal costs due to the Vioxx scandal. Vioxx, an arthritis painkiller, was pulled off the market in 2004 after a major study confirmed the drug raised the risk of heart attack and stroke. Merck currently faces 27,000 lawsuits related to Vioxx. Yet Merck is telling us to *trust* them and to *trust* the HPV vaccine!

While we're on the subject of liability, lawsuits, and profits, there's another angle to consider: if Merck can get state governments to put Gardasil on their lists of vaccines that are required for school children, it can become a part of a federal vaccine liability program, which mandates that individuals can not bring lawsuits against pharmaceutical companies for side effects caused by federally mandated drugs. That means *Merck will not be liable if Gardasil turns out to be harmful*.

Why HPV, Why Now?

Cervical cancer rates in the US have steadily declined since the advent and widespread use of Pap tests. Merck even states this fact prominently on their literature and website. According to the American Cancer Society, the number of cervical cancer deaths in the US dropped by 74 percent between 1955 and 1992. Cervical cancer has gone from being one of the top killers of American women to not being on the top 10, because it is a largely preventable and curable cancer. Lung cancer and breast cancer are the two most common types of cancer that kill women. Heart disease is the most common cause of death in women.

Some questions: we want answers!

- What is the rush to vaccinate, especially to make the vaccine a school entry requirement? Why not wait for more long-term studies?
- What is the connection between a child going back to school and a vaccine for a virus that is not transmitted through casual contact?
- Why not first introduce the vaccine as voluntary rather than mandatory for young girls?



- How will the government pay for such an expensive mandated vaccine?
- If the vaccine is not mandated, who will pay for such an expensive voluntary vaccine for those who decide it is right for them?
- Why not instead focus attention and money on health education and Pap tests?

A Global Perspective

We have chosen to focus on the HPV vaccine in the US, but we recognize that HPV affects people differently in other parts of the world. Our analysis should be global and informed. Our own solutions must allow for other people and communities to decide for themselves, and have the resources to create the kind of health care that is best for them.

While we do not want mandatory vaccines, we want access (which includes information and affordability) to the vaccine for people and communities who think it is right for them and worth any risks that might be involved.

In the US cervical cancer only accounts for 2.5% of the cancer deaths. However, worldwide there are about 500,000 new cases of cervical cancer each year and cervical cancer is the second most common cancer death among women, causing about 288,000 deaths annually. Almost 80 percent of these cases occur in the developing world, where few countries have the health care infrastructure to provide regular screening and preventive services.

The vaccine may be most valuable for women without access to regular screenings and health care. But what is the likelihood that Merck or any other pharmaceutical company is going to make this vaccine available at cost or for free in countries where cervical cancer is a leading killer of women? And, if governments want to fund the vaccine, who gets to decide if the money would be better spent providing health education, preventative health care, nutritious food and Pap tests rather than improving Merck's profit margin?

WASHINGTON DC: THE CITY COUNCIL MANDATES VACCINATION FOR THOUSANDS OF YOUNG WOMEN OF COLOR

This doesn't just make me nervous; it makes me scared and angry. It reminds me of forced sterilization. It reminds me of the Tuskegee project. It reminds me of the smallpox-inoculated blankets given to indigenous people. It reminds me of times my friends or I have done medical tests out of desperation for money because the government and pharmaceutical groups and universities are more than willing to experiment on poor people.

I've listened to their arguments about protecting our health. If the government has suddenly started caring about the health of young women of color, where is the free health care? Where are the free neighborhood clinics? Free birth control? Where can we go get free Pap tests? And STI tests? Where can we learn from our peers about how to take care of ourselves? Where can we get good, cheap, local and organic vegetables for better nutrition and disease prevention? Can we at least get a grocery store that carries produce in the neighborhood? Why do we need to prove that we've had a vaccine to get into the first day of school and not prove that we know how to guard against STIs?

Globally and in the US, women who are most likely to develop cervical cancer are those who do not have adequate access to healthcare and are not tested for HPV, and therefore, do not receive early treatment. About half of the women in the US who develop cervical cancer have never had a Pap test. Overwhelmingly, it is women of color and low income women who are not getting Pap tests.

According to the National Woman's Health Network, if every woman in the world received adequate health care, almost no one would die of cervical cancer. Unfortunately, if women are not receiving adequate healthcare to begin with, an HPV vaccine will not fix this problem.

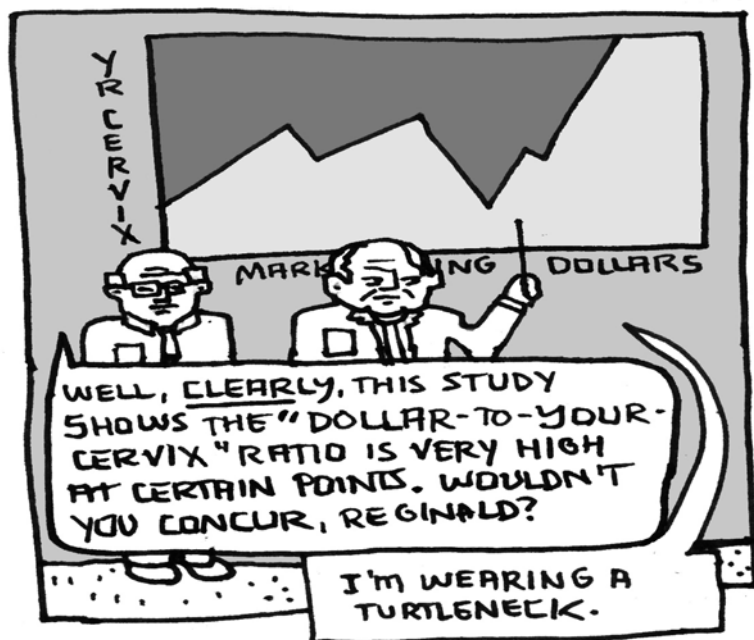
SO, WHAT DO WE WANT?

Corporate controlled health care? No, thanks!

Gardasil highlights the ways in which our health care system works to insure the profits of large pharmaceutical companies: tackle the most severe manifestation of a problem rather than providing holistic and preventative healthcare, create a public demand, provide limited information, get approval fast, sell or mandate the product, reap billions in profits, and deal with problems later.

We want control over our own health!

This means access, information, options, and choice. We want children to be taught about and to understand their bodies. We want a culture that embraces and provides for holistic, culturally appropriate health care. We want a society that understands the connections between mental health, nutrition, rest, plants, the natural world and physical health. We want to learn how to do our own Pap tests and have access to labs to analyze them. We want free Pap tests. We want free and accessible health care. We want access to naturopaths, herbalists, massage therapists, midwives, and doctors that listen. We want communities to be able to create and control their own health care.





Like many of the health issues we face in our lives, HPV is confusing and no one has the right answers. On top of all the good, bad, confusing, and conflicting information, we want to take a deep look at the ways capitalism, racism, patriarchy and all kinds of other power dynamics affect our health care experiences and our bodies. Our collective can't necessarily speak to all of those experiences, but we do hope we've opened up some spaces for critique of the way the health care system and the media treat HPV.

Although we're criticizing the systems that make it difficult to control our own health, we recognize that we replicate some problematic behaviors we've learned from those same systems. Many of us go to clinics expecting a prescription that will make our symptoms go away. Unless we're willing to put a lot of work into exploring alternatives (which can be hard when you're sick and anxious), we rely on the pharmaceutical industry to produce chemicals that can take away our discomforts. We sometimes go to a practitioner feeling empowered by the research we've done and our commitment to fighting patriarchy in the medical system—only to come away feeling like that power was taken away by something fucked up the practitioner said.

There are lots of opportunities to take control over our own health! As we do our own research, talk about what we've learned with the people we know, and commit to supporting our friends, family, and communities through health struggles, we create the ability to take care of ourselves and the people we care about. When we commit to learning about histories of sexism, racism, heterosexism, ableism, and the various other tools those in power exploit to control health care policy, we can start to create our own tools to fight back with.

So, what does that mean about HPV? To us in the Down There Health Collective, it means not trusting Merck to tell us what's best for us. It means being open to talking with each other about HPV and not judging each other about sex practices or STIs. It means listening to each other's bad experiences with health care practitioners and reminding each other that it's the system that's illogical, not us. It means supporting the people we care about even if we don't always agree with their choices. At the same time, it means challenging each other to communicate openly about HPV and to take good care of ourselves even when it's hard to. Above all, it means challenging the power structures that have created such a complicated and fucked up system while trying to create our own ways of doing things.

What does it mean to you???

RESOURCES

WEBSITES:

Vancouver Coastal

Health, Transgender Health Program,

<http://www.vch.ca/transhealth/>

American Public Health Association, Cervical cancer screening needs of female to male transgender persons

http://apha.confex.com/apha/134am/techprogram/paper_140599.htm

Gay and Lesbian Medical Association, Transgender Health Resources

[http://www.glma.org/index.cfm?fuseaction=](http://www.glma.org/index.cfm?fuseaction=Page.viewPage&PageID=664&CFID=27239084&CFTOKEN=89398050)

[Page.viewPage&PageID=664&CFID=27239084&CFTOKEN=89398050](http://www.glma.org/index.cfm?fuseaction=Page.viewPage&PageID=664&CFID=27239084&CFTOKEN=89398050)

Southwest School of Botanical Medicine, Michael Moore

<http://www.swsbm.com/ManualsMM/Formulary2.pdf>

National Cancer Institute, www.cancer.gov

Parents and Citizens Committee to Stop Medical Experimentation in DC

www.NoHPVshots4me.com

American Social Health Association, www.ASHAstld.org

BOOKS:

Women's Encyclopedia of Natural Medicine: Alternative Therapies and Integrative Medicine, Tori Hudson, ND 1999

What Your Doctors May Not Tell You About HPV and Abnormal Pap Smears, Joel Palefsky, MD 2002

Abnormal Pap Smears, Linda Rushing, M. D. and Nancy Joste, MD 2001

The Yale Guide To Women's Reproductive Health, Mary Jane Minkin, MD and Carol V. Wright, Ph. D. 2003.

Women's Bodies, Women's Wisdom, Christiane Northrup, MD 2002

Encyclopedia of Natural Medicine, Michael Murray, ND and Joseph Pizzorno, ND 1998

STUDIES:

About negative effects of conventional treatments of cervical dysplasia: Kyrgiou M, Koliopoulos G, Martin-Hirsch P, Arbyn M, Prendiville W, Paraskevaidis E. Obstetric outcomes after conservative treatment for intraepithelial or early invasive cervical lesions: systematic review and meta-analysis. Lancet 2006; 367:489-98.

New England Journal of Medicine, Case-Control Study of Human Papillomavirus and Oropharyngeal Cancer

<http://content.nejm.org/cgi/content/full/356/19/1944>

HERBALISTS:

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Caty Crabb, clinical herbalist, catycrabb@gmail.com

☆ . ☆ . ☆ fast facts . ☆ . ☆ . ☆ . ☆ . ☆

- There are over 100 HPV types.
- About 30 of these types are sexually transmitted and cause genital HPV.
- Genital HPV is spread through skin-to-skin contact, **not** through an exchange of bodily fluid. HPV can be spread by vaginal, anal, and possibly oral sex.
- Though condom use helps protect against HPV, genital HPV cannot entirely be prevented by condom use.
- The HPV virus usually has no symptoms and does not cause disease — people usually don't know they have it.
- HPV can be contracted from one partner, remain dormant, and then later be unknowingly transmitted to another sexual partner.
- If you contract HPV, don't blame yourself or your partner. Your HPV status is *not* an indicator of your sexual behavior or that of your partners.
- HPV is usually harmless, but some types of HPV can cause cervical or other cancers in rare cases.
- Most people will have HPV at some point, but very few will develop cervical cancer. The immune system of most people will usually suppress or eliminate HPV. Only an HPV infection that does not go away over many years can lead to cervical cancer.
- Cervical cancer is preventable. Early detection of abnormal cell changes through use of the Pap test has drastically reduced rates of cervical cancer in industrialized nations.
- The best way to screen for cervical cancer is a Pap test, which may be done alone or in combination with an HPV DNA test.