

Has the FDA Placed Males at Greater Risk of HPV Related Cancers?

by Philip A. Belcastro, Ph.D.

Genital human papillomavirus (HPV) is the most common sexually transmitted infection in the United States with over six million persons infected every year (Weinstock, Berman & Cates, 2000). While both men and women are infected and transmit HPV, U.S. public health education and prevention efforts have focused almost exclusively on women. Gardasil™ is a vaccination that prevents four types of HPV including two high-risk types associated with cancer. However Gardasil™ has only been approved by the FDA for females 9 to 26 years of age. This FDA policy restricting Gardasil™ vaccination to only young women has resulted in: ***(1) non-immunized males being unnecessarily infected with HPV; (2) the female and male sexual partners of non-immunized males being unnecessarily infected with HPV; and (3) American males being unnecessarily at risk of cancer as a result of HPV infection.***

Continued on page 2

Prescribing Prayer; Intercessory Prayer

by Danna Ethan, Ed.D.

In recent years, several studies have shed light on the possible connection between spirituality and health. For instance, compared to those without religious affiliation, ***people who report spiritual or religious involvement have been shown to have higher rates of life and marital satisfaction and lower rates of suicide, depressive symptoms, alcohol and other drug abuse*** (Thoresen, 1999). One age-old method used by religious communities to promote healing and recovery in their congregants is known as ***“intercessory prayer.”*** This involves

Continued on page 5

INSIDE

Gifted Health 6

ON THE BACK

Checking Your Physician's Malpractice Credentials & License

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Continued from page 1

Background

HPV has been detected in male and female newborns as early as 14 days old (Smith, Swarnavel & Ritchie et al., 2007). Indeed 2.5% of the infants tested in that study had evidence of HPV infection. *The lifetime risk of HPV infection may be as high as 50 percent* (Barr & Tamms, 2007). **An estimated 80% of sexually active women will be infected with genital HPV by their 50th birthday** (Myers et al., 2000). High rates of HPV infection have been estimated for the American male population (Dunne, Nielson, Stone et al., 2006; Partridge & Koutsky, 2006).

One-hundred HPV types have been identified of which 40 infect the genital or anal area. Most genital HPV types are not strongly associated with cervical cancer. However two types, 16 & 18, are believed to cause 70% of the cases of cervical cancer. Keep in mind that it is possible to be infected with types 16 or 18 or other high-risk types and never develop cancer (Markowitz, Eileen, Dunne et al., 2007).

The link between high-risk types of HPV infection in women and the subsequent development of cervical and genital/anal cancers has ample scientific evidence (Markowitz, Eileen, Dunne et al., 2007). **HPV also presents a high risk of laryngeal papillomatosis (oral cavity), head and neck cancer for both men and women**

(Hawkes, M., Campisi, P., Zafar, R. et al., 2008). The risk of these cancers as a result of HPV infection have not been highly promoted in U.S. public health education campaigns, especially health education campaigns targeted for American males.

Linking HPV & Cancer in Men

Numerous studies have suggested a correlation between HPV infection and prostate cancer in men (Taylor, Mainous & Wells, 2005). However some studies have refuted the link of HPV infection to prostate cancer (Balis, Sourvinos & Soultziz, 2007). This lack of consensus is due in part to the methods used to identify HPV and more specifically HPV types. Currently it is not possible to culture HPV. Further there is no standardized laboratory test to type HPV. Without the ability to culture HPV from tissue or blood samples and without the ability to identify which HPV type a male is infected with, if at all, drawing associations between HPV and prostate cancer becomes a difficult task. The FDA has approved only one HPV laboratory test which is limited to just 13 types of HPV in women. The test does not identify HPV by type, it merely indicates if a woman is HPV positive or negative.

HPV as an oncogenetic precursor (cancer trigger) for initiating cancer has yet to be verified. The presence of known or suspected co-carcinogens such as alcohol and tobacco or other pathogens such as gonorrhea, syphilis and HIV have confounded studies attempting to isolate the extent of HPV's role in cancer. However at the very

least, **HPV is highly suspect in the genesis of male reproductive cancers. Indeed HPV's pathology in laryngeal papillomatosis, anal, head and neck cancer suggests no gender bias leaving men and women, as well as boys and girls similarly at risk for these cancers.**

Preventing HPV Infection in Men

Gardasil™ is highly effective in preventing high cancer-risk HPV types 16 & 18 along with low cancer-risk types 6 & 11. To date Gardasil™ has exhibited an acceptable level of safety and adverse effects. **Research indicates that the immunogenic responses to all 4 HPV types (6, 11, 16 & 18) in Gardasil™ was identical for young girls and boys** (Block, Nolan, Sattler, et al., 2006).

Australia and South Korea have instituted campaigns and are providing funds to vaccinate males with Gardasil™. Australia is vaccinating males 9 to 15 years of age. These countries cite the benefits as: (1) reducing the rate of laryngeal papillomatosis, anal, head and neck cancers in boys and men resulting from HPV infection; (2) reducing the number of sexually active heterosexual and homosexual HPV infected men in the population; (3) reducing the number of HPV infected persons in the general population; and (4) significantly reducing the health care costs of treating cancer resulting from HPV infection in men.

Given the morbidity and mortality risks of HPV infection for men; given the FDA has recognized the benefits of Gardasil™ in preventing laryngeal papillomatosis, genital, anal, head and neck cancers in women; given

Gardasil's™ ability to significantly reduce the number of sexually active males infected with HPV; given the substantial health care cost savings in reducing the number of HPV infected males; **it is imperative that the FDA immediately approve and fund Gardasil™ vaccinations for American males 9-26 years of age.**

Off-label Gardasil Vaccinations

The FDA policy to limit Gardasil™ to women under 26 years was in part due to several judgments including: (1) estimates that many women over the age of 26 are already infected with one or more of the HPV types (6, 11, 16, or 18) prevented by Gardasil™; (2) in terms of quantity, the initial release of Gardasil™ was not sufficient to vaccinate females ages 9 to 50; and (3) vaccinating the 9-26 female age group was the most cost effective approach to increasing population (herd) immunity. As discussed in a past issue of **HealthNotes** it is possible for physicians to administer prescription drugs, including immunizations *off-label*, that is outside the limits of use set by the FDA. A noteworthy number of American private physicians have administered Gardasil™ to women over 26 years of age. Gardasil™ is presently estimated to be effective for only five years. In turn 3 years from now the FDA will be compelled to accommodate women 30 years of age and older demanding Gardasil™ booster or re-immunization injections. While the FDA's focus is on herd immunity, that is preventing disease in a cost effective and global manner...there is no denying the fact that an individual

man or woman at any age, gains a verified health benefit in not being infected with even one type of HPV especially types 6, 11, 16, or 18. ***It is in men's, as well as parents of male children's, health interests to promptly schedule an appointment with their physician/pediatrician to determine whether they or their male child should be immunized with Gardasil™.***

Professor Philip A. Belcastro is Chair of the Health Education Department at BMCC-CUNY.

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Prescribing Prayer; Intercessory Prayer

Continued from page 1

praying to God on behalf of another. Many Americans use prayer as an attempt to promote their own health. A recent survey of 31,000 people by the National Center for Complementary and Alternative Medicine revealed that 43% of Americans have prayed for their own health. Although a causal relationship between prayer and improvement in health has not yet been shown, ***it is suggested that prayer and other religious practices may reduce stress which can lead to certain health benefits such as reduced blood pressure*** (CAM, 2005).

In one study 1800 patients were randomly assigned to three groups (Benson et al, 2005). Two groups were told that they may or may not receive prayer (only one actually received prayer) and the third group was certain that they would receive prayer. Patients in each group then underwent the same cardiac procedure. Complications occurred within 30 days in 59% of the patients in the group that was certain of receiving prayer as compared with 52% and 51% of patients in the other groups. The study's authors report having no clear explanation for the excess amount of complications in patients who were certain they were being prayed for. In discussing the study's limitations, they did suggest that those who said daily prayers (the intercessors) were given little information about the cardiac patients. Under usual circumstances, the intercessors are aware of the person's sex, age, progress in healing and often talk to patients and their families. Also, the patients may have prayed for themselves and many reported receiv-

ing prayers from family and friends – both of which make it more difficult to examine any direct effects of intercessory prayer.

A study of 3393 hospitalized patients with severe bloodstream infections tested the healing effects of intercessory prayer (Leibovici, 2001). Patients were randomly divided into two groups with a list of the first names of one group given to a person who prayed for their well-being and full recovery. The control group received no such intervention. ***The patients who received intercessory prayer had statistically significant shorter hospital stays and shorter duration of fever.*** While not statistically significant 28.1% of patients who received intercessory prayer died as opposed to 30.2% of patients who did not receive intercessory prayer.

Harris et al. (1999) replicated a previous study which reported a statistically significant beneficial effect of intercessory prayer. The Harris study tested 990 patients in a hospital coronary care unit. Patients were randomly assigned to either an intercessory prayer group or the usual care group. The intercessors (people praying for the patients) were from different religious denominations. The 75 intercessors were given the first names of the prayer grouped patients and asked to pray for their speedy recovery with no complications. The 75 intercessors prayed for the patients daily for four weeks. Patients were unaware that they were being prayed for. ***The study's researchers concluded that supplementary, remote, blinded intercessory prayer produced a measurable improvement in the medical outcomes of these critically ill patients.***

While these studies do not confirm the link between prayer and healing

they no doubt add to the evidence of what philosophers, physicians and religious sects have believed for millennia...and that is in the healing power of prayers.

Professor Danna Ethan is a faculty member of the Health Education Department.

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Gifted Health

During the Spring 2008 semester, the student **Health & Wellness Club** will be meeting on Wednesdays during club hours (2:00-4:00 pm) in room N741. The officers invite you to join them in pursuing good health. In order to reach this goal the club has included activities that promote awareness of health issues as well as opportunities to apply health experts' recommendations. The club sponsors weekly exercise sessions led by a certified personal trainer with experience in weight training, aerobic dance, cardio-respiratory workouts, pilates and yoga. The club provides mats, weights, music and you provide the energy! **Those who attend do receive an incentive gift.** If you have any questions please contact the Health and Wellness Club officers utilizing the mailboxes in the student government office or the Health Education Department (212~220~1453).

President: Aisha Adam
Vice President: Barbara Huang
Treasurer: Shevarma Pemberton

Checking Your Physician's Malpractice Credentials & License

Continued from page 8

Hopefully at this point you have identified three or more physicians as possible choices. The very important next step is to verify the physician's license to practice in New York State (some are on 3-year limited licenses) and his professional status including malpractice judgments. You can do this by accessing the **NYS Physician License Number Look Up** (http://www.health.state.ny.us/nysdoh/opmc/license_lookup.htm). Type in the physician's name and the data box will provide the physician's: license number; date of licensure; additional qualifications; status; medical school; and degree date. Check each piece of information to verify the physician: has a valid and current license; is properly registered; and has no missing information. Next check whether the physician has any past or pending malpractice judgments (<http://w3.health.state.ny.us/opmc/factions.nsf/physiciansearch?openform>). Type in the physician's name or NYS license number. **Keep in mind that this malpractice check only reports actions taken in New York State.** If a physician has recently moved into New York or has pending judgments in other states or countries this may not appear in this search.

Hopefully you will be left with several choices for a physician. The next step is to meet and interview the physician you selected. This will allow you to make the personal connection with the person you will place in charge of your health care.

The following are some goals for your visit: (1) Be on time for your appointment; (2) Prepare in advance by writing questions and concerns; (3) Take notes during the consultation and examination if necessary; (4) Answer questions truthfully; (5) Discuss with your physician the medical history form you completed; (6) Make sure you comprehend the medical terminologies your physician is using; and (7) Ask as many questions pertaining to your examination, diagnosis, treatment including medications and prognosis (duration and extent of your recovery). If necessary request that the physician use terms and language you readily understand. Physicians should use the "teach-back" method that involves you teaching your medical instructions back to the physician.

By following the guidelines above, you are well on your way to achieving optimum health by making an informed decision about which physician best fits your health care needs.

Sharie Hansen is an adjunct instructor in the Health Education Department at BMCC-CUNY.

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Checking Your Physician's Malpractice Credentials & License

by Sharie Hansen, MSW

Is your personal physician reputable? Does your personal physician have legitimate credentials or past malpractice judgments? One key to wellness and a necessity of life is selecting a personal physician who is qualified, skilled and competent.

The best time to select or change your physician is when you are well. People often ask friends and relatives for their recommendations. Chances are this information is limited to only their personal experience with a particular physician. Another common way is to use the telephone book or on-line yellow pages or business directories. This too is very limited in providing necessary information about a physician. Also many of these sources are in fact advertisements. One drawback is that you do not have an opportunity to question patients who have left a particular physician because they were dissatisfied with his care or skills or filed a malpractice claim against him.

Professional referrals are a good source, such as asking other physicians or nurses for recommendations. Yet another way to select a physician is from local medical societies, hospitals and local physician-referral services such as the American Medical Association's (AMA) **Doctor Finder** (<http://webapps.ama-assn.org/doctorfinder/html/patient.html>). These resources tend to provide more background information about a physician. **Doctor Finder** also lists physicians who are not members of the AMA.

Some things to consider when you are choosing a physician (much of this information can be obtained by a telephone call to the physician's secretary/receptionist):

- What kind of physician do you need such as a general practitioner (family doctor) or Gynecologist?
- Do you have a preference for a male or female physician or someone with a similar background to you?
- Is the physician easily accessible? The commute should not be too cumbersome. Does the physician practice from more than one office?
- Which physicians are used by the doctor for referring his patients? It would be a good idea to also check the credentials of these physicians.
- What kind of access will you have to new and return appointments?
- Coverage for after-hour emergencies? The patient should be able to have 24 hours emergency care accessibility.
- Does the physician accept your insurance plan?
- Does the physician have privileges (can admit his patients) at a reputable hospital? Physicians with no privileges to admit their patients at any hospital should not be considered. Also the physician's admitting hospital should be in good standing with the *Joint Commission on Accreditation of Healthcare Organizations*.
- Is the physician experienced in his field? (For example inquire about surgical procedures the physician regularly performs.)

Continued on page 7