

# HPV

## Understanding These Three Letters is an Rx for Good Health



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**T**HE THREE LETTERS HPV ARE seen on a daily basis in the media. And now with a vaccine available that could make immunization against this virus possible, there are many questions. So let's start with the basics.

HPV is an acronym for the Human Papilloma Virus. There are hundreds of different types of this virus and more than 30 can be spread via sexual contact. Some are more likely to cause cervical cancer in women, and others are more likely to cause genital warts. Genital warts are sexually transmitted, generally benign and more of a nuisance than anything life threatening. They are typically treated with topical agents that are self administered or applied by a physician. Sometimes it takes time, but they will usually resolve. Occasionally a more extensive treatment may be needed if they are large or more widespread, such as surgical excision.

Cervical cancer is almost always caused by HPV, and some have even called it a sexually transmitted disease. Worldwide, it is the second-most common cancer in women. If caught early, it can be curable. In the United States, where pap smears are done more regularly, cervical cancer is not as prevalent. Regular, yearly pap-smear screening leads to earlier diagnosis of cervical cancer, often in its pre-cancerous stage—which is called cervical dysplasia.

Cervical cancer usually takes several years to develop. Therefore, with regular pap-smear screenings, cervical

dysplasia can be detected mostly before it becomes cancer. Cervical dysplasia can be cleared by the body's own immune system, or it can be removed by a physician to prevent cancer. Women who are more likely to get cervical cancer are women with HIV or AIDS, women who smoke and women who have a type of HPV that is persistent and not being cleared by the woman's immune system. Most importantly, women who do not have regular pap-smear screenings are at the greatest risk of actually developing cervical cancer.

HPV infection is extremely common, and in fact, is the most common sexually transmitted infection in the United States. Over half of all sexually active men and women will become infected at some point in their lives. Currently there is no cure for the virus itself. We can only treat the manifestations of the virus, which are cervical cancer and dysplasia, and genital warts. However, most young healthy women will clear the virus themselves within a few years. It is always possible to get re-infected because there are so many different types.

The only way to prevent exposure to HPV is to abstain from sexual activity. Some risk factors for the virus include multiple sexual partners, early onset of sexual activity and existing HIV infection. Condoms can reduce the transmission of HPV. Since condoms only cover the penis and HPV is transmitted through skin-to-skin contact, there are areas of the external genitalia that still come in contact with each other during sexual activity and therefore can transmit the virus.

Currently, annual pap-smear screening is recommended for detecting cervical dysplasia or cancer. There is

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now a test for HPV that can detect the high-risk types for cervical cancer. This can be done at the same time as the pap smear. Women who are 30 years or older can have this along with their pap smear and if both tests are negative, they can be tested every three years. Keep in mind that the pap smear is only a screening test and can have false negative and false positive results.

When the pap smear comes back abnormal, further testing is done. Your physician will usually recommend a colposcopy, which is a test that looks at your cervix under magnification. Any areas that appear abnormal will be biopsied to see if there really is any cervical dysplasia or cancer.

Gardasil is the HPV vaccine which was released last year. It is not a live virus, and therefore, it is not possible to actually get infected from the vaccine. This vaccine targets four types of HPV: types 16 and 18, which cause 70 percent of cervical cancer and types 6 and 11 which cause 90 percent of genital warts. If a woman does not have one of these types already, the vaccine will protect her from getting that type. It will not treat the virus if she already has it.

The vaccine is recommended for girls and women between the ages of nine and 26 years old. The ideal time to administer the vaccination is before sexual contact has begun. Gardasil is administered as three injections over a six-month period. The vaccination can still be given even if there has been prior exposure to HPV. The only restriction is an allergy to yeast or any component of the vaccine.

There have been no serious adverse reactions in over 10,000 women who have received the vaccine. Most of the reactions noted were pain or tenderness at the site of the injection, and the manufacturer of the vaccine continues to perform safety studies. The FDA and CDC are monitoring for any adverse reactions. The longevity of the immunization is yet to be determined, as studies of the vaccination have only followed women for approximately five years. It remains to be seen if a booster shot will be needed. Studies are also being done to see if vaccinating men is an option, and to see if the age of women eligible for the vaccine can be expanded.

It is very important to note that this vaccine is not 100 percent protection, as there are still several types of the HPV virus that this vaccine does not target. Women still need to have regular pap-smear testing and practice safe sex to prevent cervical cancer. With these precautions, becoming infected with HPV can be greatly reduced, and more importantly so will the risk of cervical cancer. ■

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position for board members to take since they may not want to make "waves" and try to keep group harmony.

Since many hospital board members were appointed for their active role in the community, the intermingled relationships of board members in activity outside the hospital often makes confrontation in the boardroom difficult. That being said, new board members need to keep in mind that this is their primary responsibility. Failure to do so runs the risk of embarrassment on the front page of your local newspaper.

Most not-for-profit hospitals operate as 501C3 corporations. These so called "public charities" operate for the benefit of the public good, rather than for the benefit of private persons. Transactions between directors and the exempt organization must be structured in a manner that does not improperly benefit the private person. Board members who see the opportunity to do business with the not-for-profit corporation, by virtue of their relationship and knowledge of the organization, run the risk of challenging the hospital's charitable purpose and its tax-exempt status. Often these relationships do not surface until a hospital gets into some other trouble that brings these relationships to the light of day.

Board members are very valuable assets to the not-for-profit hospital they serve. They add value by:

- Helping management set short- and long-term business plans of the company.
- They elect the officers of the company charged with carrying out the business plan.
- They use their experience to watch out for "minefields" that the company needs to avoid.
- They make sure the company stays on track.
- They use their contacts and knowledge to help the company grow its business.
- They are a source of mentoring, even to experienced managements teams.

This requires engaging board members that can assist with these issues. Boards need to identify critical gaps in business expertise and committee assignments. With this outline of what the role of the hospital board should be, it's time for many long-standing hospital boards to do an honest self-assessment to determine if they have the core skills and business expertise to lead their organizations through some very difficult times to come.

Corporate boards and the committees they serve on are now required to do annual assessments of skills and functionality. The not-for-profit world would be served well by following this corporate practice to ensure they have the "right stuff" to lead our hospital industry through the tough times ahead. ■

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