

## VAX UPDATE: HPV & Cervical Cancer

With Dr. Tina Stefanski

Diane (00:00):

HPV and cancer, what's the relationship? Find out on today's Vax Matters.

Clay (00:15):

When talking about health matters and issues that impact every community, human papillomavirus, HPV, hits near the top of every list, and so does cancer. Today, we're exploring how these diseases relate to each other, and there's no better person to help us with this than Dr. Tina Stefanski, Regional Medical Director with the Louisiana Department of Health. Doc, welcome to the show. How are you?

Dr. Stefanski (00:40):

Hey, I'm great. Th- thanks so much for ha- having me and for covering such an important topic. I'm- I'm really delighted to, um, to be here today.

Clay (00:47):

It is an important topic. Tell us a little bit about HPV virus and what sort of vaccines are available?

Dr. Stefanski (00:56):

Sure. HPV is human p- uh, human papillomavirus. It's a very common virus that's passed, um, from one person to another, um, during, uh, during sex. And, um, you know, no- no matter what, uh, what data you look at, um, it's very apparent that the vast majority, over 50%, uh, some studies show four out of every five, uh, people at some point in their life are going to be exposed to HPV. So it's, uh, a very common virus.

Dr. Stefanski (01:25):

There's several different subtypes of HPV, about 40 different subtypes of this virus. Um, and they can lead to things like cervical warts, to, uh, to cervical, throat cancer, anal cancer. So it's just, uh, a very important virus for, uh, for us all to know about. Um, and the most exciting thing about, uh, about this virus is that it can be prevented, um, through vaccination. So, while we- we know there's a very important link unfortunately to- to things like cervical cancer, um, organ, anal, pineal cancer, throat cancer, um, what we want people to know is that there's actually a vaccine that's available, um, has been available for years, very safe, um, and effective at preventing, at preventing HPV infection.

Diane (02:08):

And you know that's our whole goal here, and- and your goal, doctor, is to talk about the availability, that it's, that people are talking about this now, talking about HPV, talking about ... You know I didn't realize that when you said four out of five people probably exposed in our lifetime. You stop and think about that, that's just about everybody in a room that you're looking at.

Clay (02:31):

Sure.

Diane (02:31):

But it is so good to be able, when you turn on your television, to have the commercials, to have almost a public service announcement with the- the drugs-

Clay (02:40):

Right.

Diane (02:40):

... or the vaccines that are available when it is so common. So, may I just ask you, do most HPV infections, do they turn into cancer?

Dr. Stefanski (02:52):

No. And so for most people, your immune system if you're exposed to HPV, um, you know, it may take, uh, about two years, but for most people, their body naturally clears that infection.

Diane (03:03):

I see. Okay.

Dr. Stefanski (03:04):

Um, however, about ... So- so, you know, uh, again, so for most people, our immune system gets rid of the infection very, you know, early on, very naturally within the first couple years. But in some people, the body's immune system can't get rid of that infection, um, and it can linger over time. And if it happens to be one of those HPV types that can lead to cancer, um, it can turn your normal cells into abnormal cells and cancer. Uh, this happens in about 10% of, when we're talking about cervical cancer, about 10% of women with HPV on their cervix-

Diane (03:37):

Mmm.

Dr. Stefanski (03:38):

... will develop long-lasting infection that puts them at risk for cervical cancer. So, it's- it's not everyone. It's actually a small percentage of people, but, you know, H- HPV, um, infection is, um, there- there are no symptoms. You don't know that you've been infected with HPV. So, you, most people who are infected don't know that they have it.

Clay (03:57):

Wow.

Dr. Stefanski (03:57):

And so the, really the- the way that we can prevent, um, that 10% of- of women from going on to develop, uh, cervical cancer is- is to prevent, um, that infection in the first place, which is through vaccination.

Clay (04:09):

Oh, if- if you don't know, if- if there are no symptoms to let you know, then at- at what point in the process are you made aware that- that there is something going on? Is that by virtue of a screening for something else, or how do you find out?

Dr. Stefanski (04:25):

Yes, exactly. So that's through screening. So, you know, we- we also talk to women, you know, there are steps that we can take to prevent cervical cancer, right. It's, um, it's getting vaccinated, uh, getting screenings, routine screenings. Those are, those are really your best bet, just vaccination with regular screenings. Um, and so for women, the screening is a Pap test or a Pap smear.

Clay (04:46):

Mmm.

Dr. Stefanski (04:47):

Um, and most women are- are pretty familiar with that. Um, it's- it- it's a, it's a test that's conducted in a, um, in a doctor's office, in a clinic, for example, in our, in our health units, um, and the doctor at that point collects, during that, during your cervical, um, exam, uh, they collect a Pap smear. And, um, without getting too technical, there's usually a Pap smear that's, uh, uh, collected, but we can also test for HPV at the same time, so maybe two tests that are, that are, um, run from that one exam. So, you- you d- you're not aware that that's happening, but talk to your doctor about when he collects or she collects that Pap smear, or your nurse practitioner, what are they sending it off for?

Clay (05:25):

Well, that really-

Dr. Stefanski (05:26):

But usually, yes, during the, during the course of that test, um, we can identify HPV viruses. In particular, these high risk, um, HPV viruses. And so, if a woman is, if that is detected during the course of that test, um, the other good news is that there's treatment, um, that- that can be done to prevent progression. So again, we want people ... You know, and oftentimes when we talk about screening exams, same for mammograms, for example. Oftentimes women are- are scared or apprehensive about getting screened 'cause they don't want to know.

Diane (05:56):

Yes, yeah.

Dr. Stefanski (05:57):

They- they- they're scared about the consequences.

Diane (05:59):

Mm-hmm.

Dr. Stefanski (05:59):

But again, the- the good news when we're talking about cervical cancer is that there's a treatment, and it's best, and- and there's even treatment for these pre-cancerous cells. So when you have these routine screenings, the whole goal here is to pick up, um, these pre-cancerous cells, get treatment, so you never go on to develop cervical cancer. So, getting regular screening is really important. And based on your age, the doctor may tell you that if you have a normal test, um, that your doctor, he or she may tell you or your nurse practitioner, you don't need another screening, you know, for another three or five years. It just depends on your age, um, your- your past history. So, your- your, uh, healthcare provider will talk you through that. But screening is just tremendously

important, and very, very simple. And again, really important that there's an action that can be taken to prevent you from going on to develop cancer if it's, if you have pre-cancerous cells detected.

Diane (06:49):

And, you know, and this is a part of a woman's routine healthcare scenario that, you know, women do every, depending, as you said, on your past history or whatever, every six months, every year certainly, or depending on your- your sexual activity or not and your age or not. And this is one of those great conversations to have with your doctor, to have with your OB/GYN, to find out more and to see if there is any possibility of being at risk.

Diane (07:19):

And- and you know, and you- you touched on such- such an important point, doctor, when you said so many people, they're afraid of what they might find out. That's why I have, you know, I've had friends that say, "Oh, you know, I'm afraid to go get a mammogram." Why? You're gonna save your life possibly. You need to find out. The same thing with the Pap smear. Going in, you know, for your yearly examination, find out what's going on with your body. You know your body better than anybody, and so this, better than the doctor. That's why you have to have these honest conversations with doctors.

Clay (07:52):

You know, can I ask a question from the perspective of the male audience listening here? Why is that?

Dr. Stefanski (07:57):

Yes.

Clay (07:57):

W- why is that? W- why would ... And I know some of that exists to a degree with guys, but not- not at the level.

Dr. Stefanski (08:04):

Mmm.

Clay (08:05):

Because I've heard that before. Why is there such apprehension to find out if there's anything wrong?

Dr. Stefanski (08:11):

Uh, you know, I think it's the- the- the fear of the consequences. You know, what is, what is that main, um, as far as the- the treatment or, you know, some people are just scared to know that they've got some serious health condition.

Diane (08:22):

Mm-hmm.

Dr. Stefanski (08:24):

Um, they just, they, you know, are just scared to get, to get that news. And- and, you know, we hear it again. You hear it with mammograms, colorectal screenings, I'm talking about colonoscopies, uh, X-rays for people who smoke, um, you know, to look at lung cancer. And- and again here, when we're talking about Pap smears, I think it's kind of the fear of, the fear of what then comes next. And- and un- and you know, the good news is, in the field of medicine, we've made so many advances, um, but you still, it is still always best to detect, to detect something early on in- in the course, that is that gives you the best chance, um-

Diane (08:57):  
Absolutely.

Dr. Stefanski (08:58):  
... of, you know, of- of- of having a long and- and healthy life. So, when we're talking about cervical cancer, g- it's just great to know that these tests can actually pick up pre-cancerous cells. It can actually detect if you've been exposed to one of these high-risk viruses before it's had any chance of even altering your body's, you know, your, the, your cells, your- your cervix. So, um, it's, the- the Pap, the Pap test and the HPV test are really, really important because again ... And if you do them routinely or regularly-

Diane (09:27):  
Mm-hmm.

Dr. Stefanski (09:28):  
... then that's gonna again be your best chance of detecting something at the early stages, even before it has a chance to, um, again, to turn into even pre cancer. It's just by having this, by being exposed to one of these high-risk viruses, um, you know, you- you- you, again, it's just great information to have, 'cause it's gonna give, um, it's gonna give you and your healthcare provider the best chance of coming up with, um, with some treatment or- or follow-up plan. And- and, you know, preventing cancer is always better than getting it.

Diane (09:57):  
Yes.

Dr. Stefanski (09:57):  
You know, not matter what-

Diane (09:57):  
Absolutely, yes.

Dr. Stefanski (09:58):  
... no matter what someone's concerns are, you know, preventing it, and- and again, prevention when we're talking, um, about cervical cancer is getting vaccinated and getting regular screenings.

Clay (10:08):  
Well, be- be- Di, before you go on, I mean, Doc, you said earlier, only about 10% of women, uh, who experience HPV actually have it turn into cancer. So, that further underscores the necessity of

screenings to catch it early to deal with it, so that it doesn't become something that costs you your life, correct?

Dr. Stefanski (10:29):

That is, that is absolutely correct. And- and again, as we said before, uh, most people who become infected with HPV don't even know it. So, this is something you- you have no way of knowing without- without being tested. And, um, and- and it's again, you know, such a common virus. Most people in their life are gonna be exposed to it. And- and you know, when we talk about vaccinations, that's why we- we want to vaccinate children early, before they become exposed, before they become sexually active, 'cause again, that vaccination is gonna prevent, uh, prevent infection, or go a long way towards preventing infection.

Dr. Stefanski (11:03):

The vaccine doesn't treat the virus, right. So if you've already exposed, getting vaccinated doesn't help. The- the benefit of the vaccination is in preventing infection if you're exposed. And so that's why we talk about vaccinating children at- at 11 to 12 years of age. Um, it's actually approved for children down to nine years of age. 11 is when children come in for other routine vaccinations, and so that's when, uh, that's when we also offer the HPV vaccine at that time.

Diane (11:30):

How long has that been available for the adolescent? Because I- I know years past, it seems like this is something within the past, how many years, doctor? I wouldn't even know when the HPV, the vaccine became available. And now widespread and acceptable.

Dr. Stefanski (11:47):

Sure. Uh, 2006.

Diane (11:48):

Oh. Okay.

Dr. Stefanski (11:50):

And- and, you know, for me, that doesn't seem like that long ago. I'm, uh, I'm a pediatrician by training and- and work with public health, and I still distinctly remember when this vaccine, uh, again, it doesn't seem like it was very long ago, but it's actually been-

Diane (12:00):

Yeah.

Dr. Stefanski (12:01):

... s- you know, several years, decades. 2006 is when the vaccine was first, uh, kind of arrived on the scene. And you know, this- this association between HPV and cervical cancer was made in the 1990s. So again, it's still for me a fairly new, uh, realization that, uh, that most cases of cervical cancer are caused, um, or linked to chronic HPV infection. And so, um, you know, it's really exciting. This is a cancer preventing vaccine. And- and again-

Diane (12:31):

Mmm.

Dr. Stefanski (12:32):

... I think, you know, we- we hope that we have more cancer preventing vaccines-

Diane (12:34):

Indeed.

Dr. Stefanski (12:34):

... in the future.

Diane (12:34):

Wow.

Dr. Stefanski (12:35):

And so for parents, yeah, for- for parents to realize that by vaccinating your child, you know, at this young age, you're- you're- you're helping to prevent them from developing cancer, and that's, you know, just, uh, it's- it's so powerful.

Clay (12:50):

You know, it's interesting. I- I want to be able to catch something that we've talked about. So, if you have been vaccinated and whether it be a child or an adult, if someone is thinking, well if I'm vaccinated, why do I have to be so consistent with my screening? I've been ... So, speak to that, because you- you- you ... One isn't a panacea. You want to be able to do both, right?

Dr. Stefanski (13:12):

Correct. And so that is because of course, as we talked about, there are over 40 types of HPV. Um, there are 13 that are considered high risk. The vaccine covers about 80% of the high-risk types, um, that lead to cervical cancer. So, there still is, you know, it's not, um ... There- there still is, uh, a- a risk of you being exposed to one of these other high-risk types that aren't covered in the vaccine. And so, um, and- and the vaccine continues to evolve and- and more and more types are- are covered. But, um, but for that reason, 'cause you- you need to, it's vaccination plus the rou- these routine screenings, um, is- is what, is what's really important.

Dr. Stefanski (13:49):

And- and- and if someone's vaccinated later in life, they could have been exposed to HPV, one of these high-risk types before vaccination.

Diane (13:56):

Well, can you be vaccinated later in life, or does it have to be for the adolescent or the preteen? Can it be as a teenager, an adult, or where does that, where does that criteria end?

Dr. Stefanski (14:09):

Sure. And so, um, the vaccine is- is- is approved from nine years of age, um, through age 26. So, people 27 and older don't fall into that, um, or I shouldn't say approval, recommended. It's recommended, um, for- for- for children up through individuals, you know, children starting at age nine, up through, uh, 26 years of age. Um, however, someone who's, you know, older than 27 might choose to- to be vaccinated. Again, that's a conversation to have with your healthcare provider. The

reason we encourage, and- and- and really want to vaccinate people early is b- it's so that we can vaccinate them before, um, before they're exposed.

Dr. Stefanski (14:47):

So, older- older individuals won't, will likely not be offered the vaccine, but if it's something that, uh, someone's li- who's listening to this is, and is 30 years old and is still interested in the vaccine, talk to your healthcare provider, um, about the HPV vaccine.

Clay (15:03):

Other than, um, HPV, are there any other causes of cervical cancer?

Dr. Stefanski (15:11):

So, HPV is- is definitely the most, um, w- w- really thought to be the big driver behind, uh, cervical cancer. There are some other high risk factors, and some of these might, um, you know, might be kind of in com- in- in, you know, in combination with HPV, um, you know, or- or maybe not, but some of those other high risk, um, you know, things that might lead to, uh, to putting you more, or- or there are some other, um, factors that might lead you to be more, uh, at risk for developing cervical cancer.

Dr. Stefanski (15:42):

Uh, smoking, um, for example, infection with chlamydia. Those are, um, those are two other kind of behaviors or- or conditions that might, um, that might lead someone to be at higher risk. And so, um, and also having a weakened immune system. Um, some individuals, certain hormone, uh, treatments, and that's, you know, again something you need to have, uh, you need to- to talk with your doctor about. I'm not an expert in- in hormone, in hormone treatments, but there are some hormone treatments that could put a woman at- at higher risk. So, um, but- but definitely the most common, HPV's certainly a- a proven link to most of the cervical cancers, but other risk factors, smoking, um, chlamydia infection, a weak immune system, and, uh, and perhaps even being overweight are- are- are all other, um, things that might lead you to be more at risk for cervical cancer.

Diane (16:34):

Well, are there other-

Dr. Stefanski (16:35):

And- and again-

Diane (16:37):

I'm sorry. Go ahead.

Dr. Stefanski (16:39):

No, and I was gonna ... And- and also someone who does not routine- who is not routinely tested or screened.

Diane (16:43):

Mmm.



Dr. Stefanski (16:44):

So, um, so that is actually considered hi- you know, if you're not routinely screened for cervical cancer, then you are considered, uh, that is considered a risk factor.

Diane (16:51):

Mm-hmm. And I would imagine, uh, the folks listening to the conversation today, they may have, you know, formed the question in their mind about, are there other types of cancer that HPV can cause besides, of course what we're saying here, the cervical cancer, and can men be impacted as well?

Dr. Stefanski (17:12):

Yes. And so there are other types of HPV that can lead to cancers. Um, so we've talked about the cervix. The anus. Um, your vagina in women. Penis in men. And then throat cancer or oral cancer. So, um, so there are, yes, um, those, again, five additional types that can lead to those, uh, to those cancers. And then also, um, two, a- a few types of HPV also covered in the vaccine that can lead to about 90% of genital warts. And so, to be clear, um, someone listening might have had genital warts. The- the- the HPV types that cause genital warts are not the high-risk types that, um, that are linked to cancer. But, um, but again, it, H- the HPV vaccine does, um, help to prevent genital warts when- when you consider that 90% of the genital warts, um, types that cause genital warts are covered in the vaccine.

Dr. Stefanski (18:08):

So, um, it- it can help to prevent cervical cancer, uh, genital warts, cancers of the anus, vagina, um, uh, penis and oral cancers. And so just so many tremendous, uh, reasons, right, to- to get-

Diane (18:25):

Mm-hmm.

Dr. Stefanski (18:25):

... vaccinated and- and- and which is why we talk a lot about vaccination for girls, so people might listen and- and be thinking about our need to, you know, my daughter needs to be vaccinated, it's very clear, you know, the- the link between cervical cancer and HPV. But, uh, but young boys also need to be vaccinated because of this link to-

Diane (18:41):

Oh.

Dr. Stefanski (18:42):

... uh, not only genital warts, but cancers of the penis, um, uh, oral cancers, and- and the anus. So, um, again, really important that, you know, girls and boys at that adolescent visit get vaccinated. And it's a series of two vaccinations, so you get vaccinated. They'll get that one dose, and then about six months later, come back for the second dose. Now if you start your vaccinations after the age of 15, then it's a three dose series.

Diane (19:09):

And no booster. You don't need anything once you have the vaccination?

Dr. Stefanski (19:12):

Correct.

Diane (19:13):  
Okay.

Dr. Stefanski (19:14):  
At this point, there is no, um, there is no, uh, need for a booster, right. You get that two or three dose vaccination, uh, series, and that's- that is it.

Diane (19:23):  
And since it's relatively new, from 2006, I mean that is, you know, in the- the lifespan of talking about all the vaccines that we've talked about on our podcast of Vax Matters, what has been the thought about parents? I- I'm sure that that is, as you said, you know, the pediatrician aspect. Parents probably asked a lot of questions when this was first maybe introduced back in the early 2000s. What did you, as a physician, as the child's physician and the, and the- the person the parents would turn to, what did you say to them to make them understand the importance of this vaccine, and this wasn't something that was just, you know, maybe ... Uh, I- I don't even know. I- I have no children, so I don't even know what questions I would ask. So, could you kind of walk us through that a little bit?

Dr. Stefanski (20:13):  
Sure. And- and, you know, early on, um, I distinctly remember this was, um, in the par- in- in the minds of some, of some individuals, some adults, um, it was, there was concern that this vaccine might, uh, might condone young children, um, you know, uh, um, having, um, becoming sexually active. And- and so I think a lot of parents were concerned that the message that they, that this, um, offering a child a vaccination so, uh, uh, this type of vaccination at such a young age might, uh, might send a message that the parent is condoning, um, is concerning, is- is condoning sexual activity in- in a young child, which of course it's, has nothing, it absolutely not.

Diane (20:54):  
Right.

Clay (20:54):  
Right.

Dr. Stefanski (20:55):  
The goal, and so-

Diane (20:56):  
Mm-hmm.

Dr. Stefanski (20:57):  
... you know, what- what our messaging to parents is that look, we want to vaccinate your child before they come sex, before they become sexually active. Um, this vaccine is not gonna be nearly as helpful, uh, once they're becoming sexually active. It's just a timing. You know, it's- it's when we're offering other vaccinations, so it makes sense to- to offer this vaccine at age 11. You're offering it with other childhood vaccinations.

Dr. Stefanski (21:18):

So, you know, explain to your child, hey this is a cancer preventing vaccine. Um, you know, it's, and- and I think that, uh, over the years, um, you know, there was again, a lot of, um, a lot of concern and- and a lot of dissension earlier on, uh, with- with this vaccine, which actually has- has led it, um, you know, states have not added this vaccine, for example, to the, uh, to the required group of, uh, vaccinations that kids get for entrance into school, because there was such concern by parents about the message, uh, that this might be sending to their children, but, uh, again, um, I do think that parents-

Diane (21:54):

Yeah.

Dr. Stefanski (21:55):

... and- and adults are certainly now realizing, hey this is a cancer preventing vaccine. It works best when given, uh, to children early in life before they're exposed, and that's- that- that's really the- the message that, um, you know ... Like when we talk to kids, you know, you don't want to, and- and we try to figure out how to, how to message this. I guess my message to parents would be, you certainly don't want to, um, withhold a vaccination for a child that's gonna protect, uh, protect them or prevent them from getting cancer.

Dr. Stefanski (22:23):

You know, what if they develop cancer 10 and 20 years down the line-

Diane (22:25):

Mm-hmm.

Dr. Stefanski (22:25):

... and you think, oh, you know, uh, there was something that I should have done as a parent. Um, you know, no one wants to, no one wants to deal or- or have- have that happen. And so, um, I think just the message of this is a cancer preventing vaccine and, uh, you know, we're so, we're so fortunate to have, um, to have such great availability of a vaccine that can, uh, that can do so much.

Diane (22:47):

And as you said-

Dr. Stefanski (22:47):

And it has done so much, you know. Uh, another message to parents is that like, you know, since we do have these decades of history with this vaccine, it's that this vaccine works. Um, and so for example among teen girls, infection with the HPV types that cause most HPV cancers and genital warts has, have dropped 88%.

Diane (23:08):

Oh my gosh.

Dr. Stefanski (23:09):

Yes. It, the infection with the HPV types that cause most HPV cancers and genital warts has dropped 88%. So that's, you know, that's-

Diane (23:17):  
That's proof positive. Yeah.

Dr. Stefanski (23:20):  
... tremendous. And- and, yes. And when we think about, um, Oropharyngeal cancers, HPV is thought to cause 70% of the oral, that's kind of oral and throat cancer. So, it's, um, you know, just a- a really important vaccine. And- and again, we know it works. We've been using it for decades. It's a, it's a safe vaccine. And so I think that's really the message to parents. We've, you know, um, you know, what- what- what d- ... You know, there's- there's just only benefit to this vaccine.

Diane (23:48):  
And I think too that when you talk about that you can say, "It's a cancer preventing vaccine."

Dr. Stefanski (23:55):  
Right.

Diane (23:55):  
Wouldn't it be wonderful if all those cancers out there that people, so many people are impacted with right now, that there would be a point in time, maybe not in my lifetime, but you can say, you know, this, "For this cancer, this cancer, we have a vaccine for you." And why would you not take advantage of that? And that's what you're saying today to parents for their young people, for their children. Take advantage of it. This is not, this is not anything that we need to mess around with for- for young people.

Dr. Stefanski (24:24):  
Yes, e- exactly. Um, if- if, you know, uh, hopefully the future, um, in- in the future, we'll have other cancer, you know, cancer preventing vaccines, but for now, this is, you know, this is the only vaccine that we've got to prevent cancer.

Diane (24:35):  
Yes.

Dr. Stefanski (24:36):  
And just how, um, when administered prior to exposure to the vaccine, uh, to HPV, because once someone is exposed, the vaccine is not helpful. Um, it is only helpful in preventing infection if you're exposed.

Diane (24:48):  
So, that's an important point.

Dr. Stefanski (24:48):  
So, that- that- that's-

Diane (24:49):  
Yeah.

Dr. Stefanski (24:50):

... really the re- that- that's the reason why, that's the reason behind vaccinating children at, um, at such a young age. And, um, in Louisiana, we have the fifth highest cervical cancer mortality rate, or that's the rate of dying from cancer in the United States. So, you know, we- we really are- are trying to get this message out about HPV vaccination, um, because we know, we know we can do better. This is, in large part a preventable cancer. And so vaccination, regular screenings is gonna help us, um, to- to most importantly save the lives of- of, you know, uh, men and women, and, um, and improve those rates.

Dr. Stefanski (25:26):

And- and I do also want to say, there is a disparity, um, when you look at race. So, um, in Louisiana, um, Black women do have a higher rate of cervical cancer compared to white women and a higher rate of dying from cervical cancer compared to white women. So, um, we want, uh, we want all, you know, all, everyone to get vaccinated, but- but we also want, you know, uh, mothers, um, and- and individuals, um, African American to know that they do have a higher incidence of cervical cancer and a higher rate of dying for cervical cancer, and, uh, here in Louisiana. And it's really, really important to have these discussions with your child's doctor.

Dr. Stefanski (26:05):

If you, uh, if you get your vaccinations at a parish health unit, talk to your nursing, talk to the nursing staff, um, there. It's, uh, uh, again, w- we definitely understand that people need to be able to ask questions, and, um, and have good open, honest conversations. And so certainly seek out a trusted healthcare provider to ask you, ask your questions about this vaccine, 'cause again, you could be saving, um, your- your child's life, uh, and- and protecting them from developing cancer. And of course, you know, genital warts, um, as- as well.

Diane (26:37):

We've had so much fabulous and information today that-

Clay (26:41):

Yeah.

Diane (26:41):

... we all need to know.

Clay (26:42):

Yeah, yeah.

Diane (26:43):

And but just it's so worth just emphasizing the importance of everybody being on the same page, you know. That the parents and- and some of the- the grandparents, you know. We have a lot of grandparents raising their grandchildren.

Clay (26:55):

Raising kids, yeah, that's right.

Diane (26:56):

You know, and with the doctor. Um, so doctor, is there anything as we wrap up our podcast today, anything that we have not touched on or that you feel that you would like to say, uh, maybe another couple of minutes, s- say something else as we end today? We- we don't want ... This is important. We don't want to end with something unsaid. Is there anything that you can think of that you would like to say before we close?

Dr. Stefanski (27:20):

No. Just that, you know, again prevention- prevention works. W- w, um, so preventing their, we have the tools, uh, to prevent cervical cancer to greatly, you know, to- to prevent most of the cases of cervical cancer. And again, that's HPV vaccination, um, and getting your regular Pap smear, um, in addition to avoiding smoke, uh, avoiding smoking, um. But, uh, again, prevention works, like we said before. Preventing cancer is always better than getting it. And if you have any questions about vaccinations, your- your Pap test, talk to your healthcare provider, talk to our of our parish health unit nurses in public health. Um, there's just lots of good information out there. The Centers for Disease Control, um, the American Cancer Society, just lots of great information about cervical cancer and how to prevent it.

Dr. Stefanski (28:05):

And again, that's the key, right. We can actually prevent cervical cancer, um, when, you know, unfortunately there's a lot of cancers that we're not able to, um, that- that we're- we're not able to so, uh, to so easily prevent. Um, with, in- in the case of cervical cancer, there are actually, there's a vaccination and screenings that can help, um, that can help to save your life. So, um, we- we just encourage everyone to take advantage of both of those.

Diane (28:29):

That is, that is the bottom line, saving as many lives as we possibly can. That's what we want to do here, uh, on this podcast. Thank you again, doctor. You were fabulous. Uh, the positive, the encouraging information that you gave us today and all of our listeners, we- we can't tell you how important this is and how much we appreciate it. And that will wrap it up for us today. Thank you for listening, and please stay tuned for our next Vax Matters podcast episode.