Title: **HPV Test vs. The Pap Smear: New testing methods that could save your life**

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Guests: Marie Savard, M.D., Jodi McKinney

Hosted by Andrew Schorr

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**INTRODUCTION**

**Andrew Schorr:**  
Hello and greetings from Seattle where we're broadcasting live, and it is a sunny, clear day today. I had relatives calling me from all over the country yesterday saying, 'I saw on the news there's a big windstorm. How are you doing?' Well, the power did go out at my house for a couple of hours. Thank goodness for batteries on laptops, and they lasted. We got some work done, but things are fine now. Come visit us in Seattle. It's always sunny here, and Ron, our producer, laughs at that one.

Anyway, we want to talk not about the weather, but every day we talk about significant health issues, and when it comes to women, you say, 'Okay, what are the tests I need to have?' My wife, I'll share it, she may not talk about it in detail, but she turned 50 so she just had a colonoscopy, negative, doesn't need it for many years now. She has breast mammograms, and she has a Pap smear. Well, when it comes to things like cervical cancer, the Pap smear has been around for a long time, and we'll hear about the history of it, but does that really give you the surveillance, if you will, you need so you can be assured that you're not headed for a cancer diagnosis? Well guess what? Maybe not. Not that the Pap smear isn't helpful; yes it is; and not that it hasn't saved lives, yes it has, but how much confidence can we have in it for women that you're annual Pap gets the whole job done?

Now there is an additional test that's come online. You've probably heard about it; the HPV test, and certainly for younger women it's now recommended in many quarters I think generally that younger women and teenage girls like my daughter should have the HPV vaccine, and we'll hear about that, but what about this test?
JODIE'S STORY - TESTING POSITIVE FOR HPV AND GETTING TREATMENT FOR HER PRECANCEROUS CELLS THAT WERE NOT PICKED UP ON PRIOR YEARS' PAP TESTS

Andrew Schorr:
I want you to meet Jodie McKinney. Jodie joins us from Bethlehem Township, New Jersey, where she is a busy lady. She has 5 kids ages 5 to 17. Jodie, you've been going for Pap smears year after year and thought that would take care of you, right?

Jodie McKinney:
Absolutely.

Andrew Schorr:
What did you find out?

Jodie McKinney:
Well, I had gone in about a year and a half ago, and I learned that there is a new test out, it's fairly new, and it's called the HPV test. A company called Digene has created this test, and I was very fortunate that my physician handed a pamphlet out before my checkup while I was waiting in the waiting room, and then when we got in we discussed what I had read in the pamphlet about the test, and she suggests that everybody over the age of 30 take the HPV test. I was very fortunate that she offered it to me, number one, and number two, that I did it because mine came back that I did have the HPV virus.

Andrew Schorr:
Okay, and they then looked further, and they did one of these colposcopy exams, and they found that you actually needed a procedure to remove some precancerous cells. Is that correct?

Jodie McKinney:
Yes, that's correct. I went back a couple of months later, less than 6 months later, to take the HPV test again because most of the time if you do come back positive with the HPV virus, it will go dormant. In my case, it did not. So, the second time I went in, it came back that I still had the HPV, and then that's when I went in and had more testing done, and they found the precancerous cells.

Andrew Schorr:
You had I think what's called the LEEP procedure where they removed these cells?
Jodie McKinney:
Yes, I did.

Andrew Schorr:
The comment I'd make too is I understand that you were having Pap smears, and the Pap smears were negative, right?

Jodie McKinney:
Yes. My Pap smears were coming back negative, that there was no problem. So, in return, if I had not been offered the HPV test, and I did not take that HPV test, it would not have been known until probably too late that I did have the precancerous cells. So, I was very fortunate that my doctor offered both.

Andrew Schorr:
Right. And this is not unlike women who have had a breast mammogram and think well they're in the clear, and there are maybe 10% or 15% when there really was breast cancer at work there, and we've talked in other programs, maybe we'll have a chance before this ones over, about how much confidence you should have in any of these tests, but at least now we have a new test that can help further, and there was a recent article in the New England Journal of Medicine about it. So, we'll learn more.

I just want to ask you Jodie; so you have five kids?

Jodie McKinney:
Yes.

Andrew Schorr:
So going through this whole experience and wanting to be a grandma and dance at your kid's wedding; did, in a way, your future flash before your eyes when you thought, 'Oh my, what if I had not had this test?'

Jodie McKinney:
Absolutely. I was very, very lucky because a lot of doctors and a lot of my friends that have gone for their checkups or mammograms on their regular checkups were not offered this test, and when I said, 'you need to go back and get this test,' either A) they called right away and had it done, or B) they asked me for my doctor's number because they felt their doctor wasn't up to snuff and not up to the modern things that should be being done. Just a regular Pap isn't going to do it any more.
THE IMPORTANCE OF GETTING TESTED FOR HPV ALONG WITH A PAP TEST

Andrew Schorr:
Right, well that's what we're learning now. Certainly now as this test is new, it's more expensive than the Pap test that has been around for decades, and so cost may be an issue, but we're talking about saving lives and also as you just heard from what Jodie was saying, it's not in the daily clinical practice of every doctor. Where does it fit in? So, it's about you advocating for yourself.

Let's put this in perspective with someone who's in my Patient Power Hall of Fame, and that's Dr. Marie Savard who joins us from Philadelphia. Marie is an internist, and she's a well known author. We'll remind you about her books along the way, and she has strong feelings about women getting the tests they need.

Marie, put this in perspective. We hear Jodie's story, and what's your view now, and what's the coming medical view about the HPV test? Millions of women thing the Pap smear's got it covered, but maybe it doesn't?

Marie Savard:
Yes. I think what women need to hear is we know that there is a single cause of cervical cancer and precancerous cell changes, and the cervix is the kind of "mouth of your womb" for women who can't remember exactly where everything fits in.

So, what we know is there are about 15 high-risk strains of the virus that can stay dormant in your body, as you heard already, and it can actually eventually cause precancerous cell changes and even cancer. Yes, it's true that the Pap test for many years was what we thought was good enough, meaning by scraping some of those cells you could see those cell changes, and then that would alert the doctor to finding out that you had precancer or cancer, and we thought, 'Great, we've made a big dent in cancer for women," but the bottom line is, we know that that test is not perfect. First of all, anywhere between 15% to 50% of women may have those precancerous cells missed on the Pap test. So, it's not perfect. Furthermore, now that we know there is this single cause of cervical cancer, this virus, we have a very special DNA test. It's a simple test. It's done with a little brush at the same time you're getting your Pap test, and they kind of scrape those cells, and they look for the DNA, the evidence of that high-risk strain of the virus, and if you think about it, that virus will live and be dormant in your body for years before the cell changes develop, so there's a lot of time. By getting that test, your doctors can actually be alert to the possibility of those cell changes even years before they might develop, and it gives you a chance to take care of yourself.

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Andrew Schorr:
Right, right. We're going to take a quick break, Marie. We're going to be back with Dr. Marie Savard, who is very passionate about this, and we'll put it in perspective for you, and also we'll visit with Jodie McKinney for more on her personal story.

WHAT IS HPV? HOW DO YOU GET IT? WHAT CAN YOU DO ABOUT IT?

Andrew Schorr:
We're visiting with Jodie McKinney, a mother of five kids, a busy lady who had relied on the Pap smear year after year to look out for cervical cancer, and then she had the opportunity to try a new test, the HPV test, and guess what? The Pap smears were negative, but the HPV test was not. It was repeated, and it was decided with her gynecologist they really should try to look for precancerous cells. They were there, and they were removed. She feels a lot better but learned a lesson that she tells all her friends and us today about maybe they should look into this test. Also with us is Dr. Marie Savard, well-known health advocate, health author, internist as well, and very passionate about this.

So, Marie, we were talking about this virus, HPV. Where does this fit in with this whole risk of cervical cancer, and why is it such a big deal? We heard about the vaccine and where does that fit in? And for women who are older than the age of where we're giving the vaccine, when should they look into this HPV test?

Marie Savard:
Sure. The virus, something called the HPV virus, human papilloma virus, has been around for hundreds of years, and we now know that all of us, almost every sexually active woman, they say about 80%, has acquired that virus at some point though skin-to-skin contact. You get the virus when you're a young woman, and then what happens for most of us is your own immune system kicks in and fights off the virus, and it's gone.

Where the vaccine fits in is by getting that HPV vaccine before you're exposed to sex, before you're exposed to that virus, you can actually prevent the dangerous strains. Numbers 16 and 18 are the strains that cause almost 70% or more of the cancer, so young women have to talk about getting that vaccine that's going to prevent you from even letting that virus set up house in the first place and cause those cell changes as you get older.

Women who are 30 and over; those are the magic numbers, if you're 30 and over, you've got to start talking to your doc about the HPV test. That's when if your doctor tests you at the same time as the Pap, they scrape for the HPV cells at the same time,
they can find out whether you're one of the few, I'll say unlucky, women, and about 5% are, where that virus doesn't go away. Our immune system for some reason doesn't fight it off. It's only in the women where that virus doesn't disappear, that your body didn't get rid of it, that you really need to be vigilant because it's those women who need to be checked more closely with the fancy tests like the colposcopy and getting treatment for those cell changes that can eventually be caused by the virus.

Andrew Schorr:
Okay, and that was Jodie's situation. Jodie, you mentioned that your doctor repeated the HPV test and saw in this interval that it was not dormant and that it was still hanging around. So, you were in that 5% that Dr. Savard was talking about, right?

Jodie McKinney:
Yes, I was one of the unlucky 5%.

Marie Savard:
I know, and I use the word "unlucky" because although we know that certain behaviors like smoking; believe it or not, cigarette smoking kind of prevents your immune system from fighting off the virus. Okay, that's easy. Tell somebody to stop smoking. But truthfully, if you have one of the virulent strains, like a #16 or #18, which Jodie probably did have, those are harder to get rid of, and those are the ones that are in the vaccine and the ones that we can detect with the HPV test. That's why it's a great tool. It really adds to your doctor's ability to find who's at risk for cancer and who's not. It's virtually 100% peace of mind. You get that HPV test and you don't carry the virus, you can be 100% assured that over the next few years you're not going to develop cell changes, and you're not therefore at risk for cervical cancer.

WHAT ARE A COLPOSCOPY AND LEEP PROCEDURE AND WHEN DO YOU NEED ONE?

Andrew Schorr:
Okay. Now, you mentioned the colposcopy test, which then Jodie had. So, what is a colposcopy test, and what often follows if they find something? I know it was mentioned that Jodie said she had, and I saw it in her background, that she had the LEEP procedure. So, tell us about colposcopy and the normal things the gynecologist might do if they do find something precancerous.

Marie Savard:
Sure. For any woman who's ever had a serious and abnormal Pap test or for any woman who doesn't get rid of the HPV virus, that means you have it two times in a row; it's still there; it's still hanging around, and you're not getting rid of it. In either
circumstance, those women need to be more closely looked at with kind of a magnifying lens to sort of look at that cervix and see are there abnormal cells, are there abnormal areas where the HPV virus is living, so to speak, and what they do during colposcopy is look with the magnifier. It's pretty straightforward, and docs do it all the time. They look in. They do a special staining. They can look and see special areas where the HPV virus may be, and then they actually take biopsies, and they look under the microscope and find out are there these precancerous cells or not? And sure enough, as Jodie describes, she had some precancerous cells that didn't show up on the Pap, didn't show up when the doctors scraped those cells and put them under the microscopy, but they were hidden there that the colposcopy discovered, and then the next step is to actually remove those cells. There's no pill that you can take. No antibiotic to get rid of the virus. You literally have to either cut out or freeze or do a LEEP procedure where they use kind of an electrical dessication. They sort of go in and very minimally, but they get rid of those cells.

**Andrew Schorr:**
So, Jodie's got teenage daughters, so Jodie you're going to talk to them, and maybe you've already been talking the pediatrician for Kelly, and what's your other daughters' names? You've got a couple of other daughters.

**Jodie McKinney:**
I have Kelly and Shannon are my older ones.

**Andrew Schorr:**
Right. So that's where the HPV vaccine could come in, and how old are you, Jodie?

**Jodie McKinney:**
I am 41.

**Andrew Schorr:**
I was going to say you could like, you know, plus or minus five years.

**Jodie McKinney:**
No, I'm not going to lie, I'm 41.

**WHY DON'T ALL DOCTORS OFFER THE HPV TEST?**

**Andrew Schorr:**
Okay, okay. Anyway, so the idea is, is that for women like Jodie who are regularly having the Pap smears, this is where you look in and you talk about the HPV vaccine. Now, Jodie, you mentioned that as you told this to some of your friends, they didn't
necessarily have a willing ear from their doctor in some cases. Was it that the doctor wasn't familiar with it, or what sort of response were they getting?

**Jodie McKinney:**
They were kind of getting mixed responses. Some doctors are very aware of it, and as my doctor was explaining to me while we did a cervical cancer thing in New York about a month ago, she was just amazed that she had gone to a medical convention how many doctors were just like, 'Oh, it's just, the Pap is fine. The Pap is fine.' And she would just get so annoyed that they weren't even willing to listen about the HPV. Now, since then, it came out into the medical journal, and she was thrilled about that. So, it's just trying to make not only patients aware of it but doctors aware that it is a necessity to offer the HPV test and have their patients that are over 30 say it.

**Andrew Schorr:**
Dr. Savard, what's the problem?

**Marie Savard:**
Doctors really have been creatures of habit. They have relied on the Pap test. That's what has always gotten women in the door for that annual checkup, and now suddenly we have a really better, smarter way to screen women for cervical cancer, and I think again it's just a matter of time. Doctors need to see the proof. They've seen good proof with the Pap test, and they want to see the proof of the HPV.

**Jodie McKinney:**
It's that change thing. Nobody likes change.

**Marie Savard:**
It really is. We have the proof. We know that twice as many; the recent study in the *New England Journal of Medicine* found that by using the HPV test over the Pap test, twice as many of cases of severe cell changes were picked up. That’s a big difference, and yes...

**Jodie McKinney:**
In my case...

**Andrew Schorr:**
We're going to take a break. Excuse me Jodie, I want to hear what is in your case. Let's do it after the commercial break, and we'll get into this much more. We also have lots of e-mails from people. Let's give you answers about the new HPV test and understand its benefit beyond the Pap smear. We'll be right back with more of Patient Power.
HOW ACCURATE IS THE HPV TEST? IF THE TEST IS POSITIVE, WILL YOU GET CANCER? HOW IS IT BETTER THAN A PAP TEST?

Andrew Schorr:
Welcome back. We're talking about the HPV test, human papilloma virus test and whether that now gives us better surveillance to prevent you developing cervical cancer than the Pap smear that's been around a long time. We invite your questions about it. Let's go back to Dr. Marie Savard and also with help from Jodie McKinney who benefited from having the HPV test.

Dr. Savard, so you talked about women over 30 having the test because they're probably carrying HPV, although maybe their body has fought it off, but they might be in that percentage like Jodie was where something more needs to be done.

Well, first of all about the test results. Can you have false negatives? Can you have false positives? How confident can you be in the results, and what do you do about it either way?

Marie Savard:
You can be very confident in the results. The bottom line is that the HPV test is very accurate, but on the other hand, just because you have a positive test, it doesn't mean you're going to go on to get cancer. With the HPV test what it does mean if you're positive is that you have one of the thirteen high-risk strains of the virus that could cause cancer if you don't fight it off and if you don't get rid of it. So, for women who hear this and get tested age 30 or over, the very first step they need to do is be assured that if their Pap is fine, they don't need to do a thing except repeat it in another 6 months or a year because half the women who test positive on the first go round will then clear it by the second go round for some reason. Their immune system is fighting it off or it just was a glitch that it got picked up. So women need to be assured that if their test is positive, they have the high-risk virus, but they may or may not have fought it off yet. So, that's number one. It is a reliable test. The Pap test is much more subject to human error because it's somebody looking under a microscope, did the doctor get the scraping of the right cells? The HPV test is extremely sensitive. It's a DNA test. It does check for those high-risk strains of the virus. The question is, what does it mean when you have a positive result?
WHERE TO GET MORE INFORMATION ON THE HPV TEST, AND HOW TO REQUEST THIS TEST FROM YOUR DOCTOR.

Andrew Schorr:
Yes. Okay, I want to mention just to put it in perspective, now, cervical cancer used to be one of the most common causes of cancer death for American women, and the Pap smear that we're talking about seems to have made a huge difference as that cancer death rate has declined tremendously. It went down 74% from 1955 to 1992, but we're still talking about identifying precancerous cells in women where it's not picked up by the Pap test, and that's where this all comes in. Cervical cancer does kill almost 4,000 American women each year, so we don't want you to be one of them. It's preventible if it's caught early, and that's what we're talking about.

So, help us understand, Dr. Savard, Jodie talked about the situation where some of her friends went to doctors, and they just thought the Pap was fine and had it covered. She went to a conference with her own doctor, and other doctors were saying that there at the conference. How do women advocate for this if they're over 30? What should they be saying related to getting the test and then how often do you need the test?

Marie Savard:
First of all, every woman needs to realize it's her body. She's got to be in charge of it, and no one knows more about her health than she does.

The second thing is be as informed as possible because the more information you have, the more you can kind of have a good conversation with your doc, and you can go to places such as www.thehpvtest.com, a great site. On my web site I have a lot of information, www.drsavard.com. There are many great places. The CDC has a great site. So, get some more information; listen to this program a couple of times.

The third thing you need to do is when you go to the doctor, if you're not comfortable speaking up, bring a buddy with you; somebody who is comfortable speaking out and saying, 'Doctor, what about I'm 30 and over. I'd like this HPV test along with my Pap test.' And then when your doctor gives you the pushback, 'No, no, no. Don't worry. Your Pap's always fine.' You say, "Look. I want 100% peace of mind. I want the best testing available. I really need that peace of mind." And I think if you use the "peace of mind" phrase, that "I need that assurance, and I understand that the Pap can sometimes fail or not detect those changes" that's what you've got to say. And then, I would also ask for a copy of your test results. Give your doc a self-addressed and stamped envelope and expect to get a copy of those results. They're yours. You're entitled to it, and that way you've got that in hand because all too often I've had
women asked for the HPV test, and when they get the results it’s not on there, and when they question the fact, the doc says, 'Well your Pap was fine, and we didn't do it' and that's something women have to be alert to. If your doc said they'd do it, make sure that they're doing it as part of a 30-and-over preventive test, not just if you have an abnormal Pap.

**HOW OFTEN DO YOU NEED THE HPV TEST?**

**Marie Savard:**
The last question you asked was how often do you need it? Well, for 95% of women, 95 out of 100 of us who test negative with the HPV test and the Pap, we don't need to be retested. It's such a good test, so reliable, that we don't need to be retested for at least another 3 years, and that's the important point where the insurance companies fit in, because they are happy to reimburse for this test, and they do because in the long run it's going to save women from undergoing those colposcopies, unnecessary biopsies, and things that really would be avoided if you were more vigilant and monitoring only the women who had those high-risk virus that they didn't get rid of. The low-risk virus we didn't even talk about, but some of the colposcopies are done because women have low-risk virus that doesn't even show up on the HPV test, and we don't care about those viruses because they don't cause cervical cancer. The whole idea of colposcopy and the HPV test is who has a risk for cervical cancer and who does not.

**IF YOU TEST POSITIVE FOR A LOW-RISK VIRUS, DO YOU NEED TO BE TESTED AGAIN?**

**Andrew Schorr:**
That relates to the question we got in via e-mail from Diane from Scottsdale, Arizona, and here's what she was saying. She is a breast cancer survivor, by the way, and she was diagnosed with HPV in 2002. She was told by her doctor that the virus she had was safe, and she has been living with this virus, as she said, for four years, and she wondered whether the various strains could change or mutate while they're inside her body. She continues to get a Pap test every 12 months, but she wonders, 'Am I still at risk for cancer from HPV?'

**Marie Savard:**
All right. The quick answer is, there are the two types. There are low-risk strains and there are high-risk strains, and they do not change. They do not mutate. You have either one or the other. I would question, or I'd wonder whether or not her doctor really did the high-risk HPV test. That's all we're talking about today. The standard of
care for women and what's becoming more and more important is asking for what we call the HPV test, but it's really looking for the high-risk strains only. No doctor should be doing low-risk HPV testing because other than the low-risk virus does cause genital warts; that's not a small thing, of course; but it doesn't put you at risk for cervical cancer. So, what I would wonder, I would have her first ask her doc did she have the high-risk HPV test or not. If she didn't, and she just had the low-risk virus, that doesn't put her at any risk for future cervical cancer any more than any other woman. So, you need to get the HPV test that looks for the high risk strains of the virus, and when it comes back you're going to just know whether or not you have one of the 13 strains. It doesn't magically tell you you've got number 16 or 18. The HPV test just tells you whether you have one of those 13 high-risk strains, and that's what you need to know.

**WHEN DO YOU NEED A COLPOSCOPY?**

**Andrew Schorr:**
Okay. This was a question from Danielle in Las Vegas. Are abnormal cell changes that require a colposcopy usually related to HPV, or could it be something else too?

**Marie Savard:**
Well, in the old days of doing colposcopy before the HPV test, 50% of them probably were from the low-risk, kind of genital wart-type strains that were going to eventually go away on their own, so all those women were getting way too many colposcopies and procedures they didn't need, and the other half probably did have the more high-risk strains of the virus and needed to have the colposcopy and eventually the LEEP procedures or the removal of those cells, but today with the HPV test, we now know who has the virus and should get the colposcopy and who doesn't. On the other hand, there's still no question women who have a borderline Pap test or even a more significant Pap test, even if they don't carry the HPV, their doctor will have them undergo the colposcopy. The good news is, if you don't have the high-risk strains of the virus, chances are the colposcopy will be fine, and you won't have those serious problems that would lead to cervical cancer.

**WHAT DOES THE AMERICAN CANCER SOCIETY RECOMMEND AND WHERE ARE WE HEADED WITH FUTURE STANDARD OF CARE?**

**Andrew Schorr:**
Here was the headline that was in the *New England Journal of Medicine* article that both Jodie and Dr. Savard mentioned: *HPV Test More Accurate than Pap in Detecting Cervical Cancer. Annual Pap Smear May Eventually Give Way to Once Every Three Year HPV Test.*
So, Dr. Savard, the American Cancer Society often is the arbiter of this. Insurance companies watch and we all watch what the ACS recommends. Where are they now with people having Pap smears and also the HPV test?

Marie Savard:
The American Cancer Society, before this study, so their most recent guidelines reflect before this even stronger evidence than we had before. What they clearly say is either have a regular Pap test; they prefer the liquid-base Pap, which most doctors are doing now that is a better look at the cells; or another option would be to ask your doctor to do the HPV test. So, the American Cancer Society in the past said it's an option. Either get that regular every year or two Pap test, preferably the liquid, or get the HPV test along with the Pap, and then you can just do it every three years. So that's what they've recommended in the past. Their editorial comments after the *New England Journal of Medicine* article is shifting a bit, and they're suggesting and agreeing that we may see a time in the foreseeable future where perhaps women will be getting the HPV test, ages 30 and over, and that will become the primary test, and the Pap test will be done along with it. Actually, in some countries they're really doing and studying the idea of just doing the HPV test alone and only following up the women who test positive with the Pap smear. So, stay tuned. I think the standards will change, but what is 100% certain today, if you're 30 and over, asking for the combination will give you the greatest peace of mind, the greatest assurance, and do the most to potentially save your life.

**WHAT TESTS SHOULD WOMEN BE GETTING ON A REGULAR BASIS AND STARTING AT WHAT AGES?**

Andrew Schorr:
Dr. Savard, maybe you can put it in perspective. So now there's a little check box for our female listeners over 30, and they're saying okay, ask about the HPV test, that's part of me making sure that I can look out for these illnesses that otherwise can develop. So, HPV test or maybe HPV test and Pap smear. Let's just reinforce the other ones that you're always recommending. What about breast mammography and what about maybe starting at age 50, or if there's a family history staring earlier, coloscopy. Let's give us our whole picture here along with other's you would mention too.

Marie Savard:
Right. Women in their 20s, breast exam with their doctor every year and getting that Pap test. That's what you need. Women in their 30s need to ask about the HPV test along with the Pap test, continue the breast exam, and continue to talk to their doctor about heart disease risk and cholesterol and blood pressure and all the things that should be done as well. Women who hit 40 and over need to add a mammogram along
with the breast exam, and if they have really dense, lumpy breasts, they ought to talk about the digital mammogram. That's an even better one. It's like a digital camera with a better photograph, especially with lumpy breasts it's a good test. It's not available everywhere. Mammogram is great, digital maybe even better, and then at age 50, as you mentioned, that's when the colonoscopy, starting to check the colon, kicks in. Every woman and man, for that matter, should ask for a colonoscopy. Obviously women who have a family history and men as well, they need to get a colonoscopy even earlier. Not until you're 60 should women start thinking about things like a bone density test, check their bones, have an eye exam, do again more cholesterol and heart disease screening, etc. So, each decade we need to kind of add to the list of things we need to get on a regular basis to do everything we can to catch disease early, stay in control of our health, and really make all the difference in the world.

Andrew Schorr:
So much of it is preventable. So much we have to eat right and exercise, all those other things, manage stress, all the things we can do on a daily basis, but also then use this to prevent; I know many cancers can be prevented.

Jodie, you came through this experience, so how has that changed you as far as the way you look out for yourself and advocate for yourself?

Jodie McKinney:
Definitely it has changed my whole thought process going through this whole dilemma. I definitely am more aware of what I need to do when I go in for different checkups and questions to ask. I was always the quiet one who just kind of went in and did her thing and left, and now I've become so; my friends are just astonished that I would even be doing this right now. I'm kind of a behind the scenes kind of girl. So, it definitely made me come to the forefront and definitely I have heard many, many stories in the last year of people who because their doctors did not make that little check in the box and let them have that HPV or didn't offer it, they had to go through the whole cervical cancer and the chemo and everything else, so I was very, very fortunate that I got the test, I caught it early, and I did not have to go down that road. So, I've just heard so many stories of this simple thing. One thing I want to make your listeners aware of that it is just a check in the box (when you have your Pap test). When you get your HPV test, it's not an extra procedure when you go in for your checkup. It is all included in on the same sample, and the test is a separate test in the lab. So, it's not like that your patients would have to go through an extra procedure. It is all included. So, it's not any extra time in your checkup. It's all included in, and it could save your life. It saved me from having a lot more procedures done and just more time away from my family, so I was very lucky I had a quick recovery, and I was up and running by a couple of days later, and also I am a nonsmoker. I have been
married for 18 years. So, it's definitely a kind of disease that you would get from having different partners and being involved any way that way, and I think the doctor could probably verify that for you.

**Marie Savard:**
Right.

**Jodie McKinney:**
And definitely ask. Ask for the HPV test. It could really save your life and your friends' lives. Make sure everybody out there understands that.

**THE IMPORTANCE OF BEING A SMART HEALTH CONSUMER AND ADVOCATE FOR YOUR PERSONAL HEALTHCARE**

**Andrew Schorr:**
Right. Jodie, thank you. You know, Marie, you and I are totally aligned, and I think Jodie too, and that is the reason I do Patient Power is because I've come a long way. We all have, I think, from when we went to the doctor, and the doctor was in the white coat, and the medical team, and whatever they said went, and they knew everything, and we knew nothing, to tremendous change, and I think now as there are more options and medical science moves forward, and we've heard that here; not all doctors are aware of it or have worked that into their practice, even though there's the evidence for that. In this case you mentioned, Marie, digital mammography and the evidence for that, etc. Colonoscopy took a long time to take hold. If we don't speak up as consumers, we may lose, and not because anybody's a bad person, but just because it's either a time of change. Not everybody knows everything, and only we know our body best. I mean, Marie, you believe that, and I guess you've probably heard thousands of examples where that makes a difference; if only we're as much of a consumer about our health as we are about what clothes we shop for or what house we buy, right?

**Marie Savard:**
I know. I say that with getting test results. Can you imagine going to the bank and not getting a deposit slip of the amount of money you deposited? We give our blood. We give our cervix cells or whatever you want to call it, our breasts for mammography. We give ourselves willingly and don't expect a copy of that information. It's ours. We need it. The information can sometimes be misread. You know, women think no news is good news. No. No news means maybe they lost it in the laboratory or it got lost in the mail. You have to follow up and realize that it's your life that's on the line and you family's life on the line, and docs, we're human. We make mistakes. Don't expect us to be perfect. We've got to all do our part.
**Jodie McKinney:**
Be an advocate.

**Andrew Schorr:**
Yes, to be an advocate. It's fair to ask a question, so again, you may have the same gynecologist for many years. It's fair to have a conversation rather than to just be directed, right? I mean, the doctors don't take offense at that, do they Marie?

**Marie Savard:**
No, I think the more informed a person comes and the more willing they are to kind of have a give-and-take conversation, the better the doctor's job and life is in the long run. I think an informed patient has the best outcomes, which makes a doctor and everybody look good, so I do think we need to use honey rather than vinegar when we're approaching our docs because they are busy, and they're stressed for time. Don't ask for something unreasonable, but be clear. At the end of the day you've got to be clear, and you've got to get what you know makes sense for you.

**Andrew Schorr:**
Okay. Now, I imagine, Jodie, this has carried through to the way you get healthcare for your kids now too, and maybe what we're teaching them is to advocate for themselves as well. So there are changes, I think, that we learn along the way. I certainly did with my leukemia that's mentioned at the beginning of the show by our announcer Carlene, and that is I firmly believe I got better care once I understood what I was dealing with and then sought out experts in that in my case. It doesn't apply here so much, but I was in a clinical trial, and it made a big difference.

**HOW TO SAVE YOUR OWN LIFE, BY DR. SAVARD AS WELL AS OTHER RESOURCES OF INFORMATION FOR WOMEN'S HEALTH AND TESTING FOR CERVICAL CANCER**

**Andrew Schorr:**
Marie Savard, I want you to just mention your books, how people can learn about those and go on [www.amazon.com](http://www.amazon.com), because you have devoted your life to this, women understanding tests.

**Marie Savard:**
I have. The first book, *How to Save Your Own Life* I spell out step by step all the things that you need to do; from how to collect your own medical records, read your test results, schedule these little check mark tests that we're talking about. Really, everything you need to know; bone density, mammograms, and the most recent test is on body shape and women, believe it or not, where you carry your fat. The title of
that is *The Body Shape Solution to Weight Loss and Wellness*, and even just in the news in the past 24-48 hours we're learning that women who have the big butt, hips, and thighs and the small waist have smarter kids, believe it or not. So that's a whole 'nother conversation we can have in the future. All thighs are not created equal, and nature meant us to have those big butt, hips, and thighs.

Andrew Schorr:
Oh my. Okay. I'm not going to go there right now.

Marie Savard:
Yeah, don't go there today,<laughing>

Andrew Schorr:
Okay. I just want to mention the web sites again. So, your web site is [www.drsavard.com](http://www.drsavard.com) and then also the other web site we were mentioning is [www.thehpvtest.com](http://www.thehpvtest.com). Again, women over 30 want to pay attention to this. It seems to make sense. Lots of evidence, studies, data, have that conversation with your doctor, and you could be in that situation like Jodie McKinney found herself where it made a big difference for her, and then she could have the procedure, get rid of those precancerous cells, and then be monitored.

So I imagine, Jodie, you for sure are going to have the follow up tests as you need them, right?

Jodie McKinney:
Absolutely. I go in every six months and get a followup test, and I just wanted to clarify one other thing. If you do get the HPV test, it does not mean that you don't go in for your yearly Pap. Please, women, you still need to go in once a year and have your checkup, even if it came back negative for HPV, it just means that you can ask for your HPV every three years.

Marie Savard:
Absolutely. All women need to be checked on a regular basis for heart disease, their blood pressure, their breast exam, their colon and rectal exam, but it is true that we will be testing with the HPV and the Pap every three years, believe it or not, if it tests negative. That's how good the HPV test is, but it doesn't mean you shouldn't go yearly. Once you've had the HPV high risk virus with the cell changes, like Jodie has, then of course you're going to be monitored even that much more closely to be sure there are no other HPV cells, which rarely but could come up.
Andrew Schorr:
Ladies, this is a good news story. It was good news for Jodie. It's good news. Marie Savard, as always, my hat is off to you and everything you do. Dr. Marie Savard from Philadelphia. Take a look at www.drsavard.com and then also Jodie McKinney, thanks to you. All the best Jodie.

This is what we do on Patient Power. Knowledge can be the best medicine of all. The rest of the week we're going to take a look at HIV in young children, new babies, adolescents, adults, and the latest research. Please join us for that. Have a great day. I hope we helped you today with this important information. From Seattle, I'm Andrew Schorr signing off.

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