

Gardasil: Not Proven to Prevent Cancer of the Cervix!

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Theme: [Media Disinformation](#), [Science and Medicine](#)

A recent DNT commentary article, written and or endorsed by area board-certified pediatricians, oncologists and obstetricians/ gynecologists appeared in the Duluth News-Tribune Op-Ed section promoting the universal use of the human papillomavirus (HPV) vaccine for pre-teen and teen-age girls. It appears to be a part of the world-wide billion dollar promotion campaign to get the world's young women, even in poor third world nations, more fully vaccinated than they already are. The huge amount of money behind the massive effort comes from one of the most profitable, price-gouging pharmaceutical companies in the world, Merck.

In 2006, after only 3 - 5 years of clinical trials, the FDA approved for marketing the most expensive vaccine in the history of the world, Gardasil, which has been proclaimed as a preventative for cancer of the cervix, a claim that was never proved and has, to date not prevented a single case of cervical cancer.

The whole premise that the vaccine could prevent cancer was presented by Merck investigators to the FDA (and then to American physicians and now to their patients) was based on the finding (again made by investigators who were deeply conflicted by their financial involvement with Merck money in that they were employees, had shares in the company or had received honoraria or grants to get the product to market and promote the vaccine any way they could.

The name of Merck's so-called anti-cancer vaccine is Gardasil. Their competitor (and collaborator when it comes to promoting the notion that a vaccine directed at the HPV can prevent cancer) is the British multinational pharmaceutical giant, GlaxoSmithKline, whose HPV vaccine is called Cervarix.

Scandalously, the truth of the matter is that neither company's vaccine has ever prevented a single cancer of the cervix, mainly because cancer of the cervix takes 20 - 50 years to develop and the vaccine corporations only clinically tested the product prior to FDA approval for less than 5 years.

What the industry-sponsored studies did show in their relatively brief trials is that the vaccines produced transient anti-HPV immune complexes in most of the young female vaccinees and that there were modest reductions in the development of abnormal Pap smears that, in the vast majority of cases, disappear by themselves anyway. 99% of patients infected with HPV resolve spontaneously.

For much more information on the Gardasil debate (which isn't allowed to be discussed seriously on most for-profit radio, television or print media), [click here](#):

The antigens in these alarmingly expensive and hugely profitable (for Big Pharma and many medical clinics) are genetically-engineered proteins that, thanks to the neurotoxic aluminum adjuvant in each dose, can cause serious autoimmune disorders and unknown levels of potentially serious mitochondrial damage. (It also needs to be mentioned that each of the three shots in the series costs around \$140 plus office call charges.)

The DNT commentary article contained all of the talking points that Merck, Glaxo, the American Academy of Pediatrics, the oncology trade journals and the OB/GYN trade associations use to promote these vaccines around the world; but it mentioned none of the many serious downsides, which, for physicians interested in the welfare of their patients, represents a gross disservice to prospective patients and their parents. Physicians are supposed to offer complete information on what they prescribe so that the patient can make a fully informed consent or refusal to accept the treatment (or surgery).

So how bogus is the vaccine industry's claims that Gardasil can prevent cancer? The irrefutable fact is that there have been zero cases of cancer prevention proven. Patients will have to wait another generation or two to find out about cancer prevention, the major reason that parents are pushing their daughters to get the shots. 20 - 50 years is the amount of time for cancer of the cervix to develop.

One useful statistical measure that some medical investigators use is the Number Needed to Treat (NNT), which is one way to quickly state the effectiveness of a treatment. It indicates how many patients have to be treated before one patient can be said to have benefitted from the treatment. For instance the NNT for a course of penicillin for penicillin-sensitive streptococcal pharyngitis is 1 (meaning that one cure occurs for every one course of treatment. If a treatment results in only half of patients benefitted, the NNT is 2 (the inverse of the fraction $1/2$). The smaller the NNT, the more beneficial the treatment is.

An article published in the Canadian Medical Association Journal (co-authored by four investigators, three of whom were either employees of one of Merck's Canadian subsidiaries or had received money, honoraria or grants from vaccine companies) that stated that for Gardasil, the Number Needed to Vaccinate (same principle as the NNT) to prevent 4 or 5 cases of cervical cancer for a typical 12 year old girl would be 9,080, meaning that 9075 girls would be risking the serious adverse health consequences of Gardasil (many of which are only recently coming to light, including autoimmune disorders) not to mention the financial burdens but still not receiving alleged benefit : the prevention of cervical cancer!

Physicians are never informed of NNT or NNV statistics but patients deserve to know about it before embarking on any recommended treatment program. What Merck has done to promote Gardasil in the deceptive "Not One More" campaign (that makes parents truly believe that Gardasil will prevent cancer, when in actuality the risks and costs come nowhere near outweighing the miniscule, alleged benefit.

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