

<http://bubbaepx.stmhost.com/2008/03/09/oral-cancer-in-us-soldiers-soldiers-vs-oral-sex-and-gardasil/>  
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<http://ahrp.blogspot.com/2007/08/oral-cancer-in-us-soldiers-soldiers-vs.html>

## **Oral Cancer in US Soldiers Soldiers vs Oral Sex and Gardasil**

**ALLIANCE FOR HUMAN RESEARCH PROTECTION, August 27, 2007**

A report in the *Arizona Daily Star* describes in gruesome details of “a bizarrely aggressive oral cancer rarely seen by doctors.” Soldiers who had served in combat zones in Iraq are dying of cancer of the mouth, which until now, overwhelmingly strikes smokers, drinkers and tobacco chewers. But the soldiers who are afflicted with cancers of the mouth do not fit that at risk profile: “These are kids 19, 20 and 21 getting all kinds of cancers. The Walter Reed Army Medical Center cancer ward is packed full with them.” The doctors are stumped: “Jim’s doctors didn’t know why he would get this kind of cancer — they had no answers for us.”

The prime causal suspect in the minds of many victims — and some scientists—for the alarming number of Iraq war vets who are dying at record speed ” is what’s known as depleted uranium (UD)— the radioactive chemical prized by the military for its ability to penetrate armored vehicles. When munitions explode, the substance hits the air as fine dust, easily inhaled.

Last month, the Iraqi environment minister blamed the tons of the chemical dropped during the war’s “shock and awe” campaign for a surge of cancer cases across the country.

The *Daily Star* reports that the ranks of sickened and dying Iraq war vets and their families who believe exposures to toxic poisons in the war zone are behind their illnesses — is growing. But the military brass withholds information and denies the link repeating the Vietnam Agent Orange scenario: “the number of these cancers remains undisclosed, with military officials citing patient privacy issues, as well as lack of evidence the cases are linked to conditions in the war zone. The U.S. Congress has ordered a probe of suspect toxins and may soon begin widespread testing of our armed forces.”

***Bloomberg News* reports that Merck, a major contributor to the University of Texas M.D. Anderson Cancer Center, and two of its researchers are promoting stepped up studies of the HPV vaccine in boys “to expand the vaccine’s use.”**  
[Link]

**The two researchers, Drs. Erich Sturgis and Paul Cinciripini provide the marketing pitch for vaccinating boys with the HPV vaccine in an upcoming article in the journal, *Cancer*. [1]**

**They claim that oral sex “Changing sexual practices such as more frequent oral sex in adolescents and young adults could contribute to an increase in oncogenic HPV-associated oropharyngeal cancers,” researchers said in the report. Notice, “could contribute” rather than has been proven to contribute....**

Indeed, although the HPV vaccine is being offered to males in Australia, Mexico, there is, as yet, no clinical proof that it works to prevent HPV infection in men: ” we have no data to confirm that, and we won’t have any in the near future,” says Debbie Saslow, PhD, of the American Cancer Society.

[http://www.webmd.com/sexual-conditions/hpv-genital-warts/news/20070827/hpv-linked-to-throat-cancer-trend?src=RSS\\_PUBLIC](http://www.webmd.com/sexual-conditions/hpv-genital-warts/news/20070827/hpv-linked-to-throat-cancer-trend?src=RSS_PUBLIC)

Clearly, lack of evidence does nothing to prevent researchers, with financial ties to vaccine manufacturers, from making unsubstantiated claims:

“The best way to reduce cancer-causing HPV is to widen the pool of children vaccinated with Gardasil.”

This is a blatant example of academics promoting corporate marketing claims to dictate medical practice. Industry analysts provide a more convincing motivation for the promoting expanded use of the vaccine. By adding boys to the vaccine pool, Gardasil may generate more than \$3 billion in annual sales. Not surprising, Merck’s spokeswoman said Merck is studying the shot in boys and plans to seek U.S. approval for that use.

Reference:

[1] Sturgis EM, Cinciripini PM “Trends in Head and Neck Cancer Incidence in Relation to Smoking Prevalence: An Emerging Epidemic of Human Papillomavirus-Associated Cancers?” *Cancer* 2007;110.

<http://www.azstarnet.com/metro/198240.php>

## ***Cancer in Iraq Vets Raises Possibility of Toxic Exposure***

by **Carla McClain**

*The Arizona Daily Star*, Sunday, August 26, 2007,

After serving in Vietnam nearly 40 years ago — and receiving the Bronze Star for it — the Tucson soldier was called back to active duty in Iraq. While there, he awoke one morning with a sore throat. Eighteen months later, Army Sgt. James Lauderdale was dead, of a bizarrely aggressive cancer rarely seen by the doctors who tried to treat it.

As a result, his stunned and heartbroken family has joined growing ranks of sickened and dying Iraq war vets and their families who believe exposures to toxic poisons in the war zone are behind their illnesses — mostly cancers, striking the young, taking them down with alarming speed.

The number of these cancers remains undisclosed, with military officials citing patient privacy issues, as well as lack of evidence the cases are linked to conditions in the war zone. The U.S. Congress has ordered a probe of suspect toxins and may soon begin widespread testing of our armed forces.

### **“He got so sick, so fast”**

Jim Lauderdale was 58 when his National Guard unit was deployed to the Iraq-Kuwait border, where he helped transport arriving soldiers and Marines into combat areas. He was a strong man, say relatives, who can't remember him ever missing a day of work for illness. And he developed a cancer of the mouth, which overwhelmingly strikes smokers, drinkers and tobacco chewers. He was none of those. “Jim's doctors didn't know why he would get this kind of cancer — they had no answers for us,” said his wife, Dixie.

“He got so sick, so fast. We really think it had to be something he was exposed to over there. So many of the soldiers we met with cancer at Walter Reed (Army Medical Center) complained about the polluted air they lived in, the brown water they had to use, the dust they breathed from exploded munitions. It was very toxic.”

As a mining engineer, Lauderdale knew exactly what it meant when he saw the thick black smoke pouring nonstop out of the smokestacks that line the Iraq/Kuwait border area where he was stationed for three months in 2005. “He wrote to me that everyone was complaining about their stinging eyes and sore throats and headaches,” Dixie said. “For Jim to say something like that, to complain, was very unusual.

“One of the mothers on the cancer ward had pictures of her son bathing in the brown water,” she said. “He died of kidney cancer.” Stationed in roughly the same area as Lauderdale, yet another soldier — now fighting terminal colon cancer — described the scene there, of oil refineries, a cement factory, a chlorine factory and a sulfuric acid factory, all spewing unfiltered and uncontrolled substances into the air.

“One day, we were walking toward the port and they had sulfuric acid exploding out of the stacks. We were covered with it, everything was burning on us, and we had to turn around and get to the medics,” said Army Staff Sgt. Frank Valentin, 35. Not long after, he developed intense rectal pain, which doctors told him for months was hemorrhoids. Finally diagnosed with aggressive colorectal cancer — requiring extensive surgery, resulting in a colostomy bag — he was given fewer than two years to live by his Walter Reed physicians. He is now a couple of months past that death sentence, but his chemo drugs are starting to fail, and the cancer is eating into his liver and lungs. He spends his days with his wife and three children at their Florida home. “I don't know how much time I have,” he said.

### **Suspect: Depleted Uranium**

None of these soldiers know for sure what's killing them. But they suspect it's a cascade of multiple toxic exposures, coupled with the intense stress of daily life in a war zone weakening their immune systems. “There's so much pollution from so many sources, your body can't fight what's coming at it,” Valentin said. “And you don't eat well or sleep well, ever. That weakens you, too. There's no chance to gather your strength. These are kids 19, 20 and 21 getting all kinds of cancers. The Walter Reed cancer ward is packed full with them.”

The prime suspect in all this, in the minds of many victims — and some scientists — is what's known as depleted uranium — the radioactive chemical prized by the military for its ability to penetrate armored vehicles. When munitions explode, the substance hits the air as fine dust, easily inhaled. Last month, the Iraqi environment minister blamed the tons of the chemical dropped during the war's “shock and awe” campaign for a surge of cancer cases across the country.

However, the Pentagon and U.S. State Department strongly deny this, citing four studies, including one by the World Health Organization, that found levels in war zones not harmful to civilians or soldiers. A U.N. Environmental Program study concurs, but only if spent munitions are cleared away.

Returning soldiers have said that isn't happening. "When tanks exploded, I would handle those tanks, and there was DU everywhere," said Valentin. "This is a big issue." The fierce Iraq winds carry desert sand and dust for miles, said Dixie Lauderdale, who suspects her husband was exposed to at least some depleted uranium. Many vets from the Gulf War blame the chemical used in that conflict for their Gulf War syndrome illnesses.

### **Congress orders study**

As the controversy rages, Congress has ordered a comprehensive independent study, due in October, of the health effects of depleted uranium exposure on U.S. soldiers and their children. And a "DU bill" — ordering all members of the U.S. military exposed to it be identified and tested — is working its way through Congress.

"Basically, we want to get ahead of this curve, and not go through the years of painful denial we went through with Agent Orange that was the legacy of Vietnam," said Rep. Raúl Grijalva, D-Ariz., a co-sponsor of the bill. "We want an independent agency to do independent testing of our soldiers, and find out what's really going on. These incidents of cancer and illness that all of us are hearing about back in our districts are not just anecdotal — there is a pattern here. And yes, I do suspect DU may be at the bottom of it."

What's happening today — growing numbers of sickened soldiers who say they were exposed to it amid firm denials of harm from military brass — almost mirrors the early stages of the Agent Orange aftermath. It took the U.S. military almost two decades to admit the powerful chemical defoliant killed and disabled U.S. troops in the jungles of Vietnam, and to begin compensating them for it.

### **Doctors flabbergasted**

Whatever it was that struck Jim Lauderdale did a terrifying job of it. Sent to Walter Reed with oral cancer in April 2005, he underwent his first extensive and disfiguring surgery, removing half his tongue to get to tumors in the mouth and throat. A second surgery followed a month later to clear out more of those areas. Five months later, another surgery removed a new neck tumor. Then came heavy chemotherapy and radiation.

Shortly after, he had a massive heart attack, undergoing another surgery to place stents in his arteries. Two weeks later, the cancer was back and growing rapidly, forcing a fourth surgery in January 2006.

By this time, much of his neck and shoulder tissue was gone, and doctors tried to reconstruct a tongue, using tissue from his wrist. He couldn't swallow, so was fed through a tube into his stomach.

Just weeks later, four external tumors appeared on his neck — "literally overnight," his wife said. Suffering severe complications from the chemo drugs, Lauderdale endured 39 radiation treatments, waking up one night bleeding profusely through his burned skin. The day after his radiation ended, new external tumors erupted at the edge of the radiation field, flabbergasting his doctors.

"As this aggressive disease grew through chemoradiation, it was determined at this point there was no chance for cure," his oncologist wrote then. By then, the cancer had spread to his lungs and spine and, most frightening of all, "hundreds and thousands" of tumors were erupting all over his upper body, his wife said. "The doctors said they'd never seen anything like it — that this happens in only 1 percent of cases," she said.

Efforts to contact his doctors at Walter Reed were unsuccessful, but a leading head-and-neck cancer specialist at the Arizona Cancer Center reviewed the course of Lauderdale's disease. "This a very wrenching case," said Dr. Harinder Garewal. "This is unusually aggressive behavior for an oral cancer. I would agree it happens in only 1 percent of cases."

When oral cancer occurs in nonsmokers and non-drinkers, it tends to be more aggressive, he said. "My feeling is the immune system for some reason can't handle the cancer," he said.

Jim Lauderdale died on July 14, 2006, and was buried in Arlington National Cemetery. Dixie and their two grown children still feel the raw grief of loss, but not anger, she said. "But I am convinced something very wrong is happening over there. Is anyone paying attention to this? Is the cancer ward still full?" she asked. "I would hate to see another whole generation affected like this, but I'm very afraid it will be."

• Contact reporter Carla McClain at 806-7754 or at [cmclain@azstarnet.com](mailto:cmclain@azstarnet.com).

<http://www.bloomberg.com/apps/news?pid=20601103&sid=aIcMpI2YcQV8&refer=us>

## Oral-Sex Cancer Link Suggests Boys Need Merck Vaccine

By Angela Zimm

*Bloomberg News*, August 27, 2007

Aug. 27 (Bloomberg) -- **Merck & Co.**'s Gardasil vaccine, approved for preteen girls to prevent cervical cancer caused by a sexually transmitted virus, should also be given to teenage boys to help avert cancers linked to oral sex, researchers said.

A growing body of research shows that human papilloma virus, responsible for cervical cancer, is also linked to about half of certain throat, or oropharyngeal, cancers. In a research review in the journal *Cancer*, doctors from the **University of Texas M.D. Anderson Cancer Center** said scientists should step up studies of the HPV vaccine in boys to expand the vaccine's use.

Gardasil may generate more than \$3 billion in annual sales for Whitehouse Station, New Jersey-based Merck, analysts say. The best way to reduce cancer-causing HPV is to widen the pool of children vaccinated with Gardasil, the researchers say. Merck is studying the shot in boys and plans to seek U.S. approval for that use, said spokeswoman **Kelly Dougherty**.

"We would encourage industry and scientists to study the efficacy in boys and men so the vaccination program can be expanded," said **Erich Sturgis**, associate professor of head and neck surgery at M.D. Anderson and the report's lead author, in an interview. "We know men are getting exposed and we know a major proportion of oropharyngeal cancers are caused by HPV."

Recent findings also tie the virus to cancers of the penis, anus and vagina. The link to head and neck cancers, which mostly affect males, points to a need to vaccinate boys before they are sexually active, the researchers said.

### Result Next Year

Merck expects to have data on use of the vaccine in teenage boys next year, Dougherty said. The Merck vaccine can already be used in boys in the European Union, Mexico, Australia, New Zealand, Indonesia, Costa Rica and Korea.

Merck's **shares** fell 70 cents, or 1.4 percent, to \$50.12, in New York Stock Exchange composite trading. The stock has increased 15 percent this year.

**GlaxoSmithKline Plc**, which is seeking U.S. and European approval of a similar vaccine called Cervarix, said it's focusing the product on girls and women.

Head and neck cancers, closely linked to smoking, have declined as the number of people who use tobacco dropped. However, oropharyngeal cancers, including the tonsils and back part of the tongue, are rising, especially among younger adults, studies show.

"Changing sexual practices such as more frequent oral sex in adolescents and young adults could contribute to an increase in oncogenic HPV-associated oropharyngeal cancers," researchers said in the report.

### Tonsil, Tongue Increases

Tonsil cancers have increased 4 percent and tongue cancers 2 percent a year in the past 30 years among adults younger than 45, according to studies cited in the review. Many of the cancers were among non-smokers, which points to HPV as the culprit behind the rise in the cancers, M.D. Anderson researchers said.

"This was once a disease exclusively of smokers and drinkers," Sturgis said. "Our experience is between a third to a half of oropharyngeal cancer patients have never smoked."

More than 90 percent of HPV-positive throat cancer tumors show infection with the HPV-16 form of the virus. Merck's and Glaxo's vaccines target strains HPV 16 and HPV 18. Merck's Gardasil also targets two additional HPV strains that cause genital warts.

Approved in June 2006, Gardasil generated \$723 million in sales during the first half of this year.

Head and neck cancers are the latest malignancies tied to HPV infection generating attention from health experts that would like to see broader use of the Merck vaccine.

Every year, about 650,000 people worldwide are diagnosed with head and neck cancers, and 350,000 die from the diseases,

according to the American Cancer Society, based in Atlanta.

### 'Emerging Area'

"This is an emerging area," said Joseph Bocchini, chairman of pediatrics at Louisiana State Health Sciences Center in Shreveport, in an interview. "As the data evolves, it would add the possibility of not only genital cancer control but oropharyngeal cancer control as well."

Bocchini who heads the American Academy of Pediatrics committee on infectious diseases, which makes recommendations on childhood vaccines, said it's too early to say whether boys should be vaccinated until more data is available.

"At this point there is nothing to suggest it would act differently," he said. "There is a very good chance it will be as effective in boys as girls and women."

Cancer is the medical journal of the American Cancer Society.

To contact the reporter on this story: Angela Zimm in Boston [azimm@bloomberg.net](mailto:azimm@bloomberg.net)

<http://healthyfutureforkids.blogspot.com/2007/09/parents-should-be-wary-of-cervical.html>

### EDITORIAL: Letter to the editor

## PARENTS SHOULD BE WARY OF CERVICAL CANCER VACCINE

By Rosanne Lindsay Fitchburg and Melinda Starkweather

*The Capital Times* (Madison, WI) Madison, 8/27/2007, A-9

Dear Editor: It is unfortunate that the *Wisconsin State Journal's* Aug. 8 editorial, "**Educate parents about vaccine**" failed to provide all the facts necessary to allow parents to make an informed decision on using the new Merck vaccine, Gardasil, for the human papillomavirus (HPV).

The editor urged the state to mandate girls as young as 9 years old to use a vaccine to prevent an infection that cannot be transmitted in the school setting. A similar mandate was attempted by Texas Gov. Rick Perry, but failed when the public rebuked his authority to do so. Shouldn't the people of Wisconsin be fully informed of all the facts before allowing one official to mandate the use of any vaccine for a disease that is not easily transmissible?

A May 2007 report documented over 1,600 adverse reactions and included three deaths linked to Gardasil. Among those reactions, 371 were classified as serious, and of the 42 women who received the vaccine while pregnant, 18 experienced side effects including spontaneous abortion and fetal abnormalities.

Cervical cancer has declined by more than 74 percent in the U.S. since the 1950s and today accounts for fewer than 1 percent of all U.S. cancer deaths. The cervical cancer/papilloma virus vaccine also may not bring about a significant decline in cervical cancer mortality rates in the U.S. because so many women undergo early detection of precancerous lesions and surgical hysterectomy.

A May 2007 editorial in the *New England Journal of Medicine* also raised questions about the vaccine's effectiveness.

It has come to the point where individuals must self-educate when it comes to protecting our health and the health of our children. We must demand all the pertinent information, not just that which comes from the pharmaceutical companies or politicians who are lobbied by them.

Rosanne Lindsay,  
Fitchburg Melinda Starkweather,  
Madison

[http://www.webmd.com/sexual-conditions/hpv-genital-warts/news/20070827/hpv-linked-to-throat-cancer-trend?src=RSS\\_PUBLIC](http://www.webmd.com/sexual-conditions/hpv-genital-warts/news/20070827/hpv-linked-to-throat-cancer-trend?src=RSS_PUBLIC)

## Virus Linked to Throat Cancer Trend

### Oral Sex Considered a Risk Factor

By Salynn Boyles

WebMD Medical News

Reviewed by Louise Chang, MD

Aug. 27, 2007 -- Unlike most head and neck cancers, throat cancer rates in the United States have not dropped in recent years, and infection with the sexually transmitted infection human papilloma virus (HPV) may be the cause.

HPV is a virus that causes genital warts and most cervical cancers, but its transmission through oral sex has only recently been identified as a potential cause of throat cancer.

In a newly published analysis of head and neck cancer rates in the U.S., researchers from Houston's M.D. Anderson Cancer Center found the incidence of throat cancer to be stagnant and even rising in some populations, defying a downward trend in other head and neck cancers linked more closely with smoking.

The findings underscore the importance of research aimed at determining if the newly available HPV vaccine is effective in males, researcher Erich Sturgis, MD, MPH, tells WebMD.

"The vaccine has been shown to be almost 100% effective for preventing cervical infection," he says. "We would encourage the medical community and [vaccine] industry to study its role in preventing this oral cancer."

### **Throat Cancer Risk Factors**

Tobacco use and drinking alcohol are by far the biggest risk factors for head and neck cancers. About 90% of patients with these malignancies either smoke or chew tobacco, or have done so in the past, and up to 80% of oral cancer patients also drink a lot of alcohol, according to the American Cancer Society.

In their newly published analysis of head and neck cancer trends in the U.S., Sturgis and co-author Paul M. Cinciripini, MD, showed that the decline in smoking has led to a decline in most head and neck cancers over the past two decades.

"These decreasing incidence rates trail by 10 to 15 years the declines in smoking prevalence, which began in the 1970s," they wrote in the Oct. 1 issue of the journal *Cancer*.

The main exception to this trend has been throat cancer, more specifically defined as cancer of the oropharynx, which includes the tonsils, base of the tongue and soft palate, and side and back of the throat.

These cancers are rare, accounting for just 10,000 of the roughly 45,000 head and neck malignancies diagnosed each year in the U.S. But their incidence has remained steady, overall, Sturgis and Cinciripini write, and tongue cancer rates among young adults have increased.

They conclude that this is likely due to HPV infection, spread through oral sex.

Sturgis tells WebMD that over the last five years, 35% of the throat cancer patients treated at M.D. Anderson Cancer Center had no history of smoking and that close to 90% of patients who had never smoked showed evidence of oral infection with HPV.

### **The HPV Vaccine**

In the conclusion of their analysis, the researchers write that vaccinating only females against HPV, which is currently the policy in the U.S., could result in a missed opportunity to prevent throat cancers.

The HPV vaccine is being offered to males in Australia, Mexico, and some other countries, but there is, as yet, no clinical proof that it works to prevent HPV infection in men, says Debbie Saslow, PhD, of the American Cancer Society.

In the U.S. the vaccine, marketed as Gardasil by Merck & Co., is recommended for 11- to 12- year-old girls, and for women up to age 26 who have not received it.

Studies are under way to determine if the vaccine protects boys against genital HPV infection.

"The HPV vaccine is very effective protection against cervical cancer, and there is a good chance that it will reduce the incidence of other types of HPV-promoted cancers as well," Saslow tells WebMD. "But we have no data to confirm that, and we won't have any in the near future."