cancer. About 500,000 cases of cervical cancer are diagnosed worldwide each year, and an estimated 280,000 women die from it, mostly in developing countries. In the U.S., about 20 million people are carriers of HPV, which causes more than 10,000 cases of cervical cancer and nearly 4,000 deaths a year.

Harper, an associate professor of community and family medicine, has spent 20 years researching cervical cancer. “The first discovery that HPV was even related to cervical cancer was published in 1975,” she notes. In 2004, Harper was optimistic that a cervical cancer vaccine would be available by 2010, based on the results of successful clinical trials, including one that she led between 2000 and 2003, with 1,113 women, ages 15 to 25 (see the Winter 2004 Dartmouth Medicine for the results of that trial, published in the British journal the Lancet).

Trials: But the results of three Phase III clinical trials, one of which she’s directing, have been so promising that the FDA decided to accelerate the approval process. “The very first of that data was reported and showed that the vaccine was a hundred percent effective and completely safe,” says Harper. “There were no adverse effects other than having pain in your arm from getting the shot. And that is based on a trial of 20,000 women.” Other large trials, with thousands of women all over the world, have shown results that are just as promising.

Teens: Harper anticipates that the vaccine, which is administered in a series of three shots over several months, could be ready as early as the summer. Ideally, it would be given to girls aged 10 to 13 years, before they become sexually active. HPV infection typically occurs in the late teens and early twenties. “So when you take your daughters in for their school physicals next summer, they should be asking for the vaccine at the same time,” she says.

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