

# Women carry cost of HPV vaccine

ROBIN COLLUM  
News Staff

A vaccine is available to protect women from a virus that causes cervical cancer, but anyone who wants to get it in will have to pay for it herself at least for the time being. Provincial governments have yet to approve public funding for Gardasil, which protects against several strains of human papillomavirus (HPV), and some are calling for the province to cover the cost of the important vaccine.

Gardasil provides protection from four strains of the HPV virus. Two of those are responsible for 70 per cent of cervical cancer cases in Canada, while the other two cause 90 per cent of cases of genital warts. Cervical cancer is the second most common type of cancer in Canadian women after breast cancer.

While the cost must currently be covered by the individual, Alberta Health and Wellness is waiting to hear from a national panel before they deciding whether to include the vaccine in the public immunization program.

"It's a very safe vaccine, and very effective vaccine as well, but we need to look at what a publicly funded program for it would be," said Dr Shainoor Virani, associate provincial health officer for Alberta. "We need to look at a number of complex factors, to make sure it's an effective immunization program."

Virani explained that a nation group of experts are currently examining the use of the HPV vaccine. That group is expected to come out with their recommendations by the end of 2007, after which an Alberta-specific panel

will further evaluate how to best distribute the vaccine in this province.

Doctors and public health officials are eager for an immunization program for the vaccine, sooner rather than later.

**"It was released in June, and had been in development for years. We knew it was coming, thank God it's here; so why didn't people plan for its arrival?"**

**DR BARBARA ROMANOWSKI,  
PROFESSOR OF INFECTIOUS  
DISEASES**

"It's amazing," said Dr Barbara Romanowski, a professor of infectious diseases at the U of A. "It's a vaccine for cancer. It's safe, and it's effective, and an excellent investment in a woman's future health. I don't know why more people aren't excited about it."

"When we, as public health people, look at the background on HPV generally, at the kinds of diseases it can cause, and at the promise of this vaccine, we're very excited," agreed Dr Marcia Johnson, Capital Health's deputy medical officer for health. "We look forward to a publicly funded program and we encourage Alberta Health and Wellness to fund it as soon as possible."

But for Romanowski, the length of time the provinces are taking to approve

public funding is a concern. Gardasil is only available with a prescription in Canada, and only Texas has provided public funding for it in the US.

"Any vaccine program for a new vaccine needs to fit into an existing vaccine program, but it's not like this vaccine came out of left field and has surprised anyone," she said. "It was released in June, and had been in development for years. We knew it was coming, thank God it's here; so why didn't people plan for its arrival?"

Virani explained some of the issues causing the wait for a public program for the vaccine.

"We're looking at how the vaccine will affect cervical cancer rates, what the feasibility is of instituting a program, what would be its operational requirements, things like cost-effectiveness and human resources," she said. "We need to make sure we've got the most effective publicly funded program."

Other unanswered questions surrounding Gardasil include whether it can be administered at the same time as other vaccines, whether patients will require booster shots in the future, and whether it can be given to men.

Right now, the vaccine is available through prescription or through the Capital Health business unit. Soon it will be available without prescription, though at cost, from certain public health centres.

"We want to make it possible for people to take advantage of it now, by taking away as many barriers as we can," Johnson explained. "Unfortunately the money isn't a barrier that we can take away yet."



KIM SMITH

**HAVE YOU SEEN THIS RESEARCHER?** Phillips' research shows that your mom was right when it came to drinking milk.

## Research milks the benefits of exercise

KIM MISUTKA  
News Staff

This year's Alberta Milk-sponsored seminar, "In Pursuit of the Perfect Diet," showed that having a daily dose of moo juice does more than build strong bones.

The 12 February lecture focused on the use of protein in sports nutrition and weight loss and the future of nutrigenomics—gene-nutrient interactions specific to each individual. Dr Stuart Phillips of McMaster University opened the lecture with the results of his research on the effects of different protein sources in relation to muscle mass.

Phillips presented data from a group of French researchers that implied milk proteins were superior to soy proteins in fuelling a muscle-building response. This supports his own study in which he compared the consumption of two cups of milk protein to an energy and nutritional equivalent of soy protein

after exercise.

"Milk proteins [were] more effective in promoting protein accretion following resistance exercise than soy protein, and we don't think it really has anything to do with amino acid content," Phillips concluded. "It's simply a digestion issue."

Many people believe soy to be a healthier choice, but his research showed cow's milk is better when applied in training.

Phillips said that if his short-term study holds true, then the long-term results of someone who chronically consumes milk could be hypertrophy—the expansion of pre-existing muscle fibers.

A twelve-week analysis was done with 60 resistance-training sessions. Participants consumed either two cups of milk, soy protein, or a control group of carbohydrates after their workouts.

"The milk group did gain more lean body mass than either the soy or control groups," Phillips said. "[They] lost

... about 1.2 kilograms of fat mass at the same time. So from a health standpoint they experienced a change in body composition that is quite beneficial."

He noted that it's hard to draw a line between a high protein diet and any clinical disorder, and that there isn't much evidence to suggest serious consequences from eating too much protein.

"Kidney stones? Not really. An increased risk of diabetes? Nope ... if you can find me the evidence I would be more than happy to walk away with it and put that up there as an argument of why you shouldn't eat too much protein," he said.

It may not be possible to consume too much of a good thing, according to Phillips, but protein isn't the energy source athletes need.

"Carbohydrates fuel performance ... the only drawback to a high protein diet from an athletic standpoint is that you are going to displace carbohydrates," he said.

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