



Caring for the
Next Generation

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Dear Parents,

When your adolescent turns 12 (boys)-14 (girls) years old, I will spend some time visiting with them by him or herself. I have written about these visits and the topics we cover in previous letters. However, I wanted to write this letter to review this information with you and give you some new information on the Human Papilloma Virus vaccine (brand name Gardasil). Please know that my purpose of these visits with your child is to come along side you and encourage your child in the same things you are encouraging your child in.

Most of you have been in visits with me to know several of the topics we cover. We cover the 4 things that are important for growing (eating healthy and water, calcium, exercise, and sleep). We cover the two things (communicating and respecting differences of opinion) that relate to relationships with parents but are obviously important in all relationships (obviously love, forgiveness, honesty, trust, patience, etc. are important as well). Then I cover my "letters".

For 12-15 year olds we talk about thinking through scenarios where they are asked / pressured to do things they know are not right to do:

T—Think ahead / anticipate what can happen before you get in a situation

C—Choose carefully who you hang out with and where you hang out. I think it's human nature that if you keep hanging out with someone making poor decisions you are likely to start making poor decisions as well.

S—Solomon principle, or daily seek wisdom to make the decisions of this day.

For 16-18 year olds we enter Psychology 101 and talk about life / relationship principles:

S—Self-aware—identifying and acknowledging (not fixing) our strengths and weaknesses

C—Content / Comfortable in our own skin. We spend a lot of time and energy worrying about what others think about us. Ponder as you wander quote, "What you think about me is your business, but what I worry you think about me will drive me crazy /kill me."

P—Pray for protection. I don't think it's a bad world out there. But, as evidenced in the news there are evil and accidents and natural disasters. Just as mothers never stop worrying and praying for their children, I think it makes sense to daily pray for protection.

Then there is the topic of sexuality. At 12, I mostly just talk about the physiologic changes of puberty. I am encouraging and assuming that you parents are having



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conversations about these matters with your child way before this time. We start talking about these topics at 9 or 10 in the office. You should have gotten my resource list (also on the website) at one of these visits. By 12 years, I also encourage you to have had or be planning to have conversations about sex. These are awkward conversations for all involved, but vitally important. I assure you that by this age, your children are aware of the subject. Whether it's from friends or peers at school, from billboards on the highway, magazines in the check-out aisle of HEB, or commercials during sporting events, your children have been exposed. I want them to hear about this subject from you parents first. Then, they will see you as the expert and come to you with questions. In our house we have had this more extensive conversation with our children at 10 years old, but there were many spontaneous natural curiosity questions along the way as well. Please know, this talk is not "the talk". It's "a talk" in the continuum of developing a healthy view of sexuality in your children.

At 13, I talk to boys about guarding their eyes. We talk specifically about pornography and its addictiveness. I do affirm their natural attraction to girls. I don't want them to deny their natural God given desires and manhood. I just encourage them to wait on fulfilling these desires until they are in a lifelong relationship or marriage. For girls I explain how guys are visually stimulated and therefore encourage modesty in their dress. This is for their protection in terms of the message they are sending out but also a way to respect boys.

At 14, I have a more comprehensive talk about sexuality and the medical reasons to abstain. I may ask them, "Is it wrong to have a boyfriend or girlfriend?" My main point is to remind them that we weren't meant to live in isolation. We need a village or a community to go through school and then life. I encourage them to have friendships with boys and girls and to do things in groups whether they have a boyfriend or girlfriend or not.

Then at the 14 year old visit, I go over the medical reasons to wait until marriage. The first is most obvious, pregnancy. The second is sexually transmitted infections (STI). There are over 25 major STIs. We discuss the statistics. In an average American High School, 1 in 4 students has an STI. It is likely a higher percentage in college students. 80% of guys and 60% of girls don't know they have it. We discuss the myth of safe sex versus the reality of risk reduction. Condoms when used correctly and 100% of the time



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reduce the risk of HIV by 90%. However, the risk reduction is 50% or less for all other STIs and for Human Papilloma Virus (HPV) studies show only a 0-30% risk reduction. Third, I talk about the legal implications that effect boys more than girls. A forth reason is the emotional component. We continue to learn more about the brain and how everything affects it. We know that hormones are released when two individuals are sexually intimate (really any kind of sexual intimacy). This creates a kind of biochemical bond that is powerful, wonderful, strong and even addictive. When this bond is broken, it is difficult. Moreover, psychologists are recognizing an increased incidence of attachment disorder. This is where an individual has a hard time developing emotional (not physical) intimacy with another. As they have studied this, a significant cause is the increased number of sexual partners. A practical explanation of this can be visualized by thinking of a piece of sticky tape being ripped off your arm. Not only does it hurt but it takes part of you (hair) with it. Then, if you keep putting that same piece of tape on and off multiple people's arms, it will lose its "stickiness" over time. Teenagers have a tendency to live in the moment. What these 3 reasons have in common is that they all have lifelong implications / consequences for the individual adolescent.

At the 14 year old check-up, I tell the adolescent that I am going to recommend that they get the vaccine for HPV. If you would like your child to receive this earlier, we can discuss this, but I routinely talk about it at 14. HPV causes cervical cancer in women, genital warts in men and women and oral cancer in men and women. This is not a perfect vaccine, but the newest version contains 90% of the strains that cause cancers. I tell them I am recommending the vaccine *not* because I don't believe they can wait (or wait going forward if they have been sexually active) to be sexually active. I tell them I believe they can wait and I'm going to continue to encourage them to wait (again going forward if they have been sexually active) as I think it's the best medical decision for them. However, there are 3 reasons I recommend it to them.

First, I don't know who they will marry. Even if they wait to be sexually active, if they marry someone who has been sexually active, their spouse can bring the virus into their marriage. Studies show that 80% of Americans (pre-vaccine) have this virus before they die. Unlike herpes and HIV you can get over this virus, but still 80% have it at some point.



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Second, we have seen a dramatic increase in oral cancer due to HPV over the past couple of years. In the past it was rare for a male to have a cancer with HPV. Now it is estimated that 1 in 3 new diagnoses of cancer due to HPV is in a male. Since HPV is a sexually transmitted infection, it is probably obvious that the increased incidence of oral cancer is due to oral sex. This sexual behavior has become much more common in the past few years. It is reported that 60% of college students have had oral sex in the past 3 months. However, what is scary to me as a physician and father is that now that this virus is in the mouth, we have introduced a new route of transmission which is mouth to mouth. We are still learning about the transmissibility of HPV in the mouth, but we do have confirmation of this virus being transmitted mouth to mouth. Though this vaccine is not currently FDA indicated for the reduction of oral cancer, this rise in oral cancer is what is pushing our recommendation to vaccinate boys.

Finally, studies show that when this vaccine is finished by 15 years of age the titer response (amount measured in the blood after completing the 3 vaccine series) is 4 times higher than those who complete the series after 15 years. Now, we don't know for sure that a higher titer response means greater efficacy, but it would logically appear so.

I know this vaccine has had some questions revolving around it. The most obvious is that this is a vaccine for a sexually transmitted infection. Some have been concerned that by giving it we are condoning a behavior. I think you can see from this letter that my explanation in no way condones a behavior. Then there was the concern over a state executive order to mandate it for teenagers. This was perhaps not a well thought out mandate. No one wants big brother telling us what we have to do. However, the intent was to assure that insurance companies would pay for it. It is now covered by most (if not all) major insurance companies. Finally, there is always a concern about safety. At this point more than 100 million doses have been administered world wide. Besides the pain with the administration, I feel very comfortable with this safety record. **My biggest endorsement of the vaccine is that I have given it to my teenagers.**

Please let me know if you have questions about these adolescent visits or about the HPV vaccine before your son's or daughter's appointment.

At the 15-18 year old check-ups, we will review the topics we discussed at the 12-14 year old visits. In these latter years I will particularly talk about the frontal lobe and how that



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relates to addiction in terms of drugs, alcohol, smoking, sugar, caffeine, video games and pornography.

It's my pleasure to walk through the adolescent years with you and your children.

John T. Fitch, Jr.