S4, #20: Dr Thomas Ind - Cervical cancer, screening, HPV and prevention

Joyce Harper (00:02)
Hi, I'm Joyce Harper and I want to welcome you to season four of my podcast, Why Didn't Anyone Tell Me This? Together with expert guests and those with lived experiences, we will give you some tools to empower you to live a life of good health and happiness.

Welcome to the first in the podcast mini series about gynecological cancers. And I must first give a introduction to the Eve Appeal, who are the most fantastic charity that do brilliant work in the area of gynecological cancers. They raise awareness, they sponsor research. Please go to their website if you need any further information about any of the gynecological cancers in the up and coming podcasts. But today we're going to speak to Dr. Thomas Ind about cervical cancer screening, HPV and prevention. And Tom is a consultant gynecological oncologist and is one of the senior gynecological oncology surgeons in the country. It was so great to talk to him. I learnt a lot about cervical cancer during our discussion. And it really is a success story with HPV vaccination and smear tests. We have seriously reduced the amount of deaths by cervical cancer in the UK. And it was really interesting to hear how this has changed over Tom's career. And you must stay on till the end. Tom gave one of the very best answers I have ever had to my fun questions at the end of my podcast, which was what makes him happy and where is his happy place? Enjoy.

Joyce (00:01.474)
Welcome, Tom.

Thomas Ind (00:04.044)
Well, thank you.

Joyce (00:07.982)
We'll do that bit again. I forgot to say that at beginning. I'll say, welcome, Tom. And then you say, hello, hi, Joyce, great to be here. And then I'll do the first question. So I'll do that again. Welcome, Tom.

Thomas Ind (00:20.78)
Well, thank you Joyce, it's great to be here.

Joyce (00:24.514)
So last year I did do a podcast explaining what the cervix is, but just for our listeners today, can you briefly remind us what the cervix actually is and explain what cervical cancer is?

Thomas Ind (00:38.38)
Okay, well, the cervix is the neck of the womb. It's the part of the womb that sticks into your vagina. So if you were doing a vaginal examination or trying to feel your cervix, it's right at the top of your vagina. It feels like your nose. It's that consistency. So the uterus or the womb,

has a corpus, which is the main body of the womb, which houses a baby during pregnancy, and it has a cervix, which is the neck of the womb, which keeps a baby inside the womb during a pregnancy. So that's what the cervix is. And cervix cancer, well, cancer is a disease of cells. It's the disorganized growth, pathological growth of cells in any organ, and if it's a cervical cancer, it's in the cervix.

I don't know if Hannah explains it well enough.

Joyce (01:35.47)
Brilliant. Yeah, we'll delve into that. Yeah. And you've been working in the field of gynecological, what we call oncology, which is gynecological cancer, female cancers for many years. So through your career, what interested you to want to specialize in this area?

Thomas Ind (01:58.424)
Well, I think the honest answer is that I had someone I worked with when I was younger who was very inspiring and I think that's how a lot of people enter a particular profession. In the early days, the surgery for cervix cancer was the most challenging surgery. It's not now.

But that's obviously what interested me and also it's a disease in younger women often of fertile age So, know, it's it's not it's very easy to be compassionate about women with cervix cancer because You see it affects their lives in so many ways

Joyce (02:44.622)
Thank you. And you said that it's a disease that affects younger women. So how does cervical cancer usually develop over time rather than it doesn't just appear suddenly, does it? It develops over time. Tell us more.

Thomas Ind (02:58.828)
Well, I mean, it's an interesting comment that because it can suddenly develop over time. When it presents in its advanced stage, it might present with pain, bleeding after sex, bleeding in between periods. But the one thing we have in the UK is the cervical cancer screening program, which is a preventative medicine program. It's one of the cancers that you really can prevent.

And so often when we detect cervical cancer in this country, it's picked up at the time of a routine smear test. And so we often pick it up at a very early age before it's visible to the naked eye.

Joyce (03:44.158)
Tell us more about the screening. So what age should women be having the screenings? What age should they start and should they continue this through their whole life?

Thomas Ind (03:52.087)
Okay.

Okay, a little bit of controversy there. So we have a national screening program. When I started in my profession, we would screen people from the age of 20. Then about 25 years ago, we brought in liquid-based cytology, and the screening age moved from the age of 20 to 25. That was quite controversial at the time. I think we now come to terms with that.

change in age, because I think we have somewhere in the region of six or seven deaths a year from cervix cancer in women under the age of 25. But of course, those who are against that deferment of screening said that you don't screen people at the age of 20 to prevent cancer at the age of 25. You screen them at the age of 20 to prevent cancer at the age of 35. But we screen people from the age of 25 or before that, your 25th birthday.

Now you get screened every five years. used to be every three years, but recently it's moved to every five years. And we stopped screening at the age of 65. And that involves having a speculum examination, having a sample taken from the neck of your womb, either by a nurse or a doctor. And they test you for a VHPV virus now. And if you're negative to the HPV virus,

That's it, you come back in five years time for another test. If you're positive, they'll take that sample and they will analyze it for abnormal cells. And if you have abnormal cells, they'll refer you to an investigation called colposcopy, where a doctor or a nurse will examine your cervix with some special ties, dyes, and possibly take a biopsy. So that's the whole screening process that takes place.

Joyce (05:55.598)
And you said that they pushed the age back, so it was age 20 and moved to age 25. So we like being controversial here. So why was that? Was that just due to money?

Thomas Ind (06:07.32)
I don't think so. think, I mean, at the time, and I mean, you it is a controversy that's passed, and it's probably proven to have been the right decision retrospectively, although I was quite vocal against it at the time. Well, first of all, in those days, we screened for abnormal cells. Nowadays, we screen for the HPV virus. The HPV virus is incredibly prevalent in the under 25s.

Come 25, most women have had their sexual debut, they've had their exposure, and they've developed their immunity. And so the positivity rate is lower. The other thing is when you have a positive screen, you end up seeing horrible people like me who take biopsies from your cervix and damage your cervix. And we know that multiple biopsies, multiple bits of damage to your cervix, possibly affect your

ability to hold a baby in the future. So there's an increased risk of miscarriage and premature labor if you have treatments to your cervix later on in your life. And of course what's changed in the last two or three decades is that women do start their family later

on in life. So if you have one treatment at the age of 25 and you're one of the 5 % of people who need another treatment,

then the likelihood of you needing that second treatment before you've started your family is slightly greater. So it probably retrospectively and with hindsight was the right decision, even though at the time people like me were quite vocally against it.

Joyce (07:51.003)
Tell us more about the HPV. what is it and why is it related to cervical cancer?

Thomas Ind (07:58.616)
Well, probably all or the vast majority of cervix cancers are caused by this virus HPV. HPV stands for the human papilloma virus. a bit like COVID having Delta and Omicron and those different varieties, are a number of different types of HPV or human papilloma virus. And they're given numbers from sort of one to 100.

Only certain numbers cause cancer. The most common are numbers 16 and 18. But other ones do 2, 31, 33, 45, 52, 68, among others. And this is a virus which is a little strand of DNA, which is the material that makes up our genes. And the virus is a very clever virus. It gets into breaks in the skin.

and inserts its DNA into the nucleus of our cells and replicates from within our cells. So it sort of uses us as a host to replicate. And one of the side effects of certainly type 16 and 18, 31, 33, 45, is that it can produce some oncoproteins that inhibit our cell regulatory pathway.

cause cancer.

Joyce (09:29.486)
That's such an excellent description. I've never heard anyone describe it quite so clearly. So that leads us perfectly onto the HPV vaccine. So if women are taking this vaccine, then they won't get HPV and they won't get cervical cancer. Tell us more about the vaccine.

Thomas Ind (09:48.332)
Well, the vaccine is a huge advance. But I think one of the worries at the time the vaccine came in, and I mean, I was renowned for writing an article in the Times saying, one second, guys, we've got to still have our smears, is I was very worried at the time that the initial vaccine was only against numbers 16 and 18.

which only account for 75 % of all cervix cancers or did at the time, was that people would stop having their smears. So before you say anything, if you've been vaccinated, you still need to have your smear test. Please don't stop having your smears if you had been vaccinated as a child. So the vaccine turned out to be, I would say it's probably one of the most successful vaccines.

that have been introduced. Well, maybe smallpox beats that. But we didn't realize that it was going to be quite as successful as it was. And of course, the incidence of cervix cancer amongst a vaccinated group has really diminished. I've forgotten what the exact question is, Just repeat the question.

Tell us about Maxi, would you say?

Joyce (11:13.89)
Yeah, yeah, perfect.

Thomas Ind (11:16.632)
So the vaccine is sort of given to 12, 13-year-olds at school now. I think it's given to boys as well as girls, although I'm not in primary care. And I think now they have one dose rather than three. was initially three doses when people came in. But I think we now know that one dose is acceptable. And it promotes immunity against the HPV virus.

causes this cancer. And by the way, the virus also causes head and neck cancer, tongue cancer, anal cancer, and other cancers too. So in communities where people have taken up the vaccine and they haven't been brainwashed by these non-evidence-based amateur scientists who call themselves vaccine deniers,

you know, instance of cervix cancer has pretty well been eradicated. Unfortunately, not everyone has come into contact with it. And of course, the vaccine hasn't really been around long enough to know how it's affected a generation.

Joyce (12:31.918)
So as you said, so many young people now have HPV that this is why they've got to have the vaccination before they become sexually active. Is that right?

Thomas Ind (12:44.088)
Yeah, I mean, is slightly, I'm not saying that if you've been sexually active, you don't need to have the vaccine. You can have the vaccine in the NHS. It's licensed up to the age of 25. But in fact, the drug itself is actually licensed up until the age of 40. And between you and me, I've been vaccinated because I'm swimming around in this HPV virus professionally.

and I don't want to get throat cancer from the fumes of the HPV virus that I'm inhaling. So, you know, I see no harm in taking it. But yeah, you know, I've definitely vaccinated my children. I would want my grandchildren to be vaccinated. I can't see what there is to lose from it.

Joyce (13:34.872)
So do you know what the uptake is in the UK? Because if people have this vaccine and they're still having their screening as well, they're going to really, really, as you say, probably eliminate cervical cancer. But it has been controversial, it? People are not taking up these anti-vaxxers and things.

Thomas Ind (13:40.632)
Yeah.

Thomas Ind (13:53.88)
Yeah, so I don't know what the most recent figure is, and I'd have to look it up. Certainly, last time I looked it up, the figure was somewhere in the region of 75%. But we could do better than that. The first country to really embrace a vaccine was Australia. they were the first to offer it to boys as well as to girls. And they have an incredibly low incidence of cervix cancer now amongst their own population obviously amongst the immigrant population who come in who haven't been vaccinated, then that's higher. But amongst their own population, my understanding is that in New South Wales last year, there was zero cases of survival cancer death from the population who had been vaccinated, which is incredible.

Joyce (15:27.32)
That is incredible and that's what we'd really like to hear. So let's look at the worst case scenario. Someone hasn't been vaccinated, they haven't been doing their smear tests and now they've been diagnosed with cervical cancer. What are the symptoms that they might be experiencing?

Thomas Ind (15:45.986)
So really, if you present the cervical cancer with symptoms, it's normal, but it normally means that you're presenting with a slightly more advanced disease. But the symptoms you can present with are bleeding after sex, bleeding within between periods, or any abnormal vaginal bleeding. And then with the more advanced disease, pelvic pain and back

Joyce (16:12.724)
and what would your treatments be?

Thomas Ind (16:16.672)
Okay, so the treatments depend on stage. And by stage, I mean how advanced it is. So the very early stages of cervical cancer are microscopic, can't be seen to the naked eye. And the very early treatments of it are just what we would call a combiopsy or a lupic scission, sort of...

treatment you have for an abnormal smear, can be done on the local anaesthetic in clinic. The cure rate is high 90 % if it's the appropriate treatment. So early stage, that means small cancers confined to the cervix, small local anaesthetic treatment, that's the end of it. In the same way that a small skin cancer can be treated by cutting out a small skin cancer on the local anaesthetic in the clinic.

As the tumor gets bigger, the tumor can spread. It starts by spreading locally, and it's a visible tumor. And once it gets to a certain size, then the treatments are more radical surgery for which you have to be put to sleep for. Now, traditionally, that treatment would have been a hysterectomy. But in the 90s, when I was a young doctor,

I worked with a team who developed this operation called radical trachelectomy, which was a new conservative treatment preserving the womb and preserving the woman's fertility for cervical cancer. was pioneered predominantly in Europe by the French. It was taken up by my supervisor when I was a young doctor. I suppose in answer to your earlier question, you know, that's what

got me interested in the subject because I thought we were doing something new. But surgical treatment has changed significantly over the years. We used to do this thing called a radical hysterectomy. We used to take all the lymph glands out of the pelvis, which had this terrible side effect called lymphedema, which is sort of elephantarsis of the legs. Now we do more conservative surgery.

Thomas Ind (18:38.36)
and we do sentinel lymph node dissection which doesn't cause this big leg swelling. But this particular operation is becoming rarer and rarer and rarer because the incidence of cervical cancer is becoming less and less and less. And I have to say it's quite rare to see a case of cervical cancer in a woman who's had regular smear tests and who has been born and brought up in the UK.

I would say most of the cases I see are in people who've moved from the UK, from third world countries like the United States of America, where they don't have universal healthcare for all their patients. Sorry, that was said slightly tongue in cheek. But in this country, we have an excellent cervical screening program where we have good coverage and having people attend for it is much more important.

than how effective it is in an individual. Because if 80 % of people turn up for something that's 80 % effective, it's going to be better if 10 % of people turn up for something that's 100 % effective.

Joyce (19:52.544)
I do like a good news story. And what you're saying about cervical cancer, certainly in the UK, especially in Australia, but it is a good news story. And we have gone from having to have a hysterectomy, which would obviously seriously affect a woman's fertility and health, to this great outlook now for women, especially if they're either having the vaccine and ideally, and also having their smears.

What are the other risk factors that women can need to know about risk factors for cervical cancer?

Thomas Ind (20:30.828)
So when I was a medical student, and we didn't really understand HPV as a causal agent, we did understand that it was related to the number of sexual partners a woman had had, and the number of sexual partners a woman's partner had had. We've had a number of supposed causal agents in its time. The pill was once thought to be associated with it.

But you've got to remember that back in the 80s and 90s, we were probably a slightly less sexually promiscuous nation. And it's quite interesting. My parents were young people in the 60s. And I always used to joke that one day Sergeant Pepper's lonely heart club band would be blaring out of every old age pension home.

And when it probably is now, my parents still alive that they are of a different generation. But in the 70s, after the swinging 60s, the average sexual debut was in your early 20s. Now, it's in, I think it's something like 15 and eight months, the average age of a sexual debut.

And if you delay your age of sexual debut by one year, from every year you delay it until the age of 19, you reduce your risk of cervical cancer by 15%. And there's a good anatomical reason to understand why that's the case, because your cervix develops in adolescence, and the area where the virus gets into your cervix is called the transformation zone. And that...

moves and changes to the point where it's more vulnerable during adolescence. So a delay in sexual debut reduces your risk of cervical cancer. Whether or not the pill is causal or casual in a relationship is debated. Smoking. Smoking reduces the number of Langerhans cells. Now Langerhans cells are

Thomas Ind (22:55.288)
part of your immune defense in soft tissues. So smoking reduces your Langerhans cells in the cervix and smoking probably increases your chances of catching cervical cancer. So traditionally, the textbooks will say early sexual debut, number of sexual partners, number of sexual partners of your sexual partner, and smoking. But I think, you know,

I think nowadays, I think it's not stigmatized having had more than one sexual partner at a young age. And I think you'll find that it's less of an issue if someone went back and reanalyzed it, because it is normal to have sex.

Joyce (23:44.579)
I love you call it a sexual debut. I'm going to use that. Makes it sound like something of Bridgerton.

Joyce (23:55.244)
do think though that young people are having less sex. I think we might have had a peak in the, you know, I was at uni in the 80s and the 90s. I think we might have had a peak then actually, but...

Thomas Ind (24:05.634)
Well, every older generation thinks that they were in the enlightened generation.

Joyce (24:10.872)
True.

Joyce (24:15.566)

Yeah, maybe I'm just, I've got kids at uni, so maybe I'm just being a bit optimistic. So this is good news. I suppose actually though we don't know about vaping. We've done a little bit of research on vaping and there's so many things coming out now. I don't know if anyone's done had a look at vaping and any of the gynaecological cancers at all, what's happening there. You mentioned smoking.

Thomas Ind (24:43.064)
I mean, I would have to defer to an epidemiologist on that. mean, we're all convinced that something will transpire with vaping.

Joyce (24:54.402)
Yeah, yeah, I'm sure something we'll find out in the future that it's terrible for everything. So we've got these success stories with the vaccine and with the screening. And is that the problem in different countries? Because cervical cancer is rare in some countries, but very common in others. Is that because of these preventative measures are not being rolled out in these countries?

Thomas Ind (25:18.392)
Well, so I think, yes, in some instances, I think the other thing that people need to know is that HIV AIDS is associated with cervical cancer. And that's due to local immunodeficiency in the cervix to the HPV virus and perhaps lack of controls. And in fact,

cervical cancer is an AIDS-defining illness. So in sub-Saharan Africa, where HIV is much more common, then cervical cancer is more common. And it's more common amongst people with really all forms of immunodeficiency. So it's more common in transplant patients because they have to take immunosuppressive drugs.

more common removal of steroids and the smoking issue, as I explained, is to be due to local immunodeficiency within the cervix. So yeah, those are the countries where cervical cancer is more common. And in fact, there is a, I mean, I see lots of cervical cancer because I'm the one person who's displayed an interest in it. And...

the instance of cervical cancer, I think we've got less than 700 deaths a year in the UK now. And we're worried about the training of our younger doctors coming through. Although in one respect, it's a good story that we don't see this disease, they're not getting the exposure and the training to manage these patients surgically in the future. And so a lot of people...

who are younger while learning and wanting to go to Africa and perhaps see some more cases so they know what to do when they encounter one in the UK.

Joyce (27:25.71)
You said 700 deaths in the UK that are all preventable.

Thomas Ind (27:30.072)

That's probably England actually, always get my England Scotland works, but yeah I think it's somewhere between 680 and 700 deaths a year.

Joyce (27:33.048)
wow.

Joyce (27:41.378)
Wow, which are all preventable, but you said earlier that this is probably from people who have not been brought up in the UK. So yeah, it's preventable, isn't it?

Thomas Ind (27:52.664)
So it's rare to see, I mean, it's rare to see someone who's had regular smears and been vaccinated with cervical cancer. before we moved to HPV testing, in fact, HPV testing only came through in the pandemic really, before we were still looking for changes in the cells of the cervix.

And I would always tell the medical students, look, if someone's had regular smears and they've still got cervical cancer, someone somewhere has misreported the smear on balance of probability. And so we went through this phase where anyone, and we still have it to a certain extent, anyone who develops cervical cancer, we go back and have a look at their old smears to see if someone's made a mistake because there's

clearly gonna be a learning episode there. I would say it's rare to see a cervical cancer in someone who's had regular smears and there not to have been a mistake. And there are a couple of big scandals, one in particular in Ireland relatively recently, where smears have been misreported. But what's changed now is because we test for HPV upfront rather than analyze the cells upfront,

No one can dispute the analysis of a laboratory analysis, which is either positive or negative. When we were analyzing for cells, it was someone's opinion.

Joyce (29:33.538)
Yeah, but if in the rare circumstance someone would be HPV negative, then is it right in saying that they can't get cervical cancer?

Thomas Ind (29:44.672)
There are some rare forms of cervical cancer which are unrelated to HPV. The vast majority of cervical cancer, the type that we screen for, the type we're trying to prevent, is pretty well all HPV related.

Joyce (30:06.894)
So just in case anyone listening to this has not been getting their smears or has not been back or getting their children vaccinated, what would you want them to know?

Thomas Ind (30:20.852)

Okay, well, gosh, that's more than one question, I mean, the first question is about bums on seats, know, compliance with the health. So first of all, I think as a community, we have to spread the message to those who

Joyce (30:25.862)
Sorry

Thomas Ind (30:48.98)
often don't reach the sort of normal healthcare messages. Those who don't speak English as their primary language, those who work in communities where they perhaps wouldn't present themselves. Should you have your smear test? Absolutely you should have your smear test. There are a group of women who really find it uncomfortable.

There's a lot of research going on at the moment for self testing, which is looking incredibly encouraging. But as I said, the cervix is the neck of the womb, which is at the top of the vagina. And the only way you can see it is by a speculum examination. So eventually, diagnose it, someone actually has to visualize it. And by the time it's visualized,

by radiology, by that I mean MRIs, it's got to be of a reasonable size. So we want to pick it up before then. Would I encourage parents to allow their children to be vaccinated? Absolutely, I allow my children to be vaccinated. As I've explained, I've been vaccinated myself.

There are some terrible things coming out. You're a scientist, Joyce. I heard this wonderful comedy sketch by this comedian called Ria Lina. Do you know her? Because I think she was educated in your university. She's a scientist. She's a virologist, but also a comedian. And during COVID, she did this wonderful sketch about why people wouldn't have a vaccine. And she came out with this comment like, well, I'm a scientist.

Joyce (32:26.476)
No.

Thomas Ind (32:43.554)
You know, I create a hypothesis. I design a trial to test that hypothesis. I had an undergraduate education and a postgraduate education. I've learned the methods of testing it. And finally, when I do the experiment, I put it for peer review and I write it up and form an opinion. And I see that these people just form an opinion.

I just thought it was just, I mean, I obviously delivered in a beautiful way. You know, I used to give a talk when the vaccine came out and people, were a number of the biggest complication from having a vaccine was fainting. And you can imagine the queue of 12 year old girls at school queuing up for their injection.

I'm sure not everyone, every girl is happy about queuing up to have this injection. The idea that it would cause Guillain-Barré syndrome, it's been completely defunct. In

America, they have this thing called VAERS, which stands for Vaccine Adverse Effect Reporting System. There are millions and millions and millions of vaccines.

any vaccine, any death within a certain time limit of receiving a vaccine has to be reported to theirs. So if you are crossing a road and hit by a lorry going the wrong way around down that road, and you'd have the vaccine within that time limit, you get have to be reported to theirs. If every single one of those deaths was due to the vaccine, even the person hit by the lorry, then your risk of dying from this vaccine is still incredibly low.

Even though the vast majority of could never be associated with the vaccine. people don't know. I used to give a lecture. people don't understand. There only are 365 days in the year. And every day, we have a risk of dying. If you go on holiday to a ski resort, I think there's about a one in 3,000 risk of being

Thomas Ind (35:06.424)
of dying during that two week holiday. If you take into account your age, just statistically, because there really are 365 days of the year and you're going to die in one of those days in one of 80 or so years. So the vaccine does not kill you.

Joyce (35:11.212)
dear.

Thomas Ind (35:31.724)
There is no such thing as a vaccine death. There is no evidence to suggest vaccine death. There is no evidence to suggest Guion-Barré syndrome. There is no evidence you're more than likely to get Guion-Barré syndrome if you're vaccinated. The science is clear and it's there. And science is about using the best evidence available, whatever that evidence is, not anecdote. And I can tell you right now, if you had a vaccine today,

If a thousand people had a vaccine today, someone would develop an illness within 30 days of that vaccine. Because statistically, someone is always going to develop an illness within 30 days of any event.

Joyce (36:14.83)
Very, very true, very true. Now, when we have our smear, as you said, it is a little bit uncomfortable. I think it's a very small price to pay. Every time I have my smear, I put it on social media and let people know, I've done it, I've done it, it's fine, you know, it's worth absolutely the best way of having preventative medicine. But you mentioned that people are trying to develop one that you do yourself. Do you know about that? How would we take a sample of our cervix ourselves?

I can't imagine, I could imagine putting a speculum in myself. I don't know how they do it.

Thomas Ind (36:49.662)
No, no, you don't need to put the spectrum in. fact, self-testing has been studied for quite some time. And there are some studies that go back to 30 years on it. So the very

first part of having a cervical smear is to get a sample from the cervix. And we used to call it exfoliative cytology. So we'd get this sample.

And the original technology was invented by a Greek man called Papanikalaou. So in many countries, it's called a pap smith. And he collected cells from the surface of cervix, pasted them onto a slide, stained them, and looked at them. In fact, it's quite interesting. If you look at Papanikalaou, there is some scientific controversy. And some people say that a lot of his work was plagiarized. But I've got to be careful before I

I lied on myself. But he has kept the name even though we don't do what he describes now. Then about 25 years ago, we brought in the thing called liquid-based cytology where you dunk the samples into a pot, a liquid pot, which is then spanned down and you get a mono layer. And the advantage of that is you can also test that specimen for...

viruses such as chlamydia, gonorrhea, also HPV. Sorry, chlamydia and gonorrhea are not viruses, but microorganisms. And HPV is a virus. So now we test for the virus. And DNA testing, as you know, has become, you know, it's used in,

you know, crimes, know, detect murderers and things like that. You know, you can use it to discover people like Richard III in a car park in Leicester. You know, it's really, really sensitive. And by taking a sample from your cervix or even probably just from your vagina, you should be able to detect HPV virus.

Thomas Ind (39:12.088)
because you only need a tiny, tiny, tiny amount of DNA to be able to detect it. The problem is, is once you do, once you detect it, there are a group of women who really cannot tolerate a vaginal examination. There are women who physically can't do it. There are women who psychologically can't do it. There are women who've been sexually assaulted who it.

brings up all sorts of terrible memories and worries and concerns. And really the only way of testing then is to put someone to sleep. And we can't put everyone to sleep to get a cervical smear. But at least we can see if they're HPV positive or not. Most women then who do self testing who are HPV positive do end up having a vaginal examination. And most do to...

know, do tolerate it to the level of an adequate examination. Very, very rarely you do have to put someone to sleep in order to do

Joyce (40:20.002)
Yeah, yeah. Now you mentioned, well, we've discussed some of the myths that go around, certainly around vaccination. So with social media, I'm doing so much on social media now and about how we educate the public or how they are being educated by whoever's posting, normally influencers, not normally people like us so much. Are there some common myths that you've heard about either cervical cancer or HPV or screening?

that you've come across in recent years.

Thomas Ind (40:54.112)
So when HPV testing came in, we were very concerned because we were previously testing for a cancer or a pre-cancer. And then now we were testing for what in effect is a sexually transmitted disease. And there was a little bit of stigma associated with that. I think the first thing that's got to be said is that if you're positive to HPV, it's such a prevalent virus.

It doesn't mean that you are a promiscuous person. There should not be any stigma with that. Look, when everyone has sex, or I say everyone, but mean, most people want to have sex. It is a normal thing to do. And I don't think people should be stigmatized for doing something that is normal.

You only have to have sex with one person to come into contact with the human papillomavirus. And the human papillomavirus getting into the cells of the cervix is something about your genetics and your makeup. It's not something about a judgment on you as an individual. And you have to be grown up about the fact that when you're intimate with someone, you share their viruses, bacteria and fungus and...

Everyone has got virus, bacteria and fungus in their cavity, their creases, on their skin, on their ear, on their nose, their mouth, their anus and in their vagina. And when you form a relationship with someone, you will share their flora. So what's important about this isn't that you've had sex with someone because that is a normal thing to do. If it didn't exist, none of us would have existed.

It's the fact that there is something about you and this will be what gets me my Nobel Prize when I find it out that makes you contract for the HPV. But unfortunately, I haven't worked that out yet, so I'm Nobel prizeless. But that, think, is the biggest myth is that it's a judgment on you.

Thomas Ind (43:13.464)
Obviously, the other myth is that, you know, we've already explained is about vaccine. don't think having been given the opportunity to answer that question, I should go without mentioning it again. You know, there are a huge number of myths by the vaccine. And I get angry with people who aren't qualified giving opinions which, they aren't qualified to give and B, they shouldn't have.

because they're based on no facts at all. It's interesting, you said earlier on you had children joists. I mean, I have children too, but probably more of an age where I'm expecting grandchildren next rather than children next. I remember that when my wife was pregnant with my children, everyone

wanted to give advice about how to manage pregnancy because they had the experience of one. That does not make you an expert. The only advice that I ever got when my wife was pregnant was to buy lots of muslins so the baby doesn't vomit over your shoulder. Well, that was good advice.

you if you don't know about a subject just because you've experienced your experience of one doesn't make you an expert and you know I think some of the things that are said are really quite irresponsible.

Joyce (44:49.496)
Totally agree. This is why I get people like you on my podcast. I do get some people with lived experience, not only when we do that, we just talk about their experience and I make it very clear. So this is why people need to listen to the experts and why I've got you on today to talk about, which I think has been a success story in certainly in the gynecological cancer field that we have now, hopefully, if people are listening to what you're saying and they get their

Thomas Ind (44:59.437)
here.

Joyce (45:18.69)
vaccination and they get their smears done, that their chance of getting this disease, which absolutely could kill them, is going to be almost zero.

Joyce (45:32.11)
Hopefully.

Thomas Ind (45:32.16)
Yeah. I think while you're giving me the opportunity, it would be wrong at this point not to mention someone called Jo Maxwell, is a woman who died of cervical cancer, I don't know how many years ago. And her husband at the time,

set up a charity called Joe's Cervical Cancer Trust, which sadly in the pandemic folded. A lot of their work has been taken up by another charity called the Evapeel, which you may have heard of. And I was, and I need to disclose this, I was a trustee of Joe's Cervical Cancer Trust before it folded. I stood down.

a few years before the pandemic and before it folded. But they did a huge amount of good work in raising awareness. And they came up with the original, and I was in the room when it happened as a trustee, they came up with the original idea of trying to eradicate cervical cancer, which I know is now a government objective. So I don't know how I managed to get that one in.

But I think there are still some terribly tragic stories that have occurred over cervical cancer. And I think the legacy of Jo and her sad demise, I'm sure what's happened as a result of Jo Maxwell's terrible death, I don't know how many years ago it was, has resulted in many lives having been saved.

And if there was a posthumous knighthood that could be given to anyone, you'd want to give it to her really.

Joyce (47:37.358)
I'm glad you did mention that. remember seeing the following their work, which was just brilliant at raising awareness, but then seeing that the charity had folded. But it's great to mention the Eve Appeal. So this podcast is the first in the series about gynecological cancers. And we'll be going through the others that the Eve Appeal works on. So in the show notes, I will put a link to the Eve Appeal website. And if people want any further information about any of the gynecological cancers, the Eve Appeal is.

a fantastic resource and they're doing brilliant work. Yeah. So Tom, let's finish on a different note. I always ask my podcast guests these questions just in case we've got a bit heavy, which we have, to lighten the mood and just be a bit out of the box. So Tom, what makes you happy and where is your happy place?

Thomas Ind (48:31.136)
Where's my happy place? Well, my happy place is definitely in Suffolk. I live and work in London. My real home is in Suffolk and I love being in the country and I like waking up in the morning and looking out and seeing the deer. It's a like a Serengeti, my front garden in the morning.

The real happy place within Suffolk is my garage, because that's where all my hobbies exist. And I'm known to have sort of quite obsessive hobbies that change every year and normally result in Christmas presents for the staff. So one year I decided I was going to make soap and everyone got soap for Christmas. And another year I made candles.

Another year I made chocolate. I've got some cocoa beans in from Thailand and I roasted them and I made chocolate. Another year we had to abandon the Christmas presents because I decided to make cheese. Total disaster.

Last year I made jigsaw puzzles out of wood. I laser cut them and printed them. So this year I've already started my Christmas presents and I've got this bee in my bonnet about the amount of plastic waste we create in theatre, in the operating theatre. And a lot of the plastic waste we create

is shameful because we as clinicians don't deal with the plastic properly. So for example, a 14 gram bit of plastic is attached to something called a laryngeal mask. A laryngeal mask is what goes into your throat to help you breathe. When an anesthetist puts it in, he has to open up the packet and be passed the sterile mask.

Thomas Ind (50:43.874)
the sterile bit of plastic which is wasted gets immediately thrown away, normally into a yellow bin for high temperature incineration. Yet that bit of plastic was sterile only seconds earlier, has never touched a patient, and is not contaminated. And the only problem is, is that no one has taken the split second thought to recycle that bit of plastic. So my hobby at the moment,

is to collect these bits of plastic and get them recycled. But I've gone one step further, I'm afraid. I've bought a plastic shredder and an injection molder. And I'm going to

injection mold some, I'm not gonna say what they are, because they're probably Christmas presents. I'm gonna injection mold presents for my colleagues at Christmas out of this plastic waste from the operating theater.

Joyce (51:31.15)
Yes.

Thomas Ind (51:42.985)
My happy place is in my garage in Suffolk with my hobbies.

Joyce (51:48.138)
That was, I think, the best answer anyone has ever given me. And I've literally asked hundreds of people this question. I'm very obsessed with hobbies. I think hobbies and creating, you're creating things. Hobbies and creativity. I've just got a new book coming out the 20th of March. I've got several chapters on hobbies, creativity. I love it. And I asked 50 women over...

Thomas Ind (52:13.612)
So my hobby has become a bit obsessive. That's the problem. wife and children always joke. I mean, you know, I don't just make a little bit of soap in the kitchen. I convert the whole garden shed into a soap factory. You know, I don't cut lasers. When I did my jigsaws, I had a forklift truck that delivered a 100 watt CO2 laser to my garage.

I was in a band when I was younger, and of course I've got a recording studio with all the kit in, of course you don't need any of that now because you can do it all on the laptop. My children and my wife joke about the fact that I can't just have a simple hobby, I have to go over the top. I wonder what it will be next year.

Joyce (53:13.976)
Tom, you are getting the big thumbs up from me and you could make them listen to the end of this podcast where I am saying that I love it. You are an idol now in the hobby field for me. My last creation on Sunday was I do a couple of times the basket weaving.

Thomas Ind (53:18.443)
is

Thomas Ind (53:32.747)
Okay.

Joyce (53:39.49)
So I've made a couple of baskets. Sunday I made a basket for my kindling. I could show it, it's just behind me actually.

Thomas Ind (53:41.154)
Hold on. Yeah.

Thomas Ind (53:46.402)

So has anyone asked you that question? Because if it's a question that you'd like to ask other people, clearly it's a question that you would want to answer one day. But maybe it's basket weaving.

Joyce (53:56.418)
No, no, my happy place actually is by the sea and swimming in the sea. I'm a cold water swimmer. Quite an obsession.

Thomas Ind (54:05.512)
my wife is as well. bearing in mind we have a house in Suffolk, it is definitely cold water swimming. It's such cold water that even the dog doesn't want to get into it. And it's a black lab, doesn't want to get into the sea with her.

Joyce (54:24.046)
She's also got the thumbs up for me. Yeah, I love it. You're brilliant. But we need to, yeah.

Thomas Ind (54:31.952)
Where do you do it? Where do do it?

Joyce (54:34.83)
Well, I live near Cambridge, I'm not, I have to get in the car, unfortunately. So I swim in the cam. I've got a couple of lakes near, not too far away, but I do love the sea. And when you said Suffolk's your happy place, I was like, oh, I'm sure he's going to be near the sea. Yeah.

Thomas Ind (54:52.888)
Yeah, well, you're near enough stuff, are you? I mean, my daughter was at Cambridge, you know, it only a 40 minute drive.

Joyce (55:02.638)
Yeah, I'll come and swim with your wife.

Thomas Ind (55:03.288)
Yeah, you should. I mean, I'm sure you're going to edit this out. There's a wonderful website called Stripes and Co. And where basically just make things out of stripes. they make these old fashioned, you know, the Victorian times people had these windbreakers on the beach. They make these windbreakers and...

I bought my wife one of these windbreakers and a little thing to lie on so that when she gets out she could go into that. And have you got a dry robe?

Joyce (55:48.14)
Yes, yeah, of course.

Thomas Ind (55:50.444)
Yeah.

Joyce (55:53.966)
I don't think we should edit that out. I we should keep it in. I think it's all very entertaining. I'm sure people love hearing about cold water swimming exploits. But the very last question, last question. What advice would you give your younger self?

Thomas Ind (56:07.149)
Yeah.

Thomas Ind (56:14.204)
you know, I just feel terribly sorry about the younger generation now, because I don't think they have the same opportunities that I had. I don't think I would give my younger self any advice. I have no regrets in what I've done in my life. I've done pretty well everything again. I'm not saying I haven't made mistakes.

because I've made mistakes. But I think if one looks at the outlook in life, I've had ambition, the things that I've done, I've always followed what I've enjoyed doing. And I've not really cared about the consequences. so, you know, do what you want to do, not what, you you see all these young people wanting to study economics because they want to earn lots of money in the city. Well, if you're not really interested in that.

Don't do it. I've got friends who've given up executive jobs and become yoga teachers. Well, why didn't they become a yoga teacher to begin with? Why did they waste their time doing something they didn't want to do? So do what you want to do, not what you think you should do, as long as it's honest.

I don't know. So I mean, I haven't answered the question.

Joyce (57:44.748)
you have. That is brilliant advice to and when people answer that question, some people say very specifically something to themselves, but a lot of people give advice as we are wise elders now. I don't say we're old people, we're elders Tom, and sharing that advice with the younger generation.

Thomas Ind (58:03.448)
Well.

I mean, having said that, I'm just sort of contradicting myself. I mean, I'm really only doing what I'm doing because I'm a failed rock star. But there are lots of things that you can do in life as a hobby, you know, like music, like sport, like entertainment, but doesn't necessarily have to be done professionally.

I had a very good friend at school who was a music scholar and the poor guy had to attend the orchestra every day and whatever to keep his scholarship. Yet I enjoyed music and I could take enjoyment out of it. And I think, you know, when you're a professional at something, you know, you've got to follow that path professionally and there are a number of things, you can't do medicine as an amateur.

But there are lots of things that you can do like acting, music, sport as an amateur and get good enjoyment out of without having to do it professionally. Now, if you are genuinely talented, I mean, it's Winter Olympics at the moment. I don't know when the podcast is going out. But it's great seeing these people following these really talented sportsmen achieving things. by all means, follow your dream.

But have a check on it as to whether or not it should be as a hobby or as a professional.

Joyce (59:42.26)
I absolutely love it. In another life, I would love to have been a rock star.

Joyce (59:52.718)
But it's a hobby, it's a hobby.

Thomas Ind (59:55.532)
Yeah.

Joyce (59:57.64)
brilliant that's a brilliant way to end. We had a serious discussion about cervical cancer which I think is one of the good news stories so thank you for sharing your expertise on that but also brightening up my day hearing about your wonderful excessive hobbies.

Thomas Ind (01:00:21.112)
Nice to see you Joyce. I'll look out for you every time I drive past the cam.

Joyce (01:00:28.536)
Yeah