

Letters to the Editor

Send letters to Kenneth W. Lin, MD, MPH, Associate Deputy Editor for *AFP Online*, e-mail: afplet@aafp.org, or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680.

Please include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

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Does the HPV Vaccine Prevent Cervical Cancer?

Original Article: Cervical Cancer

Issue Date: June 15, 2012

Available at: <http://www.aafp.org/afp/2012/0615/p1186.html>

TO THE EDITOR: A news release that I received recently from the Minnesota Department of Health states that the primary purpose of human papillomavirus (HPV) vaccination is to prevent cancer. However, the *AFP CME* quiz question for this article says that HPV vaccination has not been shown to reduce the incidence of cervical cancer. I am a little confused now. Can you provide me with evidence-based information on which is correct?

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IN REPLY: Existing HPV vaccines provide protection against high-risk HPV types that are known to cause cervical dysplasia, which leads to cervical cancer. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommends routine HPV vaccination at 11 to 12 years of age¹ based on randomized controlled trials that demonstrate effective prevention against precancerous cervical lesions (cervical intraepithelial neoplasia 2 and 3).^{2,3} Because invasive cervical cancer is rare in the United States, studies have not yet established an association between HPV vaccination and a lower incidence of cervical cancer. However, the intent of HPV vaccination is ultimately to prevent cervical cancer.

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REFERENCES

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2. FUTURE II Study Group. Quadrivalent vaccine against human papillomavirus to prevent high-grade cervical lesions. *N Engl J Med*. 2007;356(19):1915-1927.
3. Paavonen J, Naud P, Salmerón J, et al.; HPV PATRICIA Study Group. Efficacy of human papillomavirus (HPV)-16/18 AS04-adjuvanted vaccine against cervical infection and precancer caused by oncogenic HPV types (PATRICIA): final analysis of a double-blind, randomised study in young women. *Lancet*. 2009;374(9686):301-314.

Corrections

Error in units of measure. The article "Thyroid Disease in Pregnancy" (February 15, 2014, p. 273) contained errors in the units of measure for thyroid-stimulating hormone, thyroxine-binding globulin, and free triiodothyronine in Table 2 (p. 274). The unit of measure for thyroid-stimulating hormone should be mIU per L (rather than mIU per mL); for thyroxine-binding globulin should be mg per dL (rather than mcg per dL); and for free triiodothyronine should be pg per mL (rather than pg per dL). The online version of this article has been corrected.

Incorrect wording. The article "Amenorrhea: An Approach to Diagnosis and Management" (June 1, 2013, p. 781) contained an error in the first sentence of the second paragraph of the section titled "Primary Ovarian Insufficiency" (p. 784). It incorrectly recommended that patients with primary ovarian insufficiency be counseled about possible infertility because of the potential for remission. The sentence should have read, "Patients with primary ovarian insufficiency should be counseled about possible fertility, because up to 10% of such patients may achieve temporary and unpredictable remission." The online version of this article has been corrected. ■