Society of Gynecologic Oncology

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September 13, 2025

Martin Kulldorff, PhD
Chair
Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30333

Re: Comments for the September 2025 Meeting of the Advisory Committee on Immunization Practices (Docket No. CDC-2025-0454)

Dear Dr. Kulldorff:

On behalf of the Society of Gynecologic Oncology (SGO), we urge the Advisory Committee on Immunization Practices (ACIP) to maintain its current recommendations for the human papillomavirus (HPV) vaccine on the adolescent vaccine schedule. HPV vaccination has been shown to be one of the most effective cancer prevention tools available, and its removal or altered dosing that is not proven to be effective from the vaccine schedule would put us further from the elimination of cervical and other HPV-related cancers.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our 3,000+ members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. The members of SGO are the providers of care for the majority of women who suffer from cervical cancer in the US. With routine vaccination in the current ACIP recommended age groups can help us to dramatically reduce suffering from cervical cancer in the US. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers. We have the tools now to eradicate cervical cancer, we just need wider implementation and use of our effective tools.

HPV infection is the leading cause of cervical cancers and is associated with multiple other cancers, including oropharyngeal, anal, vulvar, vaginal, and penile cancers. While the vast majority of people with HPV infections will clear the infection on their own, the infection persists in a small number of individuals putting them at risk for HPV-related cancers. Between 2015 and

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2019, there were an estimated 47,199 new cases of HPV-associated cancers in the United States; 26,177 among women and 21,022 among men.[1] Ninety percent of cervical cancers are associated with HPV, and the HPV vaccine is one of only a few vaccines that is capable of preventing cancer. In Scotland, a study found that no invasive cervical cancer was identified in women who received the recommended multiple vaccine doses between the ages of 12 and 13.[2] This aligns with the current Centers for Disease Control and Prevention multi-dose recommendation: HPV vaccine is recommended for routine vaccination at age 11 or 12 years, and can be started as early as age 9.)[3] The World Health Organization recommends a single dose, and while studies have shown comparable prevention of HPV infection with a single dose, to date there is a lack of evidence on the effectiveness of a single dose on long-term cancer prevention, which is the ultimate goal of HPV vaccination.

The current vaccine schedule ensures adolescents receive protection before exposure to HPV. The timing is critical as vaccination after exposure shows less efficacy. Data from 2016 through 2021 show a steep decline in cervical cancer mortality among women in the United States younger than 25 years; this cohort is the first to be widely protected by the HPV vaccine.[4]

Since its introduction in 2006, HPV vaccination coverage of the population steadily increased reaching 78.5% in 2021.[5] However, HPV vaccination has decreased among the most recent generation of adolescents. Compared with coverage among adolescents born in 2007, full vaccination among adolescents born in 2010 decreased by 7.1%. To eliminate cervical and other HPV-related cancers, further efforts are needed to increase HPV vaccination coverage. Altering or eliminating ACIP's current recommendation will only set us further back from elimination.[6]

Importantly, data show that multi-dose HPV vaccination is safe as well as effective. More than 15 years of use and surveillance confirm the vaccine's safety with adverse events remaining rare and mild.[7] Removal of this safe and effective vaccine from the adolescent schedule, or revising the recommendation to support only a single dose of the vaccine prior to mature data showing a single dose effectively prevents HPV-associated cancers, will reduce access to an

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[1] https://www.cdc.gov/united-states-cancer-statistics/publications/hpv-associated-cancers.html

[2] Barry HC. Scottish Screening: No Cases of Invasive Cervical Cancer in Women Who Received at Least One Dose of Bivalent HPV Vaccine at 12 or 13 Years of Age. Am Fam Physician. 2024 Aug;110(2):201-202. PMID: 39172683.

[3] https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html#:~:text=HPV%20vaccine%20is%20recommended%20for,not%20adequately%20vaccinated%20when%20younger.

[4] Dorali P, Damgacioglu H, Clarke MA, et al. Cervical Cancer Mortality Among US Women Younger Than 25 Years, 1992-2021. JAMA. 2025;333(2):165–166. doi:10.1001/jama.2024.22169.

[5] *Ibid*.

[6] https://www.cdc.gov/mmwr/volumes/73/wr/mm7333a1.htm#:~:text=In%20addition%2C%20compared%20with%20coverage,%2Dattributable%20cancers%20(8).

[7] https://www.cdc.gov/vaccine-safety/vaccines/hpv.html

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important tool for cancer prevention. Additionally, it will create confusion for physicians and parents.

The SGO respectfully request that ACIP maintain the recommendation for multiple dose schedule of the HPV vaccine on the child and adolescent vaccine schedule and reaffirm its use as an important cancer prevention tool. Should you have any questions, please contact Carly Leon at carly.leon@sgo.org.

Sincerely,

Karen H. Lu, MD
President