The duration of protection against anal cancer is currently unknown. In the long-term extension study of Protocol 020 for 16-26 year old men in the PPE population of men vaccinated with GARDASIL in the base study and followed in the extension, no cases of HPV diseases (HPV types 6/11 related genital warts, HPV 6/11/16/18 external genital lesions and HPV 6/11/16/18 AIN any grade in MSM) were observed up to approximately 6 years. In this extension study, men will be followed up to 10 years.

Prophylactic Efficacy – HPV Types 6, 11, 16, and 18 in 24- Through 45-Year-Old Women
A minimum anti-HPV level that provides protection against HPV infection and disease has not been defined. Also, immune responses to vaccines are typically lower in older individuals compared to younger individuals. Therefore, to confirm the utility of GARDASIL to prevent cervical, vulvar, and vaginal cancers and related diseases caused by the types targeted by the vaccine in individuals up to and including age 45 years, an efficacy study (FUTURE III) was conducted.

GARDASIL was highly efficacious in reducing the incidence of persistent infection; CIN (any grade); and external genital lesions (EGL) caused by HPV types 6, 11, 16, and 18. GARDASIL was also highly efficacious in reducing the incidence of a HPV 16/18-related Pap Test diagnosis of ASC-US (Atypical Squamous Cells of Undetermined Significance) positive for high-risk HPV. The primary analyses of efficacy, with respect to HPV types 6, 11, 16, and 18, were conducted in the PPE population. Efficacy was measured starting after the Month 7 visit (Table 4).

On the basis of these efficacy findings, the efficacy of GARDASIL with respect to prevention of cervical, vulvar, and vaginal cancers and related diseases in individuals up to and including age 45 years can be inferred.

Table 4
Analysis of Efficacy of GARDASIL in the PPE Population of 24- Through 45-Year-Old Women

Endpoint	GARDASIL		Placebo		% Efficacy (95% CI)
	n	Number of cases	n	Number of cases	
HPV 6-, 11-, 16-, or 18-related CIN (any grade), Persistent Infection, or EGL	1,601	10*	1,599	86	88.7 (78.1, 94.8)
HPV 16- or 18-related CIN (any grade), Persistent Infection, or EGL	1,587	8	1,571	51	84.7 (67.5, 93.7)
HPV 6- or 11-related CIN (any grade), Persistent Infection, or EGL	1,316	2	1,316	38	94.8 (79.9, 99.4)
HPV 16/18-related Pap Diagnosis of ASC-US Positive for High-risk HPV	1,565	1	1,557	27	96.3 (77.7, 99.9)

*There was 1 case of CIN 2 (HPV 16 and HPV 51 identified) in the PPE group. The CIN 2 case was positive for HPV types 16 and 51 at a Month 18 biopsy. The remaining 9 cases in the PPE group were persistent infection endpoints.
CI = Confidence Interval
ASC-US = Atypical Squamous Cells of Undetermined Significance

In the long-term extension study of FUTURE III, for 24- to 45-year-old women in the PPE population vaccinated with GARDASIL in the base study and followed in the extension, no cases of HPV diseases, (HPV types 6/11/16/18 related CIN any grade and Genital Warts) were

observed up to approximately 6 years. In this extension study, women will be followed up to 10 years.

Population Impact in Girls and Women 16 Through 26 Years of Age

Effectiveness of GARDASIL in Prevention of HPV Types 6-, 11-, 16-, or 18-Related Genital Disease in Girls and Women 16 Through 26 Years of Age, Regardless of Current or Prior Exposure to Vaccine HPV Types

The clinical trials included girls and women regardless of current or prior exposure to vaccine HPV types, and additional analyses were conducted to evaluate the impact of GARDASIL with respect to HPV 6-, 11-, 16-, and 18-related cervical and genital disease in these girls and women. Here, analyses included events arising among girls and women regardless of baseline PCR status and serostatus, including HPV infections that were present at the start of vaccination as well as events that arose from infections that were acquired after the start of vaccination.

The impact of GARDASIL in girls and women regardless of current or prior exposure to a vaccine HPV type is shown in Table 5. Impact was measured starting 1 month Postdose 1. Prophylactic efficacy denotes the vaccine's efficacy in girls and women who are naïve (PCR negative and seronegative) to the relevant HPV types at Day 1. Vaccine impact in girls and women who were positive for vaccine HPV infection, as well as vaccine impact among girls and women regardless of baseline vaccine HPV PCR status and serostatus are also presented. The majority of CIN and genital warts, VIN, and VaIN related to a vaccine HPV type detected in the group that received GARDASIL occurred as a consequence of HPV infection with the relevant HPV type that was already present at Day 1.

There was no clear evidence of protection from disease caused by HPV types for which girls and women were PCR positive regardless of serostatus at baseline.

Table 5
Effectiveness of GARDASIL in Prevention of HPV 6, 11, 16, or 18-Related Genital Disease in Girls and Women 16 Through 26 Years of Age, Regardless of Current or Prior Exposure to Vaccine HPV Types

Endpoint	**Analysis**	**GARDASIL or HPV 16 L1 VLP Vaccine**		**AAHS Control**		**% Reduction (95% CI)**
		N	Cases	N	Cases	
HPV 16- or 18-related CIN 2/3 or AIS	Prophylactic Efficacy*	9346	4	9407	155	97.4 (93.3, 99.3)
	HPV 16 and/or HPV 18 Positive at Day 1	2870	142	2898	148**	--***
	Girls and Women Regardless of Current or Prior Exposure to HPV 16 or 18†	9836	146	9904	303	51.8 (41.1, 60.7)‡
HPV 16- or 18-related VIN 2/3 or VaIN 2/3	Prophylactic Efficacy*	8642	1	8673	34	97.0 (82.4, 99.9)
	HPV 16 and/or HPV 18 Positive at Day 1	1880	8	1876	4	**--***
	Girls and Women Regardless of Current or Prior Exposure to HPV 16 or 18†	8955	9	8968	38	76.3 (50.0, 89.9)‡
HPV 6-, 11-,	Prophylactic Efficacy*	8630	16	8680	309	94.8 (91.5, 97.1)

16-, 18-related CIN (CIN 1, CIN 2/3) or AIS	HPV 6, HPV 11, HPV 16, and/or HPV 18 Positive at Day 1	2466	186[#]	2437	213[#]	--***
	Girls and Women Regardless of Current or Prior Exposure to Vaccine HPV Types[†]	8819	202	8854	522	61.5 (54.6, 67.4)[‡]
HPV 6-, 11-, 16-, or 18-related Genital Warts	Prophylactic Efficacy*	8761	10	8792	252	96.0 (92.6, 98.1)
	HPV 6, HPV 11, HPV 16, and/or HPV 18 Positive at Day 1	2501	51[§]	2475	55[§]	--***
	Girls and Women Regardless of Current or Prior Exposure to Vaccine HPV Types[†]	8955	61	8968	307	80.3 (73.9, 85.3)[‡]
HPV 6- or 11-related Genital Warts	Prophylactic Efficacy*	7769	9	7792	246	96.4 (93.0, 98.4)
	HPV 6 and/or HPV 11 Positive at Day 1	1186	51	1176	54	--***
	Girls and Women Regardless of Current or Prior Exposure to Vaccine HPV Types[†]	8955	60	8968	300	80.1 (73.7, 85.2)[‡]

*Includes all individuals who received at least 1 vaccination and who were naïve (PCR negative and seronegative) to HPV 6, 11, 16, and/or 18 at Day 1. Case counting started at 1 month postdose 1.
**Out of the 148 AAHS control cases of 16/18 CIN 2/3, 2 women were missing serology or PCR results for Day 1.
***There is no expected efficacy since GARDASIL has not been demonstrated to provide protection against disease from vaccine HPV types to which a person has previously been exposed through sexual activity.
[†]Includes all individuals who received at least 1 vaccination (regardless of baseline HPV status at Day 1). Case counting started at 1 month postdose 1.
[‡]Percent reduction includes the prophylactic efficacy of GARDASIL as well as the impact of GARDASIL on the course of infections present at the start of the vaccination.
[#]Includes 2 AAHS control women with missing serology/PCR data at Day 1.
[§]Includes 1 woman with missing serology/PCR data at Day 1.
CI = Confidence Interval
N = Number of individuals who have at least one follow-up visit after Day 1
Note 1: The 16- and 18-related CIN 2/3 or AIS composite endpoint included data from studies 1, 2, 3, and 4. All other endpoints only included data from studies 2, 3, and 4.
Note 2: Positive status at Day 1 denotes PCR positive and/or seropositive for the respective type at Day 1.
Note 3: Table 5 does not include disease due to non-vaccine HPV types.
AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

Effectiveness of GARDASIL in Prevention of Any HPV Type Related Genital Disease in Girls and Women 16 Through 26 Years of Age, Regardless of Current or Prior Infection with Vaccine or Non-Vaccine HPV Types

The impact of GARDASIL against the overall burden of HPV-related cervical, vulvar, and vaginal disease (i.e., disease caused by any HPV type) results from a combination of prophylactic efficacy against vaccine HPV types, disease contribution from vaccine HPV types present at time of vaccination, and the disease contribution from HPV types not contained in the vaccine. Additional efficacy analyses were conducted in 2 populations: (1) a generally HPV-naïve population (negative to 14 common HPV types and had a Pap test that was negative for SIL [Squamous Intraepithelial Lesion] at Day 1), approximating a population of sexually-naïve girls and women and (2) the general study population of girls and women regardless of baseline HPV status, some of whom had HPV-related disease at Day 1.

Among generally HPV-naïve girls and women and among all girls and women in the study population (including girls and women with HPV infection at Day 1), GARDASIL reduced the overall incidence of CIN 2/3 or AIS; of VIN 2/3 or VaIN 2/3; of CIN (any grade) or AIS; and of Genital Warts (Table 6). These reductions were primarily due to reductions in lesions caused by

HPV types 6, 11, 16, and 18 in girls and women naïve (seronegative and PCR negative) for the specific relevant vaccine HPV type. Infected girls and women may already have CIN 2/3 or AIS at Day 1 and some will develop CIN 2/3 or AIS during follow-up, either related to a vaccine or non-vaccine HPV type present at the time of vaccination or related to a non-vaccine HPV type not present at the time of vaccination.

Table 6
Effectiveness of GARDASIL in Prevention of Any HPV Type Related Genital Disease in Girls and Women 16 Through 26 Years of Age, Regardless of Current or Prior Infection with Vaccine or Non-Vaccine HPV Types

Endpoints Caused by Vaccine or Non-vaccine HPV Types	Analysis	GARDASIL		AAHS Control		% Reduction (95% CI)
		N	Cases	N	Cases	
CIN 2/3 or AIS	Prophylactic Efficacy*	4616	77	4680	136	42.7 (23.7, 57.3)
	Girls and Women Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	8559	421	8592	516	18.4 (7.0, 28.4)***
VIN 2/3 and VaIN 2/3	Prophylactic Efficacy*	4688	7	4735	31	77.1 (47.1, 91.5)
	Girls and Women Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	8688	30	8701	61	50.7 (22.5, 69.3)***
CIN (Any Grade) or AIS	Prophylactic Efficacy*	4616	272	4680	390	29.7 (17.7, 40.0)
	Girls and Women Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	8559	967	8592	1189	19.1 (11.9, 25.8)***
Genital Warts	Prophylactic Efficacy*	4688	29	4735	169	82.8 (74.3, 88.8)
	Girls and Women Regardless of Current or Prior Exposure to	8688	132	8701	350	62.5 (54.0, 69.5)***

	Vaccine or Non-Vaccine HPV Types**					

*Includes all individuals who received at least 1 vaccination and who had a Pap test that was negative for SIL [Squamous Intraepithelial Lesion] at Day 1 and were naïve to 14 common HPV types at Day 1. Case counting started at 1 month postdose 1.
**Includes all individuals who received at least 1 vaccination (regardless of baseline HPV status or Pap test result at Day 1). Case counting started at 1 month postdose 1.
***Percent reduction includes the prophylactic efficacy of GARDASIL as well as the impact of GARDASIL on the course of infections present at the start of the vaccination.
CI = Confidence Interval
AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

Population Impact in Boys and Men 16 Through 26 Years of Age

Effectiveness of GARDASIL in Prevention of HPV Types 6-, 11-, 16-, or 18-Related Genital Disease in Boys and Men 16 Through 26 Years of Age, Regardless of Current or Prior Exposure to Vaccine HPV Types

The clinical studies in boys and men included boys and men regardless of current or prior exposure to vaccine HPV types, and additional analyses were conducted to evaluate the impact of GARDASIL with respect to HPV 6-, 11-, 16-, and 18-related genital disease in these boys and men. Here, analyses included events arising among boys and men regardless of baseline PCR status and serostatus, including HPV infections that were present at the start of vaccination as well as events that arose from infections that were acquired after the start of vaccination.

The impact of GARDASIL in boys and men regardless of current or prior exposure to a vaccine HPV type is shown in Table 7. Impact was measured starting at Day 1. Prophylactic efficacy denotes the vaccine's efficacy in boys and men who are naïve (PCR negative and seronegative) to the relevant HPV types at Day 1. Vaccine impact in boys and men who were positive for vaccine HPV infection, as well as vaccine impact among boys and men regardless of baseline vaccine HPV PCR status and serostatus are also presented. The majority of genital disease related to a vaccine HPV type detected in the group that received GARDASIL occurred as a consequence of HPV infection with the relevant HPV type that was already present at Day 1.

There was no clear evidence of protection from disease caused by HPV types for which boys and men were PCR positive regardless of serostatus at baseline.

Table 7
Effectiveness of GARDASIL in Prevention of HPV Types 6-, 11-, 16-, or 18-Related Genital Disease in Boys and Men 16 Through 26 Years of Age, Regardless of Current or Prior Exposure to Vaccine HPV Types

Endpoint	**Analysis**	**GARDASIL**		**AAHS Control**		**% Reduction (95% CI)**
		N	Cases	N	Cases	
External Genital Lesions	Prophylactic Efficacy*	1775	13	1770	52	75.5 (54.3, 87.7)
	HPV 6, HPV 11, HPV 16, and/or HPV 18 Positive at Day 1	460	14	453	25	**--****
	Boys and Men Regardless of Current or Prior Exposure to	1943	27	1937	77	65.5 (45.8, 78.6)†

	Vaccine or Non-Vaccine HPV Types***					
Condyloma	Prophylactic Efficacy*	1775	10	1770	48	79.6 (59.1, 90.8)
	HPV 6, HPV 11, HPV 16, and/or HPV 18 Positive at Day 1	460	14	453	24	**--****
	Boys and Men Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types***	1943	24	1937	72	67.2 (47.3, 80.3)†
PIN 1/2/3	Prophylactic Efficacy*	1775	4	1770	4	1.2 (-430.5, 81.6)
	HPV 6, HPV 11, HPV 16, and/or HPV 18 Positive at Day 1	460	2	453	1	**--****
	Boys and Men Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types***	1943	6	1937	5	-19.2 (-393.8, 69.7)†

*Includes all individuals who received at least 1 vaccination and who were HPV-naïve (i.e., seronegative and PCR negative) at Day 1 to the vaccine HPV type being analyzed. Case counting started at Day 1.
**There is no expected efficacy since GARDASIL has not been demonstrated to provide protection against disease from vaccine HPV types to which a person has previously been exposed through sexual activity.
***Includes all individuals who received at least 1 vaccination. Case counting started at Day 1.
†Percent reduction for these analyses includes the prophylactic efficacy of GARDASIL as well as the impact of GARDASIL on the course of infections present at the start of the vaccination.
CI = Confidence Interval
AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

Effectiveness of GARDASIL in Prevention of Any HPV Type Related Genital Disease in Boys and Men 16 Through 26 Years of Age, Regardless of Current or Prior Infection with Vaccine or Non-Vaccine HPV Types

The impact of GARDASIL against the overall burden of HPV-related genital disease (i.e., disease caused by any HPV type) results from a combination of prophylactic efficacy against vaccine HPV types, disease contribution from vaccine HPV types present at time of vaccination, and the disease contribution from HPV types not contained in the vaccine.

Additional efficacy analyses from the clinical study in boys and men were conducted in 2 populations: (1) a generally HPV-naïve population that consisted of boys and men who are seronegative and PCR negative to HPV 6, 11, 16, and 18 and PCR- negative to HPV 31, 33, 35, 39, 45, 51, 52, 56, 58 and 59 at Day 1, approximating a population of sexually-naïve boys and men and (2) the general study population of boys and men regardless of baseline HPV status, some of whom had HPV-related disease at Day 1.

Among generally HPV-naïve boys and men and among all boys and men in the study (including boys and men with HPV infection at Day 1), GARDASIL reduced the overall incidence of genital disease (Table 8). These reductions were primarily due to reductions in lesions caused by HPV

types 6, 11, 16, and 18 in boys and men naïve (seronegative and PCR negative) for the specific relevant vaccine HPV type. Infected boys and men may already have genital disease at Day 1 and some will develop genital disease during follow-up, either related to a vaccine or non-vaccine HPV type present at the time of vaccination or related to a non-vaccine HPV type not present at the time of vaccination.

Table 8
Effectiveness of GARDASIL in Prevention of Any HPV Type Related Genital Disease in Boys and Men 16 Through 26 Years of Age, Regardless of Current or Prior Infection with Vaccine or Non-Vaccine HPV Types

Endpoint	Analysis	GARDASIL		AAHS Control		% Reduction (95% CI)
		N	Cases	N	Cases	
External Genital Lesions	Generally HPV Naïve*	1275	6	1270	36	83.8 (61.2, 94.4)
	Boys and Men Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	1943	36	1937	89	60.2 (40.8, 73.8)***
Condyloma	Generally HPV Naïve*	1275	5	1270	33	85.3 (62.1, 95.5)
	Boys and Men Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	1943	32	1937	83	62.1 (42.4, 75.6)***
PIN 1/2/3	Generally HPV Naïve*	1275	1	1270	3	67.4 (-306.5, 99.4)
	Boys and Men Regardless of Current or Prior Exposure to Vaccine or Non-Vaccine HPV Types**	1943	7	1937	6	-15.9 (-317.5, 66.6)***

*Includes all individuals who received at least 1 vaccination and who were seronegative and PCR negative at enrollment to HPV 6, 11, 16 and 18, and PCR- negative at enrollment to HPV 31, 33, 35, 39, 45, 51, 52, 56, 58 and 59. Case counting started at Day 1.
**Includes all individuals who received at least 1 vaccination. Case counting started at Day 1.
***Percent reduction for these analyses includes the prophylactic efficacy of GARDASIL as well as the impact of GARDASIL on the course of infections present at the start of the vaccination.
CI = Confidence Interval
AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

Prophylactic Efficacy in a Generally HPV-naïve Population and the General Study Population – HPV Types 31, 33, 45, 52, 56, 58 and 59 in 16- Through 26-Year-Old Girls and Women
The cross-protective efficacy of GARDASIL was evaluated in the combined database of the FUTURE I and FUTURE II trials (N = 17,599). The primary endpoint of this analysis was the combined incidence of HPV 31- and HPV 45-related CIN (grades 1, 2, 3) or AIS. The secondary endpoint of this analysis was the combined incidence of HPV 31-, 33-, 45-, 52-, and 58-related CIN (grades 1, 2, 3) or AIS. Analyses were also conducted to evaluate efficacy with respect to CIN (grades 1, 2, 3) or AIS caused by non-vaccine HPV types individually. In

individuals who were naïve to the relevant vaccine HPV types at Day 1 (MITT-2 population, n = 16,895 for the 31/45 composite endpoint and n = 16,969 for the 31/33/45/52/58 composite endpoint), a trend towards a reduction in the incidence of HPV 31- and 45-related and HPV 31-, 33-, 45-, 52-, and 58-related CIN (grades 1, 2, 3) or AIS was observed. Administration of GARDASIL reduced the incidence of HPV 31- and HPV 45-related CIN (grades 1, 2, 3) by 37.3% (95% CI: 17.0%, 52.8%) compared with placebo. Administration of GARDASIL reduced the incidence of HPV 31-, 33-, 45-, 52-, and 58-related CIN (grades 1, 2, 3) or AIS by 26.4% (95% CI: 12.9%, 37.8%), compared with placebo. Efficacy was driven by reductions in HPV 31-, 33-, 52-, and 58-related endpoints. There was no clear evidence of efficacy for HPV 45. In a post-hoc analysis, prophylactic administration of GARDASIL also reduced the incidence of HPV 56-related and HPV 59-related CIN (grades 1, 2, 3) or AIS, compared with placebo in this population.

Further post-hoc analyses considered efficacy in 2 clinically relevant populations: (1) an HPV-naïve population (negative to 14 common HPV types and had a Pap test that was negative for SIL [Squamous Intraepithelial Lesion] at Day 1), approximating a population of sexually-naïve individuals plus individuals shortly after sexual debut; and (2) the general study population of individuals regardless of baseline HPV status, some of whom had HPV-related disease at vaccination onset. Administration of GARDASIL to HPV-naïve individuals reduced the incidences of HPV 31-, 33-, 52-, and 58-related CIN (grades 1, 2, 3) or AIS, HPV 56-related CIN (grades 1, 2, 3) or AIS, and HPV 59-related CIN (grades 1, 2, 3) or AIS. Reductions in the rates of these diseases were also observed in the general study population (which included HPV-naïve and HPV-infected individuals).

Cross-protection efficacy analyses demonstrate that prophylactic administration of GARDASIL to individuals reduces the risk of acquiring CIN 1, CIN 2/3, and AIS caused by HPV types 31, 33, 52, 56, 58, and 59 (Tables 9 and 10).

Table 9
Impact of GARDASIL on the Rates of CIN (any Grade) or AIS for the Combined FUTURE I and FUTURE II Disease Cross Protection Data Set in 16- Through 26-Year-Old Girls and Women

HPV Types	Population	% Reduction	95% CI
HPV 31/45-related**	HPV-naïve* (n = 9,296)	43.6	12.9, 64.1
	General Population (Including HPV-infected*** Individuals) (n = 17,151)	23.2	5.6, 37.7
HPV 31/33/45/52/58-related†	HPV-naïve	29.2	8.3, 45.5
	General Population (Including HPV-infected Individuals)	19.6	8.2, 29.6
HPV 31/33/52/58-related	HPV-naïve	33.8	13.4, 49.6
	General Population (Including HPV-infected Individuals)	21.2	9.6, 31.3
HPV 56-related	HPV-naïve	27.6	<0.0, 49.3
	General Population (Including HPV infected Individuals)	16.8	<0.0, 32.8
HPV 59-related	HPV-naïve	22.3	<0.0, 58.9
	General Population (Including HPV-infected Individuals)	39.2	8.1, 60.3

*HPV-naïve population included individuals who, at Day 1, had a Pap test that was negative for SIL

[Squamous Intraepithelial Lesion] and were negative to all of the following HPV types: HPV 6, 11, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59; and had follow-up after Day 30 of the study. Case counting started at Day 30.
***Primary pre-specified endpoint of the analysis
***General population included all individuals with follow-up after Day 30 of the study. Case counting started at Day 30
†Secondary pre-specified endpoint of the analysis
CI = Confidence Interval

Table10
Impact of GARDASIL on the Rates of CIN 2/3 or AIS for the Combined FUTURE I and FUTURE II Disease Cross Protection Data Set in 16- Through 26-Year-Old Girls and Women

Composite Endpoint	GARDASIL cases	Placebo cases	%Efficacy	95%CI
(HPV 31/45)‡	11	27	58.7%	14.1, 81.5
(HPV 31/33/45/52/58)§	44	66	32.5%	-0.3, 55.0
10 non-vaccine HPV Types‖	62	93	32.5%	6.0, 51.9
HPV-16 related types (A9 species)	44	69	35.4%	4.4, 56.8
HPV 31	8	27	70.0%	32.1, 88.2†
HPV 33	12	16	24.0%	<0, 67.2†
HPV 35	4	4	0.0%	<0, 81.1†
HPV 52	17	23	25.2%	<0, 62.5†
HPV 58	16	20	18.9%	<0, 60.7†
HPV-18 related types (A7 species)	11	21	47.0%	<0, 76.9
HPV 39	4	10	59.6%	<0, 90.7†
HPV 45	3	2	0.0%	<0, 82.6†
HPV 59	5	9	43.8%	<0, 85.2†
A5 species (HPV 51)	16	15	0.0%	<0, 50.0†
A 6 species (HPV 56)	12	16	24.1%	<0, 67.2†

†The studies were not powered to assess efficacy against disease caused by individual HPV types.
‡Efficacy was based on reductions in HPV 31-related CIN 2/3 or AIS
§Efficacy was based on reductions in HPV 31-, 33-, 52-, and 58-related CIN 2/3 or AIS
‖Includes assay-identified non-vaccine HPV types 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

N/A

6.2 Incompatibilities

N/A

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store refrigerated at 2 to 8°C (36 to 46°F). Do not freeze. Protect from light.

GARDASIL should be administered as soon as possible after being removed from refrigeration. GARDASIL can be out of refrigeration (at temperatures at or below 25°C/77°F), for a total time of not more than 72 hours.

6.5 Nature and content of container

GARDASIL is available in a single-dose 0.5 mL vial and 10 single-dose 0.5 mL vials.
GARDASIL is available in a single-dose 0.5 ml and 10 single-dose 0.5 ml pre-filled syringe with needle size 1 inch.

6.6 Special precautions for disposal and other handling

Single-dose Vial Use
Withdraw the 0.5-mL dose of vaccine from the single-dose vial using a sterile needle and syringe free of preservatives, antiseptics, and detergents. Once the single-dose vial has been penetrated, the withdrawn vaccine should be used promptly, and the vial must be discarded.

Prefilled Syringe Use
Inject the entire contents of the syringe.

PATIENT COUNSELLING INFORMATION

Inform the patient, parent, or guardian:

- Vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening. Women who receive GARDASIL should continue to undergo cervical cancer screening per standard of care.
- GARDASIL has not been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types to which a person has previously been exposed through sexual activity.
- Since syncope has been reported following vaccination sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended.
- Vaccine information is required to be given with each vaccination to the patient, parent, or guardian.
- Information regarding benefits and risks associated with vaccination.
- GARDASIL is not recommended for use in pregnant women.
- Importance of completing the immunization series unless contraindicated.
- Report any adverse reactions to their health care provider.

7. MARKETING AUTHORISATION HOLDER

MSD (Thailand) Ltd.
Bangkok, Thailand

8. MARKETING AUTHORISATION NUMBER(S)

1C 11/55 (NB)

9. DATE OF FIRST AUTHORAISATION/RENEWAL OF THE AUTHORISATION

22-May-2012

10. DATE OF REVISION OF THE TEXT

Feb-2015