Table I

Evolution of the subgroup RMITT-2 (number of participants, efficacy)

	Gardasil® N	Lesions N	Placebo N	Lesions N	Efficacy %	95% CI
2006 Name of the subgroup: Partially HPV-Naïve population (*) / RMITT-2 (**) Protocols: 007-013-015 Type of lesion: CIN 2/3+ (*) Briefing Document, presented by Merck to VRBPAC on 18-May-2006 (Table 20, p. 59) (**) VRBPAC. Background Document Gardasil™ HPV Quadrivalent Vaccine May 18, 2006. VRBPAC Meeting. Table 13. CBER. Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine. 2006 June 8. Table 272.	5638	59	5701	96	37.9%	13.2, 55.9%
2007 Name of the subgroup: RMITT-2 (*) Protocols: 013-015 Type of lesion: CIN 2/3+ (*) E. Barr. Updated Efficacy Data – GARDASIL®. 2007 February 2007. [ACIP PPT-presentation] Slide 18. (**) R. Haupt. GARDASIL® Update. Slide 33 (***)R. Haupt. GARDASIL® Update. Slide 31	4658(**) 4616 (***)	52	4732(**) 4675(***)	97	46%	not specified
2008 Name of the subgroup: RMITT-2, close-out, data (*) Protocols: 005-007-013-015 Type of lesion: CIN 2/3+ (*) CBER. Clinical Review of Biologics License Application Supplement for Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant (Gardasil®). 2008 Sept 11. Table 26.	4616	77	4680	136	42.7%	23.7, 57.3%
2010 Name of the subgroup: 14 HPV-neg (*) Protocols: 013-015 Type of lesion: CIN 2/3+ (*) Munoz N, Kjaer SK, et al. Impact of human papillomavirus (HPV)-6/11/16/18 vaccine on all HPV-associated genital diseases in young women. J Natl Cancer Inst. 2010 mar 3;102(5):325-339. Table 3.	4616	77	4680	136	42.7%	23.7, 57.3%

Table II

Evolution and changes in the definition of subgroup RMITT-2

	Seroneg. and PCR-neg. HPV 6-11-16-18	PCR-neg. HPV 31-33-35-39-45-51-52-56-58-59	Pap test normal at day 1	Remained free of infection with the relevant vaccine HPV type during the course of vaccination	Any follow up visit 1 month following first injection	Cases counted starting 30 days after Day 1	Endpoint counting after Day 1	Endpoints between Month 1 and Month 7	Subject received < 3 doses	Subject received at least 1 dose	Subject with major protocol violations	Subjects who became infected with a vaccine type during the vaccination period
2006												
Briefing Document, presented by Merck to VRBPAC on 18-May-2006.	x	--	x	x	x	x	--	x	x	not specified	x	x
VRBPAC. Background Document Gardasil™ HPV Quadrivalent Vaccine May 18, 2006. VRBPAC Meeting	x	--	x	not specified	not specified	x	--	not specified	not specified	not specified	not specified	not specified
CBER. Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine. 2006 June 8.	x	--	x	not specified	not specified	x	--	not specified	not specified	not specified	not specified	not specified
2007												
E. Barr. Updated Efficacy Data – GARDASIL®. 2007 February 2007. [ACIP PPT-presentation] Slide 18.	x	x	x	not specified	not specified	not specified	--	not specified	not specified	not specified	not specified	not specified
2008												
CBER. Clinical Review of Biologics License Application Supplement for Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant (Gardasil®). 2008 Sept 11.	x	x	x	not specified	x	not specified	--	not specified	not specified	x	not specified	not specified

2010 Munoz N, Kjaer SK, et al. Impact of human papillomavirus (HPV)-6/11/16/18 vaccine on all HPV-associated genital diseases in young women. J Natl Cancer Inst. 2010 mar 3;102(5):325-339.	x	x	x	not specified	x	--	x	--	not specified	x	x	not specified