Conflicts of interests:

Marc Steben, quadrivalent vaccine investigator: “Dr. Steben, consulting fees, advisory board fees, and lecture fees from Digene, Merck Frosst, GlaxoSmithKline, and Roche Diagnostics and grant support from Merck Frosst and GlaxoSmithKline.” http://www.ncbi.nlm.nih.gov/pubmed/21491420

Joakim Dillner, quadrivalent vaccine investigator: “J. Dillner has received consultancy fees, lecture fees, and research grants from Merck and Co, Inc, and Sanofi Pasteur MSD.” http://www.ncbi.nlm.nih.gov/pubmed/20139221

Andreas Kaufmann: “A. M. Kaufmann is a member of the Advisory/Expert Board at GlaxoSmithKline Biologicals and Gen-Probe. He received travel grant honoraria from GlaxoSmithKline Biologicals and Sanofi Pasteur MSD.” http://www.hu.ufsc.br/projeto_hpv/HPV%20vaccination%20against%20cervical%20cancer%20in%20women%20above%2025%20years%20of%20age.pdf

Statements:

Marc Steben, quadrivalent vaccine investigator.

Author of an editorial in CMAJ, where he strongly advocates HPV vaccination. Although he admits: “I may be perceived as biased, being an investigator of the quadrivalent vaccine”, he speaks of the quadrivalent vaccine as a “super vaccine” and says: “The success rate was 100% against intraepithelial lesions of the cervix, vagina and vulva and condyloma" and "serious adverse events have been reported more rarely than with other vaccines.” http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2278298/

On the issue of the higher risk for girls already carriers of HPV 16 or 18, he concluded: “These data suggest HPV vaccination neither reduces nor enhances progression to HPV16/18-related high grade cervical lesions, and cervical cytology screening and corresponding management should continue as per local recommendations.” http://www.ncbi.nlm.nih.gov/pubmed/21491420

Joakim Dillner, quadrivalent vaccine investigator.

Co-author of the Munoz N study (2010) on vaccine efficacy in women HPV negative 14 (subgroup analysis): “High-coverage HPV vaccination programs among adolescents and young women may result in a rapid reduction of genital warts, cervical cytological abnormalities, and diagnostic and therapeutic procedures. In the longer term, substantial reductions in the rates of cervical, vulvar, and vaginal cancers may follow.” http://www.ncbi.nlm.nih.gov/pubmed/20139221

Marc Arbyn: “HPV vaccination will reduce the burden of cervical precancer and probably also of invasive cervical and other HPV-related disease in women.” http://www.ncbi.nlm.nih.gov/pubmed/22623137

Marc Arbyn and Philippe Beutels: “Well-planned introduction of vaccination combined with an organized screening program and active surveillance are crucial for the program to achieve and monitor its desired aims. Such surveillance should include linkage between vaccination, screening and cancer registries.” http://www.ncbi.nlm.nih.gov/pubmed/21051840

Evangelos Paraskevaidis: “In this context expanding the indications for HPV vaccination to include women who have been treated for CIN should be considered.”
http://www.ncbi.nlm.nih.gov/pubmed/23016771

You-Lin Qia and Fang-Hui Zhao: “Aggressive education is necessary to increase knowledge of HPV and its vaccine. Further proof of vaccine safety and efficacy and government subsidies combined with increased awareness could facilitate development and implementation of HPV vaccination in China.”
http://www.ncbi.nlm.nih.gov/pubmed/22901224

Achim Schneider and Andreas Kaufmann: “HPV vaccination is likely to be beneficial to sexually active women due to their continuous risk of acquiring new HPV infections and of developing cervical intraepithelial neoplasia (CIN) and cervical cancer. Clinical trial data show that the HPV-16/18 AS04-adjuvanted vaccine is safe and immunogenic in women up to the age of 55 years, whilst preliminary data with the quadrivalent vaccine demonstrated evidence of safety, immunogenicity and high-level efficacy in women 24 to 45 years of age. HPV vaccination in women over 25 years of age is already approved in several countries, and these women are individually seeking advice on vaccination from healthcare professionals. The predicted reduction in cost benefit of vaccination with increasing age, however, is likely to limit the implementation of routine vaccination beyond the late 20s.”
http://www.ncbi.nlm.nih.gov/pubmed/19819540

Member of CDC

Lauri E. Markowitz, Team Lead, Centers for Disease Control and Prevention (Atlanta, Georgia): “The CDC has approved these vaccines as safe and effective. Both vaccines were studied in thousands of people around the world, and these studies showed no serious safety concerns. Side effects reported in these studies were mild, including pain where the shot was given, fever, dizziness, and nausea. Vaccine safety continues to be monitored by CDC and the FDA. More than 46 million doses of HPV vaccine have been distributed in the United States as of June 2012.”
http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm.
L. E. Markowitz also transmits his conclusions in the context of events like this (http://www.medscape.org/viewarticle/768633_sidebar2), sponsored by the manufacturer of the quadrivalent vaccine (“supported by an independent educational grant from Merck”).