Overview

- Randomized clinical trial
- Peer reviewed
- Major findings:
  - Immunogenicity of a 2-dose schedule at 0 and 6 months in girls 9 through 13 years of age is statistically noninferior for HPV-16 and HPV-18 to the immunogenicity in women receiving 3 doses.
  - Antibody responses in girls were noninferior after 2 doses vs 3 doses for all 4 vaccine genotypes at month 7, but not for HPV-18 by month 24 or HPV-6 by month 36.

Introduction

- Very interesting your retention rates were so high considering you did not compensate participants.
- I feel the need to expand on how these rates were kept so high, particularly your comment about randomizing participants into blocks. I am not sure how this would effect retention. This is vague and confusing to someone who is not well versed on this method.

Methods

- You could have included boys in this study as HPV affects males in the form of related cancers and genital warts.
- Self-report of sexual history could be skewed for adolescent females depending on whether they were with their parents or not. Was this information collected?
- If this study was done in the U.S. compensation would be key to follow-up and retention.
- Did not explicitly state that they collected an antibody test just that Merck did the antibody assays (expand slightly on this to clarify).
- Subsequent blood samples provide an incentive for participants to return if there was compensation.

Results

- A value of non-white participants should be provided as well.
- Reporting the values for evidence when noninferiority was lost for HPV-18 and HPV-6 would not hurt as it is not reported in the summary. This was a major finding in my opinion.

Discussion/Conclusion

- This article does add to existing literature at the time of its publication.
- I agree with all the limitations that were listed.
- I like that you noted the limitations related to the definition of noninferiority as this can pose an issue for interpretation. However, a brief definition would help to alleviate confusion among potential MDs who may not be well versed in this subject matter.
- The discussion does speak to the data that is presented in the results section.
Provisional acceptance
  
  - Accept with minor revisions: clarify several points