

Errata

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In the MMWR Recommendations and Reports “Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices (ACIP),” an error occurred on page 5. The last sentence of the first full paragraph should read, “Among these six cancers, approximately **21,300** were attributable to HPV16/18 (**7,900 [37%]** among men and **13,400 [63%]** among women) (Table 2).”

In Table 2 on page 6, the average annual numbers of cancers attributable to HPV 16/18 were incorrect. Following is the corrected table:

TABLE 2. Average annual number and percentage of cancer cases attributable to human papillomavirus and to HPV 16 and HPV 18, by anatomic site and sex — United States, 2006–2010.

Anatomic site	Average no. of cancers per year in sites where HPV is often found (HPV-associated cancers)*				Cancers attributable to any HPV				Cancers attributable to HPV 16/18			
	Male	Female	Both sexes	%	Average no.†			%	Average no.†			%
					Male	Female	Both sexes		Male	Female	Both sexes	
Cervix	0	11,422	11,422	91§	0	10,400	10,400	67	0	7,700	7,700	
Anus	1,549	2,821	4,370	91	1,400	2,600	4,000	79	1,200	2,200	3,400	
Oropharynx	9,974	2,443	12,417	72	7,200	1,800	9,000	62	6,200	1,500	7,700	
Penis	1,048	0	1,048	63	700	0	700	48	500	0	500	
Vagina	0	735	735	75	0	600	600	57	0	400	400	
Vulva	0	3,168	3,168	69	0	2,200	2,200	49	0	1,600	1,600	
Total	12,571	20,589	33,160		9,300	17,600	26,900		7,900	13,400	21,300	

Abbreviation: HPV = human papillomavirus.

* **Sources:** Data come from population-based cancer registries that participate in the National Program of Cancer Registries and/or the Surveillance, Epidemiology, and End Results Program, and meet criteria for high data quality. Cancer Registry Data are from all states meeting USCS publication criteria (http://www.cdc.gov/cancer/npcr/uscs/technical_notes/criteria.htm) for all years 2006–2010 and cover approximately 94.8% of the US population. In order to determine those cancers most likely to be HPV-associated, the following additional criteria were applied to the NPCR/SEER data: all cancers were microscopically confirmed; cervical cancers were limited by histology to carcinomas only (ICD-O-3 histology codes 8010–8671, 8940–8941); all other cancer sites were limited by histology to squamous cell carcinomas only (ICD-O-3 histology codes 8050–8084, 8120–8131); oropharyngeal cancers were defined as having the following ICD-O-3 site codes: 19, 24, 28, 90–91, 98–99, 102, 108–109, 140, 142, and 148.

† The estimated number of HPV-attributable or HPV 16/18-attributable cancers was calculated by multiplying the HPV-associated cancer counts by the percentage of each cancer attributable to HPV or HPV16/18. Estimates rounded to the nearest 100.

§ Although HPV is accepted to be a necessary factor in the causal pathway to invasive cervical cancer, HPV is not always detected in tumor specimens from women who receive a diagnosis of invasive cervical cancer due to a variety of reasons, including misclassification of tissue specimens as cervix, quality of tissue specimens, assay sensitivity, and a small proportion of HPV-negative, cervical cancers.