Published in final edited form as:

Ann Intern Med. 2015 December 15; 163(12): 960–961. doi:10.7326/L15-5183.

Response to Madeline Sterling, MD, MPH

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We greatly appreciate Dr. Sterling's thoughtful comment on our paper, to which we respond below.

First, we would like to clarify our paper's main findings. Our analyses suggest that lesbian women and girls aged 15–25 years who had heard of the HPV vaccine were significantly less likely to have initiated HPV vaccination compared to their heterosexual counterparts. However, we found no difference in HPV vaccination initiation between bisexual and heterosexual women and girls (1).

Second, in addition to the factors mentioned by Dr. Sterling, healthcare providers' beliefs may play an important role in shaping HPV vaccination disparities across sexual orientation groups (2, 3). Indeed, providers may erroneously believe that HPV can only be transmitted through penile-vaginal intercourse when in fact, the virus can be transmitted through any intimate skin-to-skin contact with sexual partners of any sex or gender (3, 4). Moreover, providers may not realize that the vast majority of lesbians have engaged in sex with men and are thus at risk of HPV infection from female and male sexual partners (4).

Third, we did not collect the data used in this study; instead, we used 2006–2010 National Survey of Family Growth (NSFG) data, which are available from the National Center for Health Statistics. Therefore, we unfortunately had no control over the variables in the dataset. In particular, the 2006–2010 NSFG did not ask participants whether they received all three doses of the HPV vaccine. As a result, we were unable to assess disparities in HPV vaccination completion by sexual orientation among women and girls. However, new research suggests that one dose of the vaccine may confer as much protection against cervical cancer as three doses (5). Nonetheless, we are conducting additional analyses examining the association between sexual orientation identity and HPV vaccination completion. Additionally, we agree with Dr. Sterling that it would have been useful to ascertain the influence of recommendations for HPV vaccination from caregivers and providers on sexual orientation identity disparities in HPV vaccination initiation among girls and women. However, these measures were not included in the 2006–2010 NSFG.

Fourth, we agree with Dr. Sterling that identifying the mechanisms that drive sexual orientation disparities in HPV vaccination among women and girls is crucial to intervening.

Moreover, research is needed to assess whether disparities vary across social groups in order to inform interventions that are tailored to the needs of women and girls of diverse backgrounds.

References

1. Agénor M, Peitzmeier S, Gordon AR, Haneuse S, Potter J, Austin SB. Sexual orientation identity disparities in awareness and initiation of the human papillomavirus vaccine among U.S. women and girls: a national survey. *Ann Int Med*. 2015; 163(2):99–106. [PubMed: 25961737]
2. Hutchinson MK, Thompson AC, Cederbaum JA. Multisystem factors contributing to disparities in preventive health care among lesbian women. *JOGNN*. 2006; 35(3):393–402. [PubMed: 16700689]
3. Marazzano JM, Stine KL, Koutsky LA. Genital human papillomavirus infection in women who have sex with women: a review. *Am J Obstet Gynecol*. 2000; 183(3):770–774. [PubMed: 10992207]
4. Marrazzo JM, Gorgos LM. Emerging sexual health issues among women who have sex with women. *STD*. 2012; 14(2):204–211.
5. Kriemer AR, Struyf F, Del Rosario-Raymundo M, et al. Efficacy of fewer than three doses of an HPV-16/18 AS04-adjuvanted vaccine: combined analysis of data from the Costa Rica Vaccine and PATRICIA trials. *Lancet Oncol*. 2015; 16:775–786.