

HUMAN PAPILLOMAVIRUS - A RIGHT OF REPLY

“We, doctors and pharmacists, independent of the pharmaceutical industry are calling for a moratorium on the use of these vaccines.” – April 2019

On medical evidences, public health issues, and conflicts of interests in the HPV debate.

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Introduction

In a platform released to the press on March 20th 2019 by LJ Communication¹, 50 doctors, learned societies, professional societies, private companies, medical unions and patient associations called for wide access to the human papillomavirus (HPV) vaccine and urged that its availability be extended to boys in an effort, to eliminate the cancers for caused by these virues. **This is our reply or “minority report” to these "50 learned societies”.**

“We, doctors and pharmacists, independent of the pharmaceutical industry, oppose the "Call of the 50" in the name of integrity and reason.

We are condemning the unlawful appeal by those pushing for the widespread use of these vaccines due to major uncertainties surrounding the benefits, harms and cost-effectiveness of the vaccine.

In view of the uncertainties about the efficacy and safety of human HPV vaccines (Gardasil®, Gardasil 9®, Cervarix®), we are calling for a moratorium on the use of these vaccines.”

I- The "Call of the 50" unlawfully refuses to declare their conflicts of interest

Health professionals are obliged by law to declare their conflicts of interest **when they publicly discuss health products** (article L. 4113-13 of the Public Health Code), and can be disciplined for not doing so.

The declaration of conflicts interest is **an individual and personal responsibility** on the part of the signatories and cannot be delegated to third parties. However, **the "Call of the 50", makes no mention of the substantial conflicts of interest between these health professionals, societies and associations and the three manufacturers of HPV vaccines.** The second of the two successive versions of the communiqué, published online on March 25th,

¹ LJ Communication is an agency specialized in lobbying and whose clients are HPV vaccine producers. For more information, see the call's conflict of interest analysis at the end of the document.

refers reader to the health transparency database, where information on benefits and remuneration received by health professionals are provided by the manufacturers themselves².

We, the authors of this call, have no commercial contacts with the industry, and declare that we have not received any money from the four companies which market or collect fees on the sale of HPV vaccines (GSK, Sanofi Pasteur, Merck and Astra Zeneca). Following this text are their own declarations of links of interest.

II- The development and marketing of HPV vaccines is characterized by widespread and pervasive conflicts of interest

The history of HPV vaccines depends on conflicted health professionals to promote the vaccine. In an article published in the Journal of the American Medical Association (JAMA) in 2009³, SD Rothman and colleagues explained how, as early as 2006, the year Gardasil® received approval from the US Food and Drug Administration (FDA), Merck, manufacturer of Gardasil®, **started to fund several American learned societies and paid their members as medical representatives to promote the vaccine to their peers** through campaigns like "*Educate the Educators*".

In 2007, the **Gardasil® vaccine obtained reimbursement** for the prevention of cervical cancer in young women in **France through stealth**. Indeed, in February 2007, **even before the scientific authorities had had time to state their position on the subject**, Health Minister Xavier Bertrand announced that the HPV vaccine would be reimbursed. He ignored the typical process of the Transparency Commission, in the name of the urgency, blaming "*media pressure*"⁴ and not waiting for a medico-economic evaluation, which was later published in March 2007. In its conclusions, **the working group**, citing rapidly rising incidence of cervical cancer in France, **called for priority to be given to organized screening**. Some departments had screening programs since the 1990s, but weren't concerned with any **urgency** regarding the introduction of vaccination, expecting the benefits to be long-term and of minimal impact.⁵(a).

² The call states: "Each officer of the signatory companies is responsible for his or her own declaration of relationships and potential conflicts of interest. This one is in principle available, by name, on the website <https://transparence.sante.gouv.fr>"

³ Rothman SM, Rothman DJ. Marketing HPV Vaccine Implications for Adolescent Health and Medical Professionalism, *JAMA* 2009;302(7):781-786 (doi:10.1001/jama.2009.1179).

⁴ Blanchard S, "Towards a reimbursement of the vaccine? ", *Le Monde*, February 13, 2007.

⁵ Working Group on vaccination against papillomavirus, Technical Committee on Vaccination, *French High Council of Hygiene*, 23 March 2007

With this "Call of the 50", we cannot avoid pointing out the huge conflicts of interest at play here. **An in-depth analysis presented at the end of this document** finds as much as **1,611,066 euros were distributed by HPV vaccine manufacturers** for all signatories, comprised of **223,765 euros for individuals and 1,387,301 euros for the entities they manage.**

III- The efficacy of Gardasil® in reducing the incidence of cervical cancer never demonstrated

This situation is all the more damaging to public information, and public health authorities as this call does not refer to a single independent, credible scientific support for its demands and relies solely on the opinions of experts.

The vaccine that this group is now seeking to reimburse for the boys, has never shown any effectiveness against cancer in clinical trials. **These trials** were conducted in an accelerated manner and **did not evaluate the efficacy of the quadrivalent vaccine against cancer.** After multiple deviations from the initial protocol at the laboratory's request, and after a reconstitution of groups *a posteriori*, it was only admitted, in a questionable manner, by the Food and Drug Administration (FDA) and then by the European Medicines Agency (EMA) that the vaccine was only **partially efficacious against high-grade precancerous lesions.** At the request of the laboratory and in the course of a negotiation, **this efficacy was considered as an intermediate or surrogate outcome for cancer prevention** ^{67(b)}. It should be noted that all the women in the control arm of these studies were vaccinated immediately afterwards to avoid "*loss of opportunity*", and thus it is impossible to study the longer-term effectiveness of the vaccine.

The French National Authority for Health (HAS) has always stressed the uncertainties regarding the effectiveness of the vaccine in preventing cervical cancer. Thus, vaccine instructions may state it "*may be or is being used against cervical cancer*" or "*is prescribed or recommended to prevent cervical cancer*" but cannot make the incorrect claim that the vaccine is "*effective against cervical cancer*".

The clinical studies having been processed under accelerated procedures, we should now rely solely on low-level **observational studies, subjected to numerous biases in order to assess the vaccine's efficacy.**

⁶ Riva C, Spinoso JP. The one too many shots? Why are young girls being vaccinated against cervical cancer? Ed. Xenia, March 2010, Vevey, p. 28, 29.

⁷ [Annexe 1](#) EPAR Gardasil, European medicines agency

IV- "Call of the 50" uses communication techniques more akin to marketing than science.

Despite considerable scientific uncertainty the members of the "**Call of the 50**" suggest **that the vaccine could eliminate all cancers** linked to the human papillomavirus. We quote them:

*"... to introduce free or reimbursed universal vaccination, without distinction as to gender or risk, to protect girls and boys, reduce inequalities and participate, with other countries, to **eliminate HPV-caused cancers**, following the WHO recommendation. [...] Every year, in France, human papillomavirus ("HPV") causes: -More than 6,300 cancers: cervix (2900), pharynx (tonsils, 1400), anus (1512), vulva, vagina, penis (500). [...] Approximately 30,000 precancerous cervical lesions whose treatments are not inconsequential (increased risk of premature delivery and/or miscarriage). -Approximately 100,000 diagnoses of genital warts [...]. These diseases also represent a significant cost for the community: > 500 million €/year."*

It should be noted that there has not been any regular epidemiological monitoring of vulvar, vaginal and penis cancers in France so far, as the number of cases was considered too low to warrant such monitoring. These estimates were not included until 2018. The estimates cited in the "Call of the 50" are taken from a study designed and funded by MSD⁸, manufacturer of Gardasil® and with the participation of several of its employees and the consulting firm Stève Consulting (c).

Moreover, while the HAS considers that the presence of HPV is "*necessary but not sufficient*" to cause cervical cancer, for other cancers HPV's role is uncertain because they vary by cancer type and are generally in much smaller numbers than the rates in cervical cancers. It can therefore be argued that their presence is neither necessary nor sufficient for these other cancers, and that HPV is only one of several risk factors. Their frequency has been assessed in an IARC report (d). The negative connotation of HPV infection is not always highlighted, for

⁸ Abramowitz L, et al. (2018) Epidemiological and economic burden of potentially HPV-related cancers in France. [PLoS ONE](#) 13(9): e0202564.

example in the case of oropharyngeal cancers, those with HPV are considered to have a better prognosis (e).

It should also be noted that, **while the savings postulated in the "Call of the 50" remain completely hypothetical**, to universally vaccinate girls and boys according to current recommendations with a catch-up period of two years, **the total pre-tax cost of vaccines would be as much as 1.9 billion euros during the first two years and 180 million euros annually afterwards (f)**. And also, as noted in the journal *Prescrire*⁹, Gardasil® has not been shown to reduce high-grade precancerous lesions in **boys** and **therefore this claimed benefit remains purely speculative**.

Finally, the High Council of Public Health (HCSP) issued an unfavorable opinion in February 2016 on the vaccination of men, in part because of the poor cost-benefit ratio of the HPV vaccination and by considering that "condylomas are not a public health problem" and that "anal cancer remains rare (with a very low incidence, particularly among heterosexual men)"¹⁰. The statements made by the signatories of the "Call of the 50" are therefore biased and unfounded.

V - Uncertainties about the safety of the quadrivalent and nonavalent Gardasil® and Gardasil 9® vaccines

To these uncertainties we should add numerous issues related to the **safety of this vaccine**, as evidenced by **the latest report of the Pharmacovigilance Monitoring Committee in 2015¹¹**. By definition, these adverse reactions will affect very young girls and, if the Minister of Health acquiesces to the pressure, also very young boys, as the age of vaccination has been constantly pushed down in recent years.

The young age of the vaccinated women contrasts with the average age of diagnosis of cervical cancer in France, which is 51 years. It should be noted that, among the cancers targeted by the "Call of the 50", cervical cancer is the one with the earliest age of diagnosis, since for other cancers the average age of diagnosis ranges from 62 to 71 years, which further postpones the possible efficacy on these cancers **(a)**. On the other hand, a quality and independent study carried out by the ANSM and the Assurance Maladie in 2015 showed **an increased risk of**

⁹ The journal *Prescrire*, Papillomavirus vaccine with 9 valences (Gardasil 9®) and cervical cancer. Volume 38 No. 413, p. 168.

¹⁰ Opinion on vaccine recommendations for human papillomavirus infections in men. HCSP, 19/02/2016, p12.

¹¹ Meeting of the Pharmacovigilance Technical Committee - TC012015103 Session of Tuesday, November 17, 2015

Guillain-Barré syndromes in vaccinated girls (g). Although not all of these adverse reactions are necessarily causally related to the vaccine, they represent only a fraction of the observable adverse reactions, as passive pharmacovigilance (spontaneous reporting) is **significantly underreported**, resulting in **many adverse reactions left unreported**.

It should also be noted that, in its March 2018 publication, **Prescrire magazine** stated that the percentage of **severe local reactions is doubled with Gardasil 9®** compared to Gardasil®, from 2.7% to 4.5%⁹. That is to say that with Gardasil 9® we would have one severe local reaction for every 20 young girls vaccinated instead of one for every 40 with Gardasil®, an incidence rate that is not accounted for in pharmacoeconomic assessments.

Conclusion

Our intention here is to show how private interests, expressed by personalities and organizations that are financially conflicted with the manufacturers of the vaccines are able to shift health policies towards non-priority interventions that have high costs, poorly assessed harms and uncertain benefits.

HPV vaccination is **a case study of the "ghost management" methodically used by manufacturers characterized by** total market management, and invisible but omnipresent control of all levels of medical research, training and information. **The analysis of the conflicts of interest of the "Call of the 50", presented below**, is a perfect illustration of this.

Cervical cancer, like other cancers targeted by the "Call of the 50", has **been in constant decline for at least 40 years**. As well, due to screening and the reduction of alcohol and tobacco use, this decline is notable on rates of oropharyngeal cancers (h). **Pap smear screening is a proven means** of reducing cervical cancer in the short term by directly targeting women most at risk and, unlike vaccination (f), it does not entail any additional cost to the community⁵. Although a Pap screening program has been called for and promised for more than 30 years, it was only recently announced, in January 2019. It is still too early for its effects to be evaluated. To better assess the program's effects, record keeping of a woman's vaccine status should be mandatory, which is something requested by the Med'Ocean Association.

We also lack a major national campaign to promote condom use, which is known to reduce HPV¹² infection rates, but also to reduce all sexually transmitted infections¹³. Also, the dropping rates of tobacco smoking, which is currently underway, continues to accelerate a

¹² Uyen Hoa Lam J., Condom use in prevention of Human Papillomavirus infections and cervical neoplasia: systematic review of longitudinal studies. [Journal of medical screening](#). Volume 21, p 38-50, mars 2014

¹³ Weller SC, Davis-Beaty K, Condom use systematically reduces sexual transmission of HIV infection. Cochrane, March 2012.

reduction of the number of high-grade lesions and cervical cancers seen in the population because smoking doubles the risk for this type of disease¹⁴.

We unequivocally denounce the "Call of the 50", whose members blatantly violate French law by concealing their considerable financial conflicts of interest. **We hope that this time**, unlike in 2007, **the Minister of Solidarity and Health**, who now has the power to introduce new vaccination requirements will be able **to resist commercially-sponsored media urgency that has nothing to do with public health.**

For all these reasons, which are not exhaustive, and because of the very high uncertainties that persist about the HPV vaccine program, we denounce the statement by the "Call of the 50", and, as independent doctors and pharmacists independent who have no ties to the pharmaceutical industry, demand an immediate moratorium on these vaccines.

“And to ensure that doctors and patients can finally decide in a transparent manner on the real benefit-risk balance of HPV vaccination, we are calling for a parliamentary committee of inquiry.”

The 15 signatories:

Jean-Baptiste Blanc, Rémy Boussageon, Philippe De Chazournes, Sylvie Erpeldinger, Sylvain Fèvre, Marie Flori, Marc Gourmelon, Jean-Claude Grange, Christian Lehmann, Claudina Michal-Teitelbaum, Joël Pélerin, Armel Sevestre, Bertrand Stalnikiewicz, Amine Umlil, Martin Winckler.

The signatories declare that they do not receive pharmaceutical company visits and have no conflicts of interest with regard to HPV vaccines or with any commercial enterprise working in the health sector. Detailed presentation of the signatories visible after the notes.

¹⁴ Roura E. Smoking as a major risk factor for cervical cancer and pre-cancer: Results from the EPIC cohort. [IJC](#), Volume135, Issue215 July 2014 Pages 453-466.

Notes

a- In its report published on March 27, 2007, one month after Xavier Bertrand, Minister of Health, announced the reimbursement of the vaccine, the working group of the Technical Committee on Vaccination against HPV reported on the medico-economic evaluation and came to this conclusion:

P 70: "In total, the cost-effectiveness analysis shows that priority should be given to the organization of cervical cancer screening [...]"

Indeed, the number of cases and incidence of **cervical cancer**, the 11th female cancer by incidence in France at that time, **had been decreasing rapidly and steadily for 25 years**. This decrease is mainly attributed to the effectiveness of screening. The following tables from the report on the "National estimate of cancer incidence and mortality in France between 1980 and 2012" show that in 25 years, between **1980 and 2005**, the world standardized incidence rate of cervical cancer had **decreased by 51.3% and mortality by 58.0%**. Modelling, when using organized screening as a reference, attributes to the vaccine the ability to reduce incidence by about 20%, 70 years after vaccination begins.

Tendance chronologique

I TABLEAU 5 I		NOMBRE DE CAS ET DE DÉCÈS EN FRANCE SELON L'ANNÉE - COL DE L'UTÉRUS*					
		Année					
		1980	1990	2000	2005	2010	2012
Incidence		5 161	3 878	3 336	3 208	3 081	3 028
Mortalité		2 060	1 522	1 256	1 181	1 123	1 102

*En raison d'un nombre élevé de décès par cancer de l'utérus sans aucune indication du site anatomique (col, corps...), les données de mortalité observées ne sont pas présentées.

I TABLEAU 6 I		TAUX D'INCIDENCE ET DE MORTALITÉ EN FRANCE SELON L'ANNÉE (STANDARDISÉS MONDE POUR 100 000 PERSONNES-ANNÉES) - COL DE L'UTÉRUS*							
		Année						Taux annuel moyen d'évolution (%)	
		1980	1990	2000	2005	2010	2012	De 1980 à 2012	De 2005 à 2012
Incidence		15,0	9,9	7,8	7,3	6,8	6,7	-2,5	-1,2
Mortalité		5,0	3,2	2,3	2,1	1,9	1,8	-3,2	-2,0

*En raison d'un nombre élevé de décès par cancer de l'utérus sans aucune indication du site anatomique (col, corps...), les données de mortalité observées ne sont pas présentées.

On the other hand, according to French modelling, for a **vaccine effect** to be really meaningful, it was necessary both to **wait several decades AND for several hypotheses favorable to the vaccine to be fully verified**. The model estimated the vaccine intake over 70 years, with low intake at baseline and theoretically increasing over time. But if only one of the following hypotheses were not or only partially verified, the effectiveness of the vaccine would be delayed or cancelled.

The following assumptions were considered (p 61):

- **"HPV 16 and 18 are responsible for 75% of cervical cancers;**
- **The efficacy of the vaccine against these HPV genotypes is 95%;**
- **There is no loss of immunity over time with three doses (so there are no recalls);**
- Three vaccination coverage rates are planned: 30%, 60% and 80%.
- **All vaccinated people receive all three doses of vaccine;**
- The age at vaccination is 14 years old.
- A catch-up strategy up to 26 years of age is being considered for women who have not initiated their sexual lives

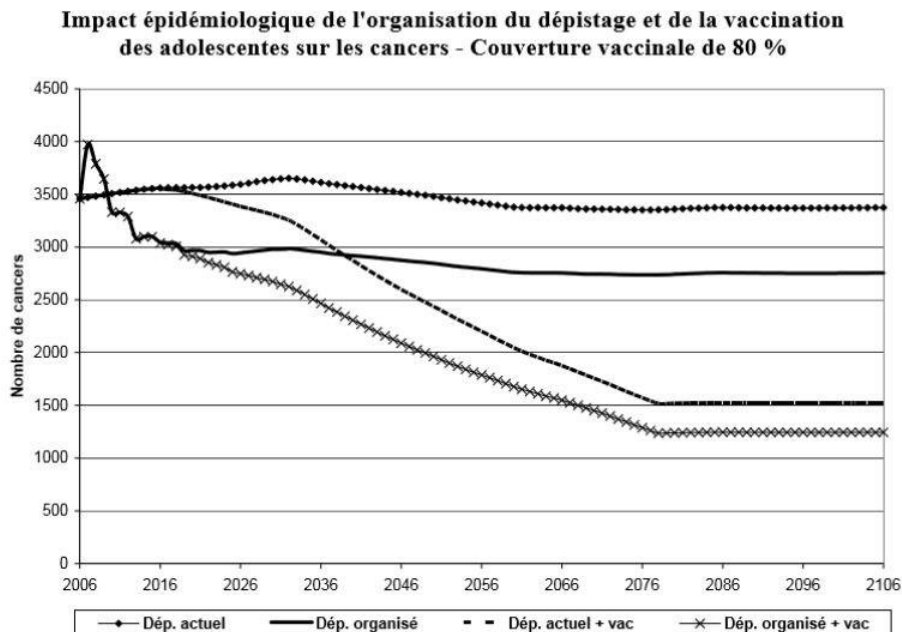
The impact of vaccination on **cancer cases would only start to appear after at least 30 years and would remain modest**, especially in the scenario where vaccination would take place at the same time as the generalization of organized cervical cancer screening throughout the country. In the latter case, screening would have an earlier and more significant impact on cancer incidence than vaccination.

p 63 "The simultaneous implementation of these two interventions would make it possible:

- *To limit or prevent the increase, over the 70-year period considered, in the number of precancerous lesions diagnosed (+8.6% for a coverage of 30% to -13.4% for a coverage of 80%);*
- *To reduce cervical cancer incidence and mortality beyond the specific effect of each intervention implemented in isolation: for an 80% vaccination coverage, reductions of 34.3% and 32.2% compared to the current situation are expected from the implementation of the 2 interventions, concerning incidence and mortality respectively; this 34.3% reduction in cancer incidence is more than twice as high as*

that expected from the implementation of the screening organization alone (16.1%);

- *The addition of vaccination with an 80% vaccination coverage allows a further reduction[over 70 years], compared to that obtained by the screening organization alone, of 21.7% and 15.8% respectively for incidence and mortality related to cervical cancer;"*



Why take into consideration such long delays for modelling, like, for example, 70 years in the French modelling? This vaccine is different from all others, and raises ethical questions, because of the very significant time lag between the age of vaccination and the age at which the benefits on cancer (*i.e. the only benefits of the vaccine that can legitimize vaccination*) are expected.

What also sets this vaccine apart is the absence of evidence of efficacy on this criterion and its very significant time lag resulting in a wait period of several decades to see if there is efficacy. Furthermore, this efficacy will never really be demonstrated by purely observational studies, which have a very low level of evidence and can be affected by various factors that can affect the evolution of incidence and mortality due to cervical cancer.

Even in the extreme and unrealistic assumption of 100% efficacy on all types of HPV, including those not present in vaccines, and taking into account the epidemiology of cervical cancer, for which the average age of diagnosis is 51 years and the average age of death is 64 years, it would take a very long time for any benefits to become visible on a public health scale.

During this very long period, many factors are likely to influence cervical cancer incidence, most of which are independent of the vaccine. It will therefore be very difficult to separate the share attributable to the vaccine from the share attributable to other factors.

The following table shows what benefits could be expected from the vaccine alone based on the time since the beginning of systematic vaccination and under extreme assumptions. When we say "vaccine alone", this implies that all other factors that may influence cervical cancer incidence remain unchanged, which will never be the case in reality. The hypotheses, purely theoretical and for the sake of demonstration, are, at both extremes, no benefit or 100% benefit on all cervical cancers. Factors deemed not to be modified are the age composition of the population, the socio-economic level of the population, screening, smoking, and use of immunosuppressive drugs and all aspects of sexual behavior (age of sexual onset, number of partners, condom use). All factors that evolve in a way that favors a reduction in cervical cancer incidence and mortality will reduce a potential beneficial effect attributable to the vaccine and therefore its utility. Other factors, specific to the vaccine or vaccination, can affect the effectiveness and utility of the vaccine: loss of vaccine efficacy over time, replacement of vaccine strains by other strains that are already oncogenic or acquiring oncogenic potential, replacement by other equally pathogenic infectious agents...

	Nombre de cas et de décès par tranche d'âge en France en 2012 - Col de l'utérus																		
Âge	[00;14]	[15;19]	[20;24]	[25;29]	[30;34]	[35;39]	[40;44]	[45;49]	[50;54]	[55;59]	[60;64]	[65;69]	[70;74]	[75;79]	[80;84]	[85;89]	[90;94]	[95;+]	total
Incidence	0	1	9	54	172	298	429	440	359	286	235	175	126	137	136	111	51	9	3028
Mortalité	0	0	0	3	12	33	69	106	126	115	101	79	65	78	100	114	78	23	1102
Bénéfices pour toute la population attribuables à la vaccination seule pour une vaccination des jf de 12 ans à partir de 2012 selon l'âge atteint et le temps écoulé depuis le début de la vaccination selon des hypothèses extrêmes (aucun bénéfice, 100% de bénéfice), tous les autres paramètres restant inchangés par ailleurs																			
Âge atteint	20	30	40	50	60	70	80	90	100										
temps écoulé depuis la vaccination à 12 ans en 2012(année)	8 ans (2020)	18 ans (2030)	28 ans (2040)	38 ans (2050)	48 ans (2060)	58 ans (2070)	68 ans (2080)	78 ans (2090)	88 ans (2100)										
cancers prévenus hypothèses extrêmes (min et max)	0%	0-2%	0-18%	0-46%	0-68%	0-84%	0-90%	0-98%											
pourcentage des décès avant cet âge	0%	0%	0-1%	0-11%	0-32%	0-51%	0-64%	0-80%	0-98%										

Analysis of the table : Assuming that all factors affecting cervical cancer incidence remain unchanged and that the vaccine is perfectly effective on 100% of cervical cancers and that 100% of 12-year-old girls born in 2000, starting in 2012, will be vaccinated, 28 years later, **in 2040**, when these first vaccinated girls reached the age of 40, there would be **a reduction in cervical cancer cases due to the vaccine of up to 18% and a reduction in mortality of up to 1%**. But the hypothesis of a total lack of efficacy or usefulness of the vaccine is equally likely because many factors, both vaccine specific and vaccine independent, can play a role in diminishing the role of the vaccine in reducing the percentage and number of cases. **Between**

2012 and 2040, about 11 million girls would have been vaccinated and the costs, about 2.5 billion euros for the vaccination of 12-year-old girls alone as well as adverse reactions would have accumulated. For other HPV-related cancers, the link between incidence and mortality with HPV infection is less clear and the average ages of onset and death are later. This means that the hypothetical maximum efficacy would be both lower than that considered for cervical cancer and would appear later than the time of vaccination initiation.

(b)- The fact that the vaccine has never shown, in randomized controlled clinical trials, efficacy in reducing the incidence of cervical cancer and that it has been agreed to replace this criterion with efficacy on precancerous lesions is discarded in a single sentence in the Gardasil® EPAR published on the [European Medicines Agency](#) website. p7: "CIN3 and AIS have been accepted as immediate precursors of invasive cervical cancer."

(c)- Stève consulting is a Lyon-based company **specializing in the design of studies to facilitate access to markets for drugs** whose customers are pharmaceutical companies. Stève consulting has already distinguished itself by providing several European countries with medico-economic models favorable to the quadrivalent vaccine. This was the case in Germany, Belgium, Great Britain and Italy. At that time, **there were only two independent medico-economic models**, the French model and the model made in Austria at the request of the Minister of Health, who concluded that with a 100% effective vaccine and lifelong protection by vaccinating all 12-year-old girls, **it would have taken 52 years to see a 10% reduction in the number of cases.**

(d)- "Cancers attributable to lifestyle and the environment in France" IARC, Lyon 2018 p91

Tableau 8.1. Prévalence des agents infectieux associés à diverses localisations de cancer et RR correspondant

Infection	Localisation de cancer	Prévalence (%) (IC 95 %) (3,6,7)	RR (IC 95 %) (3,7)
Scénario 1			
Virus du papillome humain			
	Col de l'utérus	100	-
Scénario 2			
Virus du papillome humain	Oropharynx	34,2 (19,9–50,1)	-
	Cavité buccale	4*	-
	Anus	91,3 (88,2–93,4)	-
	Larynx	4*	-
	Vulve et vagin, 15–54 ans	48** (42–54)	-
	Vulve et vagin, 55–64 ans	28 (23–33)	-
	Vulve et vagin, 65 ans & plus	15 (11–18)	-
	Pénis	26,8 (19,7–34,4)	-

(e)- <https://link.springer.com/content/pdf/10.1007%2Fs00103-018-2791-2.pdf>

«It has been observed that patients with HPV-positive oropharyngeal carcinoma have markedly longer survival times than those with HPV-negative tumors [44– 46]. The risk of mortality for patients with HPV-positive oropharyngeal carcinoma is 58% lower than that of patients with an HPV-negative tumor [47]”.

(f)- The signatories of the "call of the 50" mention savings of 500 million euros which remain purely hypothetical. On the other hand, the cost of vaccination offered free of charge by the State is very real. At the current price of Gardasil 9® excluding taxes, i.e. **113 euros per dose**, it would cost, to vaccinate 100% of boys and girls from 11 years of age with a catch-up until 19 years of age, **two doses until 14 years of age and three doses from 15 years of age** according to the recommendations 1.9 billion during the first two years and 180 million euros per year in routine vaccination. A good operation for Merck, whose **worldwide sales revenue for Gardasil® in 2018 exceeded €3 billion**, up 37% compared to 2017, but much less profitable for public finances and the community.

(g)- Umlil A, Complementary response to the "50 learned societies". GARDASIL®" vaccine: adverse reactions reported.

*"Regarding the Guillain-Barré syndrome, a French study estimates the number of cases at about 1 to 2 cases per year per 100,000 girls vaccinated. The causal link seems plausible. Some patients were put under enteral or parenteral nutrition or even assisted mechanical ventilation. In general, the risk would be 4 times higher after vaccination. This risk inherent in this serious, sometimes fatal condition could influence the therapeutic decision. Thus, the independent journal Prescrire considers that "In the French study, the vaccine was associated with an increase of about 1 to 2 cases per 100,000 girls vaccinated. In other words, if every year the 400,000 girls concerned by vaccination chose to be vaccinated, **there would be 4 to 8 more girls suffering from Guillain-Barré syndrome each year because of the vaccine, with one death every 2 to 3 years. Every year, 1 or 2 women would remain permanently disabled.**"*

(h)- "National estimate of cancer incidence and mortality in France 1990-2018". INVS,
15/03/2019

2.3 Evolution du nombre de cas entre 1990 et 2018 : part attribuable aux évolutions des facteurs démographiques et du risque

Tableau A2.4-H. Evolution du nombre de cas : part attribuable aux évolutions des facteurs démographiques et du risque, Homme

	Sous-site	Cas		Evolution 1990-2018 (%)	Evolution 1990-2018 : part attribuable(%)		
		1990	2018		à la population (%)	à la structure d'âge (%)	au risque (%)
Lèvre-bouche-pharynx							
	Lèvre	713	383	−46	7	45	−98
	Cavité buccale	4168	3106	−25	10	27	−62
	Glandes salivaires	275	437	59	19	40	0
	Oropharynx	4172	3793	−9	12	27	−48
	Nasopharynx	212	241	14	14	21	−21
	Hypopharynx	3327	1867	−44	6	29	−79
Œsophage							
	Epidermoïde	4602	2329	−49	6	33	−88
	Adénocarcinome	504	1812	260	45	45	170
Côlon et rectum							
	Côlon	9356	14597	56	19	46	−9
	Rectum	6906	8249	19	14	44	−39
	Anus	203	479	136	30	37	69
Poumon							
	Petites cellules (C34)	2578	3363	30	16	34	−20
	Epidermoïde (C34)	9881	7331	−26	9	38	−73
	Adénocarcinome (C34)	3240	15293	372	58	32	282
Sarcome							
	Sarcome des tissus mous	684	1500	119	27	25	67
	Sarcome osseux	297	352	19	16	3	0
Testicule							
	T. germ. séminomateuse	701	1650	135	28	−10	117
	T. germ. non-séminomateuse	552	1042	89	23	−19	85
Rein							
	Rein : parenchyme rénal	3338	8878	166	33	34	99
Système nerveux central							
	Glioblastome (C71)	471	2003	325	52	26	247
Thyroïde							
	Cancer Papillaire	341	2268	565	81	6	478

Detailed presentation of the signatories of the right of reply

Template : Name

- *Function(s)*
- *Conflicts of interest with producers of HPV vaccines / other links or conflicts of interest*
- *Open eds*

JEAN-BAPTISTE BLANC

- General physician
- None / None
- Blog: [Chronicles of a young doctor in his fifties](#), Twitter: [@Dr JB Blanc](#)

REMY BOUSSAGEON

- General physician, University Professor, Lyon 1, Ability to supervise research, Doctor of Philosophy
- One meal (45 euros) in 2014 (MSD) / none

PHILIPPE DE CHAZOURNES

- General physician at St Denis de la Réunion, President of Med'Ocean, former correspondent of the HAS, President of the FMF Réunion
- None / None
- A field doctor, doubt expert, adept of the quality approach and the benefit/risk balance. Strong bond of interest with my patients, which allows me to hope to gain their trust; that's why I have always refused ROSP (Remuneration on Public Health Objectives); anti-HPV vaccination? A real fight to get the truth out about this Gardasil® vaccination, since... November 2006, when we were told, with great media and opinion leader support, that the young girls in Reunion Island were lucky to be able to get vaccinated before those in Metropole, which led to this first [video](#)
- Site: [Med'Océan](#), Twitter: [@Medocean974](#)

SYLVIE ERPELDINGER

- General physician
- None / None

SYLVAIN FEVRE

- General physician
- None / None
- Blog: [ASK](#), Twitter: [@SylvainASK](#)

MARIE FLORI

- General physician, University Professor, Lyon 1
- None / None

MARC GOURMELON

- General physician
- None / None
- Twitter: [@mgourmelon](#)

JEAN-CLAUDE GRANGE

- General physician (Mantes-La-Jolie)
- None / None
- Blog: [Of médecine générale, only of médecine générale](#), Twitter: [@docdu16](#)

CHRISTIAN LEHMANN

- General physician, writer
- None / None
- Blog: [Waiting for H5N1](#), Twitter: [@LehmannDrC](#)

CLAUDINA MICHAL-TEITELBAUM

- General physician
- None / buffets offered by the H.A.C. laboratory as part of a hospital training course in November 2016 and November 2017, for a total value of 78 euros.
- Twitter: [@MartinFierro769](#)

JOËL PELERIN

- General physician, Doctor of Chemical Engineering, Member of the Med'Océan Association
- None / a slice of birthday cake and a cup of fruit juice on 02/09/2016 as part of a meeting of children born through IVF / I participated in the Health High Authority's working group on the cervico-vaginal smear, report published in 2010.

ARMEL SEVESTRE

- General physician, lecturer at the University of Rennes
- None / a buffet (13 euros) in 2014 from which I could not escape, the laboratory being, to my surprise, co-organizer of a palliative care working meeting

BERTRAND STALNIKIEWICZ

- General physician, lecturer at the Faculty of Medicine of Lille
- None / None. Indirect link of interest: Treasurer of the CNGE Conseil association, which receives funding from the pharmaceutical industry, among others
- Blog: [dr.niide.over-blog.com](#), Twitter: [@docteurniide](#)

AMINE UMLIL

- Hospital pharmacist, hospital practitioner, Head of the pharmacovigilance unit / coordination of health vigilance / CTIAP (Regional Centre for Independent Information and Pharmaceutical Advice), Cholet Hospital Centre (49325). (Maine-et-Loire)
- None / None
- Site: [CTIAP](#), Twitter: [@amine_umlil](#)

MARTIN WINCKLER

- General physician, Ethics expert
- None / None
- Literary Blog : «[Cavalier des touches](#)», medical blog : «[L'école des soignant.e.s](#)», Twitter: [@MartinWinckler](#)

On the signatories of the "call of the 50" and their conflict of interest

By failing to declare the conflicts of interest of the people and structures that compose it, the "*Call of the 50*" does not respect the current law. This law exists **to ensure that the recipient of a health message can have a critical approach to it**, depending on the relationship that the sender of the message has with industry. We are publishing here something to fill this gap in order to enlighten our fellow citizens. This is a research work on the signatories of the call established with the [Eurosfordocs¹⁵](#) engine. This website reprocesses the open source data from the official transparency.sante.gouv.fr database, allowing everyone **to know the amounts allocated by manufacturers** to healthcare sector stakeholders.

Results presentation

The period studied is from **2012 to 2018**. The **amounts shown are the sum of benefits** (meals, transport, gifts, etc.) and **declared remuneration** received by the organizations or professionals. The results are presented in a table at the end of the analysis. It uses the same disposition as the appeal.

Column 1	...the amounts paid to the structure by the HPV vaccine producers: GSK (Cervarix®), Sanofi Pasteur MSD (Gardasil® until 2016) and MSD ¹⁶ Gardasil® and Gardasil 9®) are displayed. As a result of financial arrangements, AstraZeneca and GSK receive a secret percentage of the fees for the sale of Gardasil® ¹⁷ . AstraZeneca was not included in the study.
Column 2	...the amounts paid to the structure by all health companies.
Column 3	...the amounts paid to the representative of the structure by the HPV vaccine producing laboratories.
Column 4	...the amounts paid to the representative of the structure by all health companies.
The sign " - " means that the structure or professional is not found on the base. And "0", means that the structure or professional is registered on the basis and that there is no amount declared.	

¹⁵ This tool was chosen because of its clear ergonomic advantage (for more information, also here)

¹⁶ NB: MSD is the name of the American company Merck & Co. outside the USA and Canada.

¹⁷ Riva C, Spinosa JP. The one too many shots? Why are young girls being vaccinated against cervical cancer? Ed. Xenia, March 2010, Vevey, p. 28, 29.

Underestimated amounts

Unfortunately, based on declarations from manufacturers, these amounts are underestimated **for three reasons**.

- First, because a significant **proportion of the contract remuneration reported in the database is kept secret**, while benefits are more systematically reported¹⁸. Yet, the remuneration amounts of these contracts are much higher than those of the benefits (30 euros for a meal, 400 euros for an air ticket for example, versus 1000 euros for a speaker's contract, several tens of thousands of euros for participation in a board¹⁹). This is the responsibility of our Ministry of Health, which has hindered the full implementation of the law as much as it has been able to.
- Secondly, because of the **lack of standardisation** of the titles of structures and professionals, which makes research uncertain. Indeed, they can be found under several names. For example: for the "Collège National des Gynécologues et Obstétriciens Français" there are (at least) 17 different titles. In lower-case / upper-case, with/without accent, with or without acronym, with/without typo.
- Finally, **a phenomenon of under-reporting** is regularly observed (by reconciling the Transparency database with personal declarations), it is difficult to quantify, but we will assess it.

The selection of signatories

As a preamble to the quantified analysis, after carefully reviewing the signatories, a few points raise questions. Is it relevant, in order to give an opinion on a gynecological cancer and a vaccine for adolescents intended to prevent it, to find in the list of signatories: a professor of urology, the French Society of Neonatology, the National Association of Graduate Nurses and Students, the French Society of Spinal Cord Transplantation and Cellular Therapy, the French Association of Care Managers, the College de Liaison des Internes en Santé Publique, the French Society of Hospital Hygiene, a so-called patient association concerning meningitis (....!), the Society of Travel Medicine, the Academy of Nursing Sciences, the French Nursing College, and, not the least curious, the French Society of Geriatrics and Gerontology?

¹⁸ More transparency Madam Minister ! Formindép website, 11/05/16

¹⁹ A board is a medical advisory committee set up by a laboratory where a doctor is called upon to give his opinion on treatments, under the guise of scientific advice but in reality with a commercial strategy in mind.

We could also wonder if the professional unions have their place here when we know their role, essentially devoted to defending the interests of their profession. Since they do not have scientific boards, their lack of legitimacy can be objected to. If we put aside these signatories (highlighted in pink in the table), the call would become the "call of the 50" minus 20. What we would gain in relevance, we would lose in mass. Now let's look at the results of our research.

A certain financial and strategic power

On the Transparency database, with the limitations we have mentioned above, we estimate the payments from Sanofi Pasteur MSD, MSD and GSK to the signatories of the call at:

1 611 066 euros

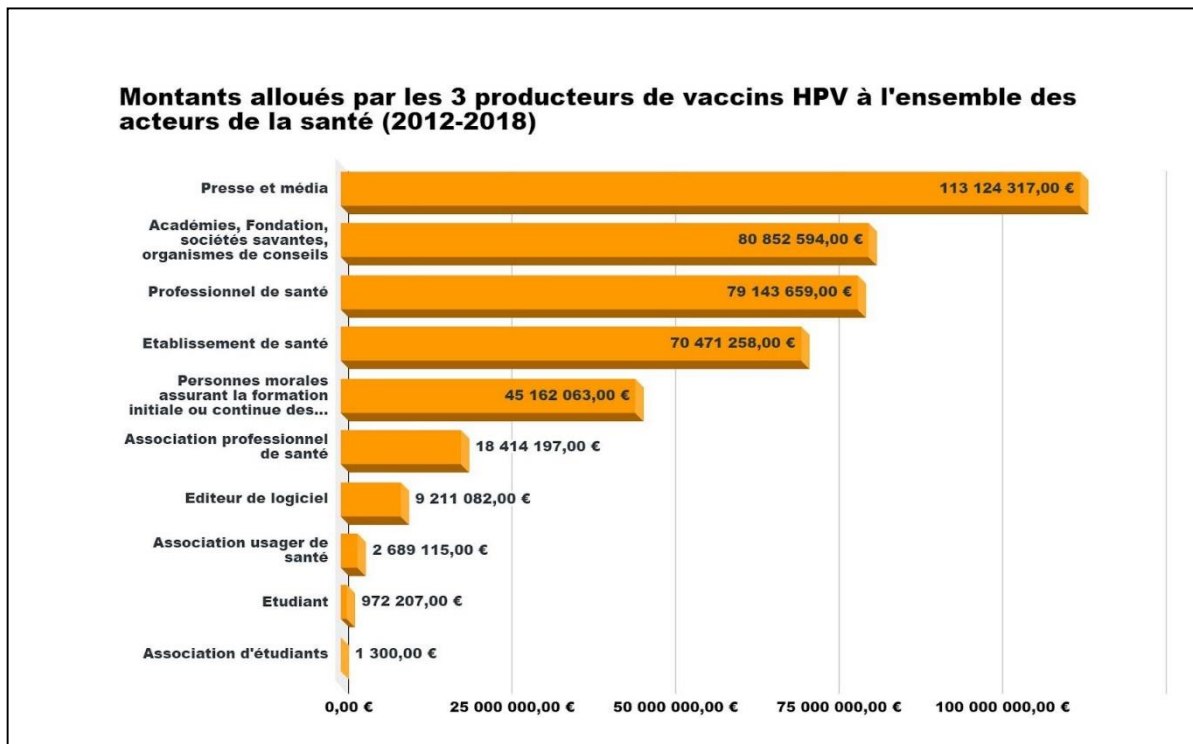
This amount is divided between professionals who received 223,765 euros and structures who received 1,387,301 euros. At the same time, the payments from all laboratories to the signatories are: 9,760,443 euros. To give an idea of what these laboratories have invested at the same time for the promotion of their products, here is the amount paid by the same extended to all health actors:

420 041 772 euros²⁰

N.B.: these figures must be interpreted with caution. Keep in mind that the data extracted from the database have a lack of formatting, beneficiaries can be misclassified. Also, the industrial companies in question do not only produce HPV vaccines, so only part of these amounts are directly related to the appeal. On the other hand, it should be noted that only 14% of the contracts have their amount indicated on this request (70,439 out of 495,589 contracts), which greatly underestimates our calculation.

²⁰ Result of the Eurosfordocs.fr request (you must open a free account to access the link)

The breakdown of this amount by category of beneficiary reminds us that it is not only structures, associations and professionals that are concerned (see graph below).



The media and communication companies hold the first place in the picture, materializing the pre-eminent role of promotion over other fundamental aspects like research. LJ Communication, which was in charge of relaying the "call of the 50", falls into that category. It is identified by a study by the Center for Administrative, Political and Social Studies and Research (UMR 8026) of the CNRS, Lille2 (CERAPS) as one of the 155 **French lobbying firms or agencies**²¹. Its customers include **MSD and GlaxoSmithKline, which sell HPV vaccines in France**, as well as AstraZeneca, co-holder of the patents for the three vaccines marketed.

We can also give some perspective to these figures by estimating the proportion of the turnover of the French pharmaceutical industry (54 billion euros in 2017 according to the LEEM) devoted to promotion. It is admitted that it is at least 20%, and can reach up to 40% of the turnover. Promotion includes all companies' internal expenses, in addition to the amounts visible on the Transparency-Health database for communications companies, newspapers, structures and professionals²². Taking the low estimate of 20%, all industrialists operating in France would spend, according to our approximation, 10.8 billion euros per year. Cégedim, for

²¹ Courty G. Lobbying in France. Invention and standardization of a political practice, 2017.

²² To learn more: "[Understanding and responding to pharmaceutical promotion](#)", WHO Guide, HAI, translated by HAS, 2/04/13

its part, estimates this expenditure at around 3 billion euros per year. Over the period 2012 to 2018, i. e. over a period of seven years, according to a broad range, the drug manufacturers would therefore have spent in France:

between 21 and 75 billion euros for promotion

The personalities

The first reaction is to check the potential conflicts of interest of the professionals put in the spotlight, those who are called "opinion leaders". We find them under the heading "Personalities", and there are five of them. If we only consider the data extracted from the Transparency database, **only one of them is in a conflict of interest (COI) situation, for a relatively small amount.**

Professor René Frydman received 2,316 euros from the three laboratories, a small sum out of the total of 134,249 euros received from all manufacturers. But, as we will see, the main findings are yet to come.

Alain Fischer, immunologist, is listed in the table of personalities. There are no conflicts of interest with laboratories producing HPV vaccines in the Transparency database. Of note is a Sanofi Pasteur MSD prize of **€100,000 obtained in 2013** on a personal basis. Otherwise, it is worth noting that in November 2016, when he was **president of the steering committee for citizen consultation on vaccination**, he ignored issues of transparency and independence raised by participants regarding the members of the said committee²³. The Formindep association pointed out that on that occasion, he spoke out in favour of vaccination for boys against HPV, and even imposed "*this personal idea in the final report, although it was not mentioned either by the citizens' contributions or by either of the two juries*"²⁴.

Claire-Anne Siegrist, a Swiss paediatrician and vaccinologist, is not listed in the French database Transparence. In broadening the search, several statements refer to old or newer links ([here](#) and [there](#)): her team received research funding from Sanofi Pasteur MSD and GSK, and she also received personal remuneration from both manufacturers for attending boards or conferences. She is considered an opinion leader in Switzerland and also runs the Infovac website. We will get back to that later.

According to our table, **Guy Vallancien** is also not in a conflict of interest situation. However, we can see on his own website his [links of interest with many manufacturers](#) who are evidently under the radar of Transparency. The Formindep association has already [established](#) that he is a "leading influencer" through his position as president and member of CHAM, a






²³ [/16 A disconcerting citizen consultation on vaccines](#). Le Monde, 9/12/1

²⁴ [The commitment is the informed decision](#), Formindep site, 3/12/16

public relations company in the health sector that contracts with manufacturers. At a minimum, an [indirect conflict of interest](#) is identified on Transparency through this company, which received 42,019 euros from MSD (not taken into account in our total).

Another opinion leader is on the list of 50 as the Infovac coordinator. This is pediatrician **Robert Cohen**, who is familiar with TV sets. By a decision made public on 29 November 2018, the Île-De-France Disciplinary Chamber of the Ordre des médecins issued a [sanction](#) against Dr Robert Cohen for failing to mention his "*obvious*" links of interest with the vaccine manufacturers "*Pfizer, GSK, Sanofi Pasteur MSD and Novartis*"²⁵. If we take into account his 27,420 euros of undeclared conflicts of interest with regard to the subject-matter of the "call of the 50", he could be considered a repeat offender. But let the Council of the Order appreciate this omission. Apart from that, its "*expertise and links of interest*" page on Infovac also shows [his many links with producers of all vaccines](#).

Several [Infovac experts](#) are signatories to the "Call of the 50":

-  **Professor Joël Gaudelus**, representative of the Group of Pediatric Infectious Diseases for an amount of 30,596 euros of conflicts of interest. He reports participating in the [boards of GSK and AstraZeneca](#), and giving conferences for the latter as well as for Sanofi Pasteur MSD and Pfizer.
-  **Pierre Begué**, representative in the appeal of the National Academy of Medicine, not very concerned (236 euros of CI).
-  **Odile Launay**, infectiologist, representative of the CMIT and the SPLIF: 5,812 euros from CI, study investigator for SPMSD, GSK, Pfizer, Janssen and participant in the boards of the same ([declaration](#)).
-  **Brigitte Virey**, representative of the Syndicat National des Pédiatres Français: 12,840 euros from CI.
-  **François Vié-Le Sage**, pediatrician, AFPA representative: 16,516 euros from CI. Its [declaration of interests](#), which is worth looking at, innovates by introducing "*negative links of interest*". "*Investigator in Phase III and IV studies, Congresses, symposia,*

²⁵ Association E3M c/Dr Robert COHEN CD 94 – N°7173, November 29, 2018; hearing of October 23, 2018

research works, working groups and scientific advisory groups as independent experts: GSK, SPMSD, MSD, Pfizer."

A continuous training under influence

According to the [website's terms](#), Infovac is a "*direct information and consultation line on vaccinations created in January 2003 in collaboration with InfoVac-Suisse, ACTIV and the Pediatric Infectious Pathology Group of the French Pediatric Society*". This is a group of pediatric experts specialized in vaccinology who is a reference for pediatric colleagues, PMIs and general practitioners. While it is stated that "*InfoVac-France's experts are independent of pharmaceutical companies*", the opposite is also stated in the following sentence: "*The links of interest that they may have with them, through conferences or advice in their capacity as experts in their respective fields, are not however a source of conflicts of interest!*".

If we look at [each expert's individual statements](#), we understand the second sentence better: almost all Infovac experts are in conflict of interest with vaccine producers and at a significant level (participation in boards, benefits and participation in clinical studies). Among them are Robert COHEN and Claire-Anne SIEGRIST who coordinate the experts at Infovac France.

According to the Transparency database, there are no direct links between Infovac and manufacturers. Now, let's look at the ACTIV association, which is, according to the site, co-creator of Infovac and account manager of Infovac-France. ACTIV stands for Association Clinique et Thérapeutique Infantile du Val de Marne. It is a "1901 law" association created in 1988 by several pediatricians, including Robert COHEN, who is now its scientific director. Its aim is to promote clinical and epidemiological studies, diagnostic and therapeutic research in pediatric pathology, particularly at the request of the pharmaceutical industry. According to [Eurosfordocs](#), no less than €765,529 [were allocated](#) to ACTIV by the 3 HPV vaccine producers. On a purely accounting basis, ACTIV, while not a signatory to the call, at least not directly, represents about half of the conflicts of interest of the 50 in amount (it has not been included in our calculation). As a second accounting consideration, only half of the contract amounts are reported on the basis of Transparency (13 out of 26).

Gynécole is a professional training company in gynecology. Targeting general practitioners, gynecologists, midwives, endocrinologists, it offers online or face-to-face trainings. On the "webconf" page (restricted access to professionals), we find videos of online courses. In a friendly atmosphere, the two creators of the site, David Elia and Christian Janin, both gynecologists, present up to date topics. The last five courses, dated from November 6, 2017 to October 10, 2018, focus solely on HPV vaccination: "*Resistance to HPV*

VACCINATION" where a lecturer in health psychology is invited to the set to teach how to convince recalcitrant patients, *"HPV: Once upon a time there was the cervix, the tongue, the larynx..."* In addition, Gynecole has joined forces with AFML, the professional training association of the SML (Union of Independent Physicians), to propose validating CPD training courses. Indeed, in recent years, physicians have had to complete a certain number of hours of mandatory training. The organization that validates training organizations and course content is called the ANDPC. [But the agency has been less tolerant on the issue of conflicts of interest](#) since 2016. Is that why Gynécole has partnered with an organization that has obtained its accreditation? In any case, with **187,176 euros of CI in the Transparency database**, Gynecole would have failed to obtain its own according to the rules in force. David Elia who is the company's representative has **12,561 euros from CI** (Transparency database). According to his statement on the site, he *"provides or has provided in the recent past, **expertise and/or assistance and/or advice for: Sanofi Pasteur, Abbot, Teva, Hepatoum, Serelys Pharma, BRS, HRA Pharma**"*.

Among the signatories, the European Research Organization on Genital Infection and Neoplasia holds a special place. **EUROGIN** organizes an **annual multidisciplinary gathering** on gynecological cancers induced by HPV infections. The most prominent specialists in papillomavirus, gynecologists, dermatologists, biologists or oncologists are attending.

The Transparency database shows an amount of **€92,225 from Sanofi Pasteur MSD and MSD**. Its master of ceremonies is **Dr Joseph Monsonego**, whose role in the creation of patient associations will be discussed later on. He coordinated the clinical trials of Gardasil® and its competitor Cervarix® in France, and in 2014, he was a member of the MSD steering committee and the Sanofi scientific council¹². For the 2019 edition, he is the [president of the scientific committee](#), and his name is displayed as the person in charge in the call of the 50. EUROGIN is also located at the address of the doctor's office. **Sanofi Pasteur and MSD have long been partners of the congress** - MSD is announced as ["Platinum Sponsor"](#) in 2019 - and they also paid Dr. Monsonego's wife, Messody Monsonego, who was in charge of organizing the congress via Eurovir, a privately-held company with limited liability¹².

Led by key opinion leaders, in situations of clear conflict of interest, and funded directly or indirectly by vaccine laboratories, the leading voices of these organizations are not neutral. Yet, they are listened to by many colleagues who see them as reliable references in a constantly evolving medical discipline.

The associations

Now let's look at the associations highlighted as patient/parent or screening associations. It is likely that the reader of the call sees above all in this section the nobility of volunteering and the legitimacy of the care user.

As seen above, the presence of a Small Angel association against meningitis is questionable because of its relevance within a group that calls for universal vaccination against the papillomavirus. It should be noted, however, that it is in a conflict of interest situation for 8,600 euros.

According to the investigation by journalist Anne-Laure Barret, in 2007, it was Dr Joseph Monsonogo, closely linked to Sanofi Pasteur MSD as we have seen, who created the association 1000 femmes 1000 vies, with a renowned sponsor, Simone Veil. In fact, [the association's headquarters](#) is none other than the gynecologist's office, which is also the headquarters of EUROGIN, the company that organizes congresses. In 2012, the association's website indicated that it was financed by private companies without any further details, while in 2011 and 2010, it stated that Sanofi Pasteur MSD had endowed it with respectively €95,000 and €35,000²⁶. Between 2012 and 2018, the Transparency database shows only 40,000 euros in payments. Today, on the website, under the heading Conflict of Interest, they acknowledge industrial funding: *"The 1000 women 1000 lives association receives donations from individuals, private structures or the pharmaceutical industry. Dr. Monsonogo coordinated the clinical trials of quadrivalent and bivalent HPV vaccines for France. He has served on the medical advisory boards of Merck, GSK, Gen-Probe and Roche Diagnostics. The other members of the Board of Directors have no conflict of interest."* If we try to look at the association's activities, we find no details concerning its financing, no meeting minutes or General Assembly summons. The association's coordinators are presented on the page [fonctionnement](#) : they are all health professionals. A board only composed of an "honorary" president Joseph Monsonogo and a surgeon with no defined function. It is supported by a scientific council composed of no less than 41 doctors.

The presence of the citizen-patient seems artificial, with pictures of women that could be mistaken for [American models](#). If you take the time to scroll down the "[Stories](#)" page (consulted on 28/04/19), you realize that the same text is repeated 88 times and that only the title of the text changes. A page summarizes the history of the association, in a completely different version from that of journalist Anne-Laure Barret: *"In March 2007, five women all*

²⁶ Dalbergue B et Barret A-L. Omerta in pharmaceutical laboratories. Ed Flammarion, 2014, p 269

concerned with cervical cancer, professionally or personally, decided to create the association "1000 women, 1000 lives". The trace of their names is not found. As a reminder, 2007 is the year in which HPV vaccines were launched in France.

Another association included in the "Call of the 50" is called **WACC: Women Against Cervical Cancer**. Such a name would suggest a movement created and managed by women activists. It is nothing of the sort. Anne-Laure Barret recounts¹²: "**1000 women 1000 lives is backed** by a second structure, also founded and chaired by Joseph Monsonogo: Women against cervical cancer, an international network of medical experts and women's associations. This foundation is based in Geneva, Switzerland, and is also **financed by Sanofi Pasteur MSD**: up to **95,000 euros** for 2011 and **70,000 euros** in 2010. Despite these financial links, the gynaecologist refutes the idea that these structures could have been used as masked advertising supports for Gardasil: *"Why did you create these associations at that time? Because the introduction of the vaccine could give young women the idea that these viruses necessarily caused cancer. So I developed educational tools to break this fake sword of Damocles. Just take a look at the websites of these associations to see that there is not a word about vaccines. The objective is first and foremost to inform about screening."* **Joseph Monsonogo's comments** are clear: *"I have therefore developed educational tools"*. **They contradict the idea of a patient-led association.**

And for WACC, in the list of the "call of the 50", no manager is designated and the web address provided, <http://www.wacc.org/>, does not exist (on 26/04/19). A search allows you to find the address of an empty site: <http://www.wacc-network.org/>. No trace on Transparency. [The Facebook page](#), on the other hand, is well established, but no posts have been published since...2011.

Founded in 1990, **the EVE association, for the prevention of cervical cancer** (CCU), is the operating base on which organized screening of the CCU relies in the Alsace region where it has been in place since the 1990s. This screening is to be generalized nationally and the EVE association is an excellent example. On the [association's website](#), in the stories section, HPV vaccination is highlighted, and a section is dedicated to it. The partners mentioned are essentially [institutional](#) (CPAM, MSA, Departmental Councils, ARS, INCA, La Ligue...). Other private company supporters are listed, but no pharmaceutical company. The legal notices mention that the association receives donations from individuals or private structures. Therefore, **no conflict of interest is declared on the site**, even though a research on Transparency finds funding from the 3 companies producing HPV vaccines up to **217,702 euros** for the association. The site's declaration of links of interest indicates that **Dr. Fender**, who is the director of the association and its **spokesperson for the "Call of the 50"**, is participating

in a study funded by Sanofi Pasteur MSD. No further statements are made about her. However, the Transparency database shows **5,198 euros** of benefits and remuneration that are in **a conflict of interest with the content of the call of the 50**. The association's website also mentions that Professor Baldauf, the association's president, is participating in the same study and is also a speaker for **SPMSD and GSK**. **77,334 euros** from these laboratories have been declared (Professor Baldauf is not a signatory and this amount will not be included in our statement). The latter is also quoted in the book by journalist Virginie Belle²⁷: *"In an article published in February 2012 on the [Le Figaro website](#), Professor Jean-Jacques Baldauf clearly promotes vaccination to prevent cervical cancer. The only problem is that he fails to specify that he is the principal investigator for GARDASIL®, and as such is funded by Sanofi Pasteur MSD, until 2018 and has a consulting activity on GSK's CERVARIX®!"* ».

According to [the website's history](#), the **IMAGYN** association **was created in 2014 by about ten women with gynecological cancers**. Its purpose is to raise awareness, share, support, inform and advance research on gynecological cancers. In 2018, IMAGYN reports having 124 members and working with a team of volunteers only. The [Bureau and Board of Directors](#) are composed almost exclusively of women and almost half of them have had cancer, according to the profile sheets. There are only two professionals out of 18 profiles in the team: an oncologist and Coralie Marjollet, a woman *"who has been involved for a long time in clinical research against gynaecological cancers"*. The latter, **Vice-President** of IMAGYN, is in fact **in charge of the editorial and communication department at ARCAGY-GINECO** according to the company's [organizational chart](#). It also happens that the **assistant treasurer** holds a position in the same company where she holds the position of **clinical studies manager and administrative** assistant according to her [LinkedIn profile](#).

ARCAGY-GINECO is a group whose purpose is **clinical research in the field of gynecological oncology**. The proximity with IMAGYN is such that before March 2018, its site was fully integrated with that of the group (see web page archived on [web.archive](#)). Another indication : in the Transparency database, one of the titles designating the association is "IMAGYN-GINECO". In 2017, IMAGYN conducted a [media campaign](#) to promote the coverage by the French health insurance system of Avastin® in advanced cervical cancer, an indication for which the health authorities did not consider the balance of benefits and risks to be sufficiently favourable. But Avastin® is a Roche treatment and the laboratory is presented as a [major support](#) for ARCAGY, as well as [IMAGYN](#). Therefore, a question arises: is one only the emanation of the other? More broadly, ARCAGY-GINECO's links with [all manufacturers](#)

²⁷ Belle V. Should your child be vaccinated?. Ed Max Milo, 2012, p199

are significant, since there **are 4,293,870 euros in payments on Transparency, including 528,220 euros from MSD**. On the IMAGYN partnerships page, there is also MSD, which has a direct financial link of **23,000 euros**, according to the Transparency database.

The HPV Now! group is represented by biologist Richard Fabre, director of [clusters of medical analysis laboratories](#). He is also president of the Association of Medical Biology Companies (AEBM), a "Think Tank" dedicated to independent medical biology, through which [he has already advocated](#), alongside 1000 women 1000 lives, for the generalization of HPV testing in the screening of the CCU. On the group's website, the object is clearly stated: *"Our HPV Now! group brings together doctors, biologists, witnesses and patients who are campaigning to convince the Minister of Health to immediately include HPV testing in primary screening as part of the national cervical cancer screening program."* In the site's navigation bar, [a tab](#) is dedicated to press relations. We learn that the group's communication is devolved to the [PRPA](#) agency, a press relations agency that claims to be a health specialist. It is the same agency that [designed and developed](#) the group's website along with the LIMITE agency. The two press contacts listed on the group's website are those of [the president of the PRPA agency](#) and its institutional communication manager. We have their individual phone numbers and emails, which is not the case for members of the "HPV Now!" group. The campaign for HPV testing launched on 18 April 2019 ([page consulted on 26/04/2019](#)) has been reported no less than 36 times in the media and on the Internet, demonstrating its effectiveness. No account of the group's life, no trace of meetings, minutes of meetings or details about its funding. On the other hand, great care is taken in educating people about the need to extend the use of HPV testing, **which is one of the main demands of the 50**. The Transparency database does not reveal any significant links with vaccine producers, either for the group or for its representative. Our research did not focus on HPV test producers.

In the end, four of the associations studied have direct conflicts of interest and two of them are in close contact with an opinion leader who claims to have created them. The signature of more independent associations or user groups such as UFC-Que Choisir or France Assos Santé could have given more credibility to the "call of the 50". But their positions on HPV vaccination ([here](#) and [there](#)) are cautious. Is that the reason they are not included in the call?

The rule of ghost management²⁸

The non-exhaustive analysis of the conflicts of interest of the "call of the 50" shows to what extent laboratories have set up a dense and complex network of influence, of which we have only addressed the opinion leaders, learned societies and patients' associations part. It is not limited to these spheres. In a poster work²⁹, journalists Catherine Riva and Serena Tinari drew a map of this sprawling network, which they describe as follows:

"In Western countries, the rapid success of HPV vaccination represents a new era in pharmaceutical marketing and ghost management. An impressive system combining communication, lobbying and conflicts of interest was deployed before, during and after the vaccine approval process. Thanks to a networked capture strategy, the ghost management in favour of HPV vaccination has succeeded in neutralizing all the actors who could have slowed down the ambitions of the pharmaceutical industry. An impressive maze of influence has made it possible to control regulatory authorities, public health bodies, medical journals, doctors and experts. Ghost management has made it possible to effectively capture the media, civil society and the legislature, even succeeding in neutralizing alleged competition on the market."

References

- ❑ Debate organized in 2011 by Philippe de Chazournes and Med'Océan at the French National Assembly with Catherine Riva and Jean-Pierre Spinoza, authors of the book "La piqûre de trop". This video shows that most of the arguments we put forward here were already known at the time
- ❑ Riva C, Spinoza JP. *La piqûre de trop? Why are young girls being vaccinated against cervical cancer?* Ed. Xenia, March 2010, Vevey, p. 28, 29.
- ❑ Bernard Dalbergue, doctor, former Merck executive, denounced his employers' practices in two rare and substantiated documents:

²⁸ A term used to describe the influence of the pharmaceutical industry: total management, invisible but omnipresent management of all levels of medical research, training and information. [Pharmacritique](#)

²⁹ Mapping Ghost Management in Medical Research and Public Health. [Poster](#) presented at PODC2018 Catherine Riva et Serena Tinari. PODC2018 : 10.1136/bmjebm-2018-111070.105

- ❑ Dalbergue B, Barret A-L. *Omerta in pharmaceutical laboratories*. Ed Flammarion, 2014 - the last chapter is devoted to the launch of Gardasil®
- ❑ Icard R. *Médicaments sous influence*. Documentary, broadcasted on France5 on 10/02/2015 - at 40min, the subject on Gardasil® focuses on the capture of politics
- ❑ Belle V. *Should your child be vaccinated?* Max Milo. 2012 - Chapter VI - Vaccine policies: the great collusion of public/private interests - describes the conflicts of interest in French vaccine policy

		Versements des producteurs de vaccin	Versements de la part de l'ensemble des industriels			Versements des producteurs de vaccin	Versements de la part de l'ensemble des industriels
Structures signataires de l'appel des 50				Représentants des structures			
		1	2			3	4
Académies, Ligues et Institutions							
ANC	Académie Nationale de Chirurgie	0,00 €	49 637,00 €	Pr Xavier Martin	-	-	
				Pr Richard Villet	0,00 €	28 818,00 €	
ANM	Académie Nationale de Médecine	0,00 €	149 051,00 €	Pr Jean-François Allilaire	0,00 €	363,00 €	
				Pr Pierre Bégué	236,00 €	281,00 €	
ANP	Académie Nationale de Pharmacie	1 500,00 €	108 500,00 €	Dr Liliane Grangeot-Keros	0,00 €	1 609,00 €	
				Dr Michèle German	-	-	
ASI	Académie des Sciences Infirmières	-	-	Dr Agnes Artiges	-	-	
				Gilberte Huelarue	-	-	
CIRC-OMS	Centre international de Recherche sur le Cancer (Organisation Mondiale de la Santé)	-	-	Dr Catherine de Martel	-	-	
Ligue Cancer	Ligue Nationale Contre le Cancer	9 529,00 €	144 469,00 €	Pr Jacqueline Godet	-	-	
TOTAL Académies, Ligues et Institutions		11 029,00 €	402 020,00 €	TOTAL Responsables des A, L et I	236,00 €	31 071,00 €	
Collèges professionnels							
CIF	Collège Infirmier Français	-	-	Marie-Claude GASTE	-	-	
				Pr Albert Sotto	1 129,00 €	11 515,00 €	
CMIT	Collège des Universitaires des Maladies Infectieuses et Tropicales	-	-	Pr Odile Launay	5 812,00 €	51 256,00 €	
CNGOF	Collège National des Gynécologues et Obstétriciens Français	92 258,00 €	345 076,00 €	Pr Israël Nisand	1 207,00 €	10 180,00 €	
CNP-FFI	Conseil National Professionnel de l' Infectiologie	-	-	Pr France Cazenave-Roblot	6 895,00 €	46 741,00 €	
CNP-P	Collège National Professionnel de Pédiatrie	-	-	Pr Brigitte Chabrol	0,00 €	29 824,00 €	
CNSF	Collège National des Sages-femmes de France	5 120,00 €	31 301,00 €	Sophie Guillaume	151,00 €	9 403,00 €	
FNCGM	Fédération Nationale des Collèges de Gynécologie Médicale	4 150,00 €	15 130,00 €	Dr Pia de Reilhac	4 107,00 €	6 812,00 €	
TOTAL Collèges professionnels		101 528,00 €	391 507,00 €	TOTAL Responsables des CP	19 301,00 €	165 731,00 €	
Sociétés Médicales							
AFPA	Association Française de Pédiatrie Ambulatoire	24 050,00 €	43 370,00 €	Dr Sylvie Hubinois	1 753,00 €	20 115,00 €	
				Dr François Vié le Sage	16 516,00 €	27 258,00 €	
ANPDE	Association Nationale des Puéricultrices (teurs) Diplômé(e)s et des Etudiants	0,00 €	10 000,00 €	Charles Eury	-	-	
SFD	Société Française de Dermatologie	0,00 €	41 815,00 €	Pr Marie Beylot-Barry	3 190,00 €	95 017,00 €	
SF2H	Société Française d'Hygiène Hospitalière	0,00 €	0,00 €	Dr Pierre Parneix	0,00 €	420,00 €	
SFG	Société Française de Gynécologie	0,00 €	0,00 €	Pr Joelle Belaisch-Allart	5 391,00 €	20 896,00 €	
SFGG	Société française de Gériatrie et Gérontologie	70 000,00 €	71 000,00 €	Pr Gaëtan Gavazzi	14 544,00 €	37 961,00 €	
SFI	Société Française d'Immunologie	0,00 €	21 000,00 €	Pr Renato Monteiro	0,00 €	978,00 €	
SFORL	Société Française d'ORL	0,00 €	65 092,00 €	Pr Dominique Chevalier	460,00 €	9 455,00 €	
SFP	Société Française de Pédiatrie	12 000,00 €	329 301,00 €	Pr Christophe Delacourt	5 901,00 €	28 100,00 €	
SFSP	Société Française de Santé Publique	-	-	Pr Emmanuel Rusch	0,00 €	123,00 €	
SNFGE	Société Nationale Française de Gastro-Entérologie	0,00 €	476 860,00 €	Pr Jean Marie Peron	1 205,00 €	90 565,00 €	
				Pr Pierre Tattevin	8 299,00 €	69 849,00 €	
SPILF	Société de Pathologie Infectieuse de langue Française	312 316,00 €	1 057 252,00 €	Pr Odile Launay	responsable également du CMIT + haut		
SMV	Société de Médecine des Voyages	21 400,00 €	28 600,00 €	Dr Christophe Hommel	6 869,00 €	21 081,00 €	
TOTAL Sociétés Médicales		439 766,00 €	2 144 290,00 €	TOTAL Responsables des SM	64 128,00 €	421 818,00 €	
Associations, Sociétés spécialisées, Groupes scientifiques							
AFDS	Association Française des Directeurs de Soins	0,00 €	0,00 €	Francis MANGEONJEAN	0,00 €	0,00 €	
AFPSSU	Association Française de Promotion de la Santé dans l'environnement Scolaire et Universitaire	19 500,00 €	19 500,00 €	Claude Bravard	51,00 €	51,00 €	
AJI	Amicale des Jeunes Internistes	-	-	Otriv Nguekap	80,00 €	1 115,00 €	
AJP	Association des Juniors en Pédiatrie	-	-	Lea Lenghart	0,00 €	81,00 €	
CLISP	Collège de Liaison des Internes en Santé Publique	-	-	(pas de représentant désigné)			
EUROGIN	EUropean Research Organisation on Genital Infection and Neoplasia	92 225,00 €	92 225,00 €	Dr Joseph Monsonego	16 177,00 €	19 622,00 €	
FFCD	Fédération Francophone de Cancérologie	0,00 €	2 854 294,00 €	Pr Pierre Michel	13 682,00 €	80 928,00 €	
Gynecole	Société de formation à la gynécologie post universitaire	187 176,00 €	378 752,00 €	Dr David Elia	12 561,00 €	82 230,00 €	
InfoVac	Gr d'expert en vaccinologie	-	-	Pr Robert Cohen	27 420,00 €	59 798,00 €	
PDM	Pédiatres du Monde	0,00 €	500,00 €	Dr Catherine Saliner	0,00 €	93,00 €	
SCGP	Société de Chirurgie Gynécologique et Pelvienne	24 000,00 €	29 600,00 €	Pr. Hervé Fernandez	1 299,00 €	231 062,00 €	

SFCO	Société Française de Chirurgie	0,00 €	8 820,00 €	Pr. Jean Marc Classe	0,00 €	83 482,00 €
SFGM-TC	Société Francophone de Greffe de Moelle	40 000,00 €	485 463,00 €	Pr Jacques-Olivier Bay	1 937,00 €	28 191,00 €
SNFCP	Société Nationale Française de Colo-Proctologie	161 314,00 €	576 863,00 €	Dr François Pigot	205,00 €	29 890,00 €
SFN	Société Française de Néonatalogie	0,00 €	43 000,00 €	Dr Pascal Bolot	0,00 €	13 711,00 €
				Pr Saliba (Elie)	0,00 €	55 084,00 €
SFOG	Société Française d'Onco-Gynécologie	960,00 €	247 290,00 €	Dr Floquet Anne	8 470,00 €	79 482,00 €
SFP/GPG	SFP/ Gr de Pédiatrie Générale	1 440,00 €	1 440,00 €	Dr Georges Picherot	5 826,00 €	9 268,00 €
SFP/GPIP	SFP/ Gr de Pathologie Infectieuses	19 000,00 €	19 000,00 €	Pr Joel Gaudelus	30 596,00 €	52 124,00 €
SFCCF	Société Française de carcinologie cervico faciale	0,00 €	43 270,00 €	Pr Béatrix Barry	19,00 €	4 530,00 €
SFSA	Société Française pour la Santé de l'Adolescent	-	-	Dr Sébastien ROUGET	29,00 €	2 396,00 €
TOTAL Associations, Sociétés spécialisées, Groupes		545 615,00 €	4 800 017,00 €	TOTAL Responsables A, SP, GS	118 352,00 €	833 138,00 €

Personnalités						
Pr Alain Fischer	Professeur d'immunologie pédiatrique, Collège de France, Assistance publique hôpitaux de Paris				0,00 €	1 181,00 €
Pr René Frydman	Professeur de gynécologie Obstétrique, spécialiste de la santé de la femme et des questions éthiques				2 316,00 €	134 249,00 €
Pr Philippe Sansonetti	Professeur à l'Institut Pasteur, Professeur au Collège de France, microbiologiste				0,00 €	392,00 €
Pr Claire Anne Siegrist	Professeur de Pédiatrie et de Vaccinologie, Centre de Vaccinologie, Hôpitaux Universitaires de Genève, Suisse				-	-
Pr Guy Vallancien	Professeur de Chirurgie, Membre de l'Académie Nationale de Médecine				0,00 €	166,00 €
TOTAL Personnalités					2 316,00 €	135 988,00 €

Syndicats médicaux						
CSMF	Confédération des Syndicats Médicaux Français	61,00 €	61,00 €	Dr Jean-Paul Ortiz	1 349,00 €	9 344,00 €
ISNI	InterSyndicale Nationale des Internes	-	-	Sylvain Gautier	-	-
ONSSF	Organisation Nationale Syndicale des Sages-Femmes	0,00 €	0,00 €	Camille Dumortier	0,00 €	62,00 €
SDB	Syndicat Des Biologistes	0,00 €	23 964,00 €	Dr François Blanchecotte	0,00 €	241,00 €
SNMB	Syndicat National des Médecins Biologistes	-	-	Dr Claude Cohen	-	-
SNPF	Syndicat National des Pédiatres Français	-	-	Dr Brigitte Virey	12 840,00 €	15 900,00 €
SNPI	Syndicat national des professionnels infirmiers	-	-	Thierry Amouroux	-	-
SYNMAD	Syndicat National des Médecins Français Spécialistes de l'Appareil Digestif	0,00 €	5 500,00 €	Dr Franck Devulder	45,00 €	30 363,00 €
TOTAL Syndicats médicaux		61,00 €	29 525,00 €	TOTAL Responsables des SM	14 234,00 €	55 910,00 €

Associations de patients et de dépistage						
ECL	Association Petit Ange Ensemble Contre La Méningite	8 600,00 €	9 609,00 €	Annie HAMEL	0,00 €	77,00 €
HPV maintenant !	Collectif HPV maintenant !	-	-	Richard Fabre	0,00 €	626,00 €
EVE Alsace	Association EVE pour la prévention du cancer du col de l'utérus, ALSACE	217 702,00 €	217 702,00 €	Dr Muriel FENDER	5 198,00 €	5 404,00 €
IMAGYN	Initiative des MALades atteints de cancers GYNécologiques	23 000,00 €	76 000,00 €	Brigitte Massicault	-	-
WACC	Women Against Cervical Cancer	-	-	(pas de représentant désigné)	-	-
1000femmes1000vies		40 000,00 €	40 000,00 €	(pas de représentant désigné)	-	-
TOTAL Associations de patients et de dépistage		289 302,00 €	343 311,00 €	TOTAL Responsables A P D	5 198,00 €	6 107,00 €

TOTAL ensemble structures	1 387 301,00 €	8 110 670,00 €	TOTAL ensemble Responsables	223 765,00 €	1 649 763,00 €
Moyenne par structure (60)	23 121,68 €	135 177,83 €	moyenne par responsable (68 pers.)	3 290,66 €	24 261,22 €

TOTAL des montants reçus par les structures et les responsables de l'appel des 50 de la part des laboratoires producteurs de vaccins HPV					1 611 066,00 €
TOTAL des montants reçus par les structures et les responsables de l'appel des 50 de la part de l'ensemble des laboratoires					9 760 433,00 €
TOTAL des montants reçus par l'ensemble des structures et des professionnels de santé de la part des laboratoires producteurs de vaccins HPV					420 041 772,00 €

Période étudiée : 2012-2018 - Source : Base Transparence retraitée par Eurosfordocs.fr - Les montants affichés correspondent à la somme des avantages (repas, transports, cadeaux...) et des rémunérations déclarés perçus par les structures ou les professionnels - Les laboratoires producteurs de vaccins HPV sont : Sanofi Pasteur MSD, MSD, GSK - Légende : «-» signifie que la structure ou le professionnel est introuvable sur la base, «0» signifie que la structure ou le professionnel est enregistré sur la base et qu'il n'y a pas de montant déclaré - **en gras** : les structures ou personnalités ayant fait l'objet de commentaires dans l'analyse attenante - en rose : les structures dont la présence pose question en terme de pertinence - recherche terminée le 27/04/19