

Importance of triage for HPV DNA positive women by a 7`HPV genotype mRNA E6/E7 test

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Prevention of cervical cancer

- Cervical cancer can be prevented by early detection and treatment of precancerous lesions (attending screening)
- 99.7% of all cases of cervical cancer are caused by HPV
- HPV DNA testing is more sensitive, but less specific than cervical cytology
- Prevalence of HPV is high, ranging from 20-30% in women with normal cytology
- Most women with a positive HPV DNA test do not have clinically significant disease

Screening



– KEY STATS. ·

About **7,869 new cervical cancer cases** are diagnosed **annually** in **Mexico** (estimates for 2018).

Cervical cancer ranks* as the 3^{rd} leading cause of female cancer in **Mexico**.

Cervical cancer is the 3^{th} most common female cancer in women aged 15 to 44 years in Mexico.

https://www.hpvcentre.net/statistics/reports/MEX.pdf

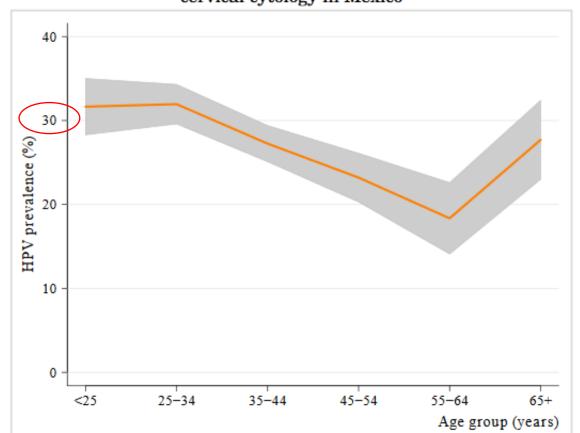


Figure 23: Crude age-specific HPV prevalence (%) and 95% confidence interval in women with normal cervical cytology in Mexico

https://www.hpvcentre.net/statistics/reports/MEX.pdf

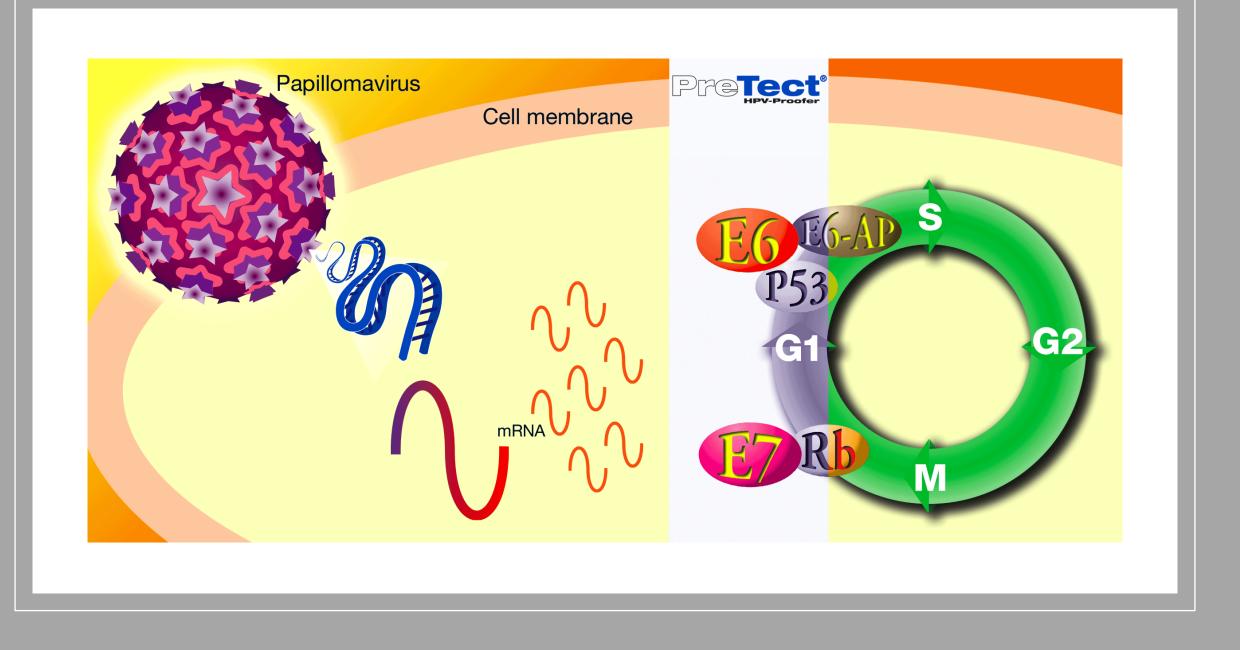
Why Triage? A risk-based approach • Most HPV infections are transient; 90% regress spontaneously within two years

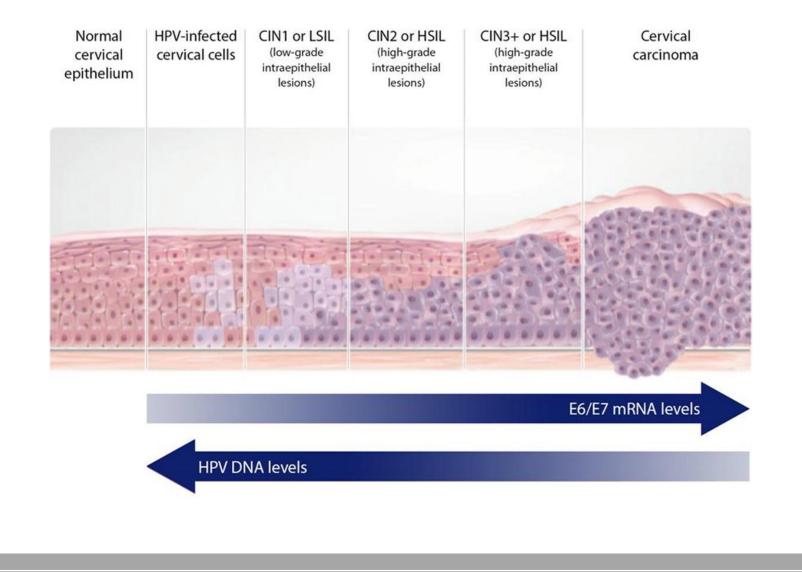
 To more accurately identify the women who are warranted for colposcopy by discriminating among the transient HPV infections

- To reduce unnecessary interventions and overtreatment
- Requires a highly specific test, detecting as few false positives as possible

Triage options

- Most countries using HPV DNA test in primary screening, utilities cervical cytology in triage of test-positive women
- Cytology is subjective, poorly reproducible and has a low sensitivity
- Cytology can not be used in self-collected material
- HPV mRNA testing is more specific, targeting the E6/E7 genes from the 7 most prevalent HPV-types in cervical cancer (PreTect HPV-Proofer'7)





HPV genotypes

- Only a few HPV genotypes are highly associated with cervical cancer and require the most aggressive management, whereas others carry a lower risk of disease
- HPV 16 and 18 cause 70% of all cases of cervical cancer
- 7 HPV-types (16, 18, 31, 33, 45, 52 and 58) cause 90% of all cases of cervical cancer
- The same 7 genotypes are covered by the 9valent HPV vaccine; documented to enable the highest level of protection possible

"The 9vHPV vaccine could potentially provide broader coverage and prevent 90% of cervical cancer cases worldwide"

HPV vaccines



Numerous studies show a large reduction on genital warts and vaccine-related HPVs in females¹⁻⁴

¹ Chow EP et al. Lancet Inf Dis. 2015; 15: 1314-1323
² Chow EP et al. Sex Trans Inf. 2015; 91: 214-219
³Ali H et al. BMJ. 2013: 346: f2032.
⁴Tabrizi SN et al. Lancet Inf Dis. 2014; 14: 958-66

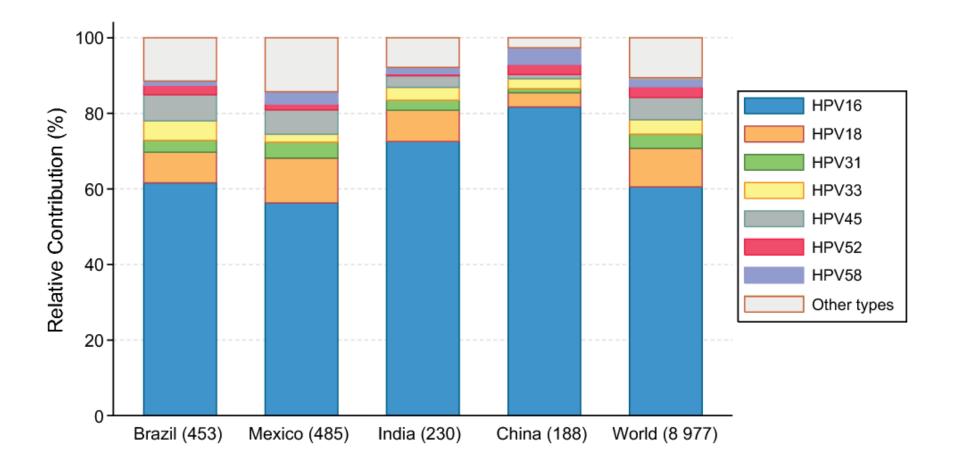
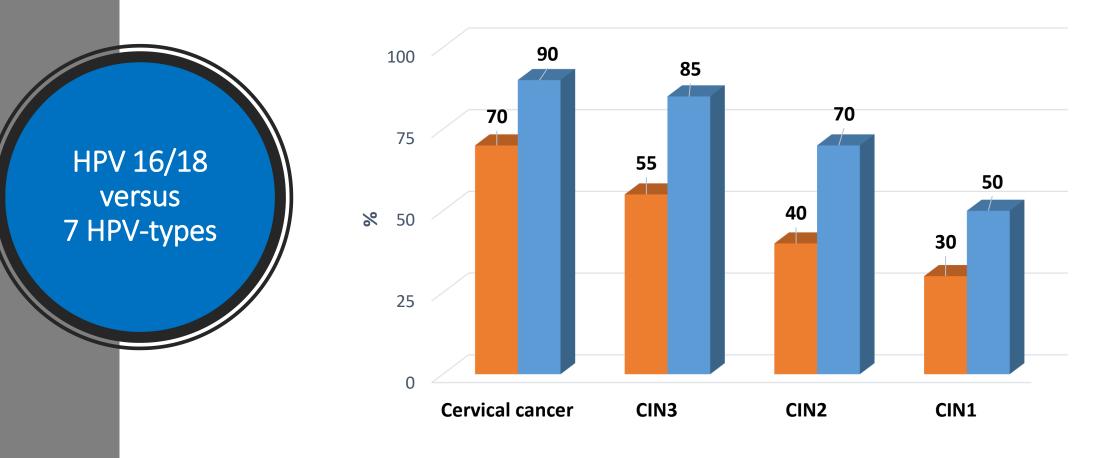


Fig. 2. Contribution of HPVs 16/18/31/33/45/52/58 in cases of invasive cervical cancer that tested positive for HPV DNA, in Brazil, Mexico, India and China compared to the worldwide HPV type distribution.

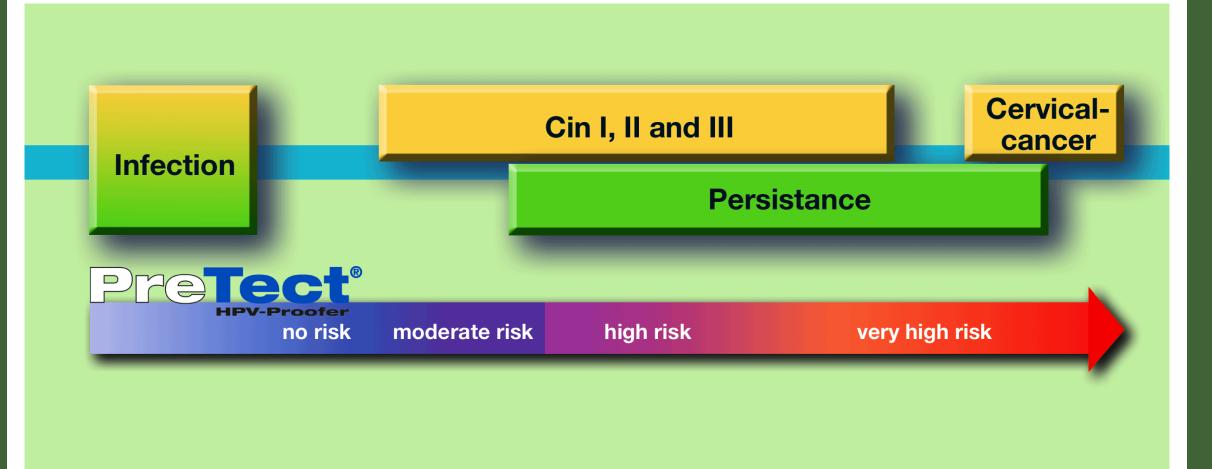
■ HPV 16/18 ■ 9v HPV types



Van Damme P et al. Use of the nonavalent HPV vaccine in individuals previously fully or partially vaccinated with bivalent or quadrivalent HPV vaccines. Vaccine. 2016 Feb 3;34(6):757-61.

PreTect HPV-Proofer`7

- Detects HPV mRNA E6/E7; precursors of the oncoproteins known to disturb normal cell cycle control (oncogene activity)
- Genotypes the **7 most prevalent HPV-types** causing cervical cancer (HPV 16, 18, 31, 33, 45, 52 and 58)
- Holds a high clinical specificity and positive predictive value (PPV) for CIN2+
- Holds low positivity rate in general population (only 1/3 of HPV-DNA positives)
- Identifies the women at increased risk for future abnormalities; warranted for immediate colposcopy and biopsy



Follow-up of triage positives

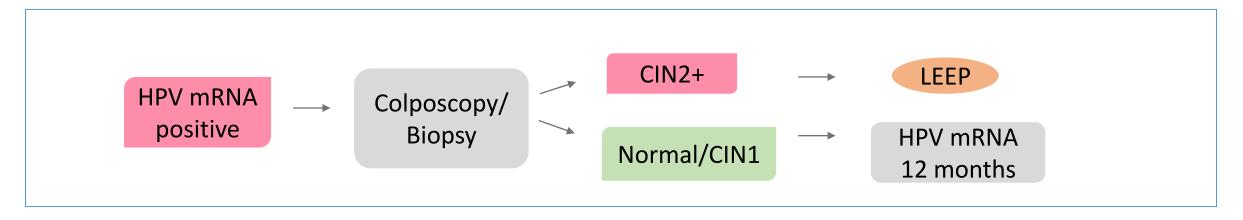
 Only about 1/3 of the women carrying an HPV-DNA infection express mRNA from the 7 genotypes and should be referred for immediate colposcopy Follow-up of triage negative women

- The remaining 2/3 can be followed up with a new HPV DNA test after 12-24 months where only women with a persistent positive HPV DNA test needs colposcopy and biopsy
- In women with at positive HPV DNA test, 50% have a negative test after 12-24 months

PreTect®HPV-Proofer

HPV mRNA E6/E7 genotyping 16-18-31-33-45-52-58

Follow-Up Recommendations



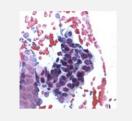
Norway, women 34-69 years of age



1/10 WOMEN (10%) have a positive HPV DNA test

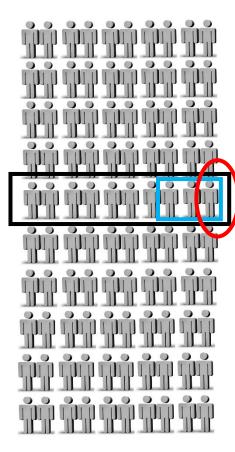


1/30 women (3%) have a positive HPV mRNA test



1/100 women (1%) have clinically significant disease (CIN2+)

Norway, 100 women 34-69 years of age



10 HPV DNA positive 3 HPV mRNA positive 1 CIN2+ Triage results in Tromsø, Norway

- 2970 women 34-69 years screened with a HPV DNA test
- 176 women (5.9 %) with a positive HPV DNA test
- 69 women (2.3%) with a positive HPV mRNA test (PreTect HPV-Proofer'7)
- 39.2% triage positive (69/176)

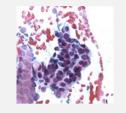
Mexico, women 30-65 years of age



1 IN 3 WOMEN (~30%) HAVE AS POSITIVE HPV DNA TEST

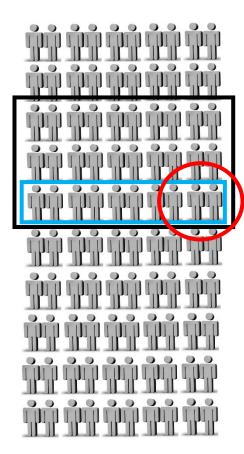


1 IN 10 WOMEN (10%) HAVE A POSITIVE HPV MRNA TEST



1 IN 30 WOMEN (3 %) HAVE CLINICALLY SIGNIFICANT DISEASE (CIN2+)

Mexico, 100 women 30-65 years of age



30 HPV DNA positive 10 HPV mRNA positive 3 CIN2+

Triage results in Mexico

- 505 women aged 30–65 years at Mexico General Hospital underwent self-sampling (Mia by XytoTest)
- 150 women (29.7%) with a positive HPV DNA test
- 36 women (7.1%) with a positive HPV mRNA test (PreTect HPV-Proofer'7)
- 24.0% triage positive (36/150)

Conclusions

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Self-sampling (Mia by XytoTest) using HPV DNA test provides high sensitivity

7 HPV-types are crucial: HPV 16, 18, 31, 33, 45, 52 and 58 cause 90% of cervical cancer

Triage of HPV DNA positives



PreTect HPV-Proofer'7 enables risk stratification for accurate patient management, holding high specificity



A low positivity rate translates into a low referral rate for colposcopy and reduces over-treatment

Tromsø the Gateway to the Arctic

MUCHAS GRACIAS!