3-type HPV mRNA test in detection of CIN2+ in young women with normal cytology



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Objective

 To estimate the increased detection rate of CIN2+ in women with normal Pap smear by re-screening normal slides which tests positiv by a 3-type HPV mRNA test

Cervix carcinoma



FIGURE 15. Bar Chart of Region-Specific Incidence and Mortality Age-Standardized Rates for Cancers of the Cervix in 2018. Rates are shown in descending order of the world (W) age-standardized rate, and the highest national age-standardized rates for incidence and mortality are superimposed. Source: GLOBOCAN 2018.

Cervix carcinoma in Norway





Nature Reviews | Cancer

Woodman Nat Rev Cancer 2007



Pathology Department Nordland Central Hospital

Number of cases cervix cytology



Methods

- In 2014-2017, 2 382 women <40 years with normal cytology at Nordlandssykehuset-Bodo, Norway, were HPV-tested using a 3type HPV E6/E7 mRNA test (PreTect SEE; direct genotyping 16, 18 and 45)
- Index cytology from women with a positive HPV mRNA test were re-screened
- Women with revised cytological diagnoses were followed-up according national guidelines until August 2018
- We used histologically confirmed CIN2+ as study endpoint

Results

50 of 2382 were HPV+ (2.1%) HPV types were:



Results

Re-screening diagnosis of HPV+ cases



Diagnosis after re-screening Bethesda system		
Normal	24	
ASC-US	11	
LSIL	6	
AGUS	1	
ASC-H	6	
HSIL	2	
Total	50	



BC16981-14 Born 1989, negative history

PreTect mRNA HPV16+ \downarrow

Rescreened to LSIL Oct. 2014 \checkmark

LSIL Cobas DNA HPV16+ Oct. 2015

\downarrow

Biopsi HSIL Jan. 2016 ↓

Conus HSIL Mars 2016

 \downarrow

Normal cyt, Cobas DNA HPV negativ Sept. 2016



BH15214-14 ASC-H

Biopsy (697-15) and conus (BH 3755-15) HSIL



conus (BH 3755-15) CIN3

Inset Ki67

BC19609-14 Born 1984



Earlier normal cytology in 2007, 2010 (H) og 2012 (A) \checkmark mRNA 16+ (normal—HSIL) \checkmark Biopsi Feb 2015 HSIL \checkmark Cyt. Sept 2015 HSIL HPV 16+ (Cobas-DNA) \checkmark Biopsi Okt. 2015 HSIL \checkmark Conus Dec. 2015 HSIL (CIN3)



BH17986-15 HSIL

Inset P16

Conclusion

- By testing women <40 years with normal cytology with a specific 3-type HPV mRNA test, an increase in screening program sensitivity can be achieved without an excessive workload
- The volume of rescreened smears is low (2.1%)
- The PPV for CIN2+ is high (56.6%)
- When more women with CIN2+ are detected and treated in the first screening round, less women will develop cervical cancer before next screening round

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THANK YOU

