

Targeting FASTER to reduce HPV reproductive rates: “Even Faster”

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I have no current conflicts of interest to declare

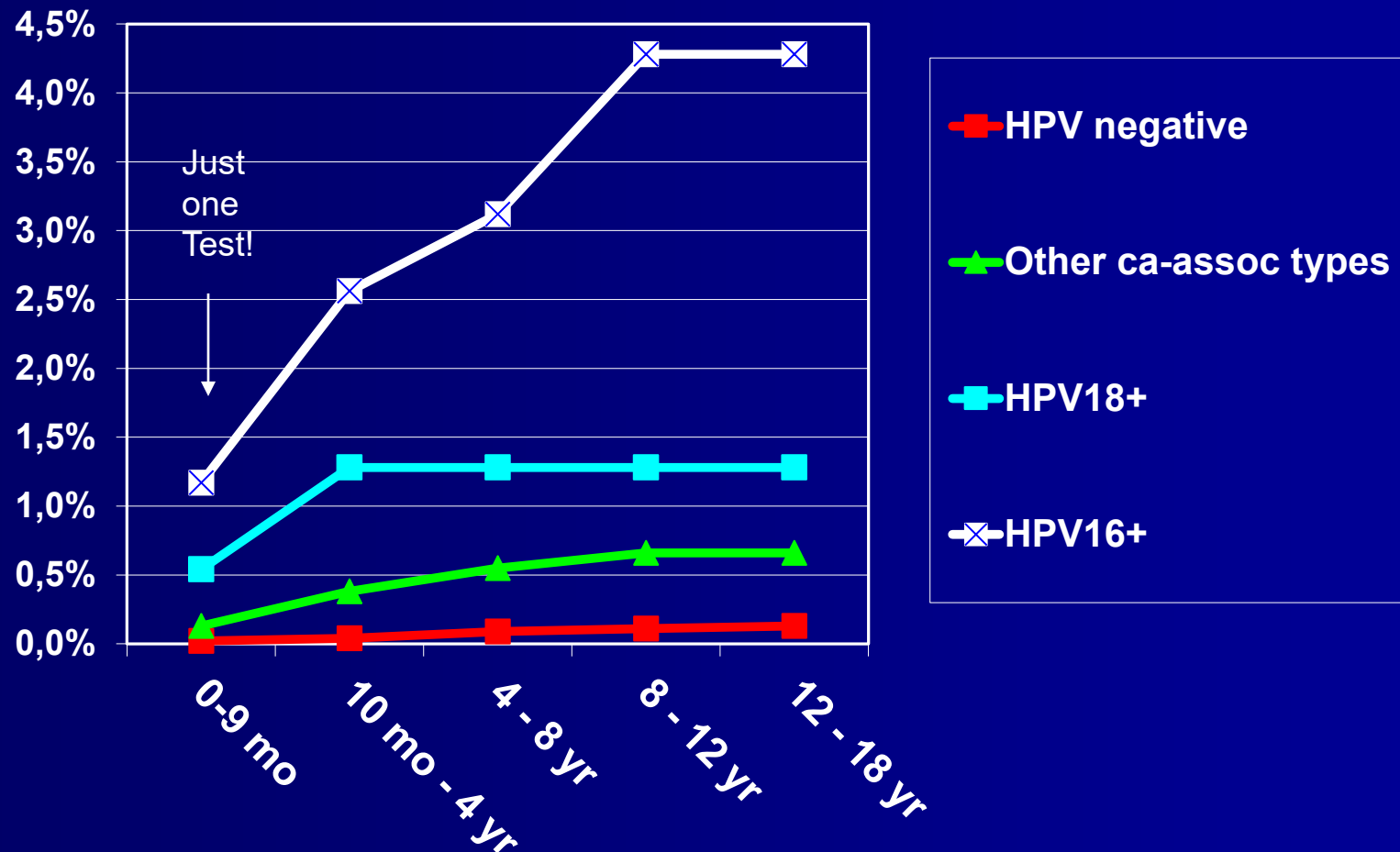
Some basic facts about HPV:

- Even a single HPV test will determine your cervical cancer risk for many years
- Vaccination works to prevent HPV, also for adult women that are HPV-negative at vaccination (per protocol population)

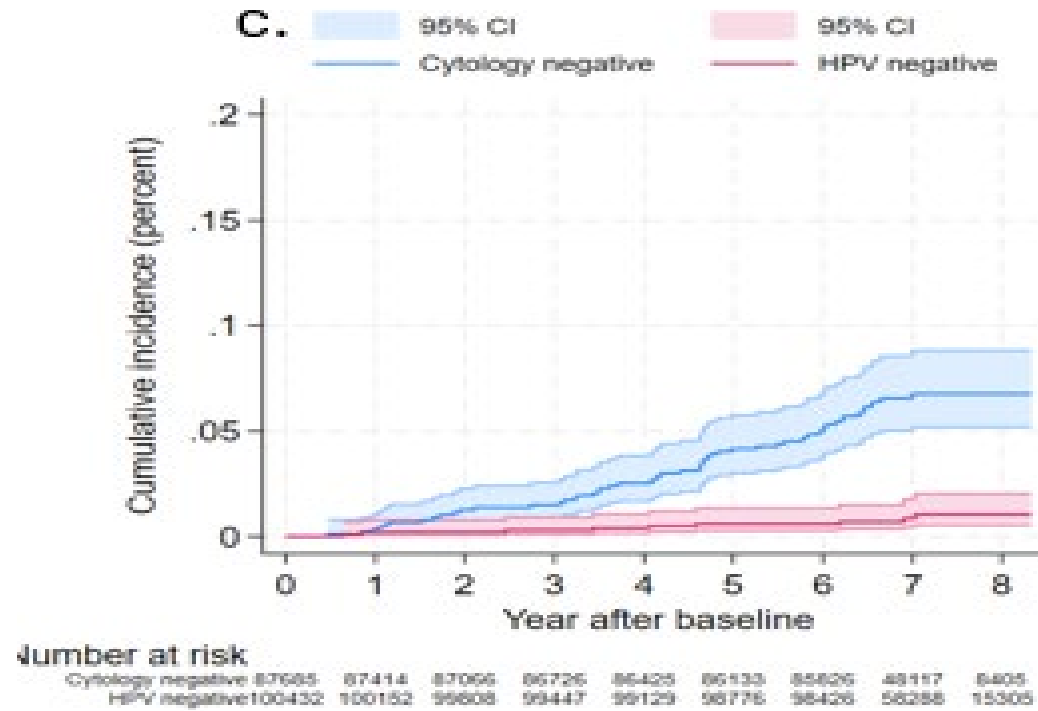
Even a single HPV test will determine your cervical cancer risk for many years:

Known for decades – Slide by Mark Schiffman from 2009

Kaiser Portland HPV Study (32,000 Women)



Series of very large randomized trials also find very long-lasting low cancer risk after a single negative HPV test.



A 30-year quest to increase reproducibility of HPV testing.

Results of the Global HPV LabNet Proficiency panels 2008-2023.

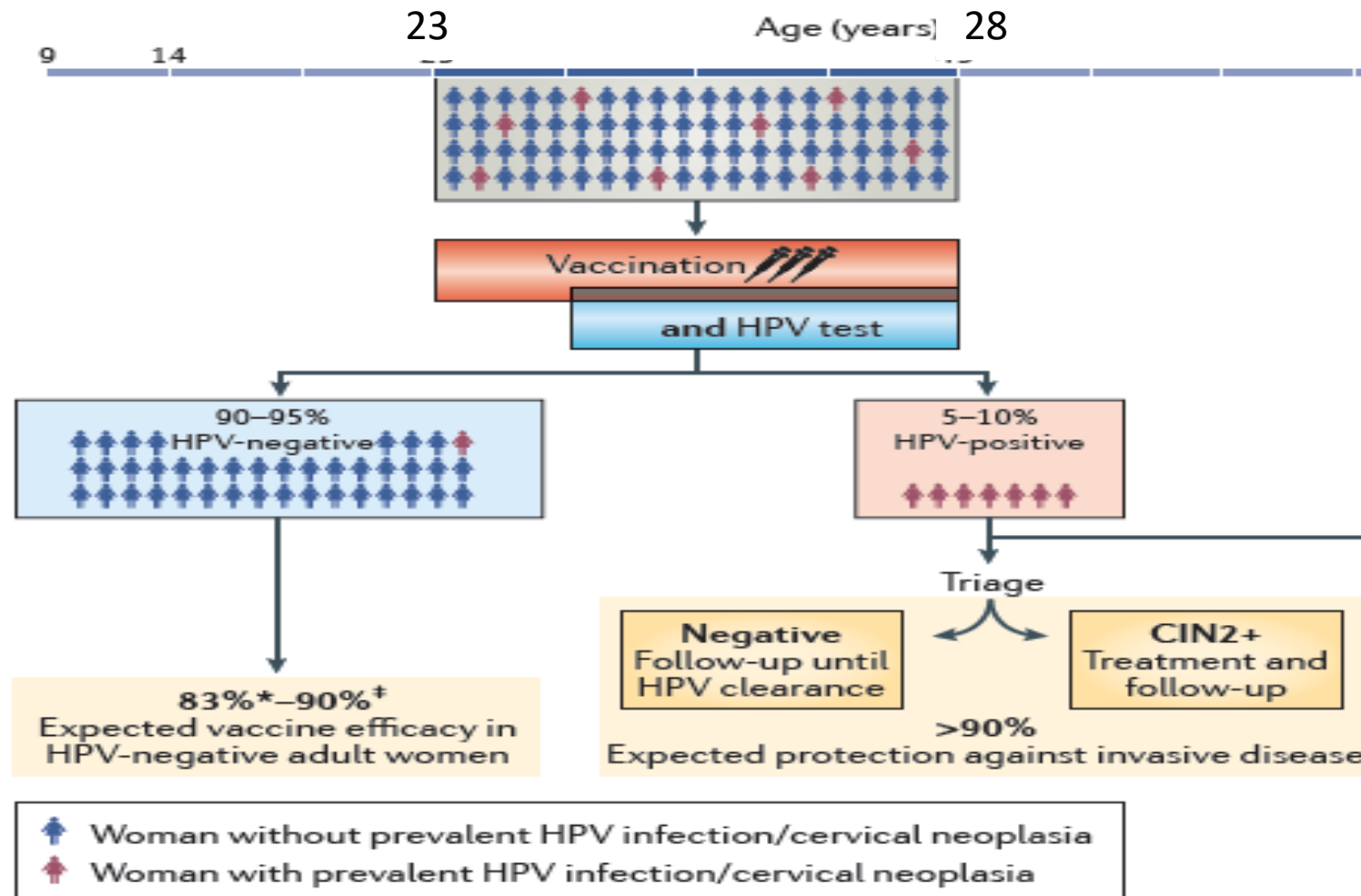
Year	Number of data sets	No. of false positive samples per data set				
		0 samples	1 sample	2 samples	3 samples	> 3 samples
2008	81	35	16	9	9	12
2010	132	70	12	19	4	27
2011	134	84	17	13	3	17
2013	136	95	16	9	5	11
2014	148	101	16	10	6	15
2017	141	99	22	5	5	10
2019	110	67	19	6	9	9
2021	211	174	19	7	1	10
2022	154	132	15	4	0	3
2023	141	123	10	1	2	5

Apter et al, 2015: Final results of the PATRICIA trial:
Among women ages 18-25 no significant effect of vaccination if no HPV test when vaccinated.

In the per protocol population (HPV-negative when vaccinated) : VE against CIN1+, CIN2+, and CIN3+ associated with HPV-16/18 was 96.5% (89.0, 99.4), 98.4% (90.4, 100), and 100% (64.7, 100), and irrespective of HPV DNA it was 50.1% (35.9, 61.4), 70.2% (54.7, 80.9), and 87.0% (54.9, 97.7). VE against 12-month persistent infection with HPV-16/18 was 89.9% (84.0, 94.0).

Similar conclusions in formal meta-analyses

One-time effort with combined HPV vaccination and HPV screening for rapid cervical cancer control (The FASTER concept: Nature Reviews in Clinical Oncology 2015)



Eradication of human papillomavirus and elimination of HPV-related diseases – scientific basis for global public health policies

Matti Lehtinen^{a,b}, Iacopo Baussano^c, Jorma Paavonen^d, Simopekka Vänskä^e and Joakim Dillner^a

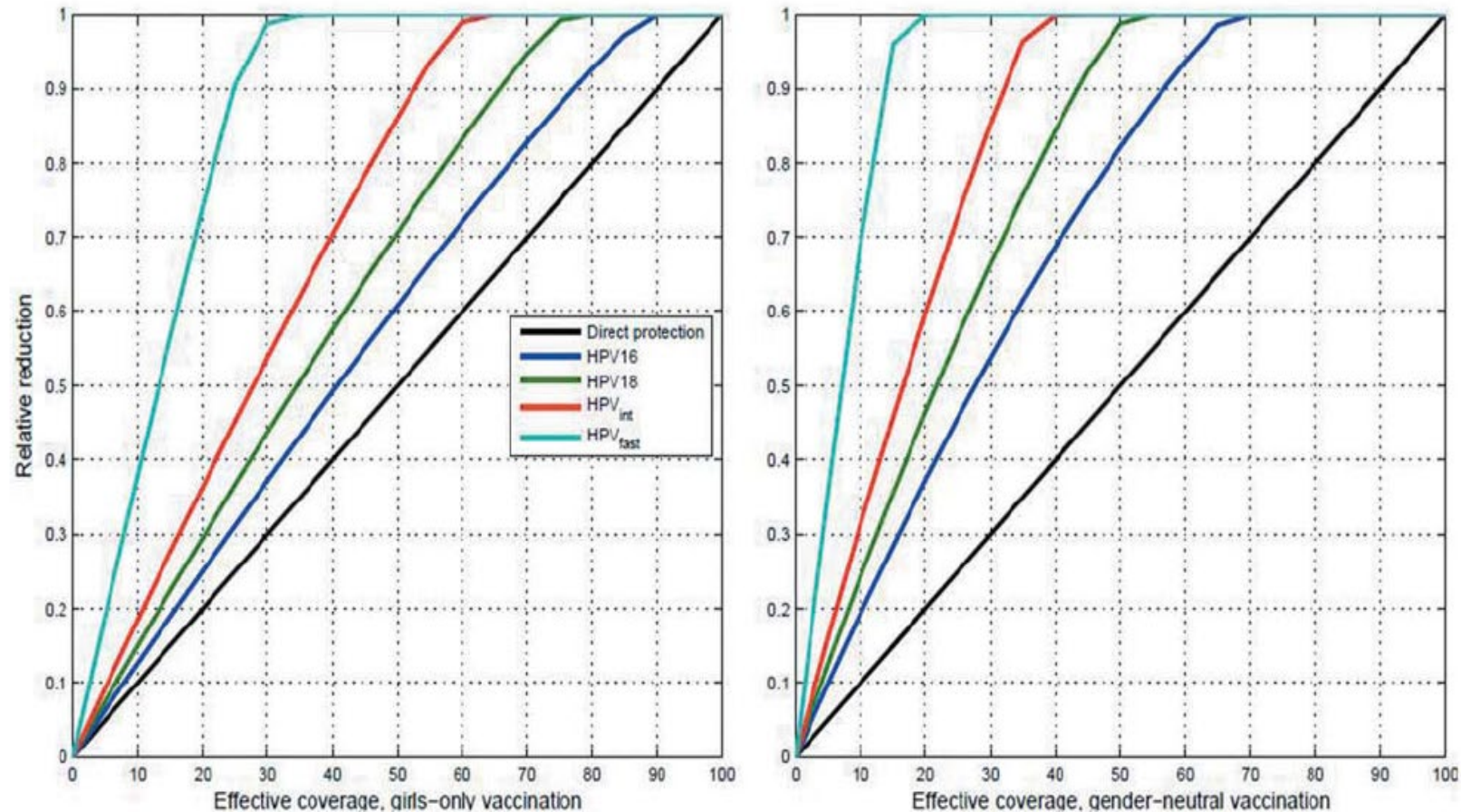
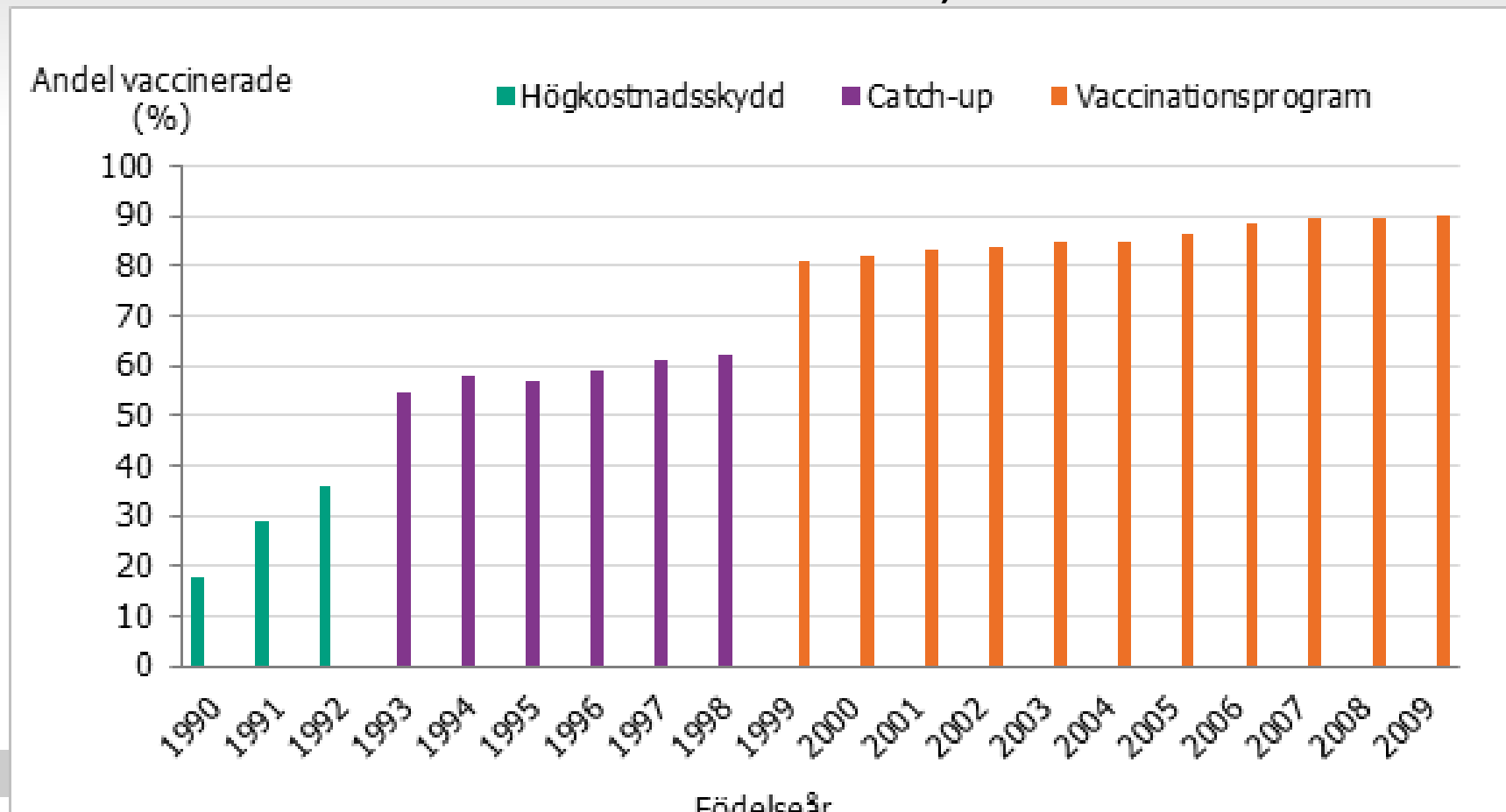


Figure 4. Modeled 49 eradication of high-risk human papillomavirus (HPV) types by effective vaccination coverage gained from girls-only (left) or gender-neutral vaccination strategy (right).

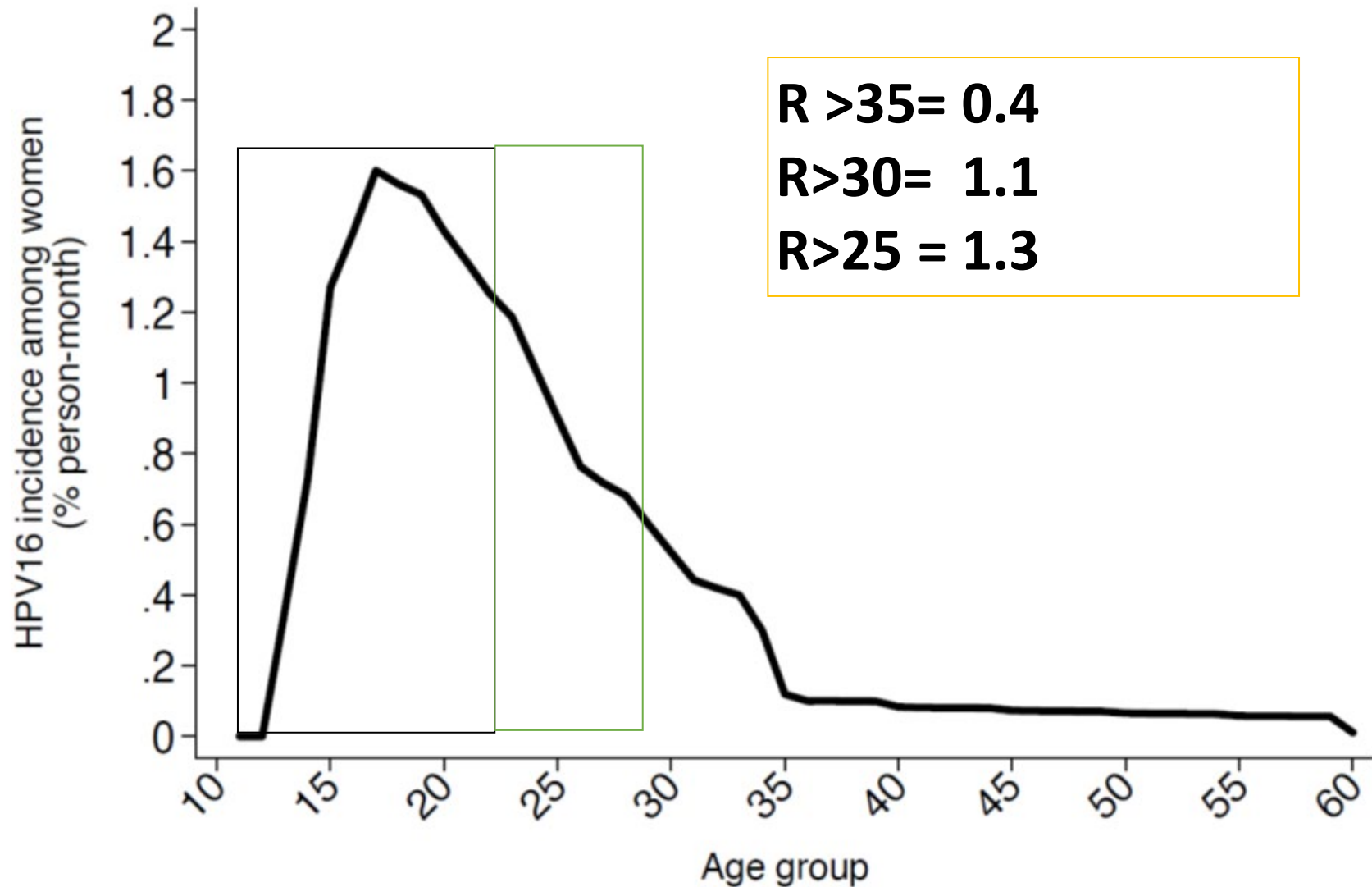
Dark Blue: HPV16 . Green: HPV18. Red: Other oncogenic vaccine types

Population coverage of HPV vaccination in Sweden by birth cohort (females; males slightly lower- current is about 85,4%)

Orange: Organised in schools. Purple: Organised, elsewhere. Green: Non-organised (but recommended and subsidized)



Incidence of HPV16 in Sweden (before vaccination).



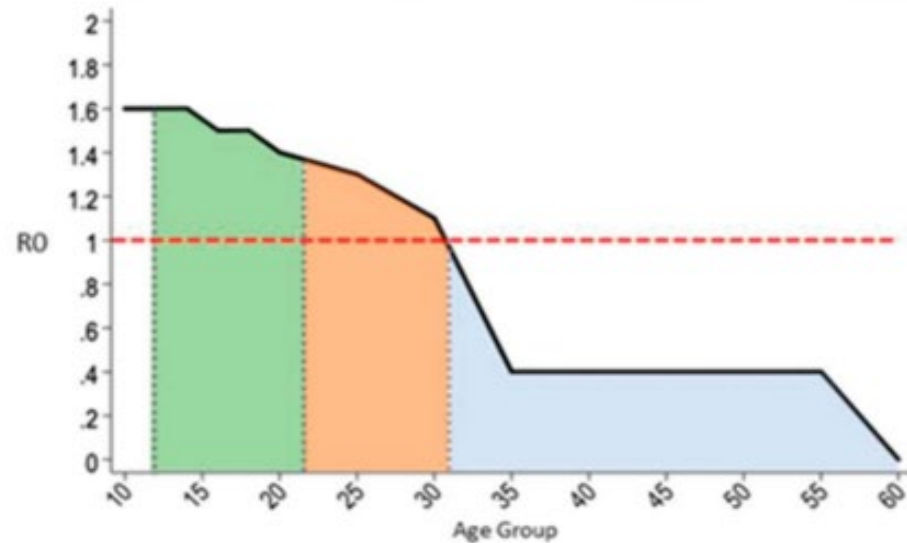
Green = Adequate protection against HPV16/18 (school-based vaccination)

Blue = Were never at high risk for HPV. Elimination predicted if the younger birth cohorts no longer transmit the infection..

Orange = Inadequate immunity (catch-up with <60% coverage). If this group can have better vaccination coverage, HPV elimination will be faster.



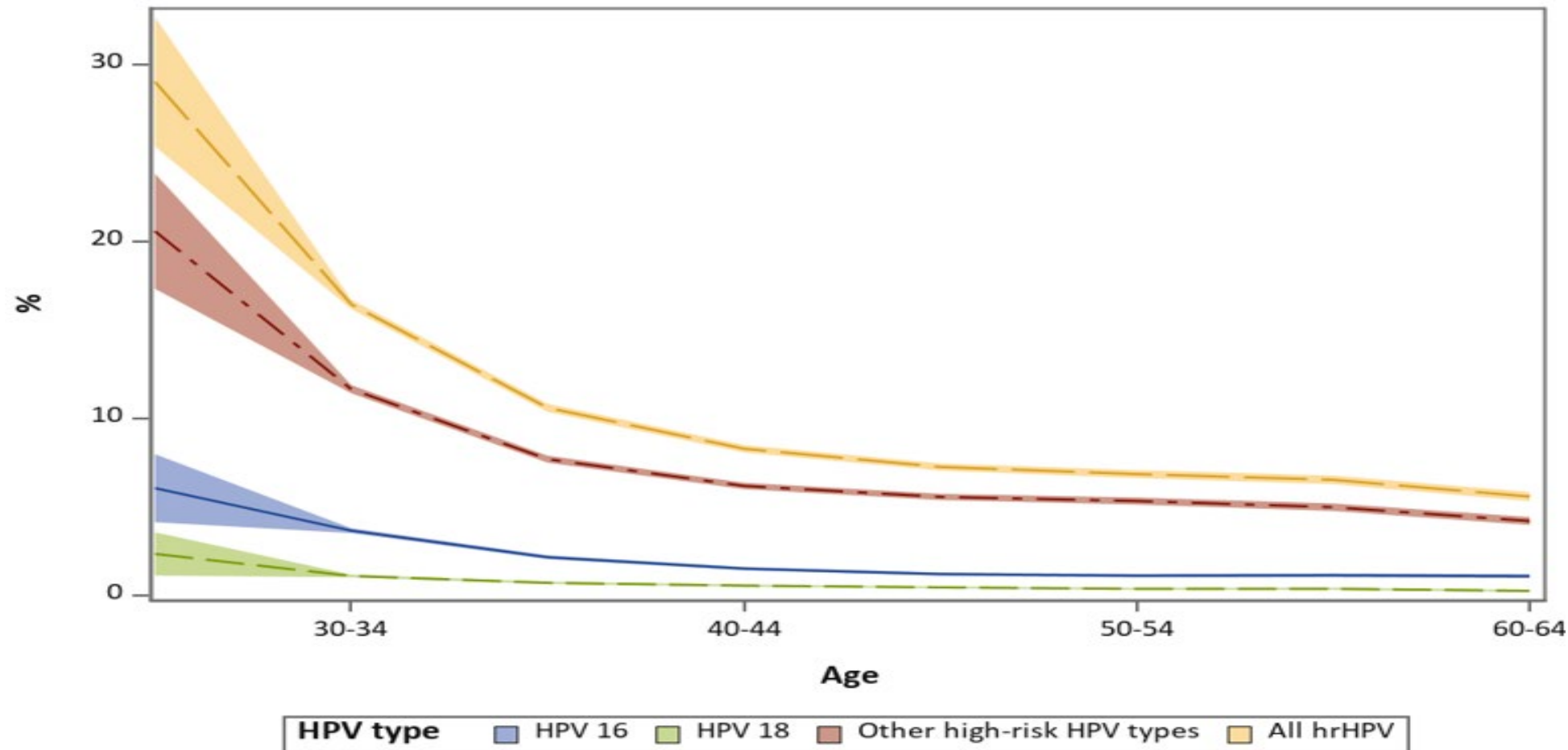
HPV16 age-specific Basic Reproductive Number (R0) among unvaccinated women (% person-month) as estimated using a population-based, single-type, HPV transmission model fitted to Swedish data.³ The curve represents the mean of the results when running the model 10,000 times. Note that R0 is calculated using a "cut-off age" with no spread among women younger than the cut-off age. Adapted from Dillner et al 2021.⁴



Birth cohorts aged 11-21, vaccinated, not transmitting HPV infection.

HPV prevalences in Sweden before vaccination

(national screening registry data, www.nkcx.se; PLoS Med 2023)





Even FASTER elimination of HPV

- On top of the routine (HPV screening + organised vaccination) a one-time campaign that:
- Invites women 23-30 years old to concomitant HPV vaccination and HPV screening. Only HPV-positive women need follow-up.

Concomitant human papillomavirus (HPV) vaccination and screening for elimination of HPV and cervical cancer

nature communications

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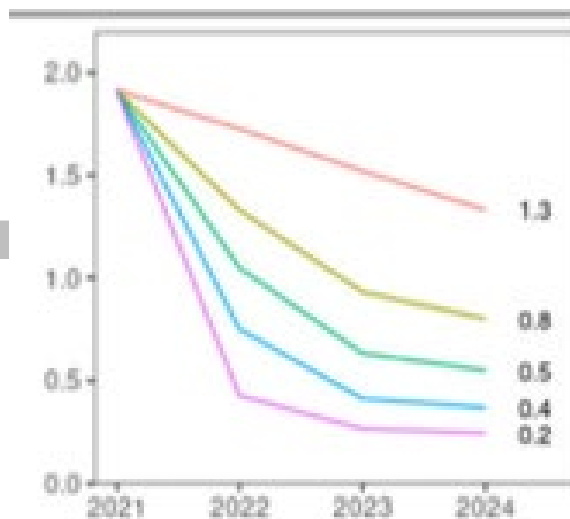
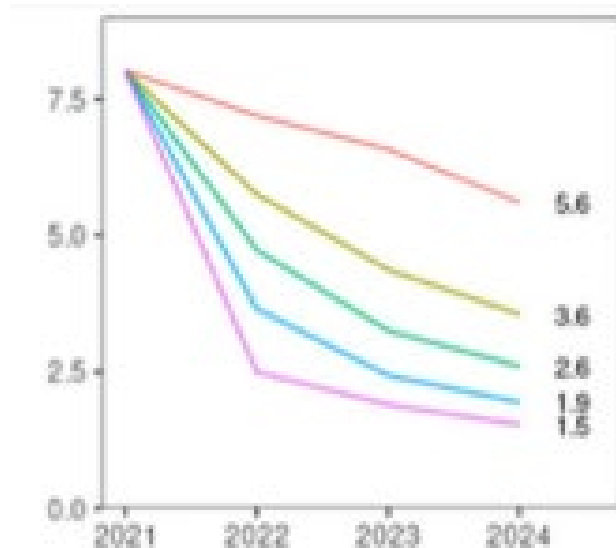
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Projected decline in incidence of HPV16 (left) and HPV18 (right), with and without the Even Faster intervention



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Even Faster elimination project – baseline data

(Arroyo Muhr et al, Nature Communications, 2024)

HPV16 & 18 increasingly rare – already at enrolment: Elimination should not be difficult!

Birth cohort	Women in population	Women Vaccinated	Women with HPV genotyping	HPV 16	HPV18	HPV45	HPV33 & HPV58	HPV 31	HPV 52	Low Oncogenicity= HPV35,39,51,56,59,66,68	HPV Negative
1994 Catch-up	<u>18436</u>	5687 <u>30.8%</u>	4941 87%	122 <u>2.5%</u>	26 <u>0.5%</u>	118 <u>2.4%</u>	191 <u>3.9%</u>	106 <u>2.2%</u>	117 <u>2.4%</u>	475 <u>9.6%</u>	3609 <u>73.0%</u>
1995 Catch-up	<u>16761</u>	5120 <u>30.6%</u>	4428 86%	98 <u>2.2%</u>	24 <u>0.5%</u>	148 <u>3.3%</u>	170 <u>3.8%</u>	98 <u>2.2%</u>	126 <u>2.8%</u>	456 <u>10.3%</u>	3175 <u>71.7%</u>
1996 Catch-up	<u>15619</u>	4788 <u>30.6%</u>	4176 87%	72 <u>1.7%</u>	18 <u>0.4%</u>	118 <u>2.8%</u>	138 <u>3.3%</u>	74 <u>1.8%</u>	131 <u>3.1%</u>	421 <u>10.1%</u>	3012 <u>72.1%</u>
1997 Catch-up	<u>13971</u>	4108 <u>29.4%</u>	3465 84%	73 <u>2.1%</u>	26 <u>0.8%</u>	93 <u>2.7%</u>	143 <u>4.1%</u>	65 <u>1.9%</u>	97 <u>2.8%</u>	372 <u>10.7%</u>	2405 <u>69.4%</u>
1998 Catch-up	<u>12802</u>	4020 <u>31.4%</u>	3419 85%	73 <u>2.1%</u>	16 <u>0.5%</u>	67 <u>2.0%</u>	125 <u>3.7%</u>	41 <u>1.2%</u>	77 <u>2.2%</u>	270 <u>7.9%</u>	2303 <u>67.4%</u>
1999 School	<u>11801</u>	2382 <u>20.2%</u>	2128 89%	15 <u>0.7%</u>	1 <u><0.05%</u>	34 <u>1.6%</u>	92 <u>4.3%</u>	22 <u>1.0%</u>	81 <u>3.8%</u>	246 <u>11.6%</u>	1584 <u>74.4%</u>
TOTAL %	<u>89390</u>	<u>26105</u> <u>29.2%</u>	<u>22557</u> 86%	453 <u>2.0%</u>	111 <u>0.5%</u>	575 <u>2.6%</u>	859 <u>3.8%</u>	406 <u>1.8%</u>	629 <u>2.8%</u>	2240 9.93	<u>16088</u> <u>71.3%</u>

Even Faster – a snapshot from Sweden 2024-06-06

Concomitant HPV vaccination and HPV screening in ages 23- 30.

36,1% national coverage (136,759 women)

633 enrolling sites – population coverage increasing by about 1%/week.

Screening stations also do vaccinations.

Vaccination stations also do screening.

After vaccination, women are handed an HPV self-sampling kit.

National HPV testing at Karolinska.

The 2 major parts of Even Faster cervical cancer elimination

1. Primary: HPV vaccination

- Stop the circulation of HPV, as soon as possible.

2. Secondary: HPV screening

- Offer HPV screening to those who may have been infected and developed a cancer precursor before HPV circulation was stopped

1+2=0

Risk-based screening (Sweden)

- 2019: 531 women with very high risk ($>5\%/5$ years) sent link to order selfsampling kit.
- 2020: 6000 women with high risk ($>1\%/5$ years) all over Sweden sent link to order selfsampling kits.
- 2021: 20,000 women with risk $>0.2\%/5$ years all over Sweden sent link to order selfsampling kits.
- 2022: All women with risk $>0.1\%/5$ years in all of Sweden (93000 women) sent either kit ($>1\%$ - 5000 women) or link to order kit (0.1% to 1% - 88000 women).
- 2023: All women with risk $>0.1\%/5$ years in all of Sweden (91000 women) sent either kit ($>1\%$ - 4000 women) or link to order kit (0.1% to 1% - 87000 women).

Some results

- Very high PPV for CIN2+ in histopathology among high risk HPV+ women (23%) (with no triaging)
- Low HPV prevalence among never-attenders, but high PPV for CIN2+ if HPV-positive.
- Ambitious HPV vaccination (including national even faster campaign) + population-based HPV screening program (768,000 HPV tests/year) + risk-based HPV screening = Cervical cancer elimination by 2027

The timepoint of cervical cancer elimination is a choice: The cancer can be eliminated either:

1. **ASAP:** Catch-up vaccination up to age 30 to reduce $R < 1$, inducing accelerated elimination of vaccine HPV types. If followed by a one-time HPV screening reaching non-attenders = permanent elimination of cervical cancer in the near future (2027 set as goal).
2. **No hurry.** Effective vaccination, but only in children + Screening as usual = Spreading of oncogenic HPVs eliminated approximately 2039. Cervical cancer eliminated a lifetime later.
3. **Not a priority.** Disorganized vaccination - HPV and cervical cancer are never eliminated.

HPV
WISNESS
DAY
MAY
2022

Hjälp oss att utrota livmoderhalscancer
Vaccinera och testa dig för HPV



Alla kvinnor födda 1994-1999 erbjuds
kostnadsfri HPV test + vaccination

<https://www.hpvcenter.se/utrotning/>

ONE
LESS
WORRY