IMPACT OF AV2 ANTIVIRAL DRUG IN THE TREATMENT OF HPV-ASSOCIATED PRECANCEROUS LESIONS OF THE CERVIX : A Randomized Placebo-Controlled Clinical Trial (KINVAV Study)

**Progress Report** 

Alex Mutombo

Supervisors: Yves Jacquemyn, Jean-Pierre Van Geertruyden, Bogers JP, Simoens Cindy, Rahma Tozin

### **Investigational Product: AV2**

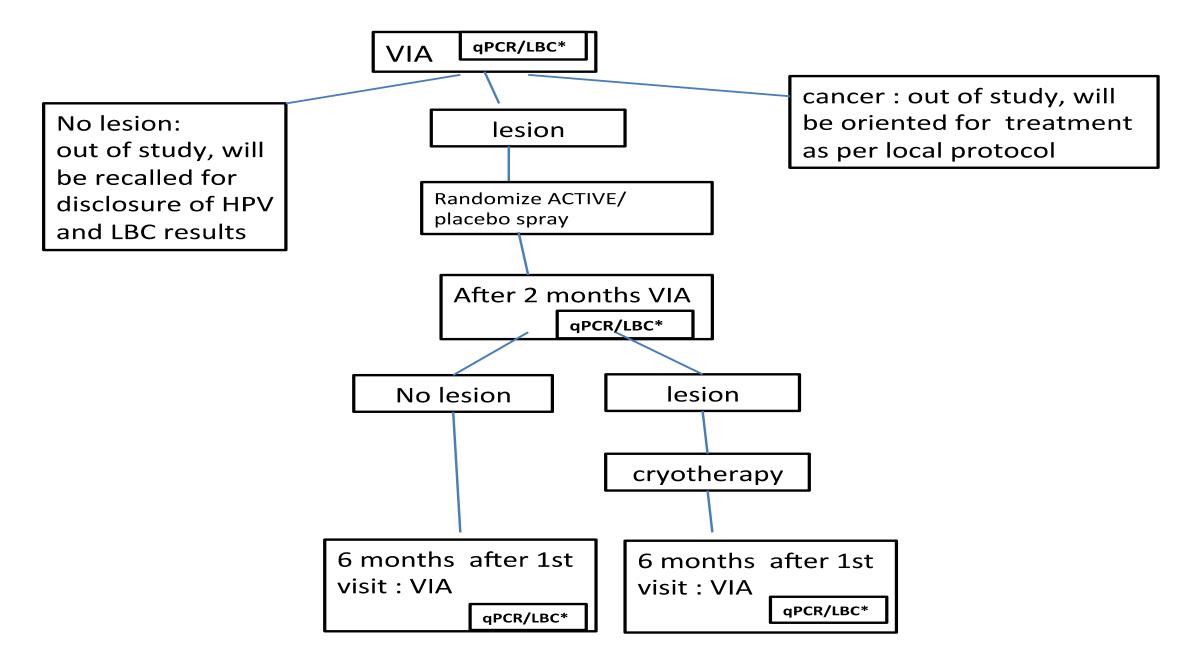
- Essential natural oil mixed 50 % in olive oil
- Clear cervical lesions due to HPV

### Objectives of the study

- 1. To evaluate the clinical efficacy of the local virucide AV2<sup>®</sup> in the treatment of HPV-associated lesions of the uterine cervix.
- 2. To identify the genotypes of HPV found in the Kinshasa region.
- 3. To test the impact of HPV screening followed by virucide treatment in a see-and-treat setting on HPV infection and associated cervical lesions.

### **Sponsors and Collaborators**

- Universiteit Antwerpen/ VLIR-UOS
- Cesa Alliance
- AML: Prof Bogers, Benoy I
- Sefako Makgatho Health Sciences University: Lebelo RL, Meschack B
- University of Kinshasa
- Approved by IRB/IEC of both Antwerp University Hospital UZA and University of Kinshasa
- Registered in ClinicalTrials.gov: NCT02346227



<sup>\*</sup> qPCR and LBC for later analysis not available at radnomisation or treatment

#### **Outcomes**

- Primary outcome: change of lesions 2 months after treatment with AV2<sup>®</sup>.
- Secondary outcomes:
- absence of HPV DNA at month 2;
- correlation between change of lesions and change in HPV DNA at month 2;
- changes in HPV viral load at month 6;
- number of participants with adverse effects.

### Start inclusion 2 July 2015



#### YJ Supervising visits

- July 2015
- December 2015
- May 2016

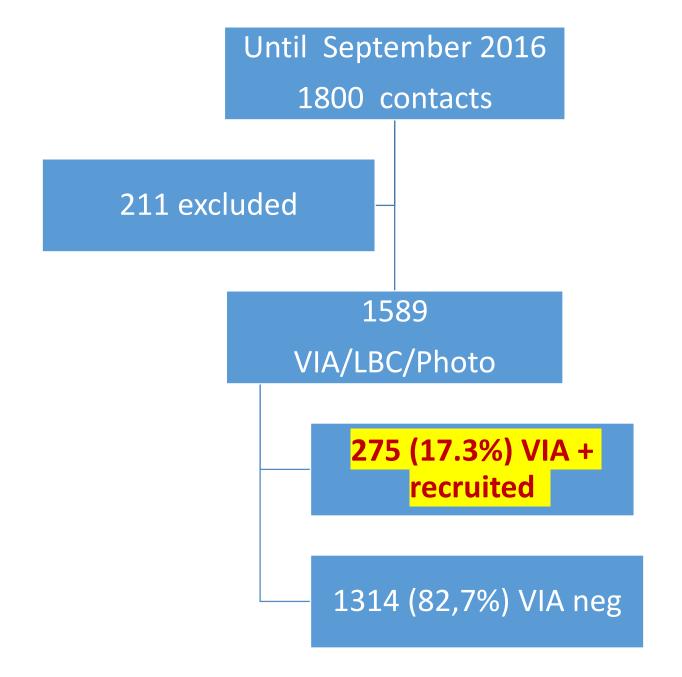


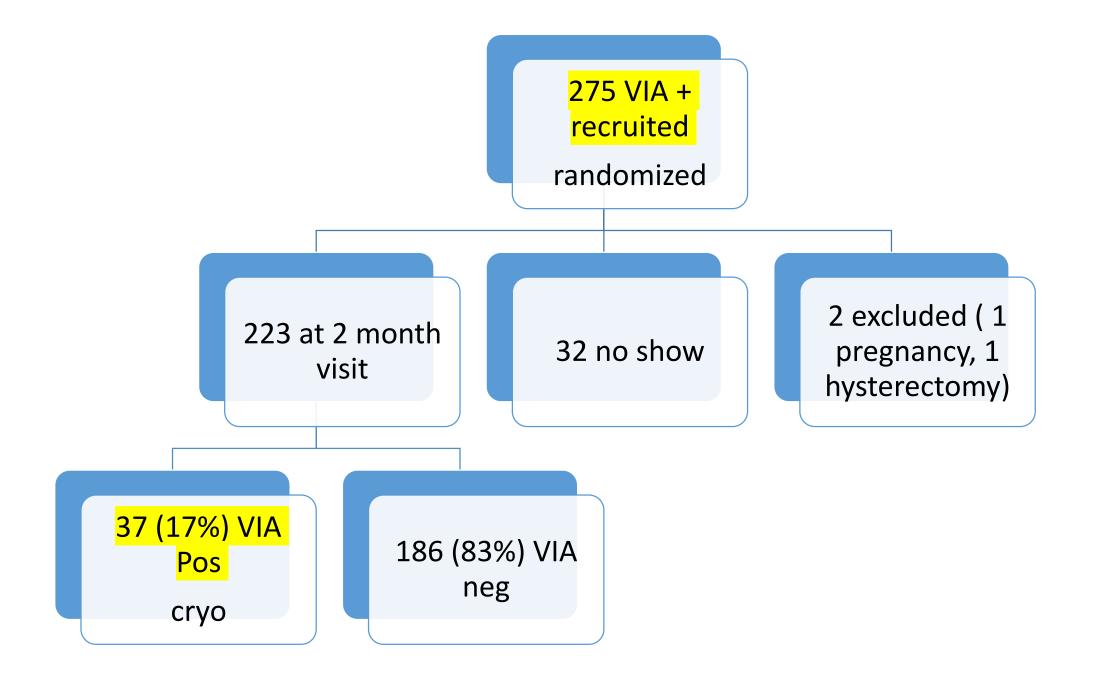


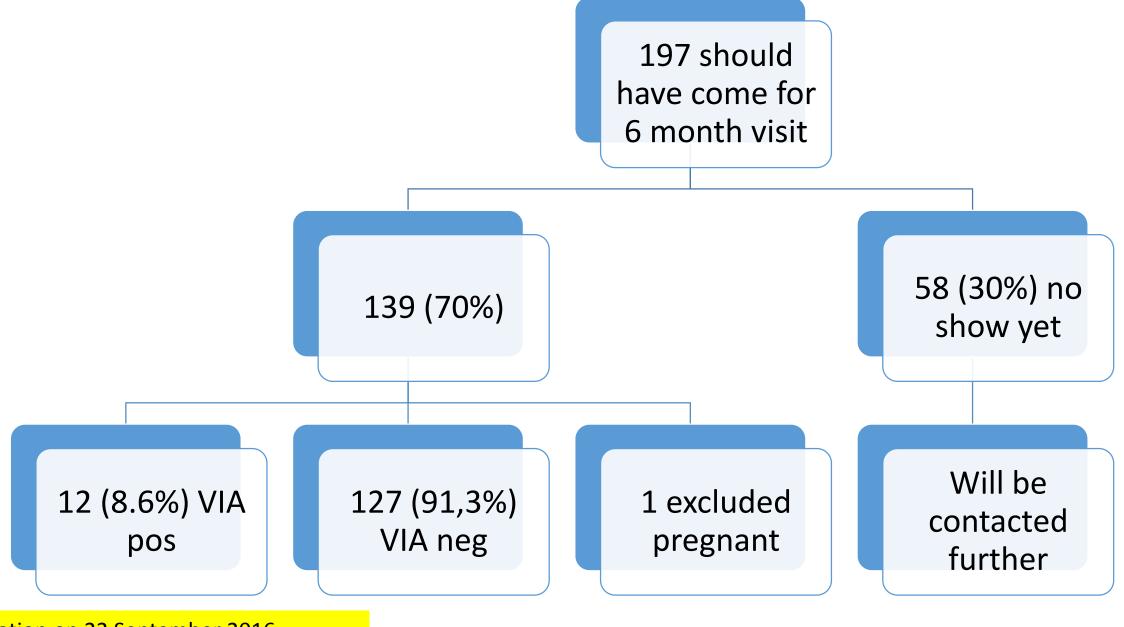
### Logistical problems

- Shipment of Thinprep from South Africa to DRC - Shipment of
Thinprep samples
from DRC to South
Africa

- Difficulties to reaching out women for control visit (diverse reasons)







Situation on 22 September 2016

# Cytology results SMU

Results	n=500	%
NILM	471	94,2
ASCUS	6	<mark>1,2</mark>
LSIL	<mark>22</mark>	<mark>4,4</mark>
HSIL CIN2	1	0,2
HISL CIN3	0	0

## Cytology results AML

Results	n=45	%
NILM	43	95,6
ASCUS	<mark>2</mark>	<mark>4,4</mark>
LSIL	0	0,0
HSIL	0	0,0
TOTAL	45	100,0

# Cytology Results: Overall

NILM	514	94,3
ASCUS	8	1,5
LSIL	22	4,0
HSIL	1	0,2
TOTAL	545	100,0

## Qualitative HPV (SMU)

HPV	N	%
positive	7	3,8
HR HPV	20	10,8
negative	159	85,5
Total	186	100,0

## Qualitative HPV testing (AML)

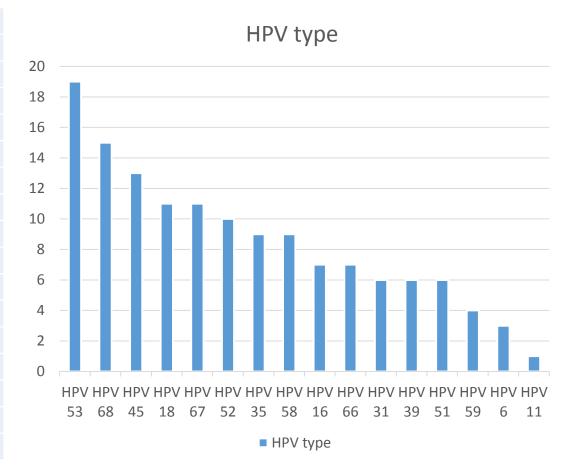
positive	<mark>55</mark>	<mark>16,9</mark>
HPV Pos	<b>33</b>	10,2
negative	237	72,9
Total	325	100,0

### **HPV Prevalence**

<b>HPV Testing</b>	N	<b>%</b>
Positive	115	22,5
Negative	396	77,5
Total	511	100

#### HPV Genotypes found in 88 HPV positive Specimen

	<b>HPV Strains</b>	N Specimen
1	HPV 53	19
2	HPV 68	15
3	HPV 45	13
4	HPV 18	11
5	HPV 67	11
6	HPV 52	10
7	HPV 35	9
8	HPV 58	9
9	HPV 16	7
10	HPV 66	7
11	HPV 31	6
12	HPV 39	6
13	HPV 51	6
14	HPV 59	4
15	HPV 6	3
16	HPV 11	1



• HPV 53 and 68 are the most prevalent HR-HPV types found and this situation may compromise the effect of vaccination with current vaccine targeting HPV 16 and 18.

#### Questions to work out

Which VIA were HPV positive?

Which VIA were ASCUS, LSIL, HSIL...

Missed ASCUS, LSIL, HSIL by VIA

Correlations between Cytology vs HPV testing

HPV genotype and cytology/ VIA

### After unblinding

Changes in viral load

Differences in VIA regression

# **THANK YOU**