#### HPV-AHEAD: role of HPV infection and other co-factors in the aetiology of head and neck cancer (partial Belgian results)

Collaborative project Seventh Framework Programme - EU

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## **HPV-AHEAD**

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# Rationale Head & Neck Cancer (HNC):

arynx Oropharynx Hypopharynx Esophagus

Trachea

Anatomy of the Pharynx

- \* 6<sup>th</sup> most common malignancy worldwide (550 000 incident cases, 300 000 deaths/Y)
- \* 50% oral cavity, 30% larynx, <u>10% oropharynx</u>
- \* risk factors: alcohol, smoking, poor oral hygiene, genetic features, HPV
- \* 25% HPV induced; oropharyngeal ca: 10-90% HPV associated
  - -> better response to treatment, improved prognosis
  - -> steady increase in the last decades (oropharyngeal ca)

## **Objectives** (for the Belgian contribution)

\* ...

\* To conduct epidemiological studies in European and Indian populations in order to establish the overall <u>proportion and type distribution</u> of HPV-positive HNC at different <u>anatomical sites</u> in different <u>geographical regions</u> as well as the trend of the proportion of HPV-positive HNC in recent decades

\* To determine whether HPV infections interact with <u>additional HNC risk factors</u> in European and Indian populations

\* To perform retrospective studies using the follow-up information on HNC patients (including registry linkages) to establish whether HPV positivity confers a <u>better</u> <u>prognosis and survival</u>.

\* ...

WP2: Collection of human specimens in European and Indian centres

- EPIC, ARCAGE, IDIBELL, HPV-AHEAD (Belgium & Italy)

→ Belgium: 1300 <u>cases</u> to be retrieved

 $\mathbf{\Psi}$ 

invasive tumours of oral cavity, oropharynx, hypopharynx and larynx

 archived paraffin embedded tissue blocks, fixed in neutral buffered formalin (no Bouin fixation)

- epidemiological and clinical data (see next slides)

Form and participant identification	
Serial code:	
Hospital number	
Date of interview (dd/mm/yyyy):	000
Sex: (1: Male; 2: Female; 9: Unknown)	
Marital status: (1: Never married; 2: Married; 3: Widowed; 4: Divorced; 5: Separated; 6: Living as married; 9: Unknown)	
If applicable, age at 1 <sup>st</sup> marriage (in years / 88 = Not applicable; 99 = Unknown):	
For women, age at first pregnancy (in years / 88 = Not applicable; 99 = Unknown):	
For women, history of genital premalignant lesions: (1: Never; 2: Currently; 3: In the past; 9: Unknown)	
For women, history of cervical cancer: (1: Never; 2: Currently; 3: In the past; 9: Unknown)	
Age (in years / 99 = Unknown):	
Weight (in Kg):	
Code of the staff:	

Risk factor – Alcohol drinking				
		If response 2 or 3 age at beginning (in years):	If response 2 or 3 age at stopping (in years):	How many drink do you take per week:
Drinker of alcohol beverages: (1: Never; 2: Current; 3: Past; 9: Unknown)				
Type of the beverage (1; wine; 2:liquors, others				

Risk factor – Smoking				
Smoker: (1: Never; 2: Current; 3: Past; 9: Unknown)		If response 2 or 3 age at beginning (in years):	If response 2 or 3 age at stopping <i>(in years</i> ):	How many times per day:
Cigarette:				
Cigar:				
Pipe:				
Others:				

Clinical details	
Date of diagnosis (dd/mm/yyyy):	□□/□□/20□□
ICD-O code of the primary site: (ICDO-3 <sup>rd</sup> version)	
ICD-O histology code of the primary site:	
If available, ICD-O code of the 2 <sup>nd</sup> primary site at baseline:	

	If available, ICD-O histology code of the $2^{nd}$ primary site at baseline:	
	Size of the tumor (max diameter-mm)	
	Ipsilateral neck nodes: (1: No ; 2 : Present ; 9 : Unknown)	
	Contralateral neck nodes: (1: No ; 2 : Present ; 9 : Unknown)	
	Stage: (TNM 2010)	
	T-Status: (1: T1; 2: T2; 3: T3; 4: T4a ; 5 : T4b; 9: Tx;	с 🗌 р 🗌
:	N-Status: (0: N0; 1: N1; 2: N2; 3: N3; 9: Nx;)	с 🗌 р 🗌
;	M-Status: (0: M0; 1: M1; 9: Unknown)	с 🗌 р 🗌
	Composite stage: (1: I; 2: II; 3: III; 4: IVA; 5: IVB; 6: IVC; 9: Unknown)	с 🗌 р 🗌

	Treatment details	
	Previous treatment:	
	Surgery: (1: No; 2: Yes; 9: Unknown)	
:	Radiotherapy (RT): (1: No; 2: Yes; 9: Unknown)	
;	Chemotherapy (C): (1: No; 2: Yes; 9: Unknown)	
	Intent to treat: (0: No treatment required; 1: Radical; 2: Palliative; 3: Symptomatic; 4: Not taken; 9: Unknown)	

Radiotherapy Radiotherapy prescribed: (1: No; 2: Yes; 9: Unknown)		
Date started (dd/mm/yyyy):	Date completed:	
Dose prescribed (Gy): EBRT:	BT: BT: fraction:	
Dose completed (Gy): EBRT:	BT: BT: fraction:	

	Surgery
	Date of surgery (dd/mm/yyyy):
	Primary tumour: (1: No; 2: Wide excision (WE); 3: Partial glossectomy; 4: Total glossectomy; 5: Laryngectomy; 6: WE + Hemimandibulectomy; 7: Other (specify:); 9: unknown)
	Neck dissection: (1: No; 2: Ipsilateral; 3: Contralateral; 4: Bilateral; 9: Unknown)
	Post operative findings
	Positive margin: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)
	Other prognostic factors: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)
.1	If yes, metastasis in lymph nodes: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)
.2	If yes, number of nodes with metastasis:
3	Lowest positive metastatic lymph nodes level: (1: level I; 2: level II; 3: level II; 4: level IV; 5: level V; 9: Unknown)

.4	Perinodal tumour spread: (1: No; 2: Present; 3: Not applicable; 9: Unknown)	
.5	Perineural tumour spread: (1: No; 2: Present; 3: Not applicable; 9: Unknown)	
.6	Vascular/lymphatic emboli: (1: No; 2: Present; 3: Not applicable; 9: Unknown)	
7	Soft tissue infiltration: (1: No; 2: Present; 3: Not applicable; 9: Unknown)	

Chemotherapy		
Chemotherapy prescribed: (1: No; 2: Yes; 9: Unknown)		
Sequencing of chemo: (1: Anterior; 2: Concurrent; 3: Anterior+concurrent; 4: Sandwitch; 5: A	djuvant; 6: Palliative)	
Drugs used: (1: Mtx; 2: CDDP; 3: CDDP+ 5FU; 4: Cetuximab + CDDP; 5: Other (specify:	)	
Number of cycles:		
Date started (dd/mm/yyyy):	□□/□□/20	
Date completed (dd/mm/yyyy):		

Treatment summary	
Type of treatment: (1: Radical; 2: Palliative)	
Recommended treatment: (1: RT; 2: Surgery; 3: Chemo; 4: S+RT; 5: C+RT; 6: C+S; 7: C+RT+S; 9: Unknown)	
Treatment received: (1: RT; 2: Surgery; 3: Chemo; 4: S+RT; 5: C+RT; 6: C+S; 7: C+RT+S; 9: Unknown)	
Treatment completed: (1: No; 1: Incomplete treatment; 2: Complete treatment)	
Date completion of all (dd/mm/yyyy):	

Response	
Primary site: (1: No response; 2: Partial response; 3: Complete response; 9: Unknown)	
Nodal site: (1: No response; 2: Partial response; 3: Complete response; 9: Unknown)	
Date of evaluation (dd/mm/yyyy):	

	Recurrences	First recurrence	Second recurrence
	Local: (1: No; 2: Infield failure; 3: Margin failure; 4: Outside failure; 9: Unknown)		
_	Regional: (1: No; 2: Infield failure; 3: Margin failure; 4: Outside failure; 9: Unknown)		
	Distant: (1: No; 2: Infield failure; 3: Margin failure; 4: Outside failure; 9: Unknown)		
	Ipsilateral neck nodes: (1: No; 2: Yes; 9: Unknown)		
	Contralateral neck nodes: (1: No; 2: Yes; 9: Unknown)		
	Date of recurrence (dd/mm/yyyy):		
	Salvage treatment for residual/recurrent diseas	e:	
.1	Surgery: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)		
.2	Radiotherapy: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)		

.3	Chemotherapy: (1: No; 2: Yes; 3: Not applicable; 9: Unknown)					
.4	Date of completion of salvage treatment (dd/mm/yyyy):					
.5	Response to treatment: (1: No response;           2: Complete response; 3: Partial response; 9: Unknown)					
	Second primary					
4						
	Second primary site ICD-O code:					
	Incidence date(dd/mm/yyyy):					
	Status at last follow-up					
	Follow-up date (dd/mm/yyyy):					
	Status: (1: Alive with no evidence of disease; 2: Alive with evidence of disease; 3: Dead due to disease; 4: Dead due to other cause with evidence of disease; 5: Dead due other cause with no evidence of disease; 6: Dead due to other cause and evidence of disease unknown; 7: Dead cause not known; 9: Unknown)					
T	If dead, indicate the date of death (dd/mm/yyyy):					
	If dead, indicate the cause of death (ICD-10):					
-						
	Biomarker analysis					
	PTEN: (1: cytoplasm; 2: nucleus; 3: cytoplasm/nucleus; 9: Unknown)					
	Intensity staining (1: weak; 2: moderate; 3: strong; 9: Unknown)					
	AKT: (1: cytoplasm; 2: nucleus; 3: cytoplasm/nucleus; 9: Unknown)					
	Intensity staining (1: weak; 2: moderate; 3: strong; 9: Unknown)					
Т	AKT: (1: cytoplasm; 9: Unknown)					
	Intensity staining (1: weak; 2: moderate; 3: strong; 9: Unknown)					
	Other 1: (1: cytoplasm; 2: nucleus; 3: cytoplasm/nucleus; 9: Unknown)					
	Intensity staining (1: weak; 2: moderate; 3: strong; 9: Unknown)					
	Other 2: (1: cytoplasm; 2: nucleus; 3: cytoplasm/nucleus; 9: Unknown)					
$\bot$	Intensity staining (1: weak; 2: moderate; 3: strong; 9: Unknown)					

Remarks		

# WP3(+6): Laboratory analysis to determine the HPV-positivity

#### HNC tissue blocks $\rightarrow$ 10-31 different sections

 Thickness 5µ 5µ 3X10µ 3x10µ 5µ 5µ
 5µ 5µ 5µ

 I
 III
 III
 I
 I
 I

 Sections
 S1 S2
 T1
 T2
 S9 S10\*
 S11-30 S31

S1/10/31: coated slide for histology HE (3 pathologists independently)

- S2/9: coated slide for p16 and Ki67 (surrogate biomarker of viral infection)
- S11-30: coated slide for immunohistochemical analyses (cellular protein expression: SUMO, Dok-1, p50-NFκB1, p52-NFκB2, ReIA, ReIB, IκBα, IκBε, TRAF2, TRAF3, A20, CYLD, PTEN, AKT, mTOR)
- T1: tube for RNA extraction expression of E6\*I-sliced transcripts (RT-PCR, 70bp)
- T2: tube for DNA extraction HPV genotyping (multiplex PCR Luminex assay: 19 hrHPV + 2 lrHPV)

# WP4: Epidemiology of HPV-positive and - negative HNC

- determination of the distribution of HPV-positive HNC of the various anatomical sites in different geographical regions in Europe and India

- conduction of a comprehensive time trend analysis of HPV-negative and HPV-positive HNC

- assessment of the extent to which HPV infection correlates with occurrence of second primaries and survival

RESULTS: Test positivity and association RNA/immunocytochemistry

1) HPV DNA analysis

2) HPV RNA analysis

3) p16 + Ki67 dual staining

#### HPV DNA analysis (N=525)

HPV type	n	%		remark
HPV 16 single	54	74,0%		
HPV 16 multi	2	2,7%	76,7%	16/18/31 16/35
HPV 18	6	8,2%		
HPV 31	4	5,5%		
HPV 33	1	1,4%		
HPV 35	2	2,7%		
HPV 51	1	1,4%		
HPV 52	1	1,4%		
HPV 6	2	2,7%		
HPV + (13,9%)	73/525	100%		

#### HPV16 DNA vs RNA analysis (N=49)

	DNA				
RNA HPV16	HPV16	other hr HPV	lr HPV	negative	
+	14 (60,9%)	0	0	0	14
-	9 (39,1%)	8	1	17 (100%)	35
	23	8	1	17	49

#### Immunohistochemistry: p16 and Ki67 dual staining result vs RNA HPV16

Dual stain	RNA HPV16 +	RNA HPV16 -	
+	13	7	20
-	0	27	27
	13	34	47

\* N00066: no tumor, high-grade lesion, DS-positive, p16 diffuse

**RNA HPV16**: Sensitivity: 13/13 (100%) Specificity: 27/34 (79.4%)

All tested samples were Ki67+

#### p16 <u>staining pattern</u> vs RNA HPV16 (dual staining)

Staining pattern	RNA HPV16 +	RNA HPV16 -	
diffuse	13	6	19
diffuse/focal	0	1	1
focal	0	2	2
negative	0	25	25
	13	34	47

'diffuse' as cut-off: sens 13/13 (100%) spec 28/34 (82.4%)

cut-off restricted to 'diffuse':

increases specificity without reducing sensitivity

# p16 <u>staining intensity</u> vs RNA HPV16 (dual staining)

Staining intensity	RNA HPV16 +	RNA HPV16 -	5
strong	8	4	12
moderate	4	4	8
weak	1	1	2
N/A	0	25	25
	13	34	47

Cut-off must be at **'weak+'** for max sens 13/13 (100%) spec 25/34 (73.5%)

Staining intensity not useful in finetuning the cut-off for p16, staining pattern (cut-off at 'diffuse') however is useful.

# CONCLUSION: Test positivity/ immunohistochemistry

- 13,9% of tested BE invasive H&N cancers are HPV DNA+, of which 76,7% HPV16 DNA+
- 60.9% of HPV16 DNA+ patients are also HPV16 RNA+

 p16 staining pattern shows good accuracy: 'diffuse' as cut-off: sens 13/13 (100%) to detect HPV16 RNA+ cases spec 28/34 (82.4%)
 p16 staining intensity is not discriminative 'weak+' needed as + criterion to maintain HPV16 RNA sensitivity at 100%
 Ki67 not needed -> p16 monostaining sufficient

definition +cases: diffuse staining pattern

### **RESULTS:** Epidemiology of HPV + and – HNC

1) Participant identification:

- sex

- age

2) Risk factors:

- alcohol consumption
- cigarette smoking
- 3) Clinical details:
  - primary site & histology: ICD-O
  - clinical stage: TNM
  - date diagnosis
- 4) Treatment details
  - radiotherapy
  - surgery
  - chemotherapy

5) Status at last FU

## Participant identification

Sex

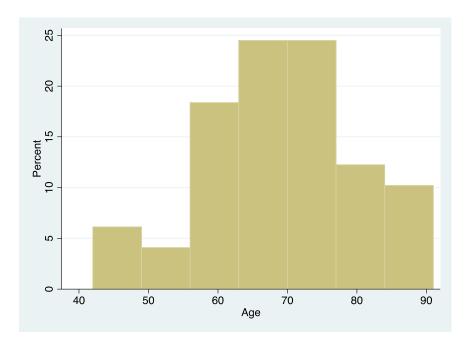
sex	RNA HPV16 +	RNA HPV16 -	
male	12 (85.7%)	26 (74.3%)	38 (77.6%)
female	2 (14.3%)	7 (20%)	9 (18.4%)
unknown	0	2 (5.7%)	2 (4.0%)
	14	35	49

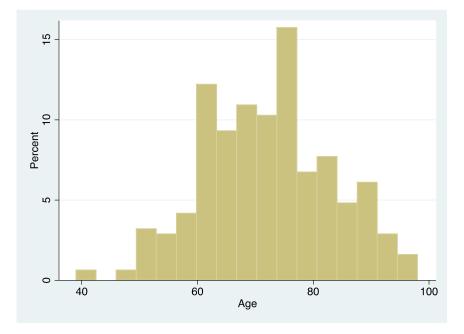
## Participant identification

Age

#### HPV16 DNA+







# **Risk factors**

#### **Alcohol consumption**

alcohol	RNA HPV16 +	RNA HPV16 -	
never	1 (7.1%)	4 (11.4%)	5
current	6 (42.9%)	12 (34.3%)	18
past	2 (14.3%)	2 (5.7%)	4
unknown	5 (35.6%)	17 (48.6%)	22
	14	35	49

current or past alcohol users:

88.9% of HPV16 RNA+ 77.8% of HPV16 RNA-

# **Risk factors**

#### Cigarette smoking

cigarette	RNA HPV16 +	RNA HPV16 -	
never	1 (7.1%)	5 (14.3%)	6
current	7 (50%)	10 (28.6%)	17
past	2 (14.3%)	6 (17.1%)	8
unknown	4 (28.6%)	14 (40%)	18
	14	35	49

current or past smokers of cigarettes: 90.0% of HPV16 RNA+ 76.2% of HPV16 RNA-

#### Primary site & histology: ICD-O

grouped primary site	RNA HPV16 +	RNA HPV16 -	
oropharynx*	9 (64.3%)	8 (22.9%)	17
oral cavity	3 (21.4%)	11 (31.4%)	14
nasopharynx	0	1 (2.9%)	1
hypopharynx	1 (7.1%)	1 (2.9%)	2
larynx	0	9 (25.7%)	9
other	1 (7.1%)	5 (14.3%)	6
	14	35	49

\* Described in literature to be HPV-related

Predominant histology (both HPV16 RNA + and -):

Squamous cell carcinoma, NOS (8070/3)

\* Described in literature to be HPV-related

Detailed primary site	ICD-O	RNA HPV16 +	RNA HPV16	
lip	C00.1	0	2 (5.7%)	2
tongue, base*	C01	2 (14.3%)	1 (2.9%)	3
tongue, other parts	CO2 (.1/.9)	0	5 (14.3%)	5
Floor of mouth	CO4 (.9)	2 (14.3%)	3 (8.6%)	5
palate (hard)	C05.0	0	1 (2.9%)	1
mouth, NOS	C06.2	0	2 (5.7%)	2
Tonsil*	C09.9	7 (50%)	4 (11.4%)	11
Oropharynx*	C10 (.0/.9)	0	3 (8.6%)	3
nasopharynx	C11.0	0	1 (2.9%)	1
piriformis sinus	C12	1 (7.1%)	1 (2.9%)	2
overlapping lesion	C14.8	1 (7.1%)	0	1
ethmoidal sinus	C31.1	0	1 (2.9%)	1
larynx	C32.0/.1	0	9 (25.7%)	9
main bronchus	C34.0	0	1 (2.9%)	1
malign neopl, NOS	C80	1 (7.1)	1 (2.9%)	2
		14	35	49

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#### Clinical stage: TNM

T-status	RNA HPV16 +	RNA HPV16 -	
T1	1 (7.7%)	7 (23.3%)	8
Т2	6 (46.2%)	5 (16.7%)	11
Т3	1 (7.7%)	8 (26.7%)	9
T4a	4 (30.8%)	6 (20.0%)	10
T4b	0	1 (3.3%)	1
Тх	1 (7.7%)	3 (10.0%)	4
	13	30	43

#### Clinical stage: TNM

N-status	RNA HPV16 +	RNA HPV16 -	
NO	4 (30.8%)	12 (41.4%)	16
N1	0	6 (20.7%)	6
N2	7 (53.8%)	8 (27.6%)	15
N3	1 (7.7%)	0	1
Nx	1 (7.7%)	3 (10.3%)	4
	13	29	42

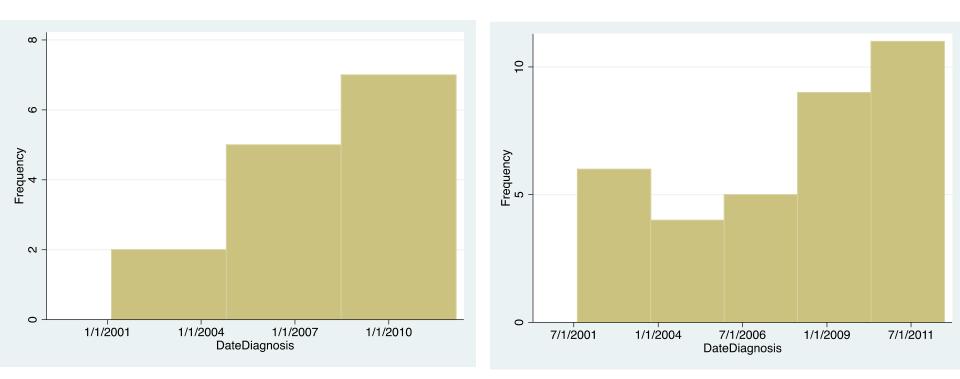
#### M-status:

M0:	(8/10) 80% versus (13/20) 65%
M1:	(1/10) 10% versus (3/20) 15%

#### Date of diagnosis

#### HPV16 RNA+

HPV16 RNA -



# **Treatment details**

	RNA HPV16 +	RNA HPV16 -	
surgery	8 (57.1%)	24 (68.6%)	32/49
radiotherapy	12 (85.7%)	27 (77.1%)	39/49
chemotherapy	9 (64.3%)	13 (37.1%)	22/49
radical	11 (78.6%)	20 (57.1%)	31
palliative	2 (14.3%)	8 (22.9%)	10
	13	28	41

# Status at last FU

	RNA HPV16 +	RNA HPV16 -	
Alive, no evidence of disease	1 (7.1%)	5 (14.3%)	6
Alive, with evidence of disease	12 (85.7%)	21 (60%)	33
Death, due to disease	0	5 (14.3%)	5
Death, due to other reason, with evidence of disease	1 (7.1%)	2 (5.7%)	3
Death cause not known	0	2 (5.7%)	2
	14	35	49

92.8% of the HPV16 RNA+ H&N patients are alive, against 74.3% for the RNA- patients.

CONCLUSION: Epidemiology of HPV + and – HNC

#### HPV16 RNA+ patients (vs HPV16 RNA-):

- male (85.7% vs 74.3%)
- younger (from 40y on)
- current or past alcohol users (88.9% vs 77.8%)
- current or past cigarette smokers (90% vs 76.2%)
- oropharynx (64.3%) vs oral cavity (31.4%) / larynx (25.7%)
- squamous cell carcinoma, NOS (8070/3)

CONCLUSION: Epidemiology of HPV + and – HNC

HPV16 RNA+ patients (vs HPV16 RNA-):

- RT & CT
- radical treatment
- 92.8% alive

# 1 Thanks for your attention

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