



Carcinomas escamosos de vulva y vagina. Relación con HPV

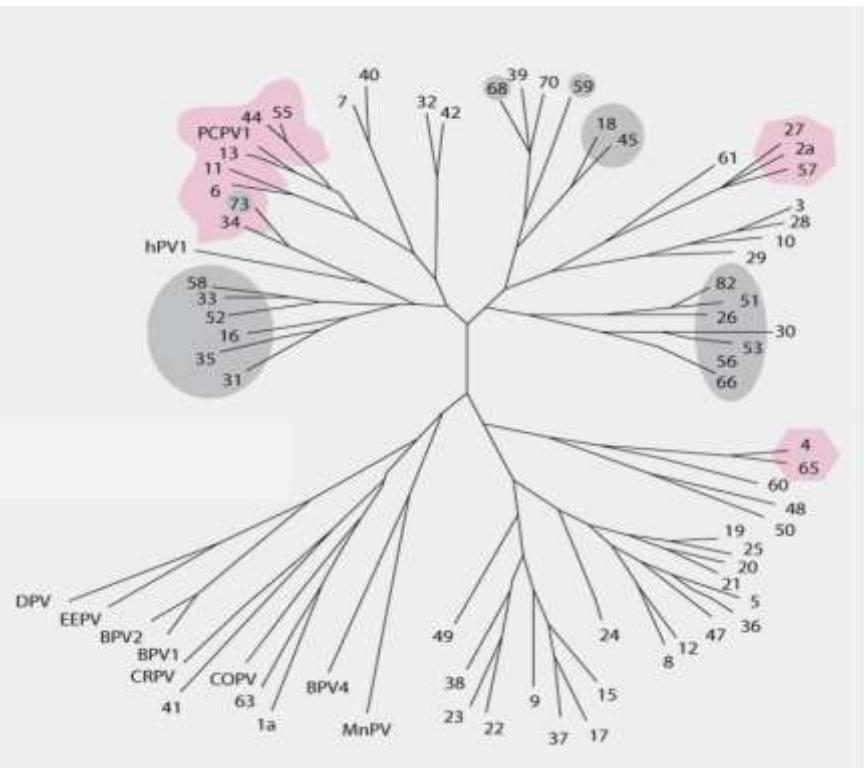


Dr. Jaume Ordi
Servei d'Anatomia Patològica
Hospital Clínic. Barcelona
jordi@clinic.ub.es

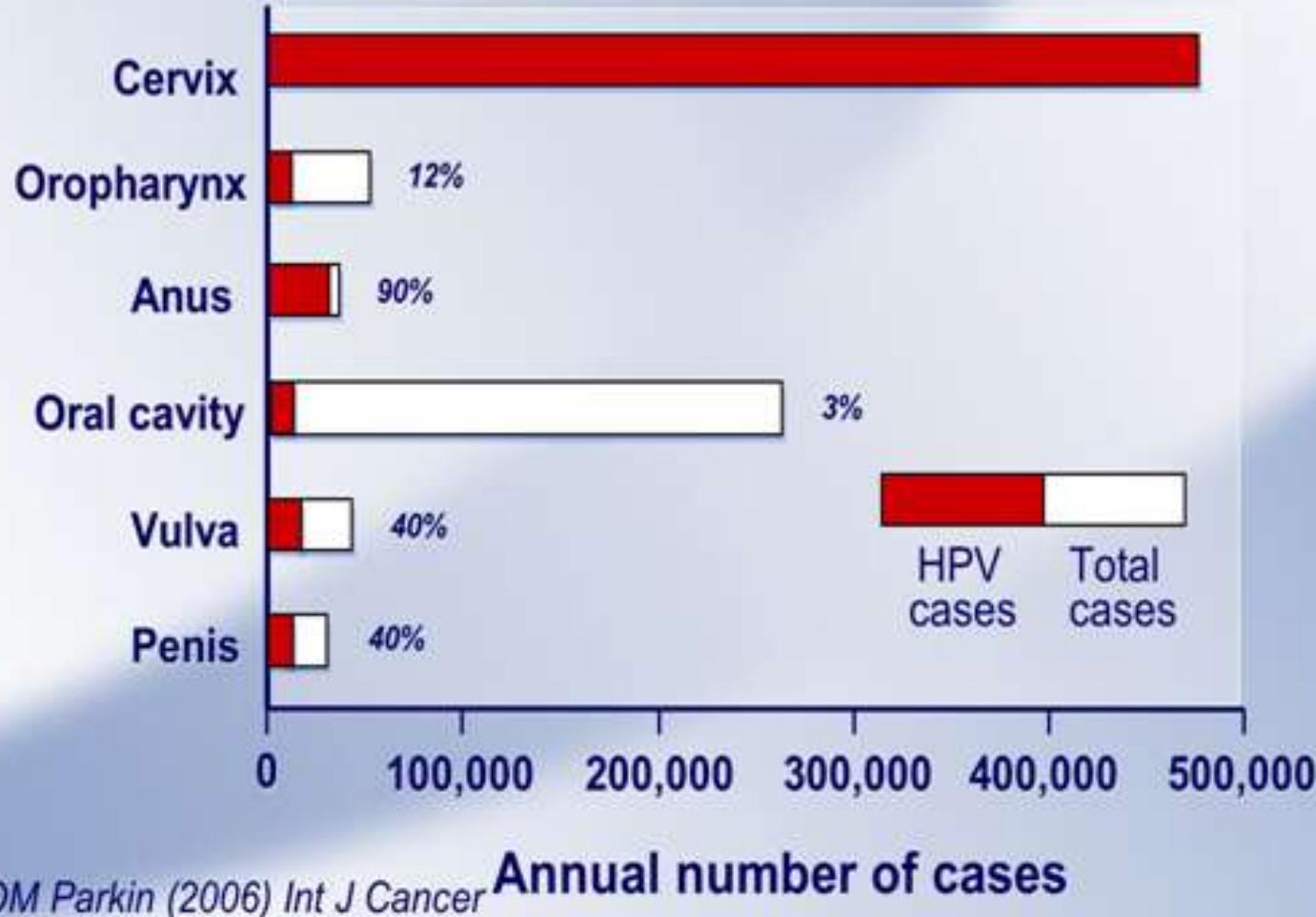


Cáncer de cérvix y VPH

- International Biological Study on Cervical Cancer:
 - >1000 carcinomas de 22 países utilizando PCR: 99.7% HPV (Bosch et al, *J Natl Cancer Inst* 1995; 87:796) (Wallboomers et al, *J Pathol* 1999; 189:12)
 - HPV 16 el tipo más prevalente en casi todos los países



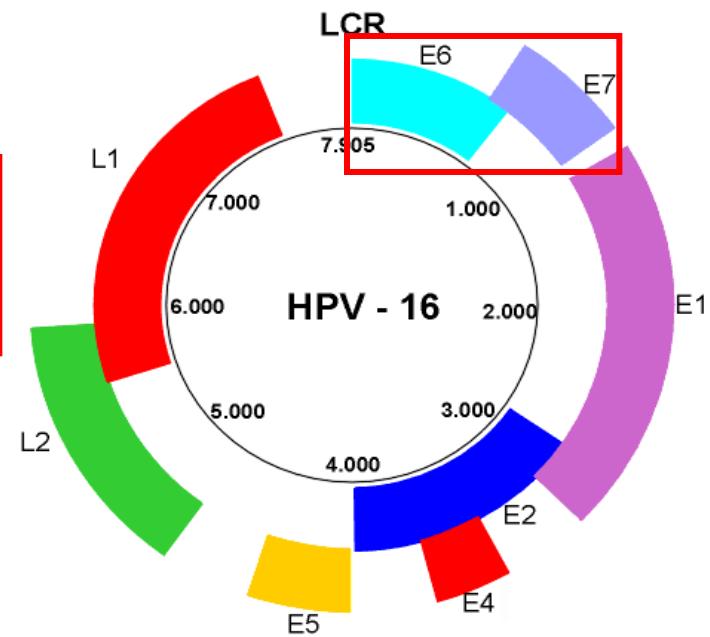
HPV and cancer



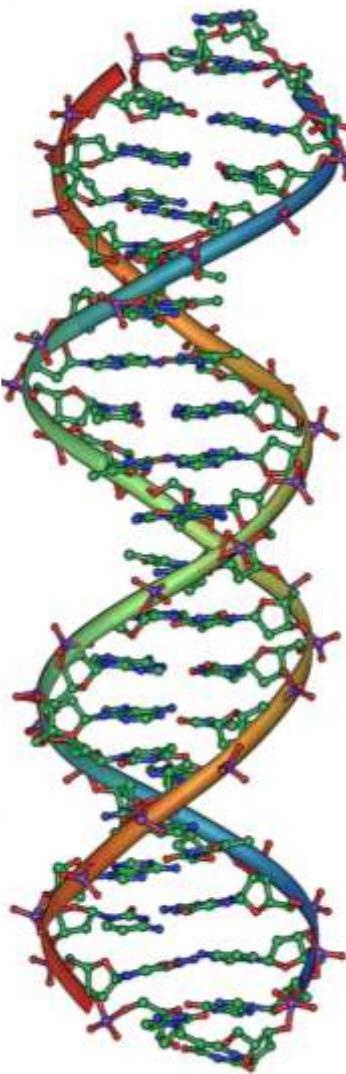


HPV genome

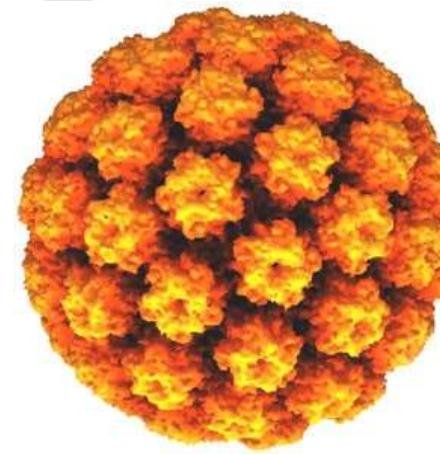
- Double strand DNA (\approx 8.000 base pairs)
- Regulatory region (LCR)
- Early region
 - E1 - E8 genes (DNA replication)
 - **E6 and E7 involved in neoplastic transformation**
- Late region
 - Genes L1 and L2 (Capsid)



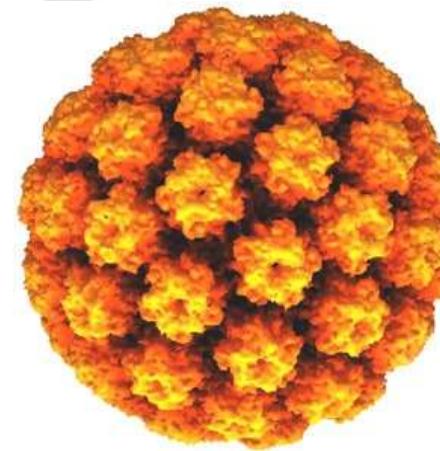
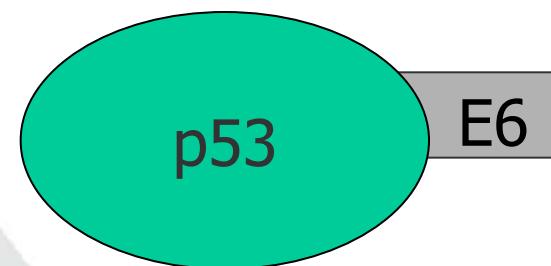
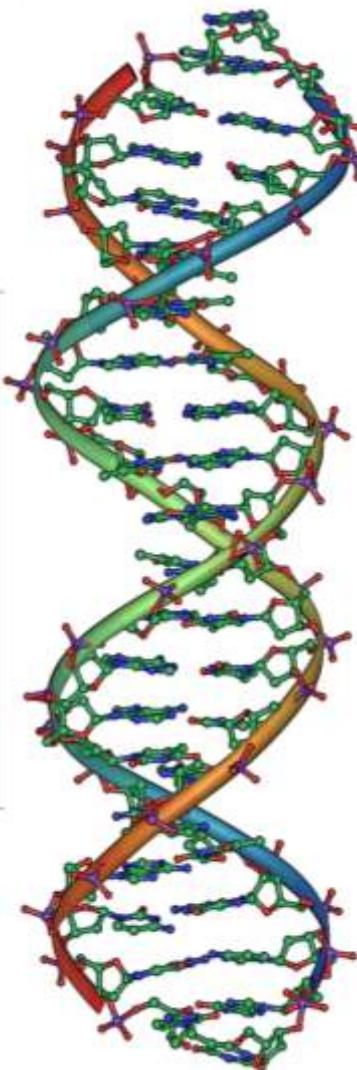
HPV: Mechanisms of transformation



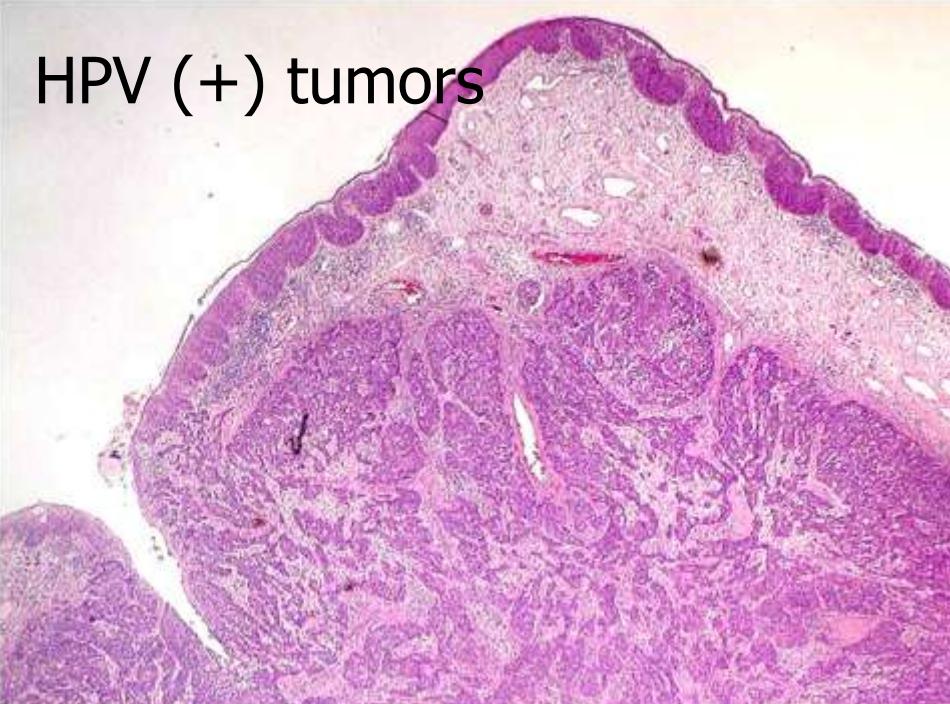
p53



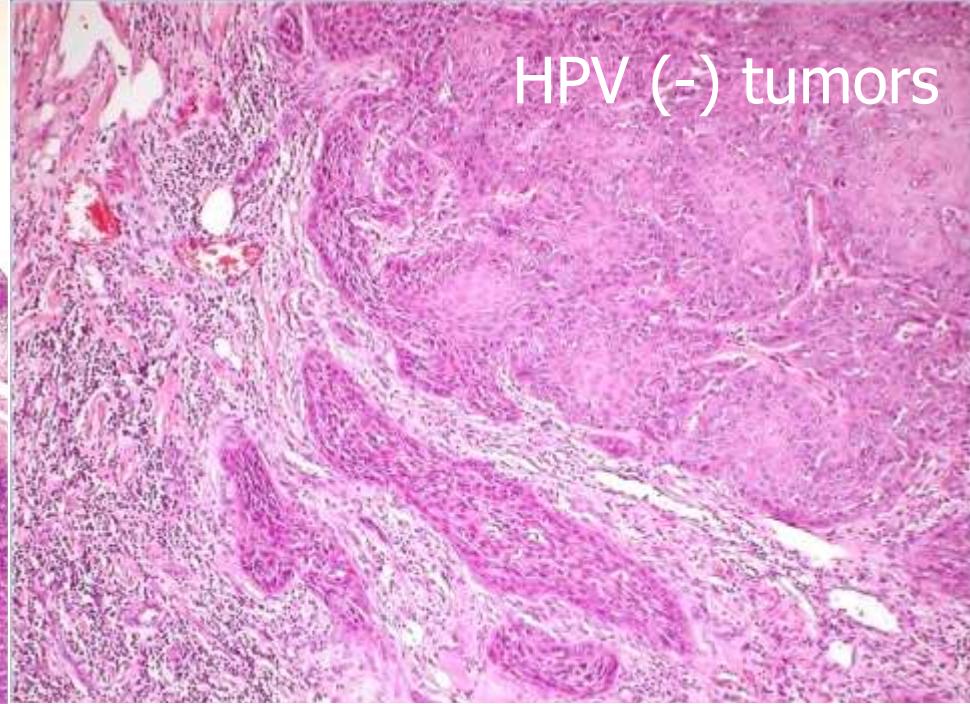
HPV: Mechanisms of transformation



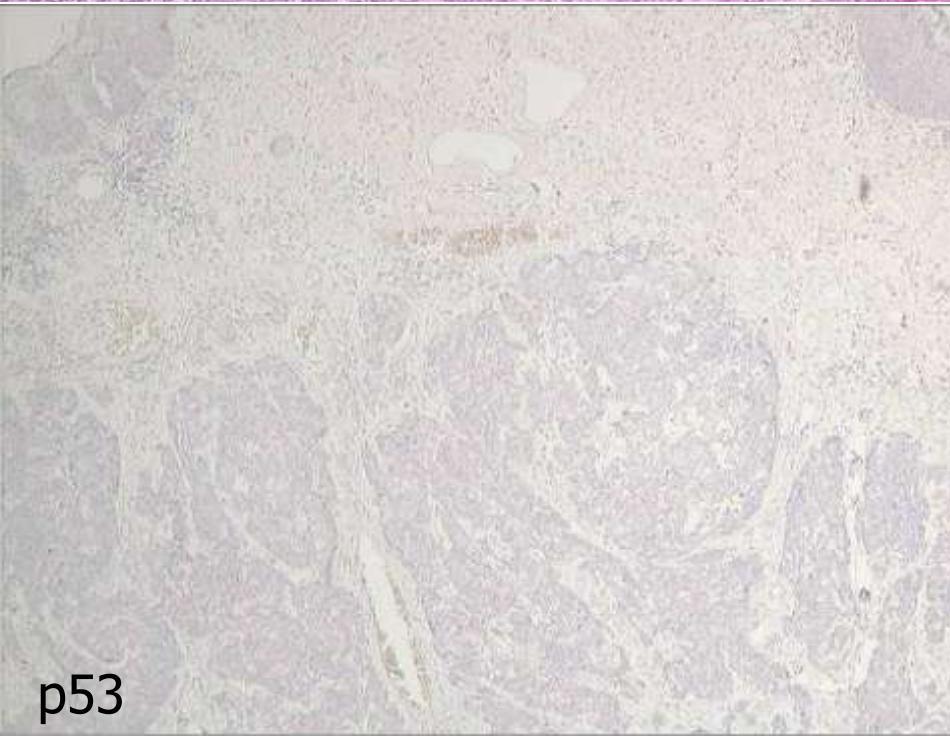
HPV (+) tumors



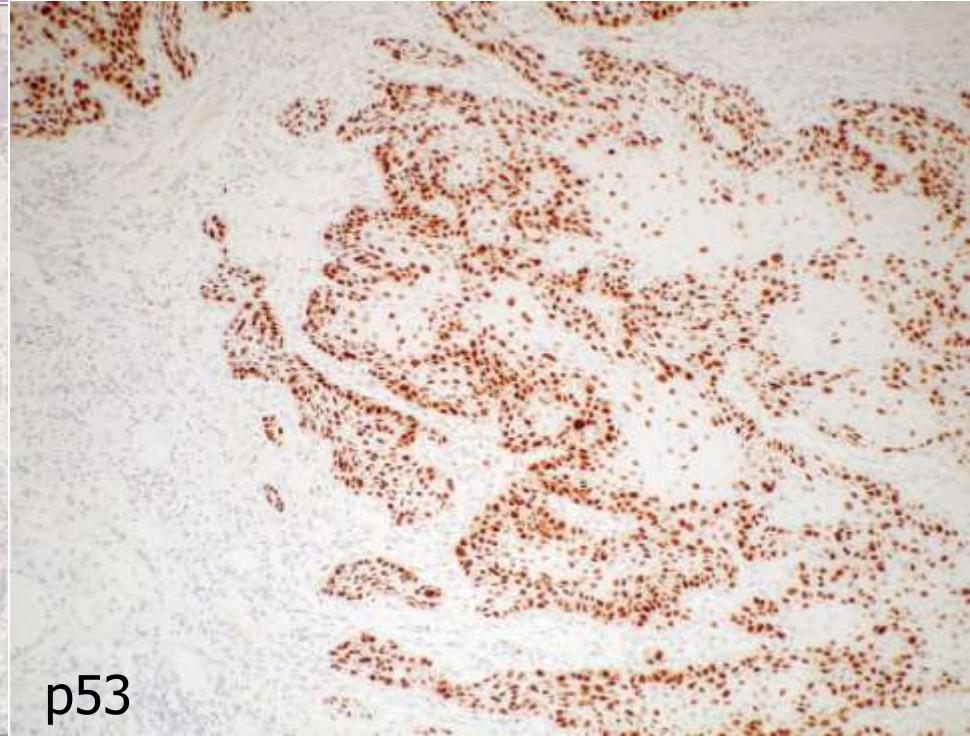
HPV (-) tumors



p53

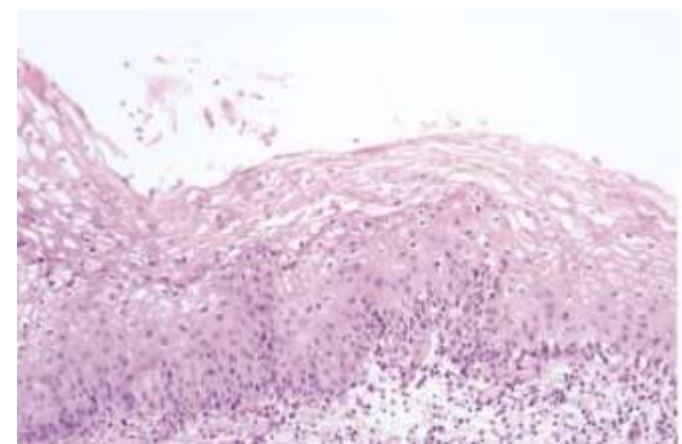
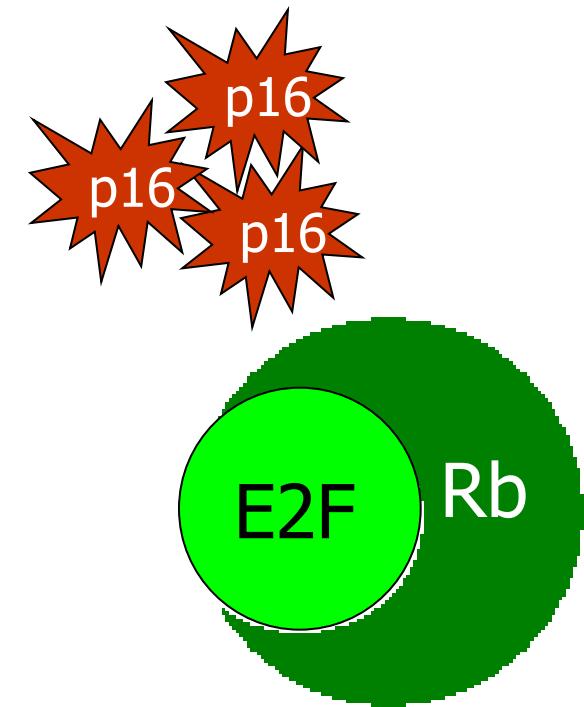
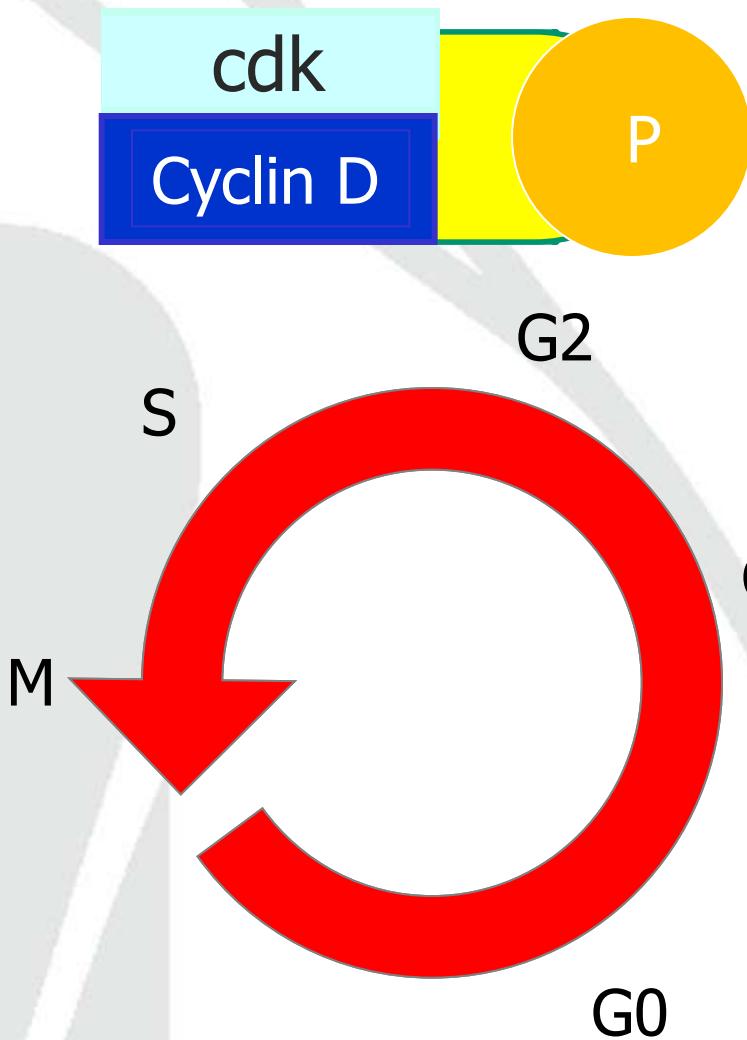


p53



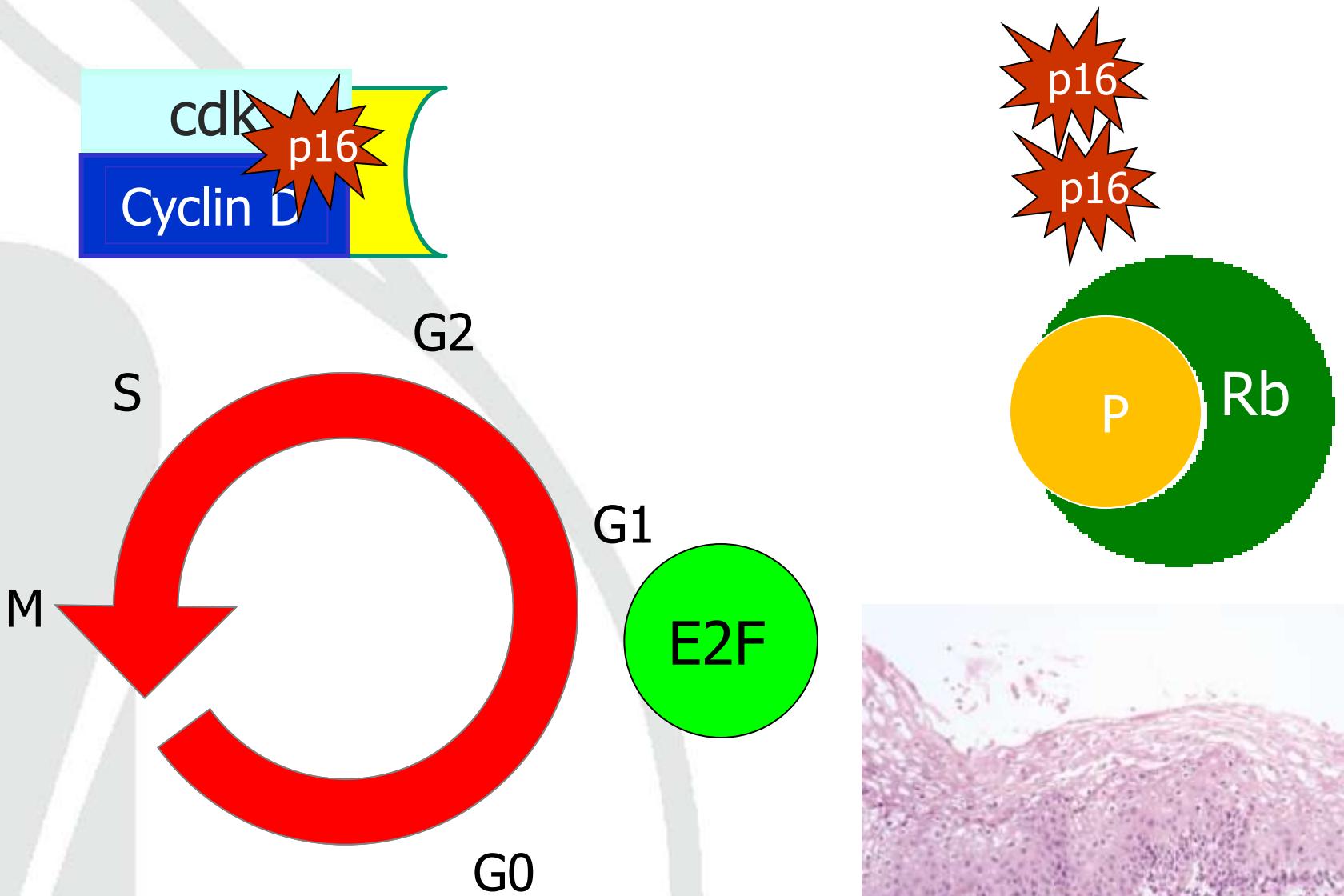


HPV: Mechanisms of transformation



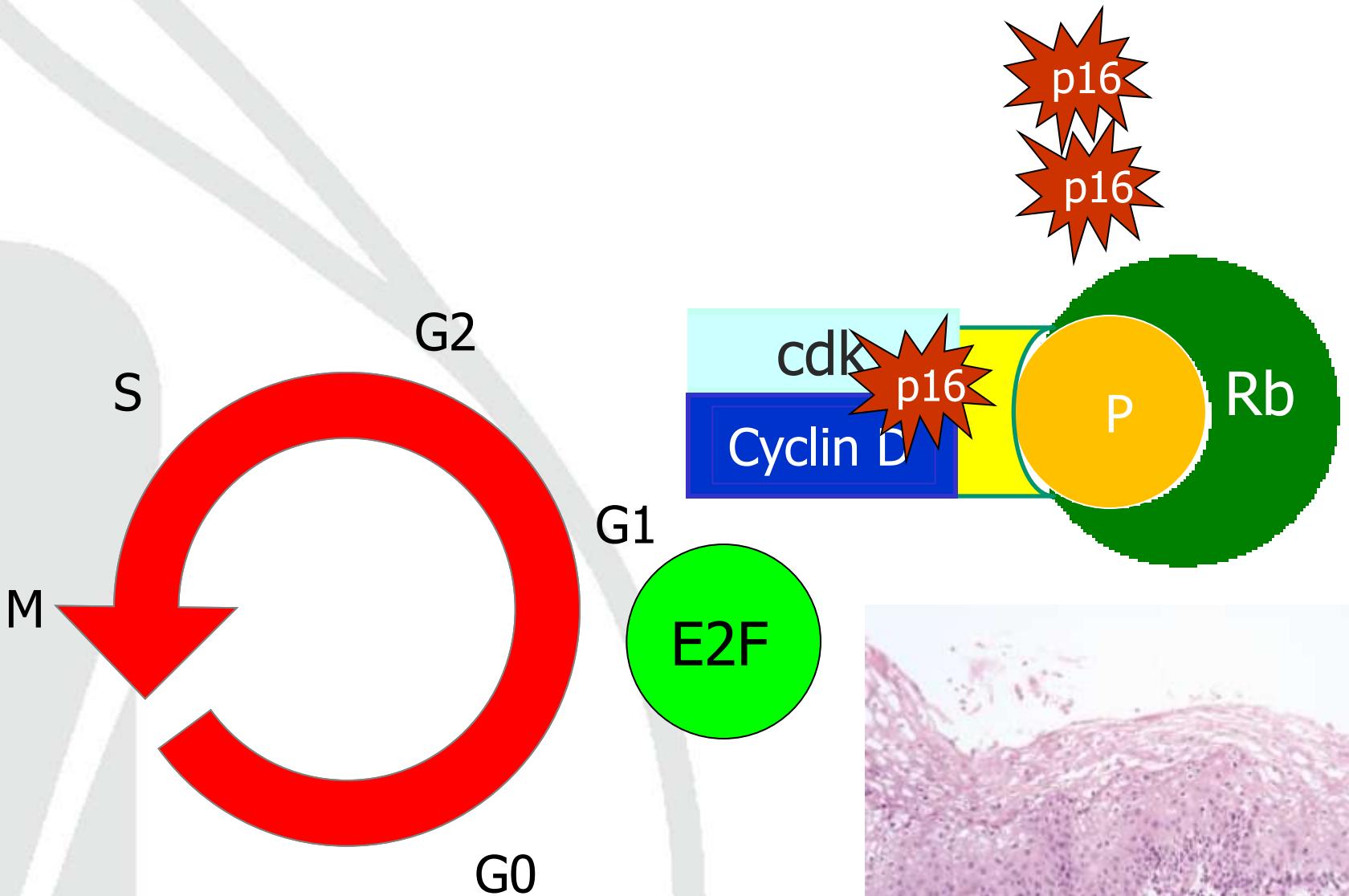


HPV: Mechanisms of transformation



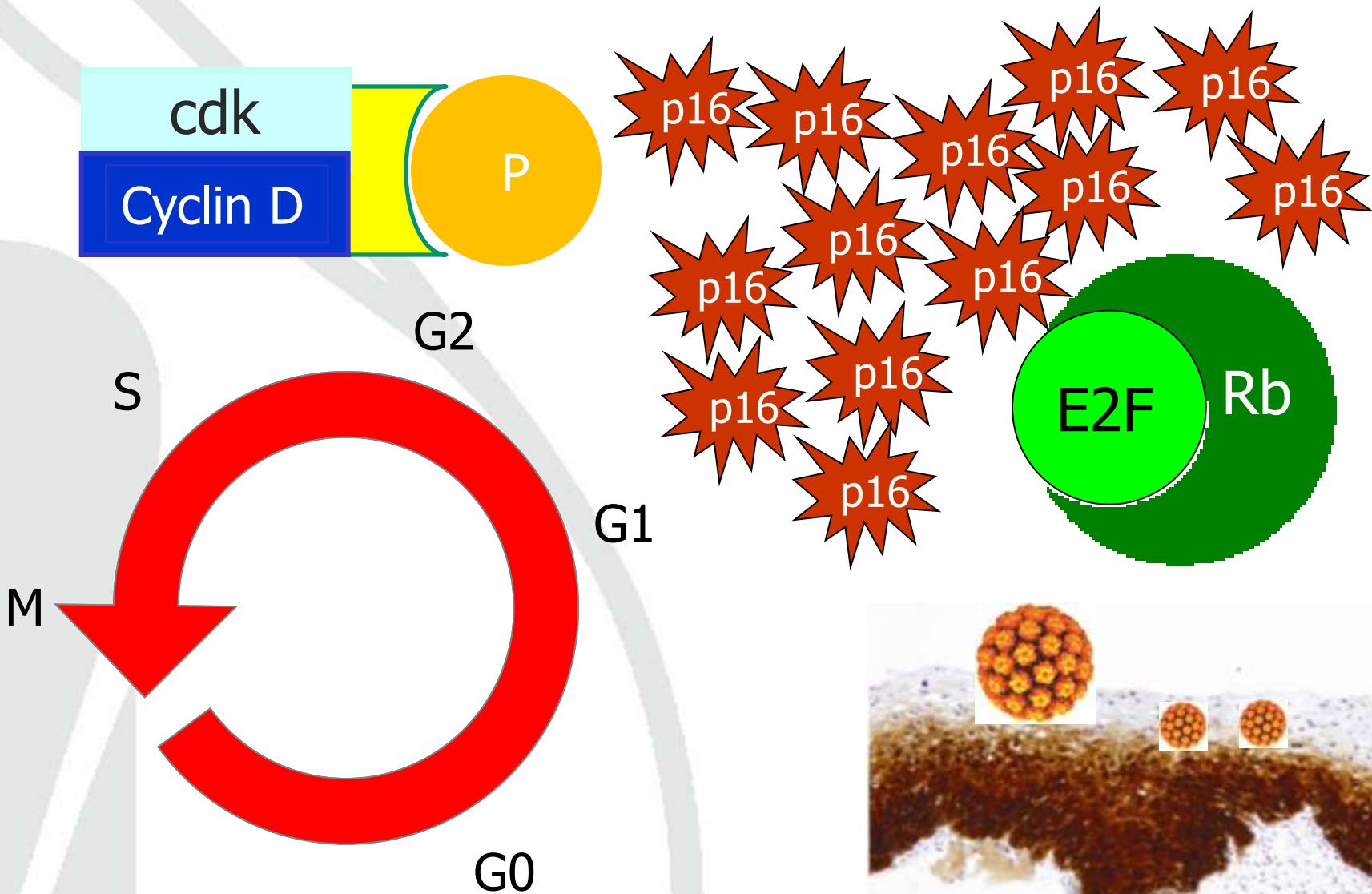


HPV: Mechanisms of transformation



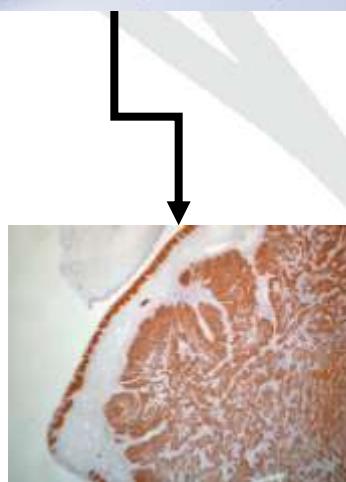


HPV: Mechanisms of transformation





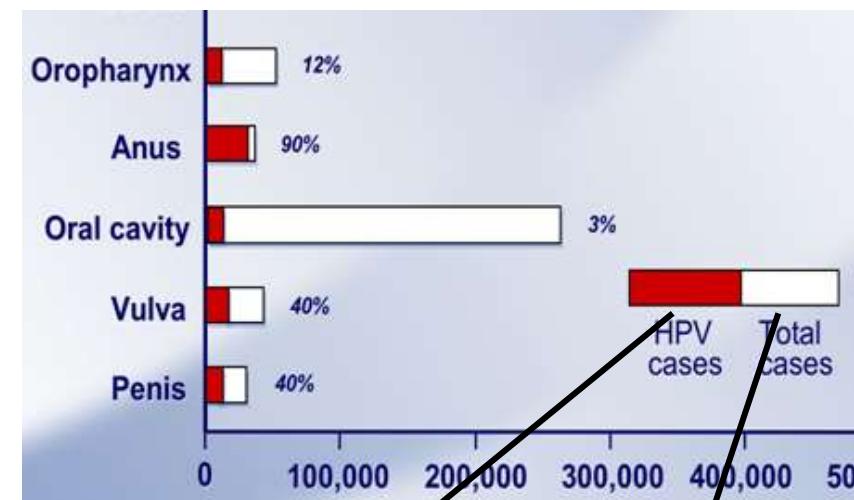
p16^{INK4a} and p53 in SCC



P16 (+)



P53 (-)



P16 (+)

P53 (-)

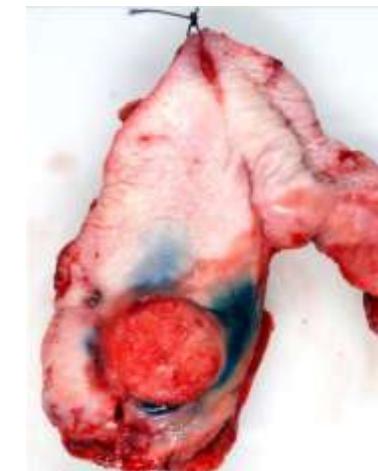
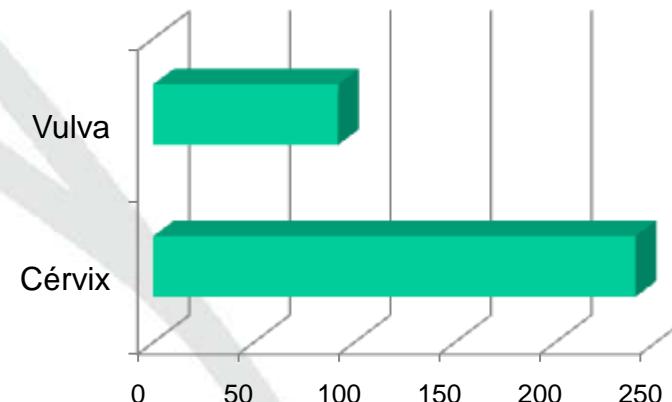
P16 (-)

P53 (+)



Carcinomas of the Vulva

- Low frequency (4% GYN neoplasms)

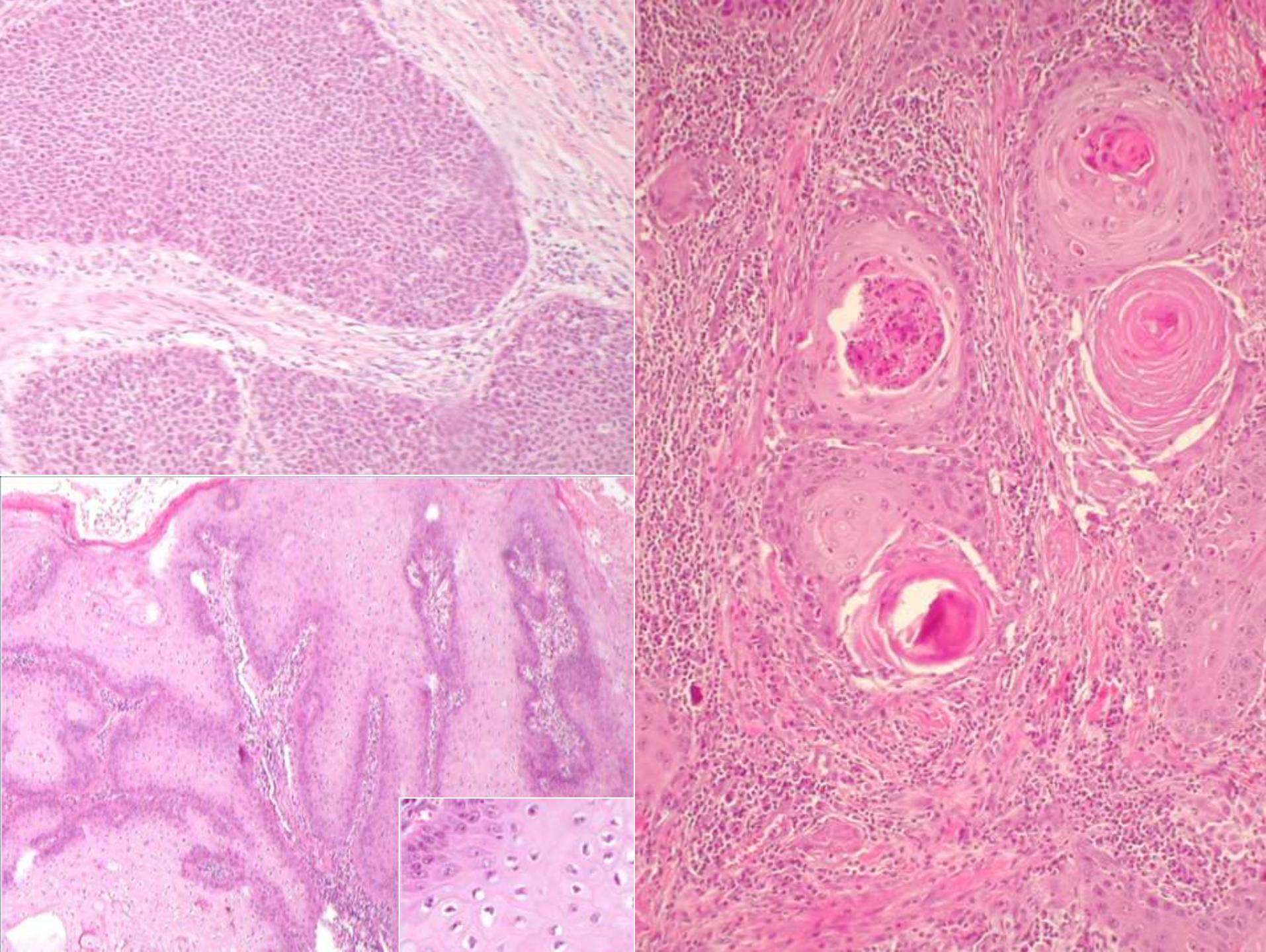


- Squamous cell carcinoma (SCC) >95%
- Two different etiopathogenic types
 - HPV negative
 - HPV positive

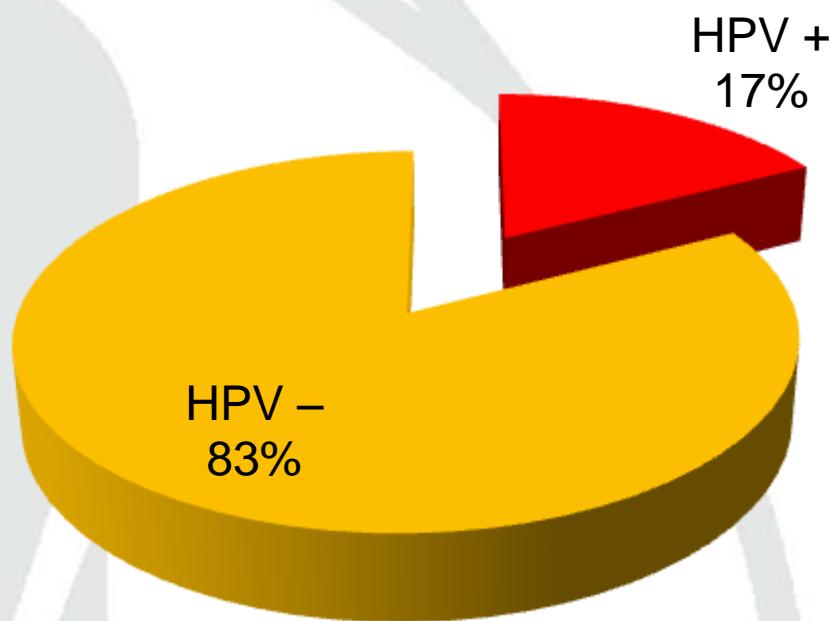


SCCs of the vulva (vSCCs)

	HPV-positive	HPV-negative
Frequency	1/3	2/3
Age	Young	Old
Skin lesions	No	Lichen sclerosus Squamous cell hyperplasia
Histolog. type	Basaloid/warty	Keratinizing
VIN	Basaloid/warty	Differentiated
Molecular changes	Inactivation of p53 & Rb by products of HPV	Mutations of p53



SCCs of the Vulva: HPV



Case number	HPV
C14	33
C23	16
C32	33
C46	16
C62	16
C75	16
C76	16
C22	51
C49	16
C83	31
C33	16
C34	6 and 16
C35	16
C36	6 and 16
C56	16
C84	16

Santos M, et al. *Am J Surg Pathol* 2006; 30: 1347

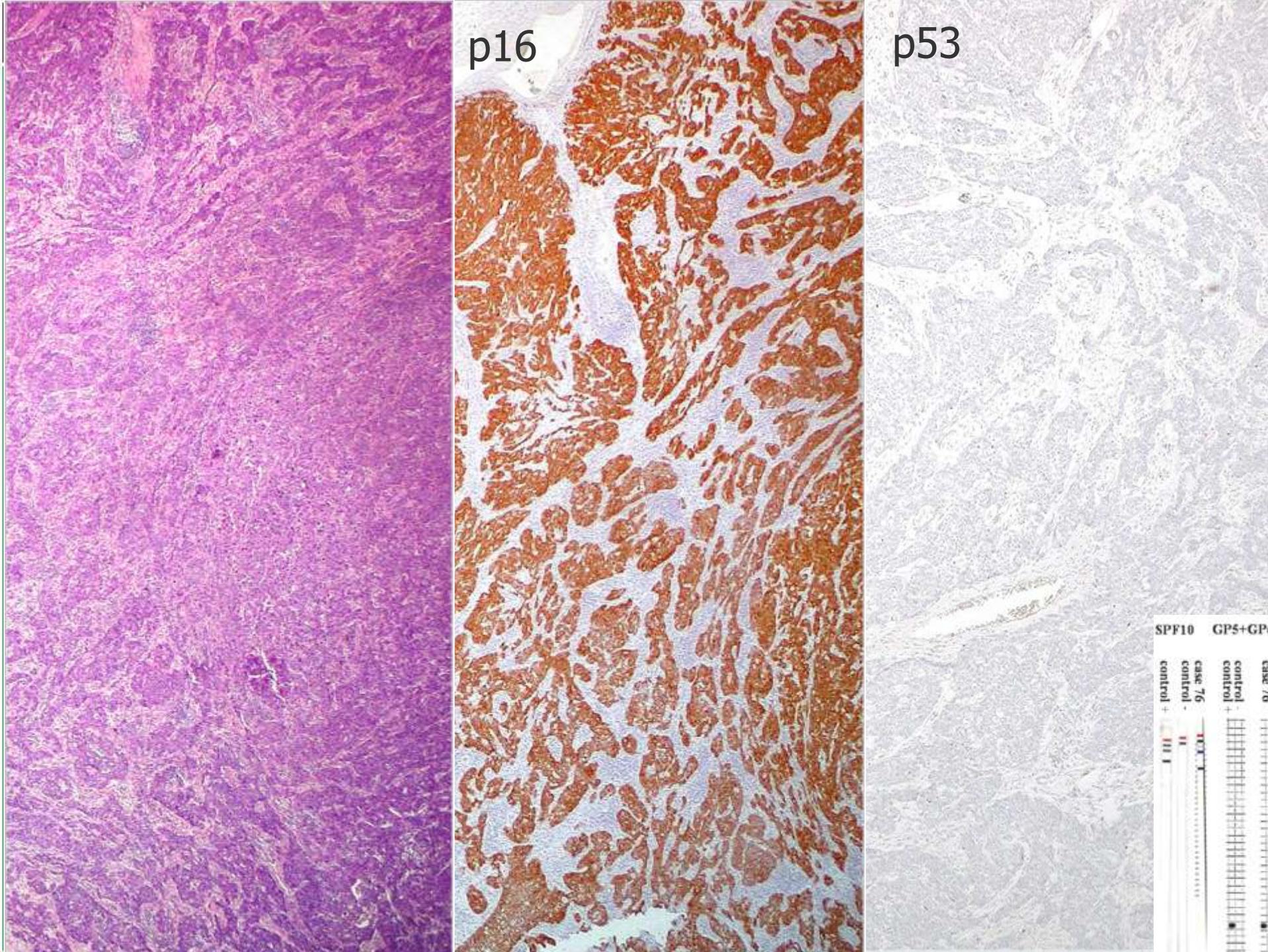


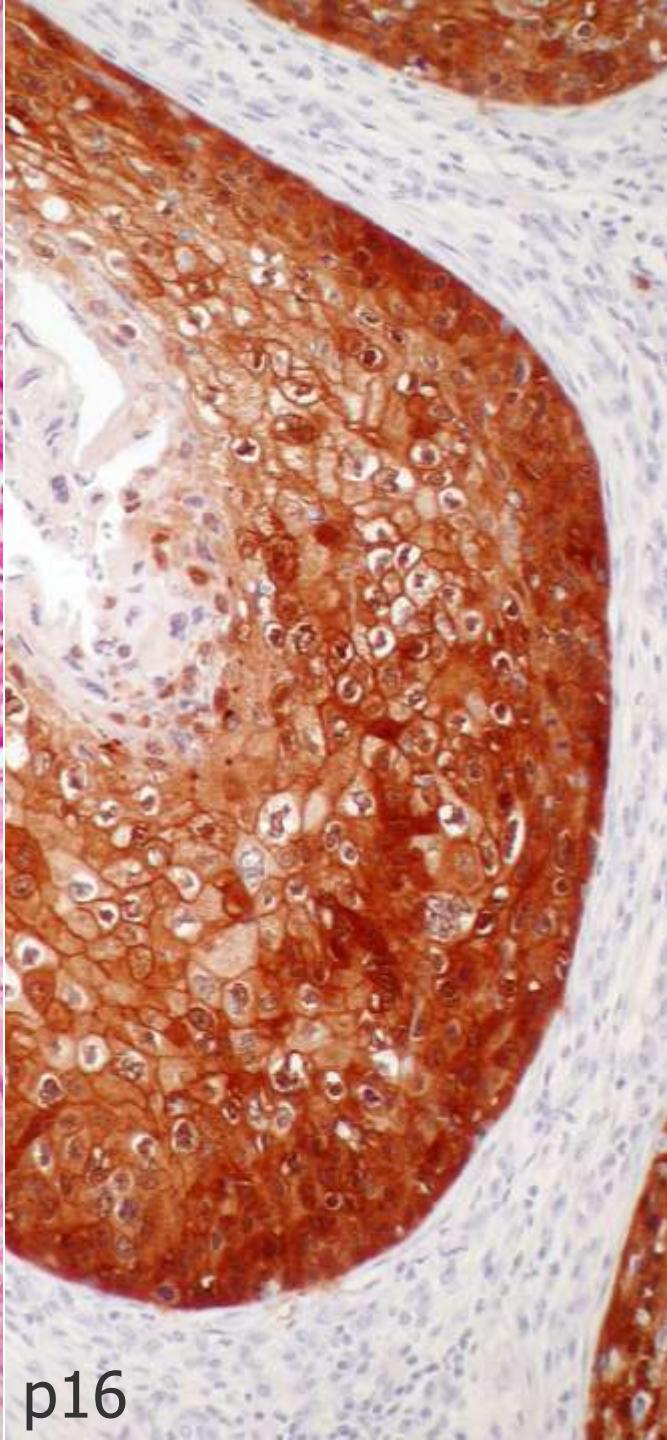
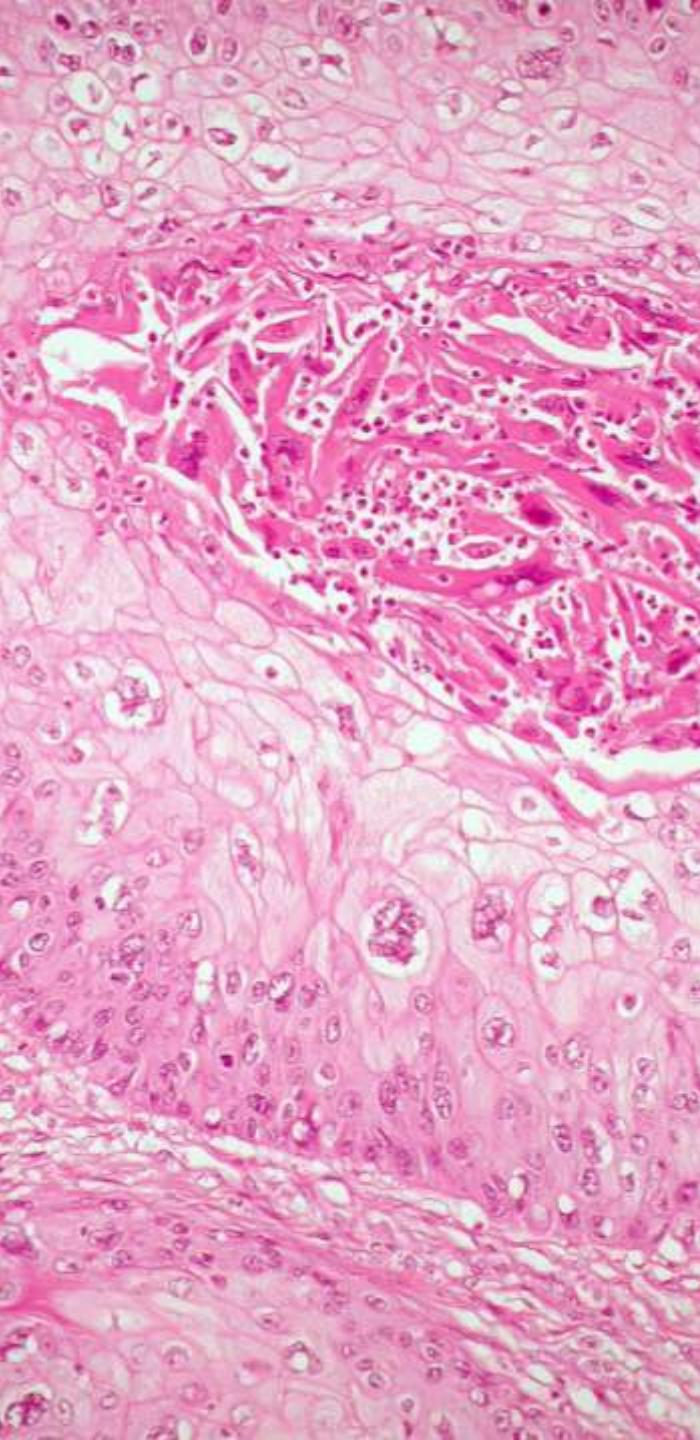
vSCCs: p16^{INK4a}, p53

High-risk human papillomavirus

IHC	Positive(n=16)	Negative (n=76)	p value
p16 +	16 (100.0 %)	1 (1.3 %)	<0.000001
p53 +	1 (6.2 %)	49 (64.5 %)	0.00007

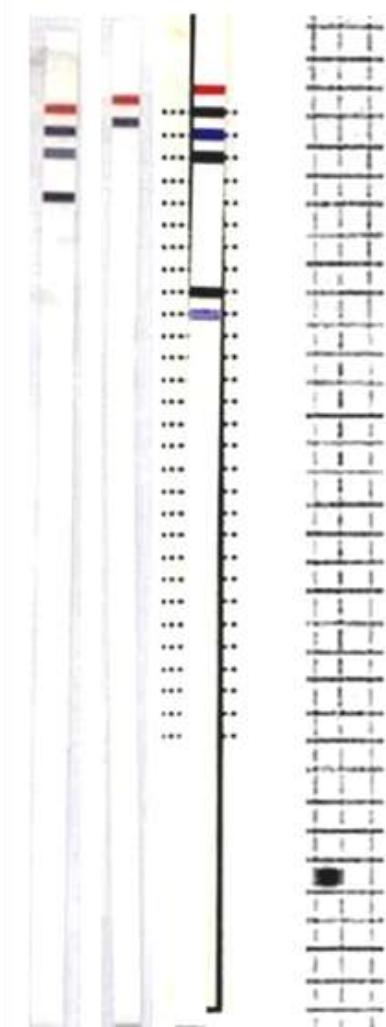
Santos M, et al. *Am J Surg Pathol* 2006; 30: 1347-1356





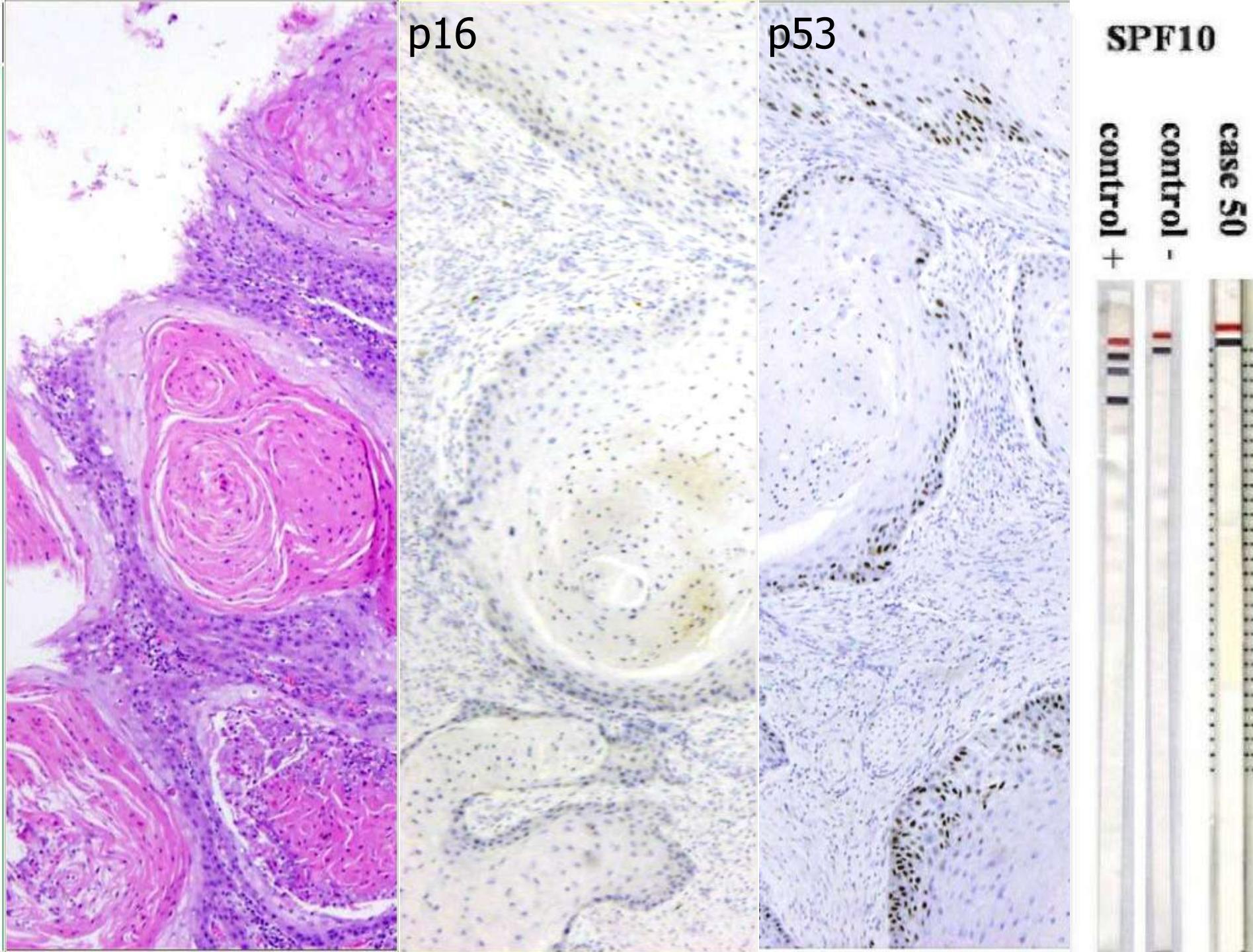
SPF10 GP5+GP6+

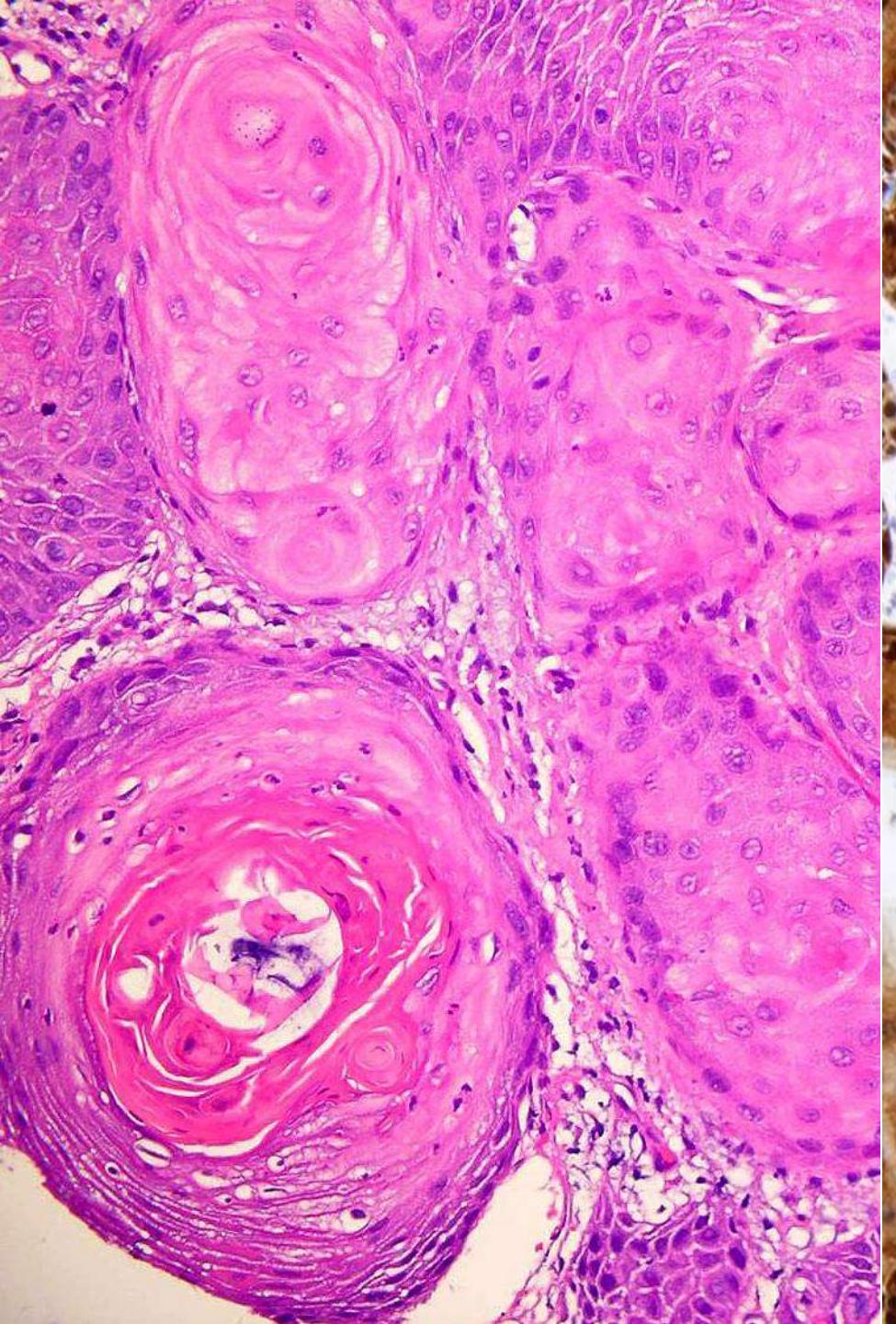
control
control
case 83
control
control



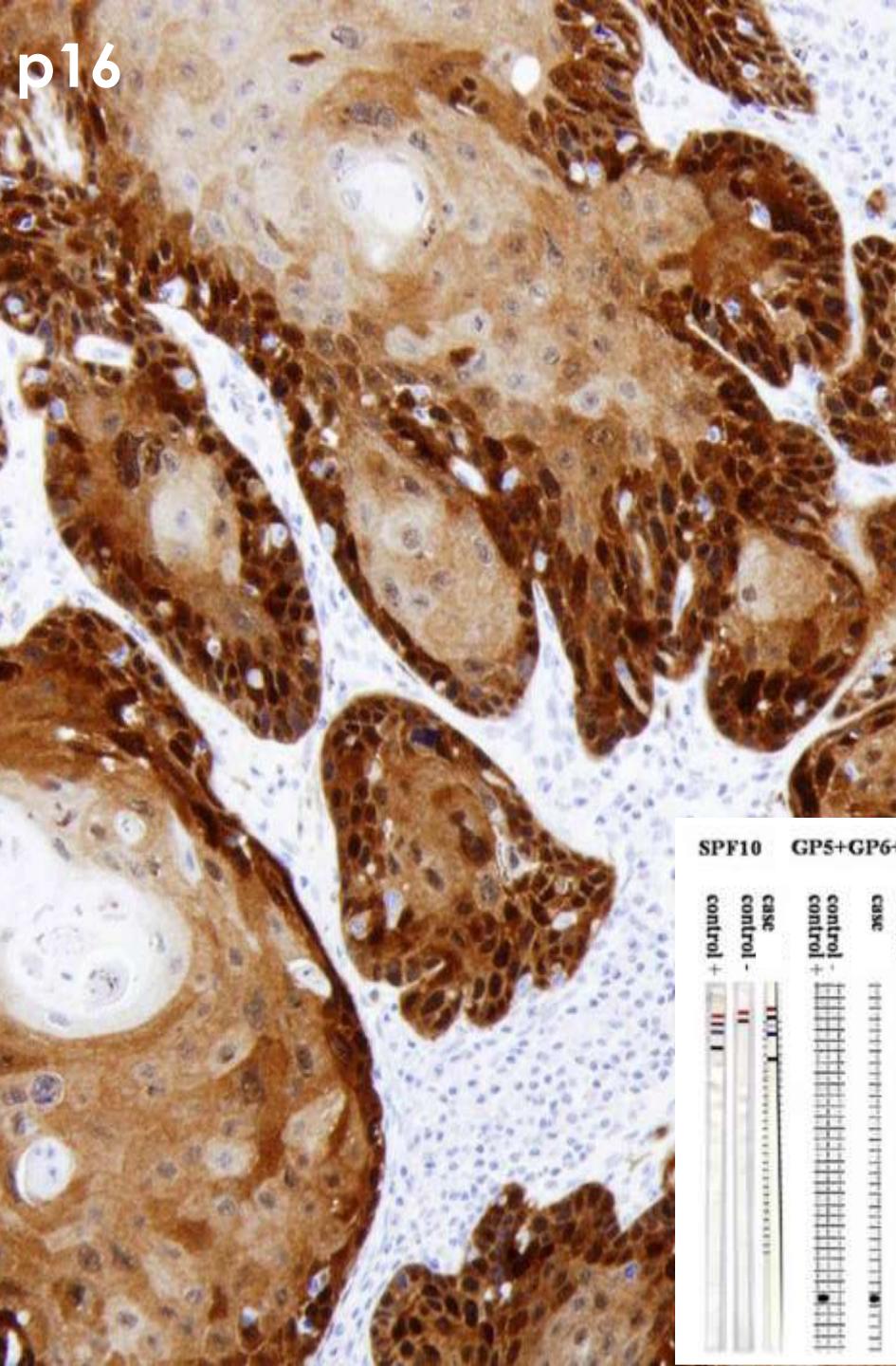
case 83

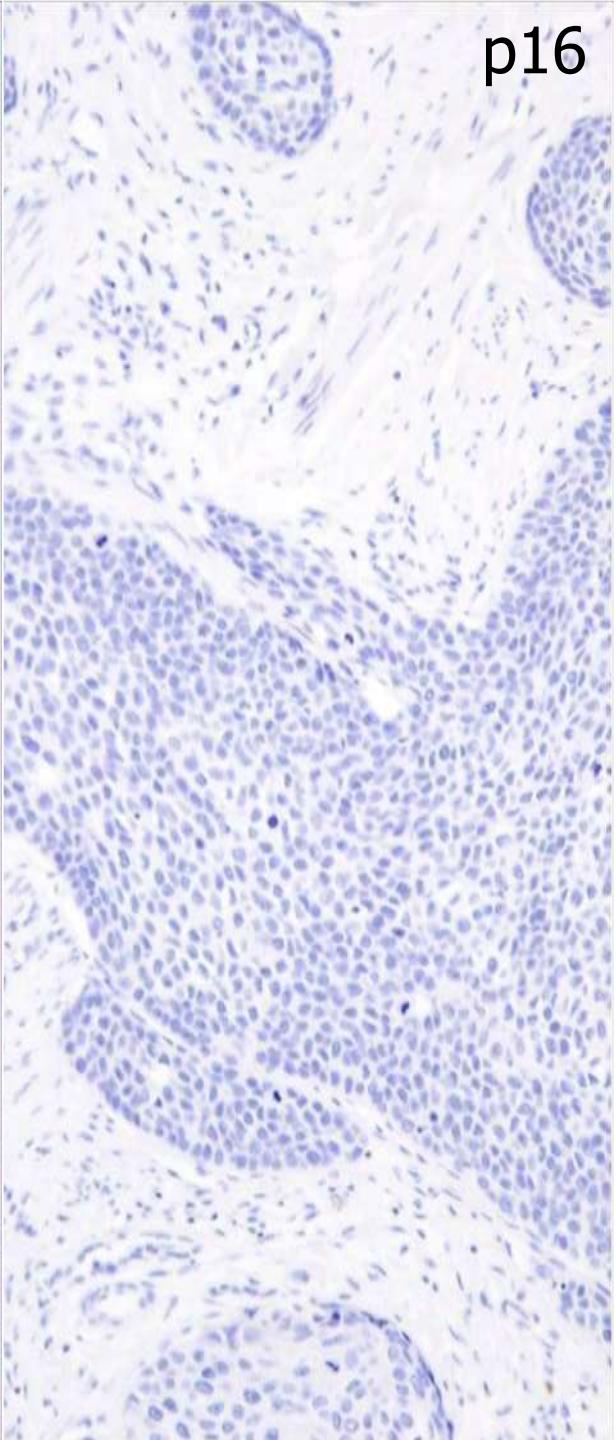
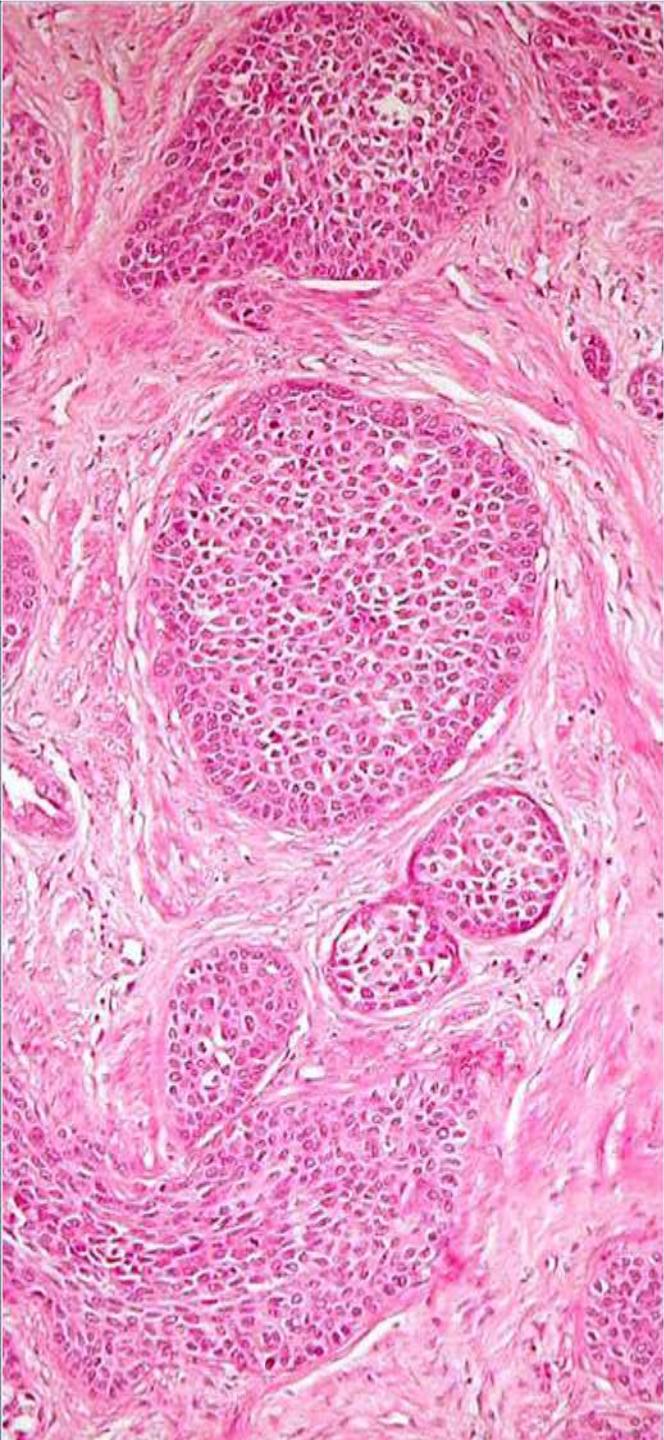
p16



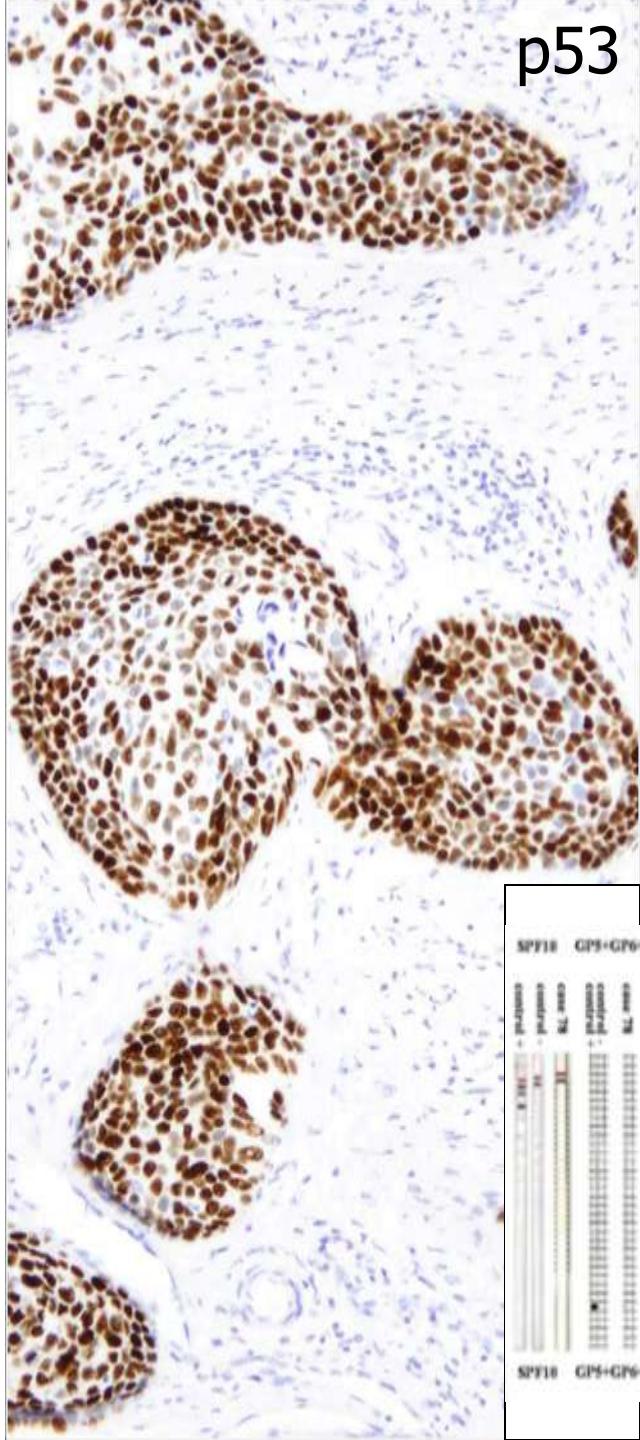


p16





p16



p53





vSCCs: Histology, p16^{INK4a}, p53

High-risk human papillomavirus

	Positive(n=16)	Negative (n=76)	p value
Histologic type			
Basaloid	7 (43.7 %)	4 (5.3 %)	0.0003
Warty	3 (18.7 %)	3 (3.9 %)	NS
Keratinizing	6 (37.5 %)	69 (90.8 %)	0.00001
IHC			
p16 +	16 (100.0 %)	1 (1.3 %)	<0.000001
p53 +	1 (6.2 %)	49 (64.5 %)	0.00007

Santos M, et al. *Am J Surg Pathol* 2006; 30: 1347-1356



Identification of HPV relationship

	p16 (+++)	p53 (-)	basaloid/warty histology
Sensitivity	100%	93.8%	62.5%
Specificity	98.7%	35.5%	93.4%
Positive PV	94.1%	23.4%	66.7%
Negative PV	100%	96.4%	92.2%

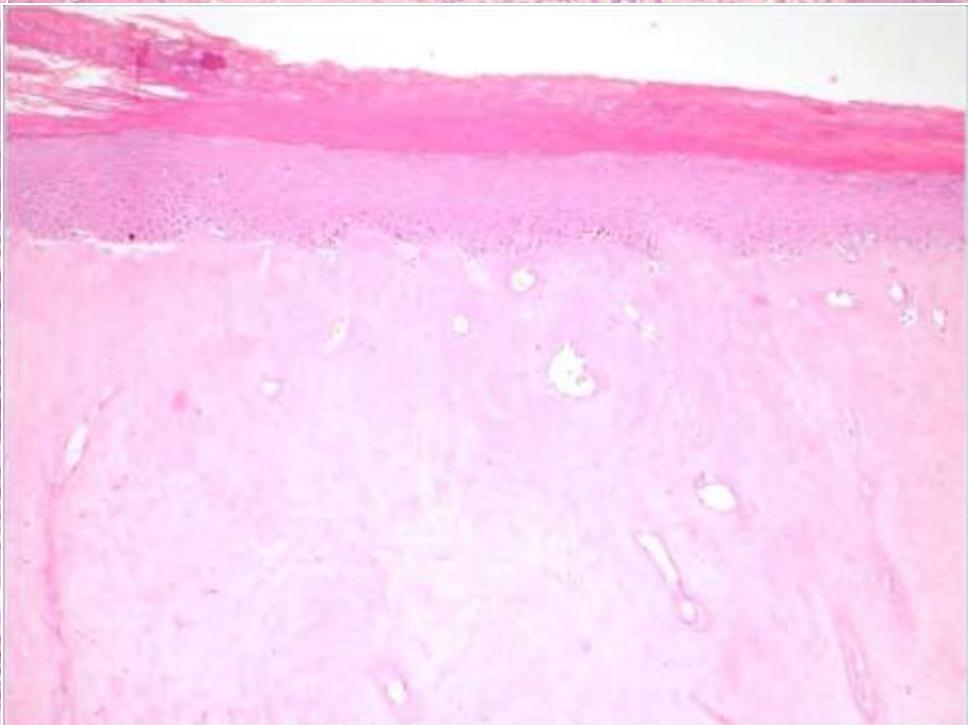
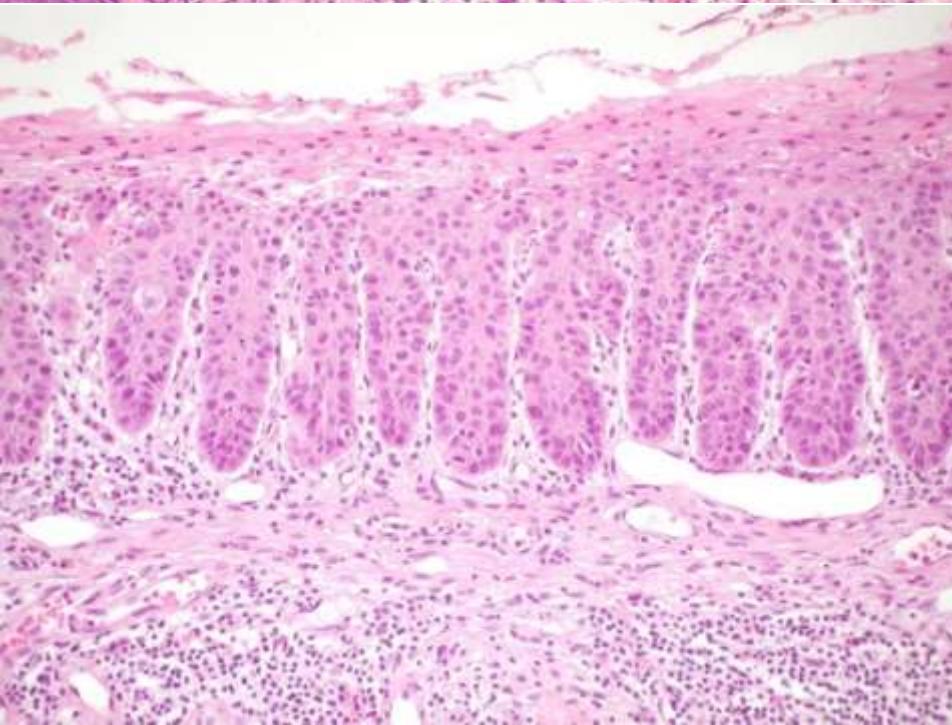
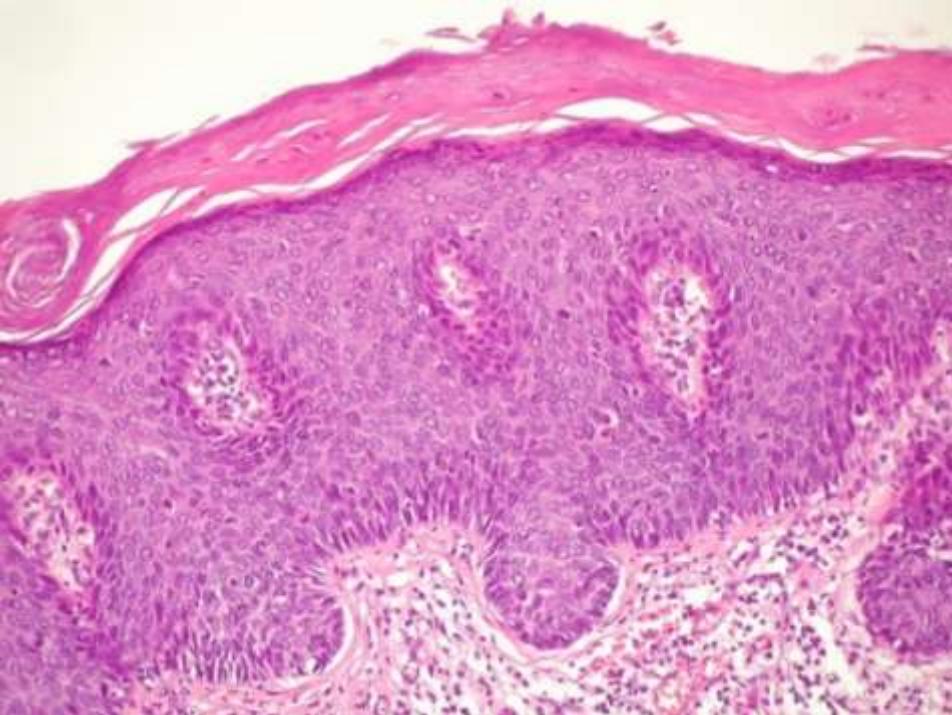
Santos M, et al. *Am J Surg Pathol* 2006; 30: 1347-1356



Vulvar SCCs: Associated lesions

Premalignant and other associated skin lesions	High- risk human papillomavirus		
	Positive (n=13)	Negative (n=68)	p value
VIN basaloid/warty type	7 (53.8 %)	0 (0 %)	<0.001
VIN differentiated type	0 (0 %)	31 (45.6 %)	0.001
Squamous cell hyperplasia	2 (15.4 %)	43 (63.2 %)	0.002
Lichen sclerosus	0 (0 %)	27 (39.7%)	0.004

Santos M, et al. *Am J Surg Pathol* 2006; 30: 1347-1356

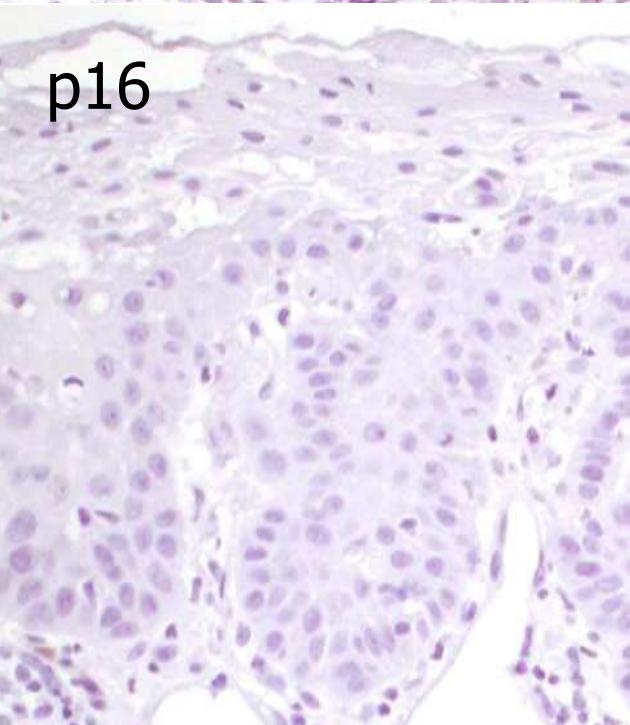
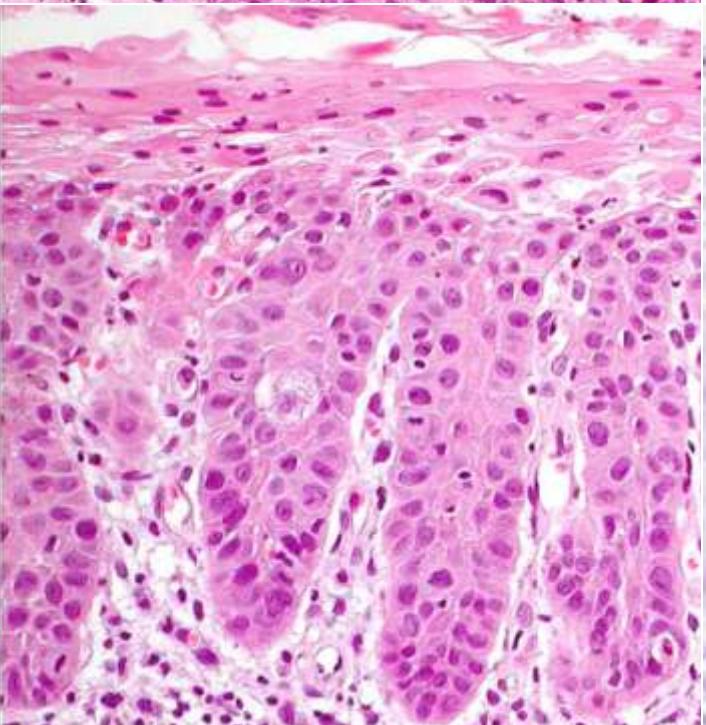
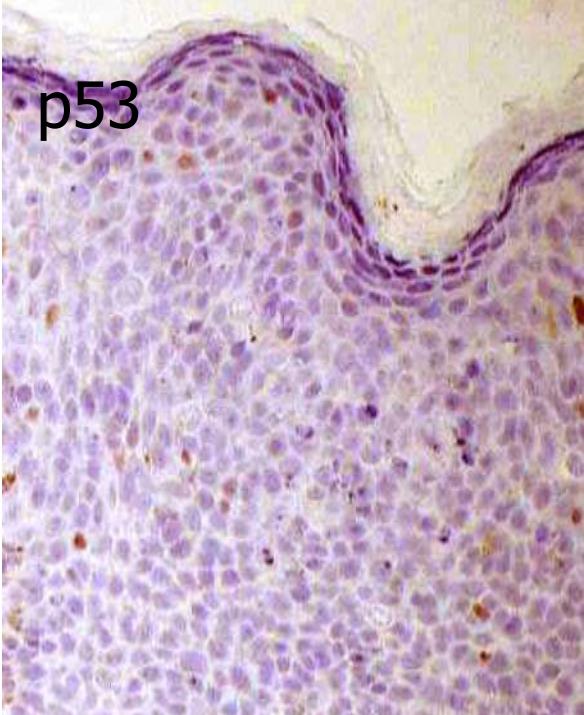
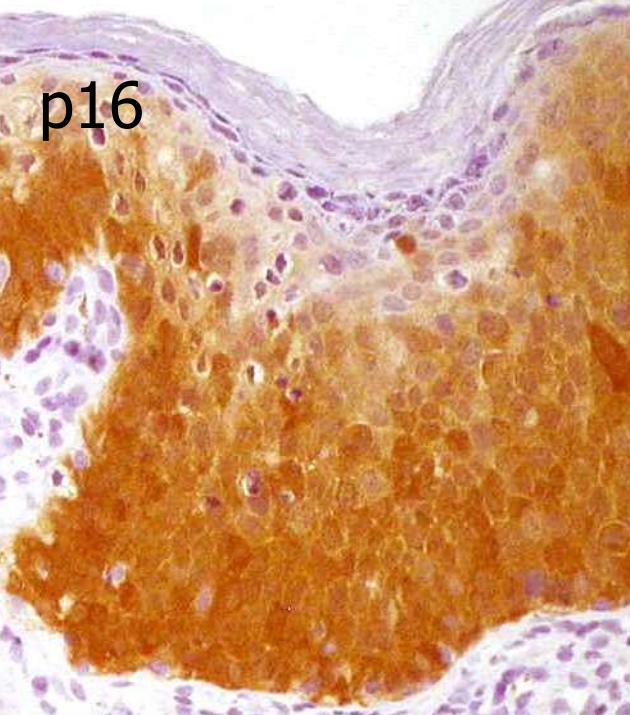
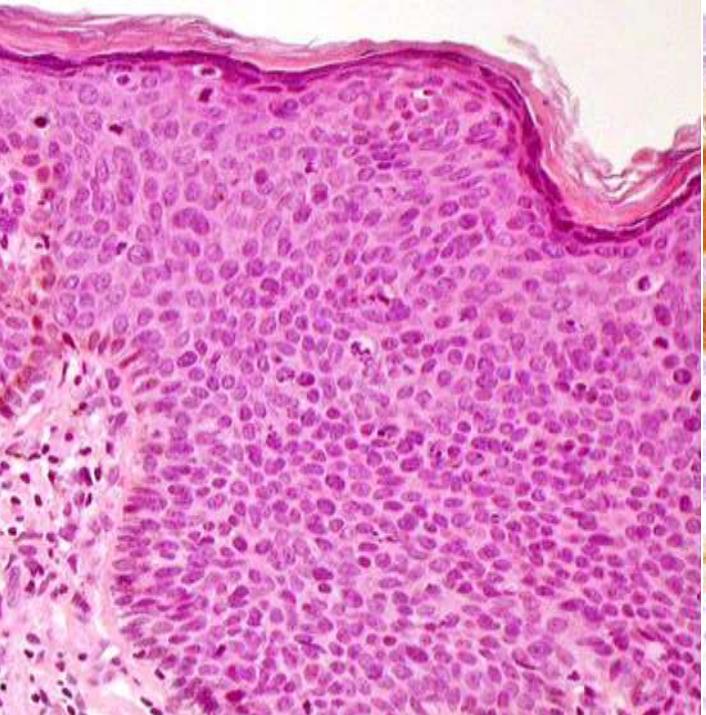




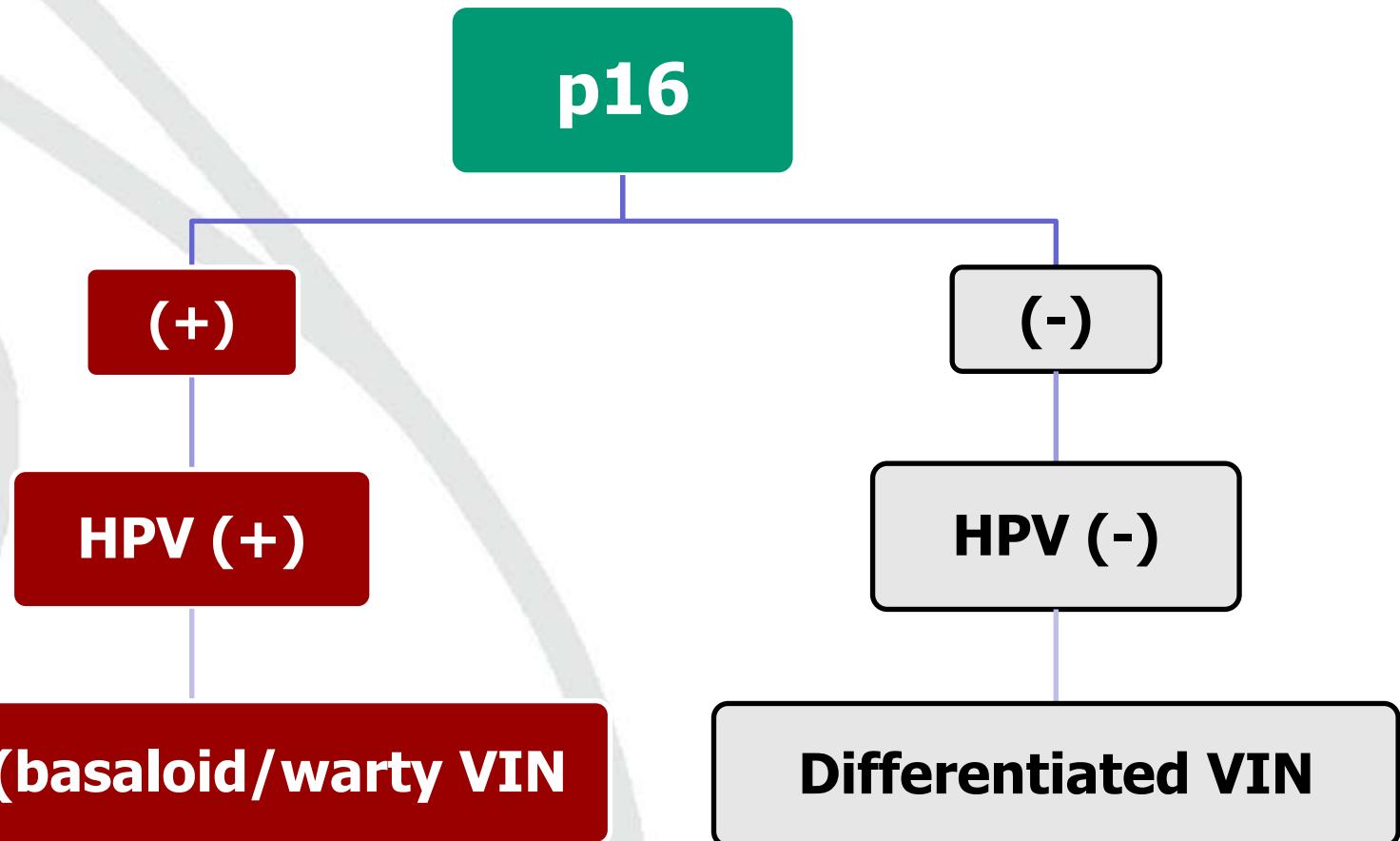
p16^{INK4a} in VIN and benign lesions

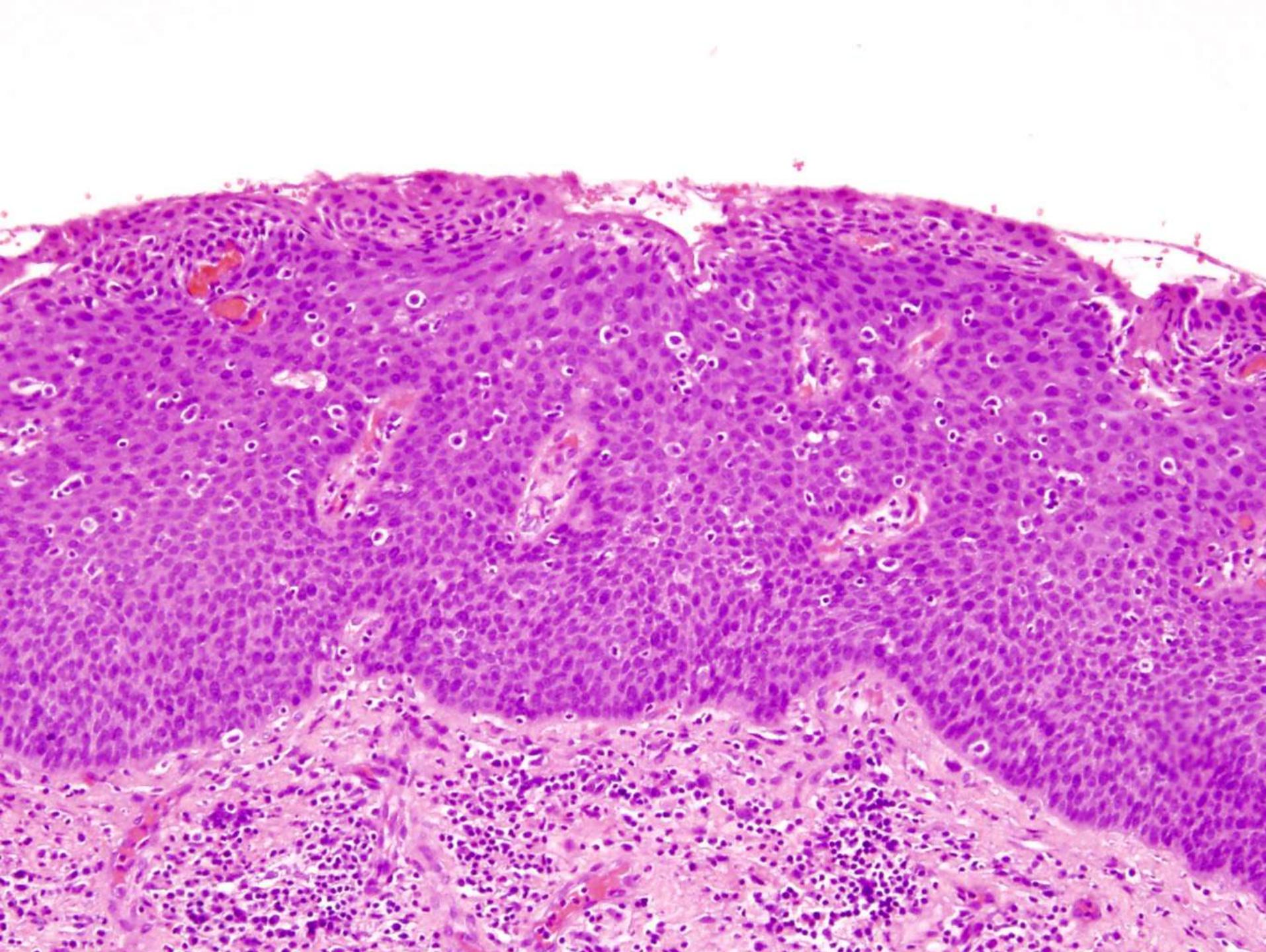
	p16 (%)	p53 (%)
Benign lesions		
Normal skin	0	2
Squamous cell hyperplasia	0	0
Lichen sclerosus	0	11
VIN		
VIN 3 basaloid / warty	100	0
VIN3 differentiated (simplex)	0	81

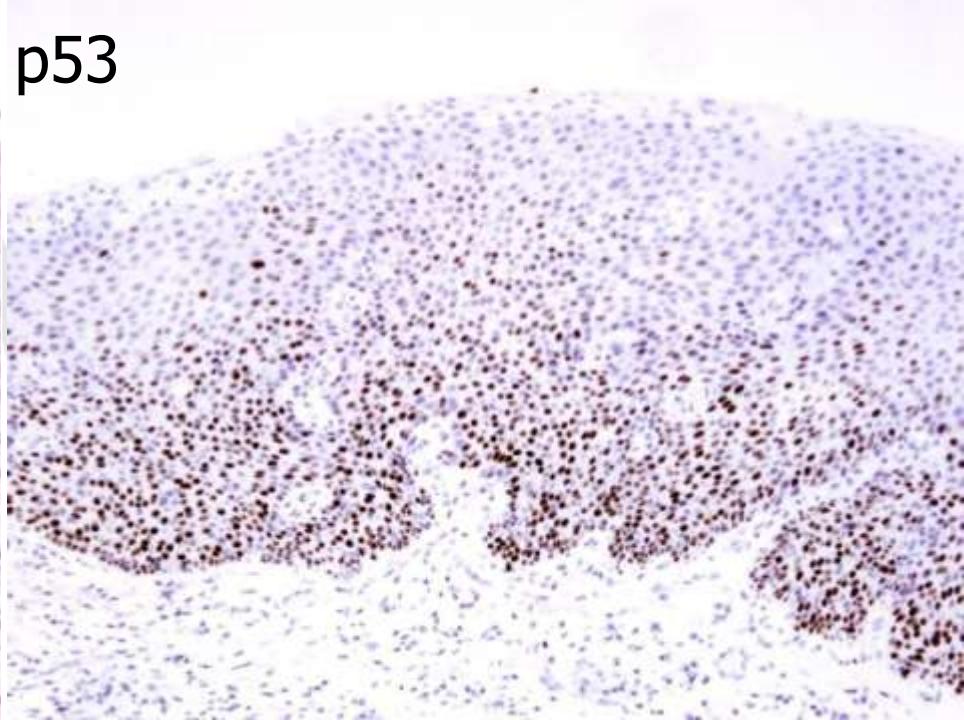
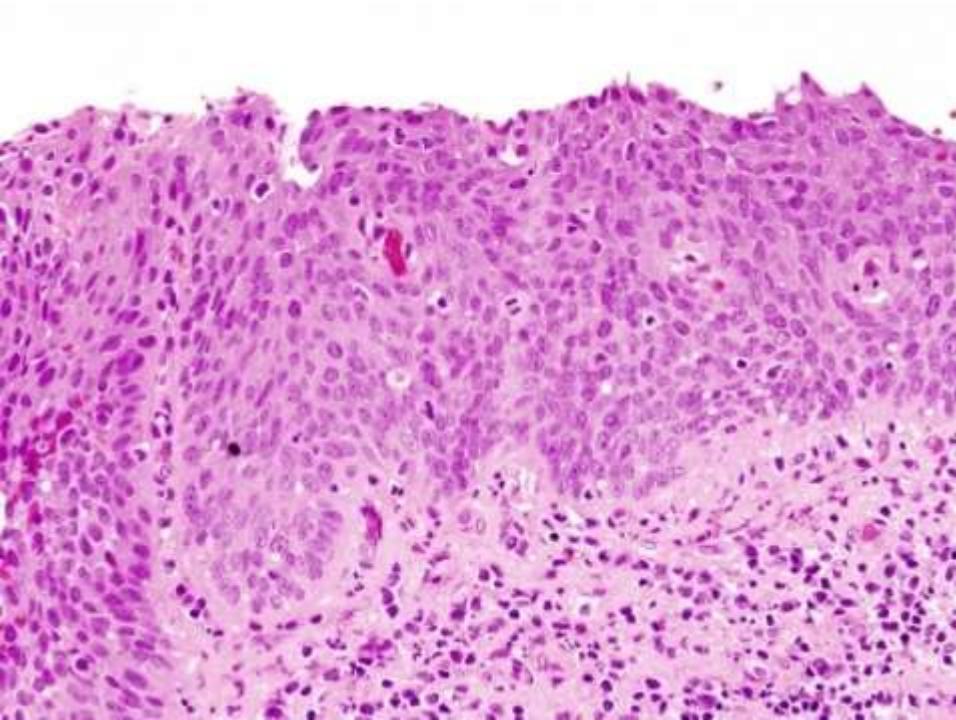
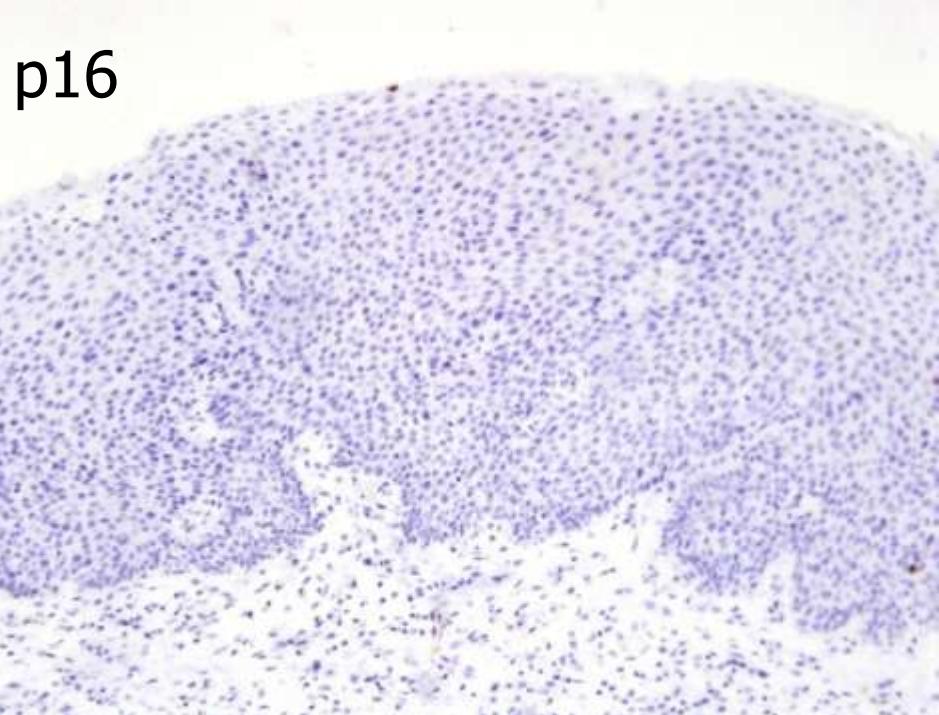
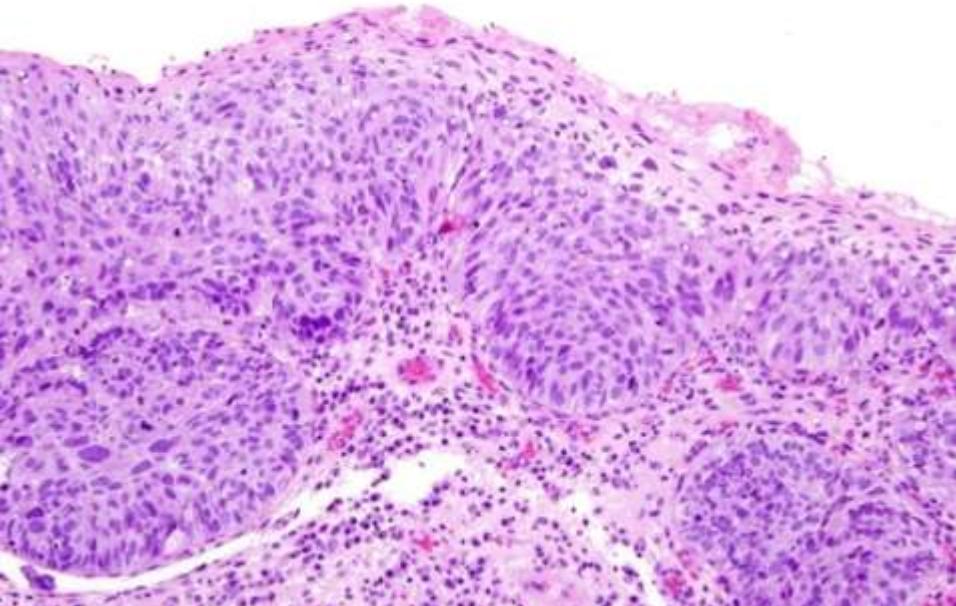
Santos M, et al *Int J Gynecol Pathol* 2004; 23:206-214



p16^{INK4a} and VIN







HPV (-) VIN with basaloid features

- 110 cases of HPV negative vSCC
 - 51 cases of differentiated VIN
 - 4/51 (7.8%) with basaloid features

	Age	Associated lesion	Invasive carcinoma	Grade
Case 1	60	Lichen sclerosus	Basaloid	3
		Squamous cell hyperplasia		
Case 2	62	No	Keratinizing	3
Case 3	76	Squamous cell hyperplasia	Keratinizing	3
Case 4	45	Squamous cell hyperplasia	Keratinizing	2

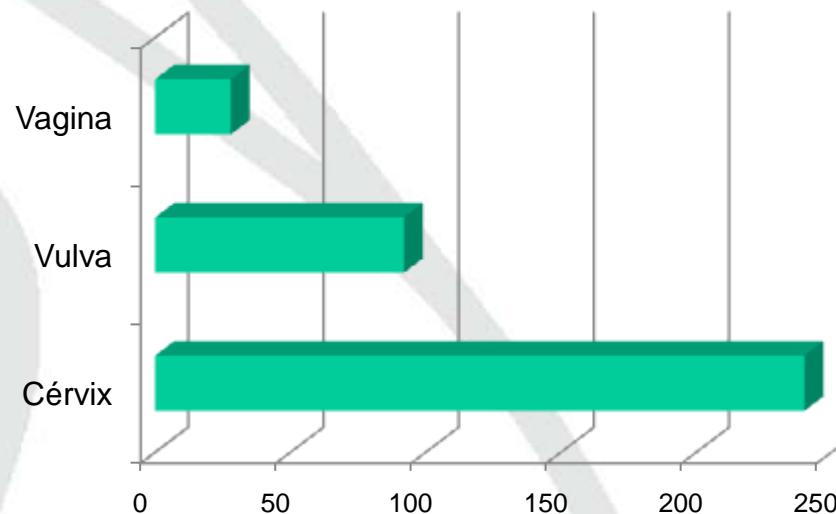
Ordi J, et al. *Am J Surg Pathol* 2009; 33:1659-1665





Carcinomas of the Vagina

- Very low frequency (1-2% GYN neoplasms)

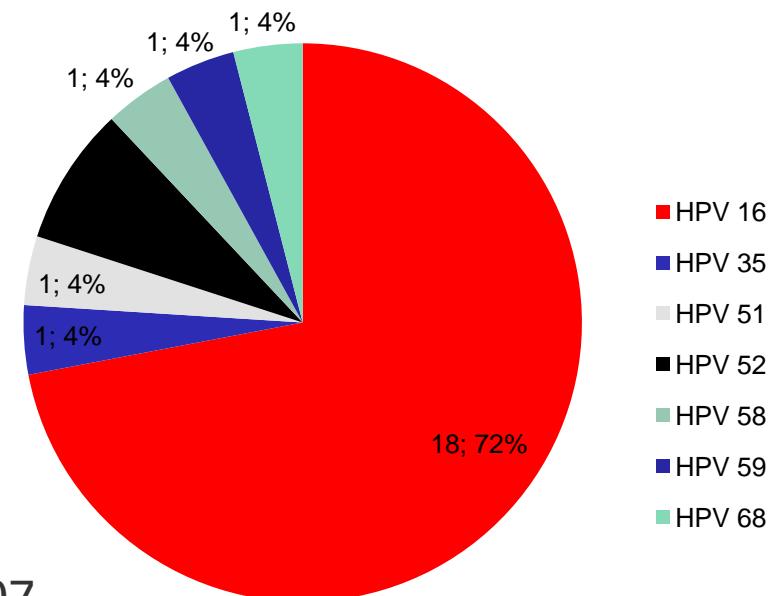
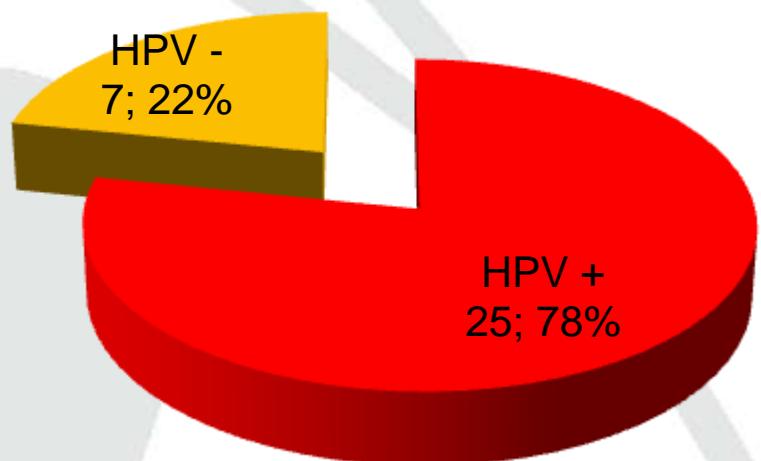


- Squamous cell carcinoma (SCC) >80%
- Two different etiopathogenic types



SCCs of the vagina: HPV

- 32 invasive SCC of HCP / HVH



Fuste V, et al. *Histopathology* 2010; 57: 907



SCCs of the vagina: HPV

	High-risk human papillomavirus		
	Positive (n=25)	Negative (n=7)	p value
Histologic type			0.006
Keratinizing	4 (16.0 %)	6 (85.7 %)	
Non-keratinizing	14 (56.0%)	1 (14.3%)	
Basaloid	4 (16.0 %)	0 (0 %)	
Warty	3 (12.0 %)	0 (0 %)	
Immunohistochemistry			
p16 ^{INK4A} positivity	24 (96.0 %)	1 (14.3 %)	<0.001
p53 positivity	3 (12.0 %)	4 (64.5 %)	0.025

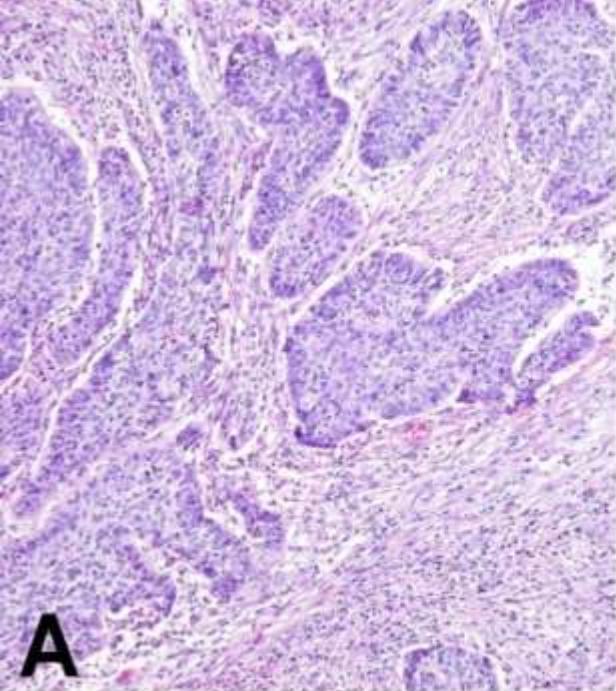
Fuste V, et al. *Histopathology* 2010; 57: 907



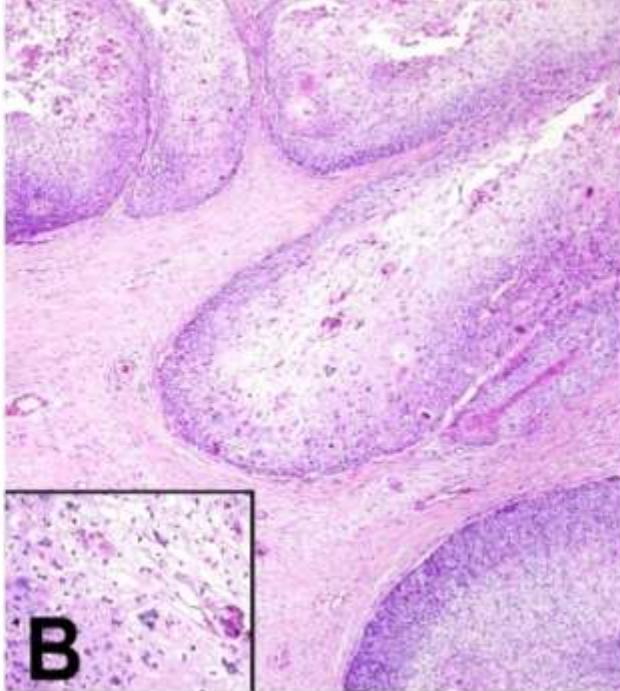
SCCs of the vagina: HPV

	p16 ^{INK4A}	p53 (-)	Non-keratinizing/ basaloid/warty histology
Sensitivity	96.0%	88.0%	95.5%
Specificity	85.7%	57.1%	60.0%
Positive predictive value	96.0%	88.0%	84.0%
Negative predictive value	85.7%	57.1%	85.7%

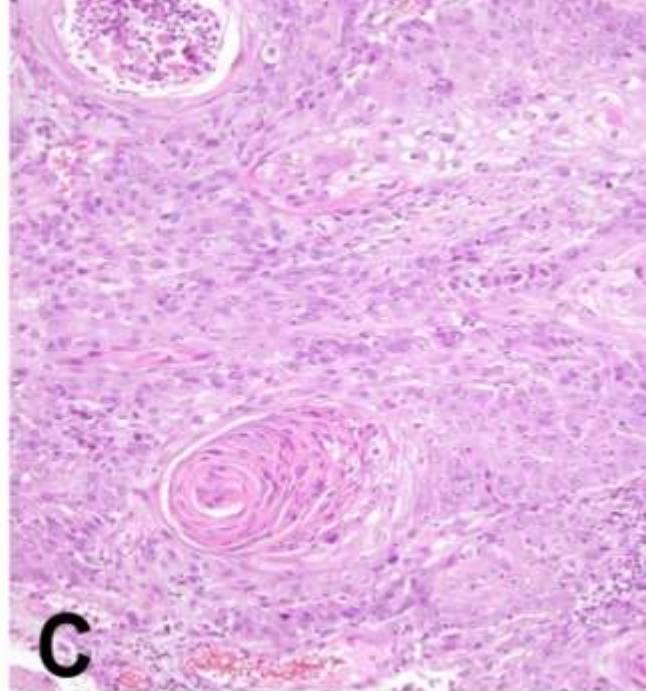
Fuste V, et al. *Histopathology* 2010; 57: 907



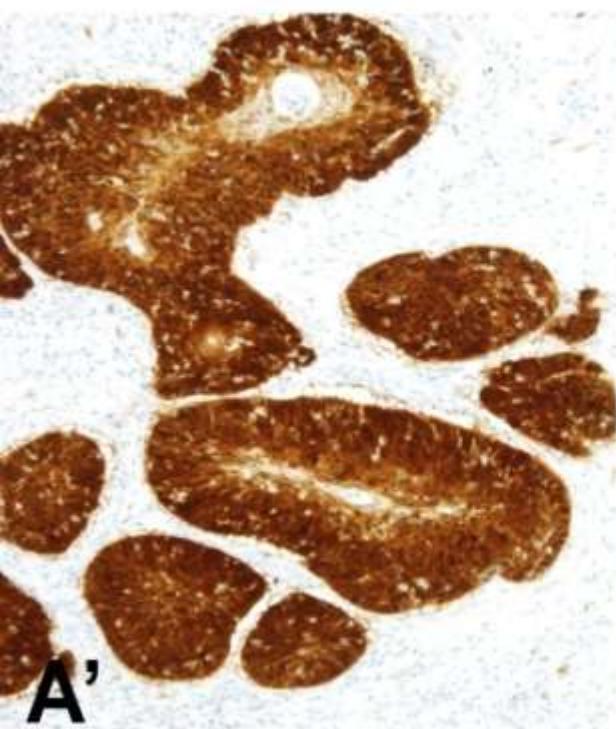
A



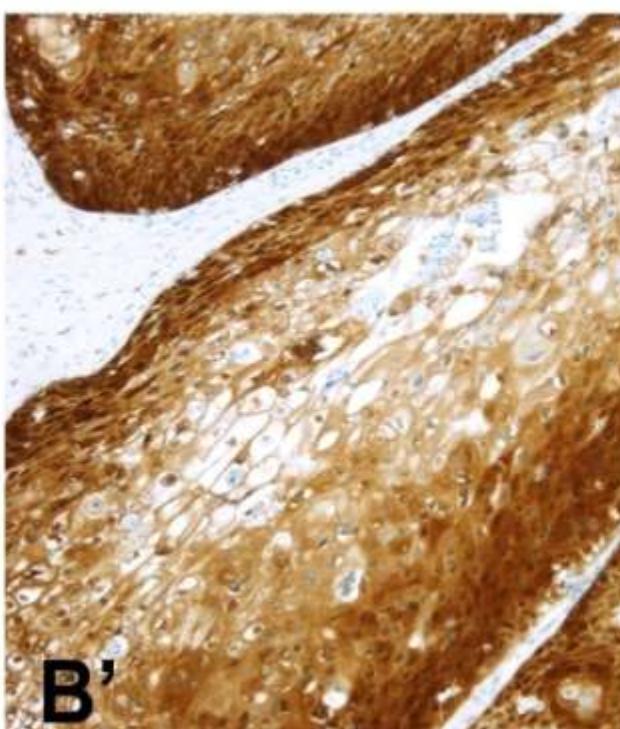
B



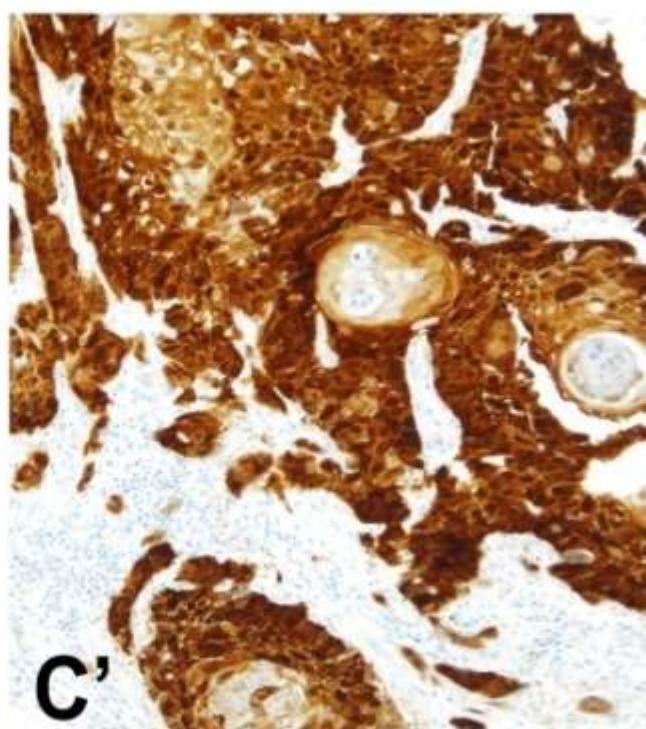
C



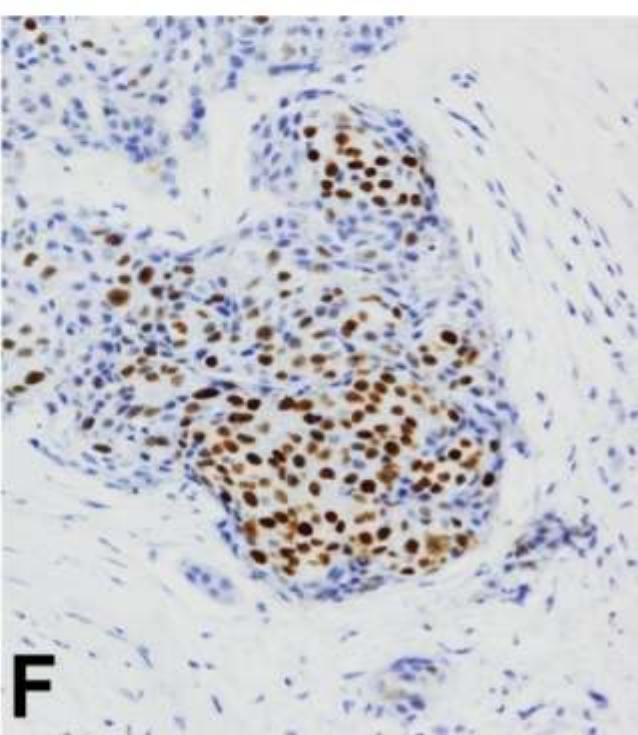
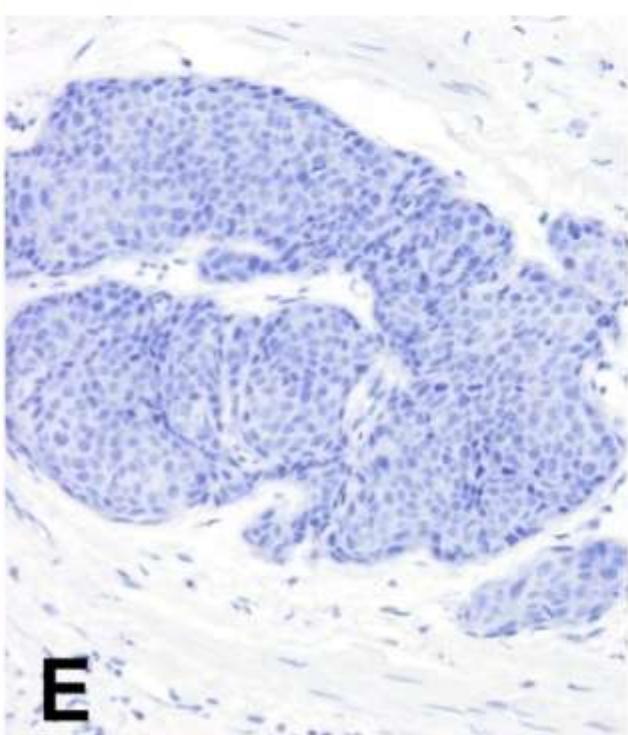
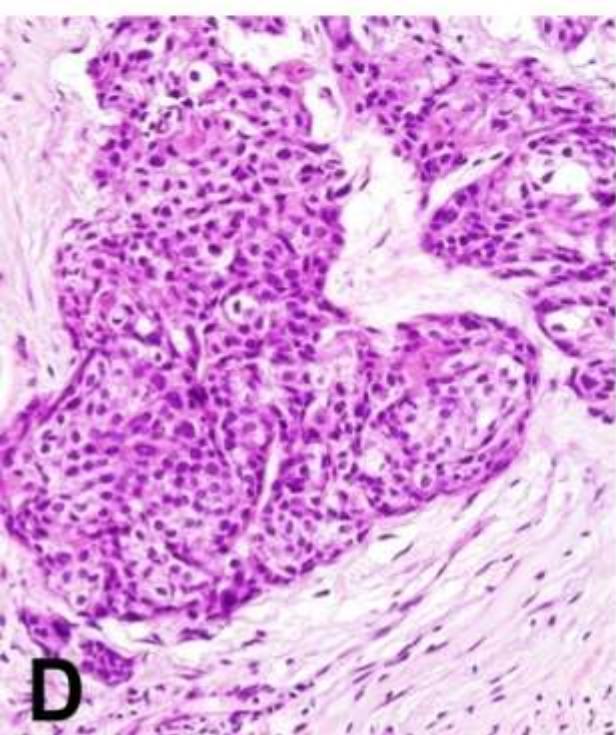
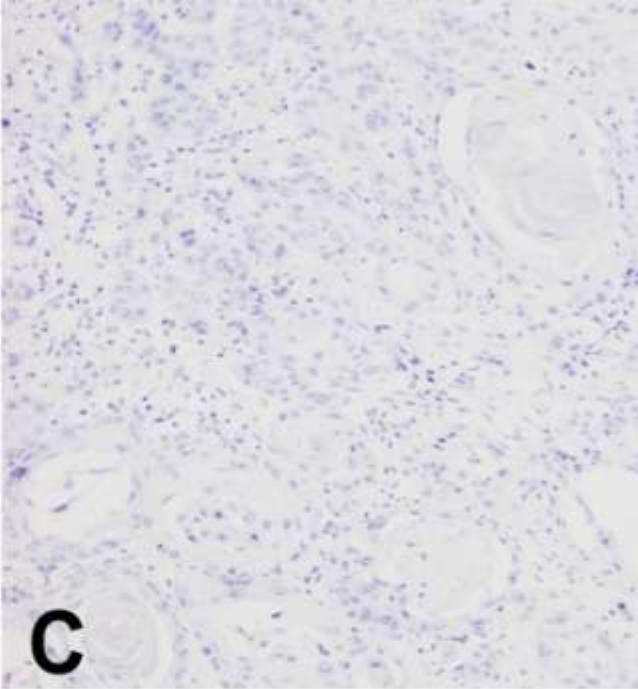
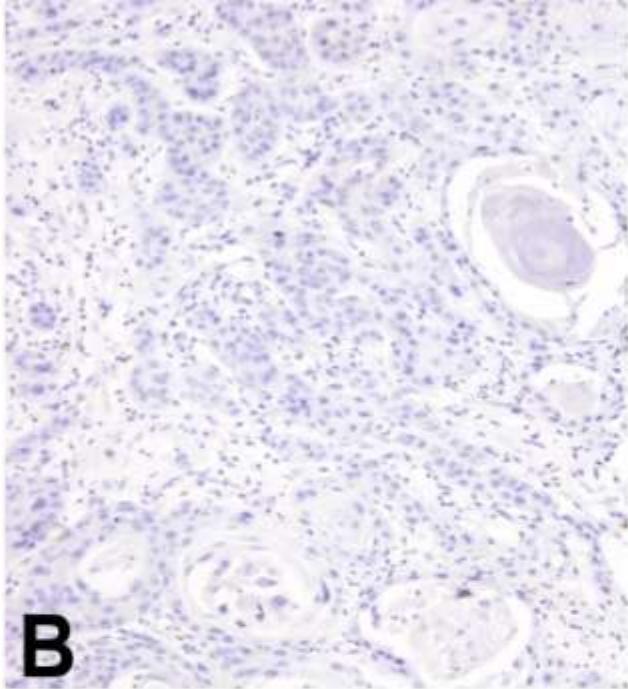
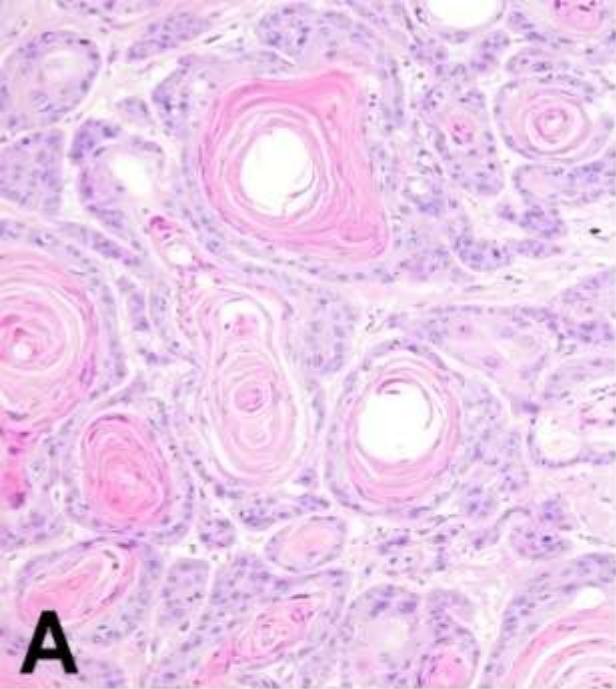
A'



B'



C'





SCCs of the vagina: HPV

High-risk human papillomavirus

	Positive (n=25)	Negative (n=7)	p value
Age	62.6 ± 13.8	74.0 ± 8.5	0.049
History of cervical lesion	14 (56.0%)	0 (0%)	0.010

Fuste V, et al. *Histopathology* 2010; 57: 907

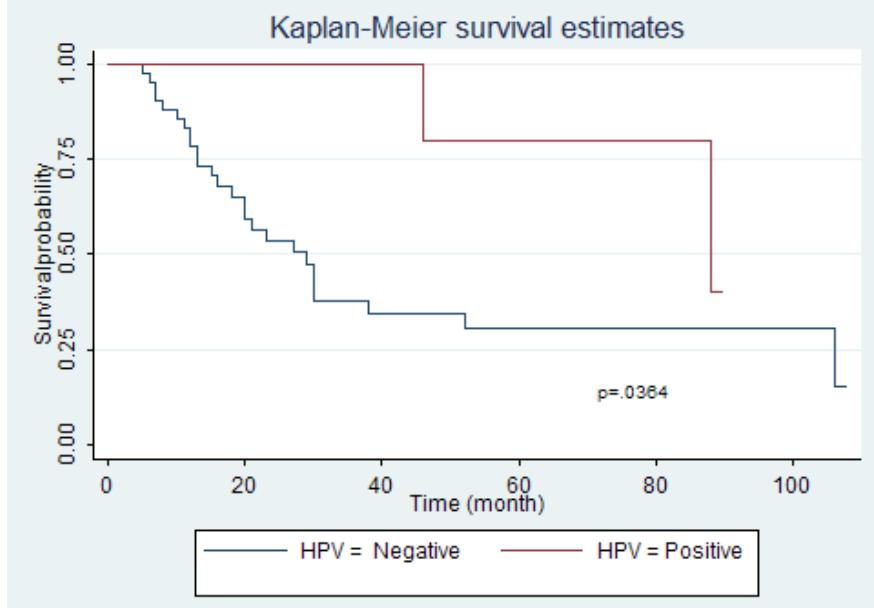
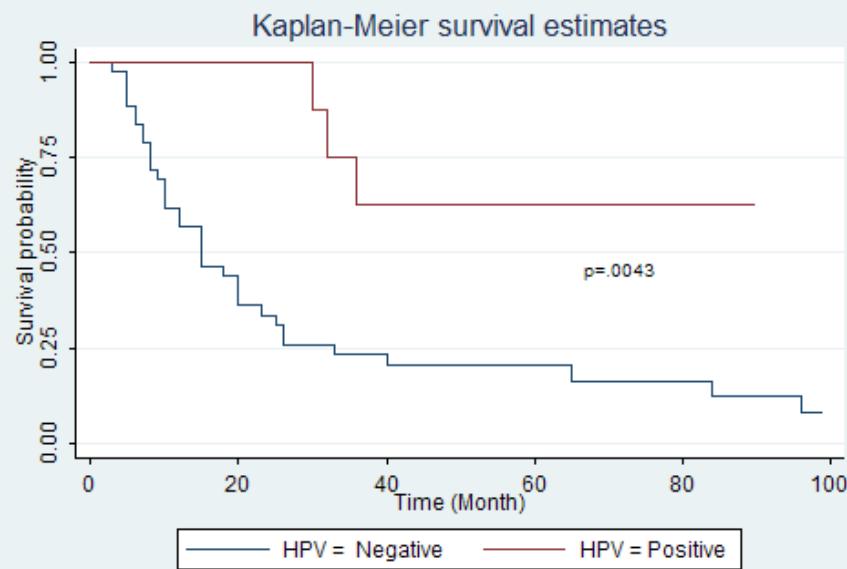


Carcinomas de Vulva y Vagina: VPH y pronóstico





Head & neck SCC: HPV & survival



Alos L, et al. *Cancer* 2009;
115:2701-2709



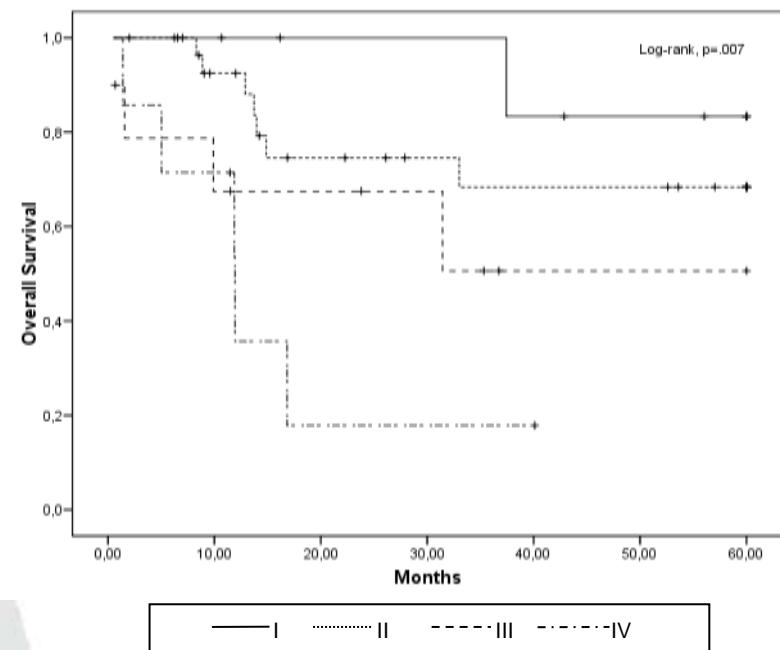
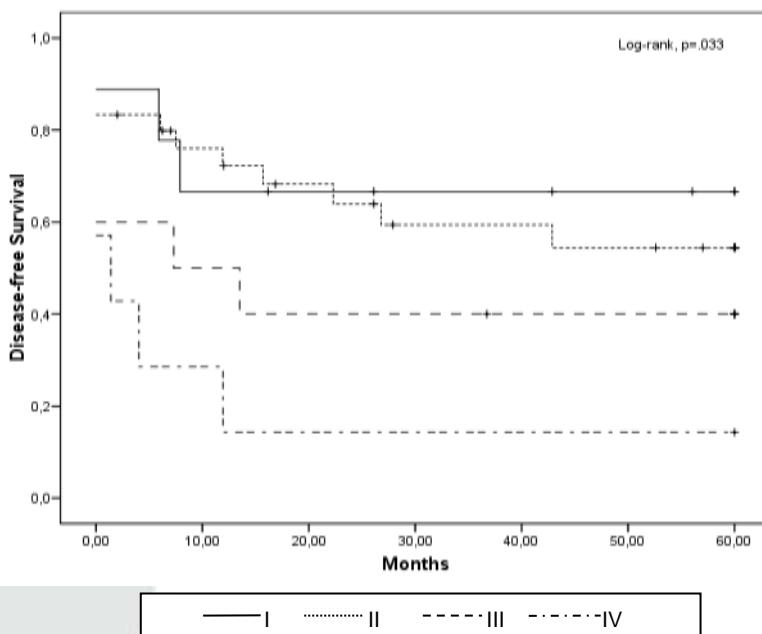
Ca. Vagina: Estadio y Pronóstico

	HPV-negative (n=17)		HPV-positive (n=40)		p- value
	n	(%)	n	(%)	
Age ≥ 68 years	10	(58.8)	19	(47.5)	.565*
FIGO stage					.854#
I	3	(17.6)	7	(17.5)	
II	9	(52.9)	21	(52.5)	
III	4	(23.5)	6	(15.0)	
IV	1	(5.9)	6	(15.0)	
Tumor size ≥ 20 mm	7	(100)	20	(80.0)	.117*

Alonso I, et al. *in preparation* 2011



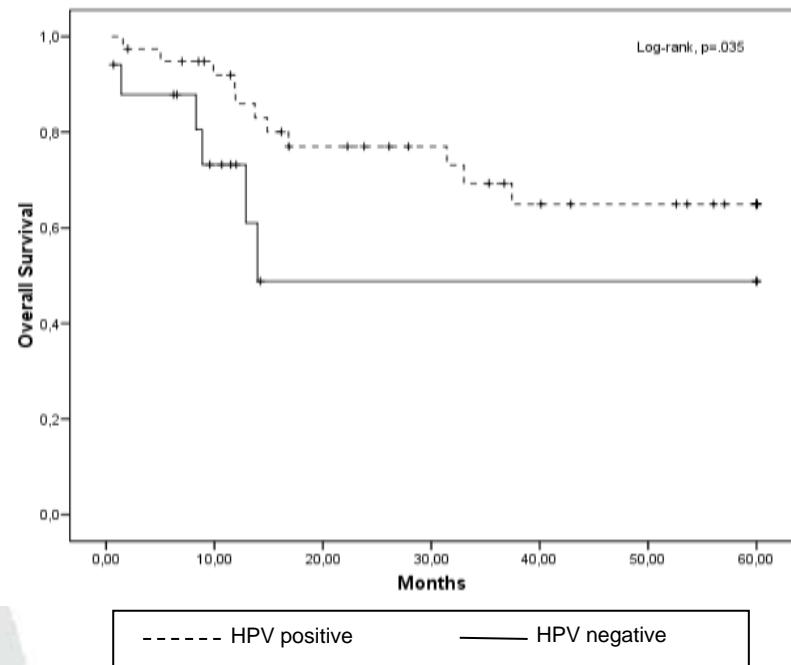
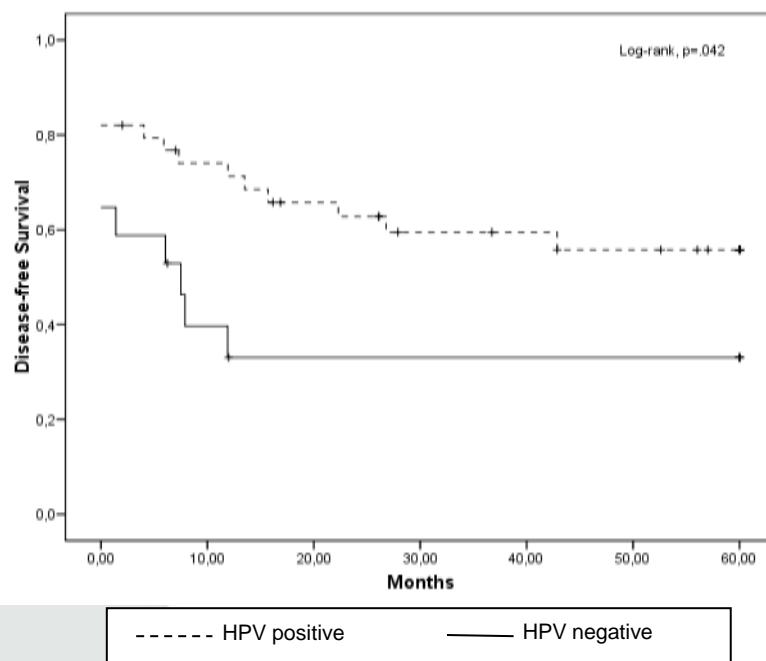
Ca. Vagina: Estadio y Pronóstico



Alonso I, et al. *in preparation* 2011



Ca. Vagina: VPH y Pronóstico



Alonso I, et al. *in preparation* 2011



Ca. Vagina: Estadio y Pronóstico

Disease Free Survival

Variable	HR	95% CI	p-value
HPV positivity	0.45	(0.22-0.92)	.029
Age ≥ 68 years	1.85	(0.89-3.85)	.098
HPV positivity	0.49	(0.24-1.00)	.050
FIGO stage III-IV	2.33	(1.17-4.65)	.017

Overall survival

Variable	HR	95% CI	p-value
HPV positivity	0.35	(0.13 to 0.94)	.038
Age ≥ 68 years	1.36	(0.51 to 3.59)	.539
HPV positivity	0.36	(0.14 to 0.93)	.035
FIGO stage III-IV	3.88	(1.49 to 10.10)	.005

Alonso I, et al. *in preparation* 2011



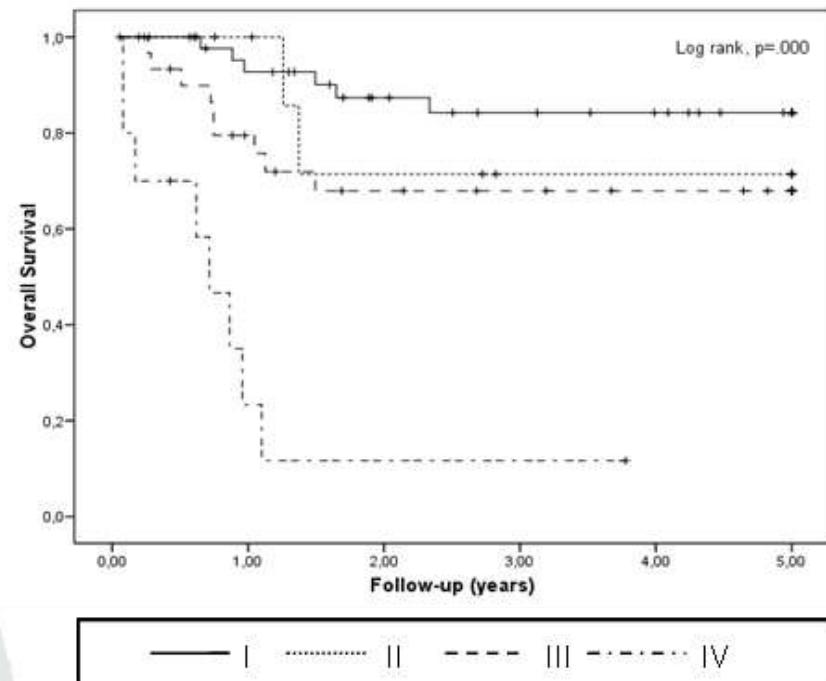
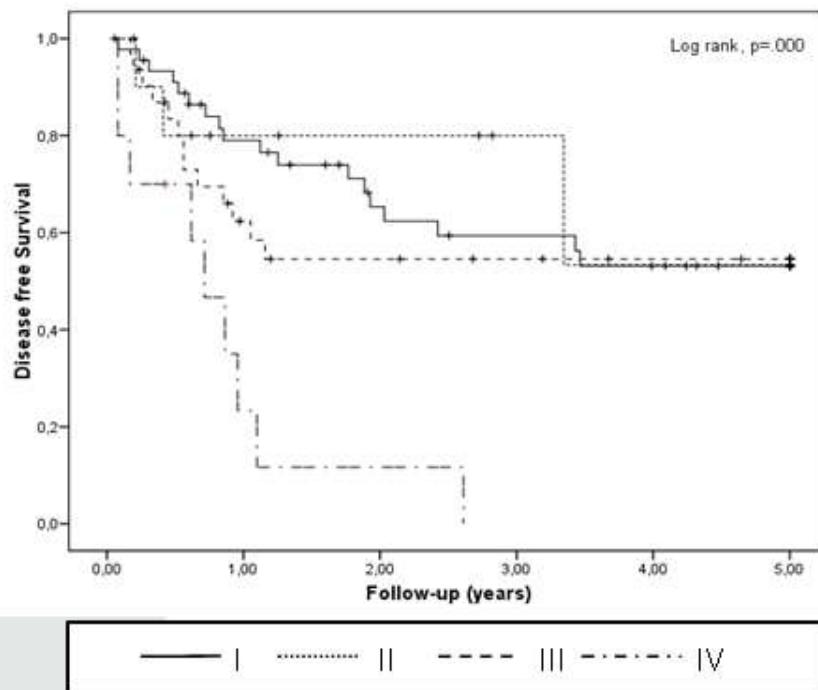
Vulvar SCCs: Clinical data

	Non-HPV n = 79	HPV n = 19	p
Age (x ± SD)	77,2 ± 11,2	64,0 ± 22,1	0,003*
Tumor size (mm) (x ± SD)	33,1 ± 19,4	35,3 ± 22,8	0,595*
Ulceration			
No	23 (31,9)	6 (37,5)	0,77***
Yes	49 (68,05)	10 (62,5)	
Stage FIGO	n (%)	n (%)	0,18**
I	39 (49,4)	6 (31,6)	
II	7 (8,9)	4 (21,1)	
III	27 (34,8)	5 (26,3)	
IV	6 (7,6)	4 (21,1)	

Alonso I et al. *Obstet Gynecol* 2011 (submitted)

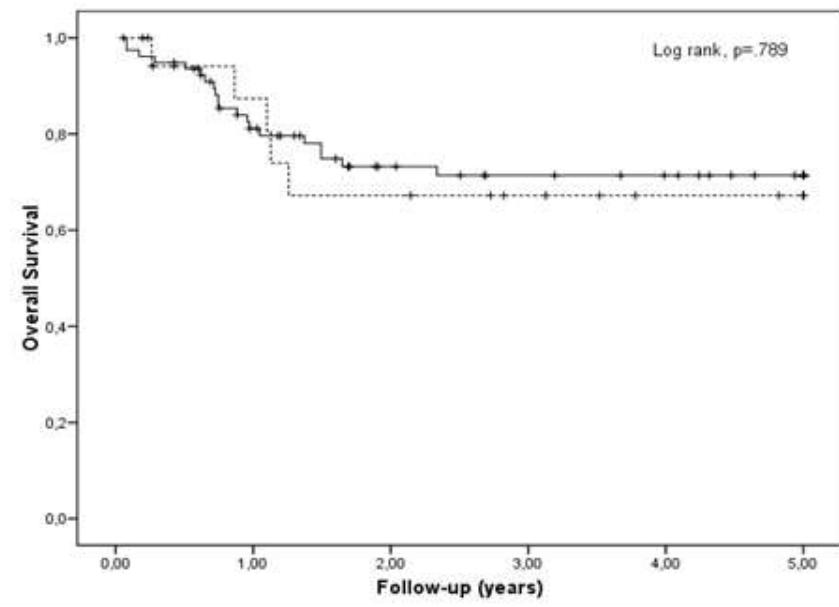
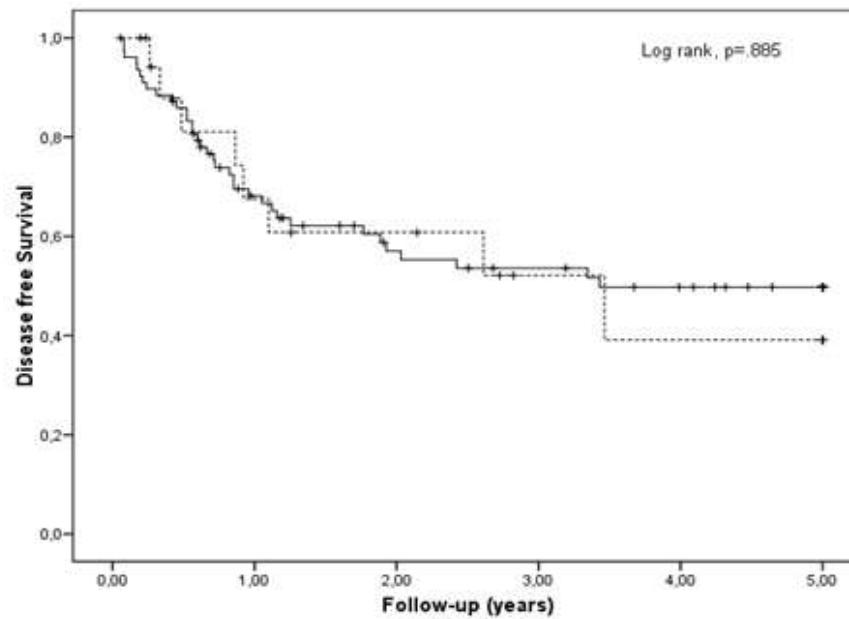


Ca. Vulva: Estadio y Pronóstico



Alonso I, et al. *Gynecol Oncol* 2011 (in press)

Ca. Vulva: VPH y Pronóstico



Alonso I, et al. *Gynecol Oncol* 2011 (in press)



Vulvar SCC: logistic regression

	OR	95% CI	p-value
Overall Sv			
RDT (Yes vs no)	1.63	(0.58 to 4.63)	0.353
p16 (+ vs -)	1.08	(0.31 to 3.78)	0.900
HPV (+ vs -)	0.76	(0.19 to 3.01)	0.701
u-VIN vs d-VIN	0.97	(0.17 to 5.59)	0.970
Disease-free Sv			
RDT (Yes vs no)	1.63	(0.58 to 4.63)	0.353
p16 (+ vs -)	1.08	(0.31 to 3.78)	0.900
HPV (+ vs -)	0.76	(0.19 to 3.01)	0.701
u-VIN vs d-VIN	1.07	(0.28 to 4.06)	0.919

Alonso I, et al. *Gynecol Oncol* 2011 (in press)



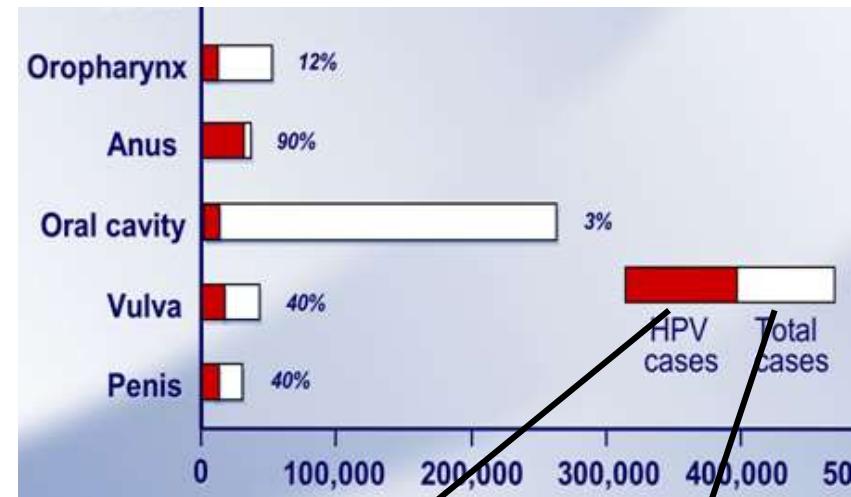
“Take home” messages

- Approximately **4/5** carcinomas of the **vagina** are related to **HPV**
- Approximately **1/5 to 1/3** of carcinomas of the **vulva** are related to **HPV** infection
- **HPV16** is the most prevalent type in all locations (60-70%)



“Take home” messages

- p16^{INK4a} overexpression has a **sensitivity and a specificity close to 100%** to identify HPV positive tumors of the head and neck, the vulva and the vagina and may thus be used as a **biomarker of HPV infection**



P16 (+)

P53 (-)

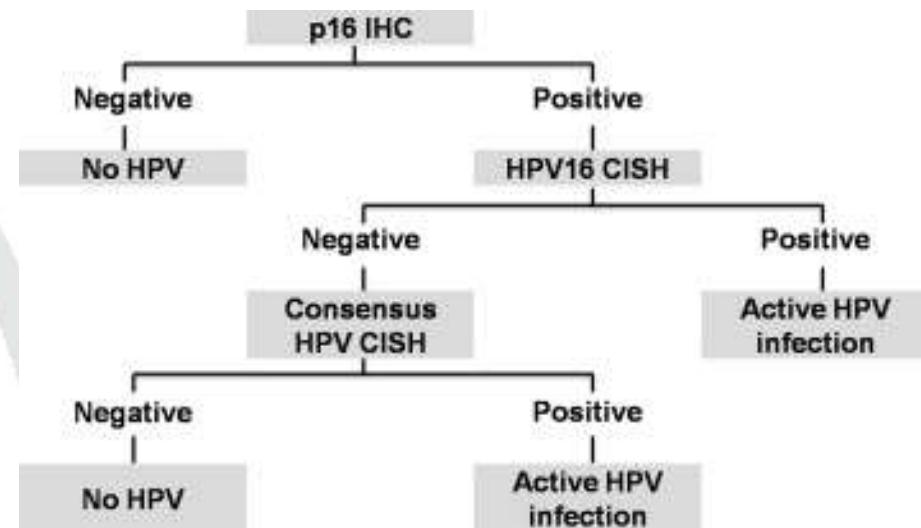
P16 (-)

P53 (+)



“Take home” messages

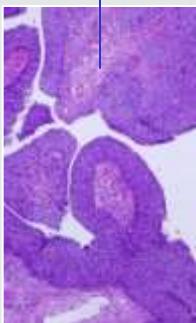
- **HPV positive carcinomas of the vagina have a better prognosis than HPV negative tumors**
- **HPV positive and negative carcinomas of the vulva have a similar prognosis**
- p16 and/or HPV testing should be included in the evaluation of vaginal carcinomas because it has prognostic and treatment significance





Department of Pathology

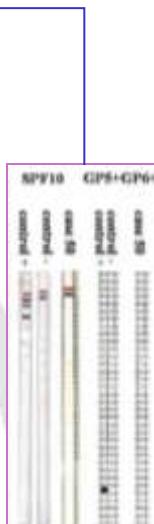
Hospital Clínic



Alfons Nadal
Mireya Jimeno



Lorena Marimon
Elena Gonzalvo
Montserrat Tortosa



Victòria Fusté
Leo Rodríguez
Mònica Santos
Susana Moyano

Department of Obstetrics and Gynecology

Aureli Torné
Immaculada Alonso
Marta del Pino
Ágata Rodríguez

Dept. of Otolaryngology

Jose L. Blanch
Isam Alobid

Hospital Oncologico Lisboa

Ana Felix

Institut Català d'Oncologia

Belen Lloveras
Maria Alejo
Silvia de Sanjosé

Hospital Vall d'Hebró

Àngel Garcia
Assumpta Pérez
Santiago Ramón y Cajal

