Clinical Validation of HPV ctDNA for Early Detection of Residual Disease Following Chemoradiation in Cervical Cancer

Presented by:
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Disclosure & Study Team

• Employer: Princess Margaret Cancer Centre, University of Toronto
• Advisory Board: AstraZeneca
• Patent: HPV ctDNA (HPV seq) pending
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Background

- Tumours continually shed their DNA into the circulation
- Majority (>90%) of cervical cancer caused by human papillomavirus (HPV)
- Non-invasive liquid biopsy tests can detect HPV circulating tumor DNA (ctDNA) in the blood as a measure of disease burden
- Our pilot study showed detectable HPV ctDNA at the end of chemoradiation is associated with worse progression-free survival

Han et al, JCO Prec Oncol, 2018; 2:1-8
Leung*, Han*, et al. Clin Cancer Res 2021; 5857-68
Newer HPV ctDNA detection technologies

(A) Droplet-based digital polymerase chain reaction (dPCR)

Sample partitioned into thousands of nanoliter-sized droplets, each with independent amplification events

dPCR probes target E6 & E7 regions

(B) Next generation sequencing (HPV-seq)

Probes tiling the entire genome allow full coverage of HPV

Rostami, Bratman, Han. Clin Cancer Res 2021; 5158-60
Method

• Prospective multicenter validation study
• 70 patients with stage IB-IVA HPV+ cervical cancer treated with definitive (chemo)radiation between 2017-2022
• HPV genotype determined using baseline plasma sample with HPV-seq
• HPV genotype-specific plasma DNA levels quantified using dPCR & HPV-seq
Results: dPCR

End of chemoradiation (CRT)  4 – 6 weeks post CRT  3 months post CRT

Progression-Free Survival

- Undetectable HPV ctDNA
- Detectable HPV ctDNA
Results: HPV-seq

End of chemoradiation (CRT)  4 – 6 weeks post CRT  3 months post CRT

- Undetectable HPV ctDNA
- Detectable HPV ctDNA

Progression-Free Survival
Conclusions

- HPV-seq enables determination of HPV type (genotyping) directly from plasma
- Persistent HPV ctDNA following chemoradiation is independently associated with inferior progression-free survival
- HPV ctDNA testing can be used to identify, as early as at the end of chemoradiation, patients at high risk of recurrence