Razionale per l'uso clinico del test virale nel sistema di screening: studio italiano NTCC

> **Guglielmo Ronco CPO Piemonte**

NTCC STUDY

- Multi-centre randomised Trial
- conventional (conventional cytology) vs.
 experimental (two phases)
 - experimental Phase 1: HPV (HC2) and liquidbased cytology (LBC)
 - experimental Phase 2: HPV only

Participating centres Organised screening programmes in:

- Piemonte: Torino
- Trentino: Trento
- Veneto:
 - Verona and Padova
- Emilia Romagna:
 - Imola, Ravenna, Bologna
- Toscana: Firenze
- *Lazio*: Viterbo

G Ronco - CPO

Eligible women

- Age 25-60 years
- showing for a new screening episode invited
- Excluded:
 - In follow-up after positive or unsatisfactory cytology or biopsy
 - Treated for cervical Ca or SIL in last 5 years
 - Hysterectomy at any time
- Individual randomisation after consent to enter the study G Ronco - CPO

Protocol with HPV+

- PHASE 1
- If age 35-60 colposcopy
 If age 25-34 repeat both after 1 year if cytology normal (<ASCUS)

– if HPV persisted or cytology + colposcopy

– Otherwise standard interval

- PHASE 2
- colposcopy independently of age

G Ronco - CPO

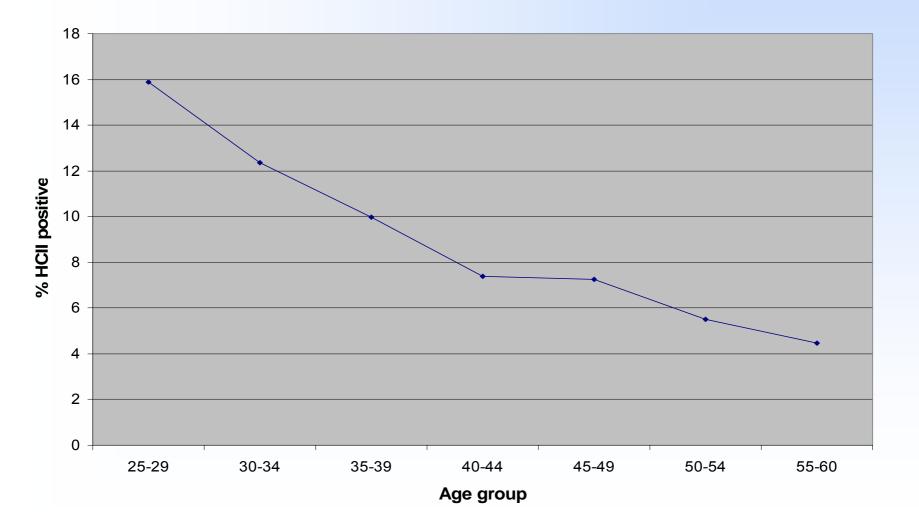
NTCC study phase 1 Randomised eligible women 45174

- Conventional arm 22466
- 25-34 yrs: 5808
- 35-60 yrs: 16658
- Experimental arm 22708
- 25-34 yrs: 6002
- 35-60 yrs: 16706

NTCC study phase 2 Randomised eligible women 49196

- Conventional arm 24535
- 25-34 yrs: 6788
- 35-60 yrs: 17747
- Experimental arm 24661
- 25-34 yrs: 6937
- 35-60 yrs: 17724

NTCC STUDY - Phase I Proportion of women positive to HCII by age group First test within woman



NTCC STUDY PHASE 1 WOMEN 35-60 YRS

Sensitivity and specificity of liquid-based cytology and human papillomavirus (HPV) in the experimental arm* Not corrected for verification bias

Criterion	Sensitivity (95% CI)		Specificity (95% CI)	
	CIN2+	CIN3+	CIN2+	CIN3+
Liquid-based cytology ≥ASCUS	54/73= 74.0% (62.4 to 83.6)	31/38= 81.6% (65.7 to 92.3)	15,593/16,443= 94.8% (94.5 to 95.2)	15,605/16,478= 94.7% (94.4 to 95.0)
HPV ≥ 1pg/mL	73/75= 97.3% (90.7 to 99.7)†	38/39= 97.4% (86.5 to 99.9)‡	15,223/16,335= 93.2% (92.8 to 93.6)†	15,224/16,371= 93.0% (92.6 to 93.4)†
HPV ≥ 2pg/mL	72/75= 96.0% (88.8 to 99.2)†	37/39= 94.9% (82.7 to 99.4)	15,499/16,335= 94.9% (94.5 to 95.2)	15,500/16,371= 94.7% (94.3 to 95.0)

*Women (including 1 CIN2 and 1 CIN3+) without valid cytology (n=190) were excluded from computations for liquidbased cytology =ASCUS. Women (no CIN2+) were excluded from computations for HPV (n=296). Women (including 1 CIN2 and 1 CIN3+) without either valid test were excluded from computations of *P* values comparing tests (n=451). ASCUS = atypical squamous cells of undetermined significance.

†P<.001 versus Liquid-based cytology =ASCUS (McNemar test) ‡P=0.034 versus Liquid-based cytology =ASCUS (McNemar test)

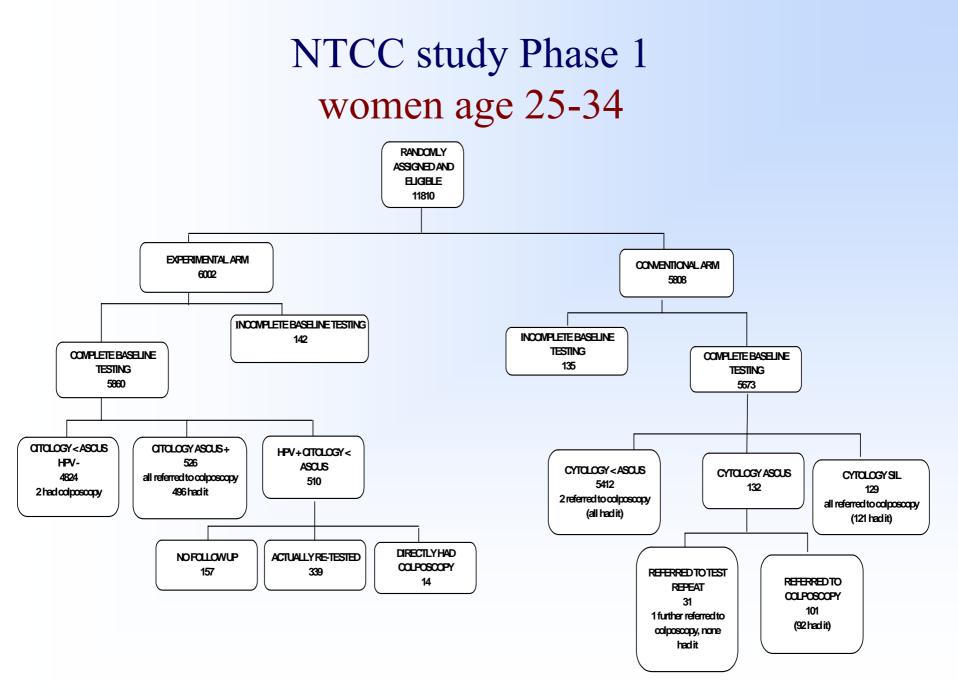
Ronco et al. J. Natl.Cancer. Inst. 2006; 98: 765-74

NTCC STUDY PHASE 1 YRS 35-60 YRS

Detection rate, positive predictive value (PPV), relative sensitivity and relative PPV for histology-confirmed CIN2+ vs conventional cytology \geq ASCUS

	Endpoint CIN2+			
	Detectio n Rate per 1000	Relative sensitivity (95% CI)	PPV %	Relative PPV (95% CI)
		Experimental ar	'n	
HPV≥ 1pg/mL	4.37	1.43 (1.00 to 2.04)†	6.6	0.58 (0.33 to 0.98)
HPV ≥ 2pg/mL	4.25	1.41 (0.98 to 2.01)	8.5	0.75 (0.45 to 1.27)
Liquid-based cytology ≥ ASCUS or HPV ≥1pg/mL	4.49	1.47 (1.03 to 2.09)	4.5	0.40 (0.23 to 0.66)
Conventional cytology ≥ ASCUS	3.06	Conventional ar 1.00 (referent)	m 11.4	1.00 (referent)

Ronco et al. J. Natl.Cancer. Inst. 2006; 98: 765-74 modified



Ronco et al. Lancet Oncol 2006; 7:547-55

NTCC STUDY PHASE 1 - WOMEN 25-34 yrs Positivity to Hybrid Capture 2 at re-testing

among women HPV+ but cytologically normal at baseline.

	HPV-/HPV+ at re-testing	% HPV+ at re-testing	OR (95% CI) (1)			
	Interval from base	line testing				
<1year	56/56	50.0	1			
≥1 year	134/88	39.6	0.66 (0.41-1.05)			
RLU at baseline			Chi2 (4df)= 16.63;			
			p=0.0023 (2)			
1-1.99	41/12	22.6	1			
2.0-3.99	24/13	35.1	1.88 (0.74-4.80)			
4.0-9.99	29/18	38.3	2.10 (0.87-5.04)			
10.0-99.99	55/54	49.5	3.38 (1.60-7.14)			
≥100.00	41/47	53.4	3.91 (1.81-8.46)			
Age						
25-29	92/72	43.9	1			
30-34	98/72	42.3	0.99 (0.63-1.55)			

(1) Adjusted for the other variables in the table by unconditional logistic regression

(2) P value for the overall effect in classes, obtained by the likelihood ratio test

Ronco et al. Lancet Oncol 2006; 7:547-55

NTCC STUDY PHASE 1 - WOMEN 25-34 yrs Cytology at 1-year repeat among women previously HPV+ and cytology normal

• HPV+ at repeat : 58% ASCUS+

• HPV- at repeat : 11% ASCUS+

• Note: HPV- at baseline: 4% ASCUS+ (p<0.0001)

NTCC STUDY PHASE 1 - WOMEN 25-34 yrs

Sensitivity and specificity for histologically confirmed CIN2+ within the

experimental arm.			
Criteria for referral (retrospectively applied)	CIN2 + detected	Sensitivity (95%CI)	Specificity (95%CI)
LBC ≥ASCUS alone §	45/55	81.8 (69.1-90.9)	91.7 (91.0-92.4)
HPV ≥1pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if either is positive \$</ascus>	54/55	98.2 * (90.3-99.95)	92.5 *** (91.8-93.2)
HPV ≥2pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if either is positive \$</ascus>	54/55	98.2 * (90.3-99.95)	93.1 *** (92.4-93.8)
HPV ≥1pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if both are positive \$</ascus>	53/55	96.4 ** (87.5-99.6)	94.3 *** (93.7-94.7)
HPV ≥2pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if both are positive \$</ascus>	53/55	96.4 ** (87.5-99.6)	94.6 *** (94.0-95.2)

experimental arm.

* p=0.0067 vs. LBC \geq ASCUS ** p=0.0114 vs. LBC \geq ASCUS *** p<0.0001 vs. LBC \geq ASCUS Specificity significantly increased (p<0.0001) both with 2pg vs. 1pg cut-off and with "both tests" vs. "either test" referral criterion at follow-up.

Ronco et al. Lancet Oncol 2006; 7:547-55

NTCC STUDY PHASE 1 - WOMEN 25-34 yrs Relative sensitivity and relative PPV vs. conventional cytology ≥ ASCUS.

Criteria for referral	Endpoint CIN2+			
(retrospectively applied)	Detection Rate per 1000	Relative sensitivity (95%CI)	PPV %	Relative PPV (95%CI)
EXPE	RIMENTAI			
HPV ≥1pg/ml; triage HPV+ by cytology; if cytology <ascus both="" repeat="" tests<br="">and refer if either is positive</ascus>	9.00	1.58 (1.03-2.44)	12.1	0.78 (0.52-1.16)
HPV ≥ 2pg/ml ; if cytology <ascus both="" repeat="" tests<br="">and refer if both are positive</ascus>	8.83	1.55 (1.01-2.40)	15.8	1.02 (0.69-1.52)
Experimental procedure	9.16	1.61 (1.05-2.48)	8.5	0.55 (0.37-0.82)
CONV	ENTIONAI	LARM		
Conventional Cytology ≥ASCUS	5.68	1.00	15.5	1.00

Ronco et al. Lancet Oncol 2006; 7:547-55 modif

NTTC STUDY PHASE 1 – all ages Relative Sensitivity and relative PPV of experimental (LBC) vs. conventional arm (conventional cytology)

Histological endpoint					
	CIN1+	CIN2+	CIN3+		
Positive if Cytology ≥ASCUS					
% Detection Rate (N cases) conventional arm	0.82 (184)	0.37 (84)	0.24 (53)		
% Detection Rate (N cases) experimental arm &	1.38 (313)	0.44 (99)	0.20 (45)		
Relative Sensitivity* (95%c.i.)	1.68 (1.40-2.02)	1.17 (0.87-1.56)	0.84 (0.56-1.25)		
% PPV conventional arm	27.84	12.7	8.02		
%PPV experimental arm&	23.41	7.4	3.37		
Relative VPP* (95%c.i.)	0.84 (0.72-0.98)	0.58 (0.44-0.77)	0.42 (0.29-0.62)		

& only CIN cases detected by cytology considered * experimental/conventional

Ronco et al. BMJ 21 May 2007 (e-pub ahead of print).

Main Outcome: Relative Detection Rate (CIN2+) after 3 years

- In both arms conventional cytology after 3 years
- Among women negative at recruitment provides information about the safety of longer screening intervals
- Overall (# of lesions detected at recruitment + new round) provides information about regression of excess lesions detected by HPV at recruitment

Turin (CPO Piemonte)

G. Ronco

N. Segnan A.Gillio-Tos B. Ghiringhello F. Parisio R. Volante

R. Rizzolo

D. Mari

Veneto

M Vettorazzi M. Zorzi AR Delmistro D. Minucci G. Nardo M. Lestani L. Onnis M. Matteucci A. Vignato

Emilia Romagna C. Naldoni GP. Casadei S. Folicaldi A. Bondi P. Schincaglia M. Serafini M. Manfredi C. Sintoni P. Pierotti G. Collina M. Aldi G. Galanti

Florence (CSPO) M. Confortini F. Carozzi M. Zappa A. Iossa S. Ciatto MP. Cariaggi S. Cecchini C. Sani GL. Taddei

London (Cancer Research UK) J Cuzick

Trento P. Dalla Palma A. Pojer E. Polla S. Girlando D. Aldovini

Lazio

S. Brezzi P. Giorgi-Rossi A. Pellegrini P. Raggi E. Gomes ML. Schiboni