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

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# 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

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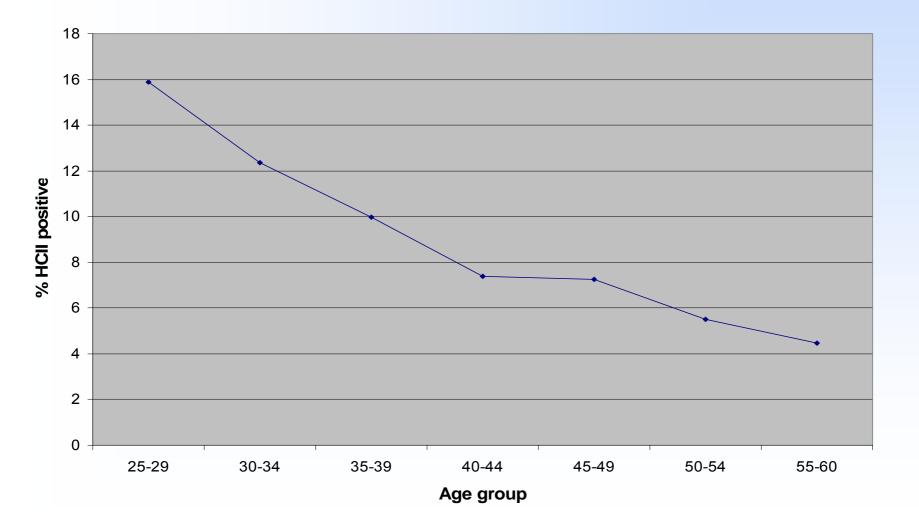
# NTCC study phase 1 Randomised eligible women 45174

- 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= <b>74.0%</b> (62.4 to 83.6)	31/38= <b>81.6%</b> (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= <b>97.3%</b> (90.7 to 99.7)†	38/39= <b>97.4%</b> (86.5 to 99.9)‡	15,223/16,335= 93.2% (92.8 to 93.6)†	15,224/16,371= <b>93.0%</b> (92.6 to 93.4)†
HPV ≥ 2pg/mL	72/75= <b>96.0%</b> (88.8 to 99.2)†	37/39= <b>94.9%</b> (82.7 to 99.4)	15,499/16,335= <b>94.9%</b> (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)

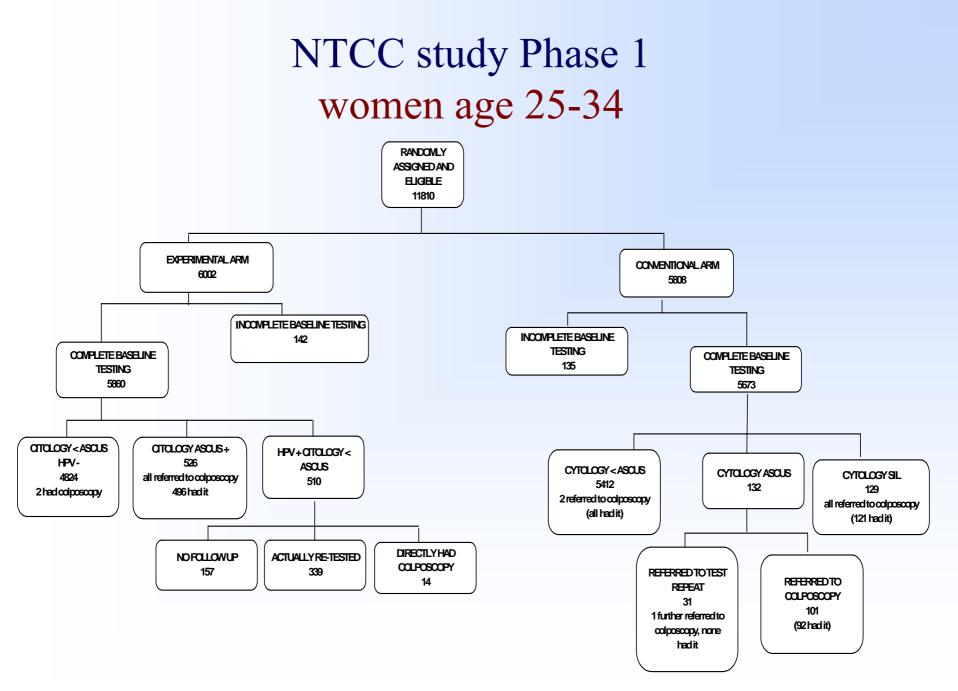
#### Ronco et al. J. Natl.Cancer. Inst. 2006; 98: 765-74

### **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	<b>1.43</b> (1.00 to 2.04)†	6.6	<b>0.58</b> (0.33 to 0.98)
HPV ≥ 2pg/mL	4.25	1.41 (0.98 to 2.01)	8.5	<b>0.75</b> (0.45 to 1.27)
Liquid-based cytology ≥ ASCUS or HPV ≥1pg/mL	4.49	1.47 (1.03 to 2.09)	4.5	<b>0.40</b> (0.23 to 0.66)
Conventional cytology ≥ ASCUS	3.06	<b>Conventional ar</b> 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	<b>81.8</b> (69.1-90.9)	<b>91.7</b> (91.0-92.4)
HPV ≥1pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if <b>either</b> is positive \$</ascus>	54/55	<b>98.2</b> * (90.3-99.95)	<b>92.5</b> *** (91.8-93.2)
HPV ≥2pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if <b>either</b> is positive \$</ascus>	54/55	<b>98.2</b> * (90.3-99.95)	<b>93.1</b> *** (92.4-93.8)
HPV ≥1pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if <b>both</b> are positive \$</ascus>	53/55	<b>96.4</b> ** (87.5-99.6)	<b>94.3</b> *** (93.7-94.7)
HPV ≥2pg/ml with LBC triage of those positive; if cytology <ascus both<br="" repeat="">tests and refer if <b>both</b> are positive \$</ascus>	53/55	<b>96.4</b> ** (87.5-99.6)	<b>94.6</b> *** (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	<b>1.58</b> (1.03-2.44)	12.1	<b>0.78</b> (0.52-1.16)
HPV ≥ <b>2pg/ml</b> ; if cytology <ascus both="" repeat="" tests<br="">and refer if <b>both</b> are positive</ascus>	8.83	<b>1.55</b> (1.01-2.40)	15.8	<b>1.02</b> (0.69-1.52)
Experimental procedure	9.16	<b>1.61</b> (1.05-2.48)	8.5	<b>0.55</b> (0.37-0.82)
CONV	<b>ENTIONAI</b>	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

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