HC2 as test of cure in stage IA cervical cancer

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OBJECTIVES

Performance of **DNA** test after conservative treatment of **stage IA** invasive **cervical cancer**

METHODS

- 86 patients* at stage IA invasive cervical cancer were treated by:
- Cold knife cone (35%)
- LEEP (40%)
- LASER-conization (25%)

Stage IA2 patients had also pelvic LN dissection (laparotomy/laparoscopy)

^{*} preserve fertility or severe systemic disease

FIGO Stage	N pts
IA1 1-3mm inv.	78
IA2 3-5 mm inv.	8
TOT	86

METHODS

The 86 patients were followed up by:

- Cytology
- Colposcopy
- HC2 DNA test (Digene-Qiagen)

METHODS

 Persistent or recurrent disease was defined as histology confirmed CIN1+.

 Positive Pap smear was defined at a threshold of ASC-US or more.

Mean age (yrs)	Median age (yrs)	Range
38.5	38.0	28 – 67

Mean FU (months)	Median FU (months)	Range
60.9	59.4	5 – 179

19/86 (22%) pts.had persistent/recurrent disease CIN 1+

14/86 (13%) pts.had persistent/recurrent disease CIN 2+

Time to relapse

Mean (months)	Median (months)	Range
8.2	5.5	4.2 – 30.2

Relapse histology	N pts
CIN1	7
CIN2	4
CIN3	6
Invasive carcinoma	2
TOT	19

In IA cervical cancer conservatively treated,

pers/recurr. rate is similar to pers/recurr. in conservatively treated CIN 2/3 patients

Persistence/Recurrence Rate after CIN 2/3 Cone Biopsy

Cone histology	Cone	histo	logy
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Pers./Rec

% CIN 2+

*<70% CIN 2+

no AIS e AdCa.

5%

**>70% CIN 2+

7%

no AIS e AdCa

***85% CIN 2+ AIS, AdCa included

13%

HPV/cytology correlations in 12 CIN2+ relapsed cases

Final .	HPV	Negative	Positive			
histology	PAP		Negative	ASCUS- LSIL	≥ HSIL	Total
CIN2 (%)	0 (0.0)	1(25.0)	2(50.0)	1(25.0)	4(100)
CIN3 (%)	0 (0.0)	1(16.7)	0 (0.0)	5(83.3)	6(100)
Inv. carcinon	na (%)	0 (0.0)	0 (0.0)	1(50.0)	1(50.0)	2(100)
Total		0	2	3	7	12

Correlations with margin status in 12 CIN2+ relapsed cases

Cone margins

	NEG (%)	POS (%)	TOT (%)
CIN2	1 (25.0)	3 (75.0)	4 (100)
CIN3	4 (66.7)	2 (33.3)	6 (100)
Cancer	1 (50.0)	1 (50.0)	2 (100)
TOT	6	6	12

50% per/rec. in negative margins!!!

CONCLUSIONS

These results show that:

- •In this series (IA cervical cancer) CIN 2+ pers/rec. rate (13%) is similar to pers/rec. in CIN 2/3 conservatively treated pts.
- 50% per/recurr. had negative margins

 2 cases of pers/rec. had negative cytology and positive HPV DNA test

CONCLUSIONS

These results suggest that also in patients conservatively treated for stage IA invasive cervical cancer, HPV testing has a clinical role, in combination with pap smear as:

• it correctly identified rec/pers. disease

 was a stronger predictor of rec/pers. than positive margins on the original cone specimen.