
COMPARISON OF CLINICAL POTENTIAL OF VACCINE-RELATED TYPES (16-18) AND OTHER HR-HPV TYPES IN FOLLOW-UP OF WOMEN WITH SQUAMOUS INTRAEPITHELIAL LESIONS OF THE UTERINE CERVIX

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Background: Since the introduction of prophylactic HPV vaccines, the issue of prevalence and malignant potential of different high risk-HPV types (in particular 16 and 18) becomes really relevant.

Material and Methods: In our Colposcopy clinic a database of patients with squamous intraepithelial lesions of the lower genital tract includes all clinical data, collected in controls during follow-up, together with HPV-DNA type definition. We divided all patients eligible for the study (186) in two cohorts, according to the presence of HPV 16 or 18 DNA-type (“16–18” group) or the presence of other HR-HPV DNA types (“Others” group). The population included 114 women with low-grade SIL followed without treatment for a period of 12–36 months, and 72 patients with high-grade SIL followed after treatment for a similar period. Treatment for cervical lesion was excisional:

loop excision by radiosurgery or cold knife conization. Follow-up was conducted with cytology and colposcopy 6-monthly.

Results: The prevalence of low-risk (HPV-CIN1) and high-risk (CIN2-3) lesions were not significantly different in the two cohorts. Considering the Kaplan-Meier curves of progression/recurrence probability during follow-up, having as time-0 treatment (in treated cases) or diagnosis (in untreated cases): with Mantel-Haenzsel log rank test no significant differences in recurrence/progression potential were found in the two cohorts.

Conclusions: We conclude that there is no evidence that 16-18 HPV types have higher potential of progression or recurrence than other HR-HPV types, the latter representing in our series about 38 % of all cases. Vaccine is probably going to revolutionize the policy of cervical cancer secondary prevention, based on cytological screening, but the importance of rarer high-risk HPV types must not be underestimated. In fact, we hope that cervical prevention would remain on three fundamental mainstays: cytology, HPV-DNA (or mRNA) test, vaccine. Moreover, we look forward to new advances, such as second generation prophylactic vaccines and therapeutic vaccines.