

Human papillomavirus and H&N Cancer

Umamaheswar Duvvuri MD, PhD Assistant Professor of Otolaryngology Director of Robotic Surgery Division of Head and Neck Surgery



University of Pittsburgh Medical Center

Fourth Annual ENT for the PA-C | April 24-27, 2014 | Pittsburgh, PA

Disclosure

- I have served as a proctor for Intuitive Surgical Inc
- I have received research support from Intuitive Surgical Inc



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Learning Objectives

- Discuss the epidemiology and differential diagnosis of HPV in head & neck disease
- Recognize history and physical findings in HPV disease
- Describe prevention measures and management plan for HPV-related head & neck disorders



Outline

- Brief review of relevant anatomy
- Biology of HPV
- Risk factors for poor prognosis among HPVpositive patients
- Defining treatment paradigms based on risk stratification



Head and Neck Cancer

- About 50,000 new cases a year in NA
- HOWEVER, its one of the most common worldwide
 - Up to 560,000 cases worldwide
 - 300,000 deaths worldwide
- · Derived from squamous mucosa
- · Tobacco & alcohol



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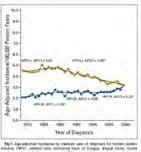
SCCHN

NORTH AMERICA / EUROPE

- · Cancers derived from the oropharynx are increasing in incidence
- Associated with HPV exposure
- Is this true worldwide?



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Anatomy of the oropharynx

Anterior inferior limit circumvallate papillae Anterior superior limit

junction of hard and soft palate

Lateral limit

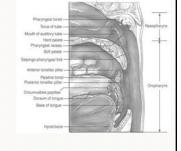
lateral pharyngeal walls

Posterior limit

posterior pharyngeal wall

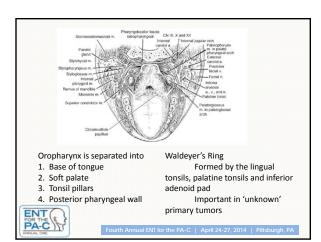
Inferior limit

vallecula and inferior base of tongue





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Presentation / Diagnosis

- Most common complaint
 - Painless neck mass (often cystic)
 - Adult neck masses are cancer till proven otherwise
- Sore throat
- Dysphagia
- Dysarthria





Diagnosis

- Guided by the index of suspicion
- Physical exam including palpation of the oropharyngeal structures
- Look for the "bloody glove" sign
- Mirror exam and/or flexible laryngoscopy
- FNA biopsy of neck nodes can be very helpful



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Staging

- Imaging is a valuable adjunct to the physical exam
 - CT with contrast
 - PET/CT to evaluate for metastases
 - MRI with contrast for (pre-)vertebral invasion
- Operative laryngoscopy allows definitive staging and sometimes treatment planning.
- Tissue diagnosis is essential, larger biopsies allow for molecular testing



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HPV and carcinogenesis

- HPV is a known contributor to cervical dysplasia and carcinoma
- Dr. No-Hee Park: identified similarity between cervical/vaginal mucosa and OP mucosa
- Dr. Maura Gillison: described the association between HPV (**types 16**/18) and OP SCCa
- Most common histology is basaloid squamous carcinoma
 - In the context of HPV prone anatomic regions

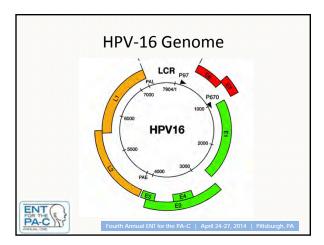


Human Papillomavirus

- DNA virus
- 100 distinct sub-types
- Cutaneous & mucosal
- High-risk
 - Cervical cancer, OPC
 - Subtypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, and 58
- Low-risk
 - Anogenital warts, laryngeal papillomatosis
 - Subtypes 6, 11



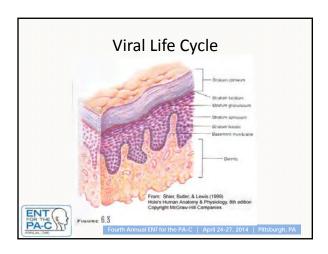
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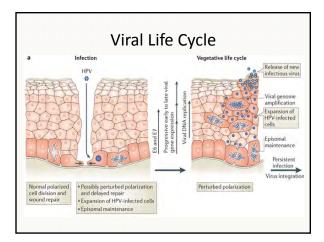


HPV-16 Genome

- Early region
 - E6: inactivates p53
 - E7: inactivates pRb
 - pRb inactivation induces over-expression of p16
- Late region
 - L1, L2: capsid proteins necessary for viral persistence
- Regulatory region
 - Replication/gene expression







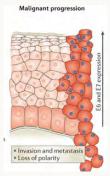
Viral Life Cycle

- <1% prevalence of oral HPV infection
- 90% clear HPV infections
- Of those with persistent infections, a fraction progress to malignancy 10+ years later



D'Souza 2011; Kreimer 2013

Malignant Progression



- Integration into host DNA
- Loss of E2 causes deregulated expression of E6,E7
- Genetic instability (smoking, HIV, immunosuppression)

Bodily J 2011; Thorland EC 2003; Ferris RL 2005; Jeon 1995

HPV and Head & Neck Cancer

- Chaturvedi et al JCO
 - Incidence of cancer in HPV related areas (OP) is rising
 - HPV + tumors tend to occur in middle-aged caucasian men
 - Non-smoker
 - Non-drinker
 - High number Sexual Partners



Fig. 1, Augustapinal Incoloses by collecter year of Eugenzon to Euroma Institute, involved, IRPA, "Institute of the Institute Institute

Optimal detection of HPV?

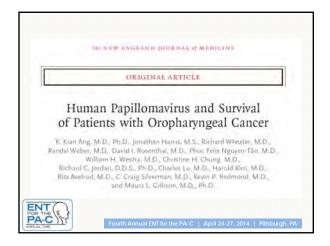
JOURNAL OF CLINICAL ONCOLOGY

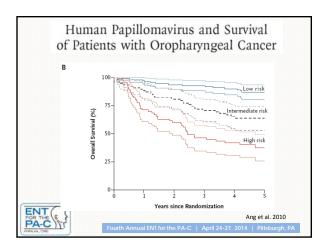
ORIGINAL REPORT

Comparative Prognostic Value of HPV16 E6 mRNA Compared With In Situ Hybridization for Human Oropharyngeal Squanmous Carcinoma West Nilmyle Respuble Proc Olone, Walest Plenis, Sudani Flenis, Sudani Flueng, Augde Hol. Boar O'Silmey John Wilden, Petrol Camening, John Kin, John Singah, Limra A. Dawson, Pauris Galane, Lilbas, Sudani Gillom, and For For Liu.

- What's more important E6 DNA, HPV ISH or p16?
 - 111 patients
 - E6 mRNA correlated with improved OS
 - P16 and HPV ISH correlated with DFS
 - Due to technical ease, HPV ISH and p16 are recommended





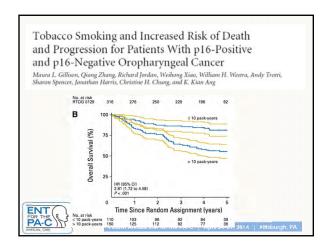


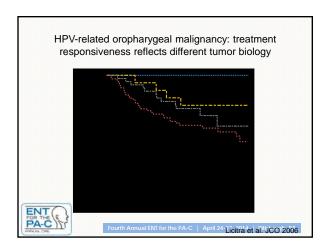
Human Papillomavirus and Survival of Patients with Oropharyngeal Cancer

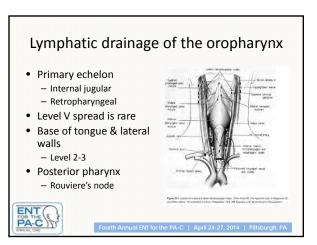
- Results:
 - HPV+ patients have better OS and PFS than HPVpatients
 - 3 yr OS 82% v 57%
 - Independent determinants of OS
 - 1. HPV status
 - 2. pack years (≤10 v >10)
 - 3. nodal stage (N0-N2a v N2b-N3)



Ang et al. 2010







CLINICAL EXAMINATION	E IN	CIDI	ENCE O	F CERVICAL LYMPH NODE METASTASIS AS DETERMINED BY
	NODE STAGE			
Location and Tumor Stage	N _o	N,	N ₂	
Oropharyngeal wall				
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T ₂	70	10	20	MARKET CONTROL OF THE PARKET O
T ₃	33	23	45	IN MICH. We make a
T ₄	24	24	52	X 12 = MODE 11 E 57
Soft palate				
T _e	92	0	8	
T ₂	64	12	25	Server Comments
T _i	35	26	39	The same of the sa
T ₄	33	11	56	
Tonsillar fossa				Description of the second of t
T,	30	41	30	
T ₂	33	14	54	NAME OF THE PARTY
T ₃	30	18	52	A formal/square. B Conveniences
T ₄	11	13	77	Figure 76-6. Lamph note chains of the resk that may be involved with convocal restaulatic screed from programmanal tar
Base of tongue				A, Superficial convictal and facial nodes: B, Deep cervical and interpreted yingh nodes.
T ₁	30	15	55	
Т2	29	15	57	
T ₃	26	23	52	
T ₄	16	9	76	

Nodal Class and Survival

- Higher nodal class associated with worse survival in HPV-positive patients
 - N2b-N3 associated with worse OS
- N2c
 - Benefit from chemotherapy in addition to radiation



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Distant Mets and Survival

- Distant metastases
 - Cause of death among HPV-positive patients
 - Account for 45% of deaths in OPC



Spector 2012; Ang 2010; Daly ME 2010; O'Sullivan 2012

Distant Mets and Survival

- Distant metastases
 - Cause of death among HPV-positive patients
 - Account for 45% of deaths in OPC



Which HPV-positive patients develop distant metastases and why?



Spector 2012; Ang 2010; Daly ME 2010; O'Sullivan 2012

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Treatment

- · Surgery with adjuvant therapy
- Non-surgical



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Surgical approaches

 General principle is to take wide resection margins (tumors have propensity for submucosal spread) followed by thin patients margins (which if positive necessitate further resection and adjuvant radiation)



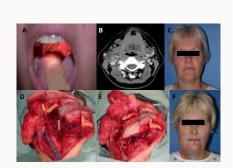
Surgical Approaches to the Oropharynx

- Transoral
- Transpharyngeal
 - Transhyoid
 - Lateral pharyngotomy
- Transmandibular
 - Mandibulotomy
 - Mandibulectomy
 - Composite resection



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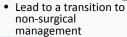




The application of a mandibulotomy approach to resect a tonsillar cancer. This was performed through a lip-splitting approach with resection of the right mandible. The defect was reconstructed with a radial forearm flap (arrowhead).

The morbidity of surgery

- Need for
 - Tracheostomy
 - Gastrostomy
 - ICU stay
 - Prolonged rehabilitation /convalescence





Many need XRT/CXRT anyway!



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Non-surgical therapy

- Alternative to surgery, since adjuvant therapy is frequently used
- · Definitive therapy
 - Radiation Therapy
 - 60- 70 Gy
 - Often used for early stage tumors (stage I-II)
 - Combined chemotherapy with irradiation
 - Often used for locally advanced cases (Stage II-IV)



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Radiotherapy alone

- Garden et al. MD Anderson experience
 - 175 pts
 - Stage I & II
 - -~50% treated with concomitant boost
 - OS at 5 yrs: 85%
 - 88% (stage I) vs 72% (stage II)
 - 29% (51 pts) developed a second primary
 - How do we salvage these patients?



Optimum Radiation Therapy

Parameter	Conventional	Hyperfractionation	Accelerated split course	Accelerated concomitant boost	
Number of patients	268	263	274	268	
Loco regional control	46%	54% (P = 0.045)	48% (P = 0.55)	56% (P = 0.05	
DFS	32%	38%	33%	39%	
os	46%	55W	46%	51%	
Grade 3+ taxicity	35%	55W	51%	59%	

RTOG 90-03 tria

FOR THE PA-C

1073 pts with stage III-IV SCCHN randomized to 4 arms Approximately 60% of patients in each arm had OP cancer Oncologic control was main endpoint

Hyperfractionation and concomitant boost yielded superior results Toxicity was also higher in these groups

Can we improve the toxicity & outcomes?

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Chemo-Radiotherapy



INTENSITY-MODULATED RADIOTHERAPY IN THE TREATMENT OF OROPHARYNGEAL CANCER: CLINICAL OUTCOMES AND PATTERNS OF FAILURE

MEGAN E. DALY, M.D., QUYNH-THU LE, M.D., PETER C. MAXIM, PH.D., BILLY W. LOO, IR., M.D., PH.D., MICHAEL J. KAPLAN, M.D., NANCY J. FISCHBEIN, M.D., HARLAN PINTO, M.D. AND DANIEL T. CHANG, M.D.
Department of Seadation Oncology, Statifical University, Statifoc, California

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Study, sucrasses (ed. yo.)				LMC	05	
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Vaccet of Association	Mi	27.3	SCC overlayer	199 (1)	78 (8)	
De Arrada et al., MSKCC (L2)	50	3.6	SCC outdayes	58.6W (2)5	188 (2)	
Lawrence et al. Breeze (21).	3.6	20.7	Base of Imput SCC with threst-durate	97 (2)	90124	
Sugaren er at. UT fintseren (23)	20	72.6	SCC cooplarym, definitive DMRT, on chemical proper	SHARE CHAIN	NA	
Charge at , Waste M (20)	74	33	SCC mydures.	87 (4)	WT (4)	
Schoenleid et al., Florala (21)	4.2	36	SCC mejarm.	97 (3)	764 (7)	
Garden or of MD Andreson (18)	51	45	MCC ampliances, oil one	44 (2)	-94 (T)	
Personal study, Stanford	.1117	36.7	SCC orestorous	92 (3)	83171	

Chemoradiotherapy

- Calais et al. RCT
 - 222 pts
 - Stage III & IV oropharyngeal cancer
 - Randomized to XRT (70 Gy/7weeks) \pm 5-FU & carboplatin
 - OS at 3 yrs: 51 vs 31%
 - Feeding tube rate 33 vs 13%
 - Local control rates also improved in the CRT group
 - Established that CRT is standard for advanced stage



What about surgery?

- What are the indications for surgery?
 - Salvage
- Is surgery a viable definitive treatment option?





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Comparison of surgery versus CRT

- Soo KC et al Br J Cancer 2005
- 119 patients
- Stage III (20%), stage IVa (75%), Stage IVb (5%)
- Surgery & XRT (60Gy) vs (CDDP/5FU, 2 cycles) and XRT (66Gy)
- Oncologic outcomes same in both groups
 - Advanced patients
 - Sub-optimal adjuvant therapy??



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Future trends in oropharyngeal cancer

- Can we improve function?
 - Reduce morbidity
 - Maintain oncologic outcomes?
- The major demographic for HPV associated tumors is the middle aged Caucasian male





Transoral approaches

- Transoral oropharyngectomy
 - Lacourreye et al
 - 191 pts
 - Mostly T1/T2
 - 5 yr LC rate 82%, OS: 56%
 - Excellent functional results
 - No tracheotomy
 - · No permanent feeding tubes





Outcomes of MIS

- Moore et al (Mayo): 102 pts tonsillar SCC, 5 yr **DFS 94%**
- Henstrom et al (Mayo): 20 BOT pts, 2 yr DFS
- Rich et al (Wash U): 84 ORX, 5 yr DFS 92%



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Robotic surgery

- Evolved from videoscopic surgery
- Two main concepts
 - 3-D visualization
 - 'Wristed' technology
 - Improved access
- Has 2 components
 - Robotic console







Why TORS?

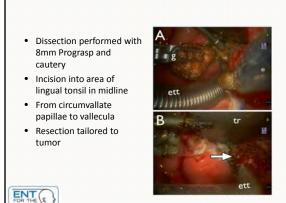


- Weinstein et al.
 - 27 pts with tonsil cancer
 - Mostly T1 & T2 (75%)
 - Few T3
 - Staged neck dissection
- All pts had negative resection margins
- 11% (3/27) major complication
 - Unplanned operation
 - "Good" functional results

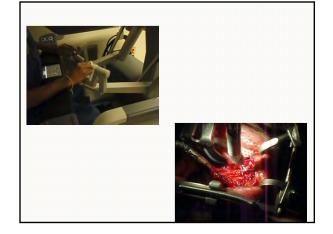
TORS

Robotic arm manipulation





Robotic base of tongue surgery



Outcomes with TORS

- Limited data
- Preliminary studies from Upenn showed feasibility
- Recent studies from Europe and Korea have small numbers
- No / limited oncologic followup



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Outcomes

- Richmon et al Laryngoscope 2013
- Survey of national database comparing open to TORS
- 116 pts had TORS
- Lower rate of Gastrostomy 0% vs 19%
- Also lower rates of tracheotomy, LOS and cost.



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De-escalation

- If HPV positive patients have improved outcomes
 - Can we de-escalate treatment to reduce morbidity?
 - Need to maintain oncologic outcomes
 - WE NEED CLINICAL TRIALS



ECOG 3311

TORS followed by Low-dose or Standard-dose IMRT in p16⁺ Locally Advanced OPC

- Objective:
 - To evaluate the 2-yr PFS in HPV+ OPC patients treated with low-dose adjuvant RT
 - Secondary end points: Toxicity, swallowing,

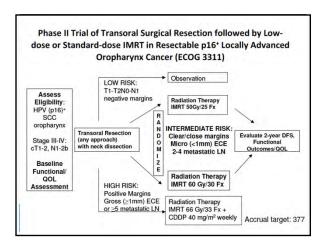


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ECOG 3311 Trial Design

- Methods:
 - Phase II trial of intermediate risk HPV+ (P16+) OPC patients randomized to either low-dose (50 Gy) or standard-dose RT (60 Gy)
 - p16+, cT1-2N0-N2b OPC
 - Credentialing of surgeon





PREVENTION OF DISEASE	
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	-
AN OUNCE OF PREVENTION	
AN CONCLOT FREVENTION	
 Recombinant HPV vaccine 6, 11, 16, 18 Targets the high-risk subtypes 	
I	
Was developed to help prevent	
– Penile cancer, vulvar, anal, H&N disease (16 & 18)– Genital Warts (6 & 11)	
- Genital Warts (0 & 11)	
Does not treat the infection	
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	_
HPV infection	
TIF V IIIIECTION	
HPV infection is quite common	
The risk of HPV infection is increasing in sexually active women	
HPV rates rise quickly in the teen's to 20's	
Decreased rate in older adults	

Current recommendations

- Vaccination for girls before sexual debut
- Vaccination can also be administered to boys
- Uptake has been low < 30%
 - Numerous factors
- Nonetheless, vaccination will only have a measurable effect on tumor incidence after several years / decades



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Conclusions

- Oropharyngeal cancer is on the rise
 - Expected to exceed cervical cancer by 2020
- · Causes include HPV infection
 - Any adult with a neck mass should be considered to have cancer
- In general HPV-associated tumors have a good prognosis!
 - Treatment options include
 - Chemoradiation
 - Robotic surgery



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Conclusions

- Not all HPV-positive patients have good clinical outcomes
- Risk factors for failure in HPV-positive patients:
 - tobacco use, N2c-N3, T4 tumors
- Genetic markers of poor prognosis will allow for further stratification of HPV-positive patients, directing de-intensification strategies for some low to intermediate risk patients.



Future directions

- The management of this cancer is evolving
- The initial results with robotic surgery is encouraging
- Prospective trials will be useful in defining the role of TORS



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Thank You

Jonas T. Johnson Robert L. Ferris Seungwon (Steve) Kim Kara Davis Ken Byrd Vikas Mehta

