## Use of region-specific human papillomavirus serotypes in improving cervical cancer prevention methods in Peru

Laura Harding, OMS II; Kayla Jelinek, DO; Ruben Kenny Briceno, MD; Katelyn Phelps, DO; Anastasia Kariagina, PhD; Zenggang Li, PhD; Santiago Benites, PhD; Justin McCormick, PhD; Gary Willyerd, DO; Shane Sergent, DO





#### Why Study Cervical Cancer in Peru?

 "Cervical cancer is the second most common cancer in women worldwide, and it is the principal cancer of women in most developing countries, where 80 percent of cases occur."

-Muños et al. 2003



MSUCOM's Peru Service elective students and clinical faculty at the clinic in Iquitos, Peru

#### What Causes Cervical Cancer?

- Human papillomavirus (HPV) has been widely accepted as the most frequent cause of cervical cancer for nearly 40 years. (Burd et al. 2003)
- HPV accounts for over **95%** of cervical cancer cases, making it a prime target for prevention. (NIH Cancer Institute)



70% of cervical cancer worldwide can be attributed to serotypes 16 or 18.

(Wiley D. et al. 2006; Adapted from Muñoz N, et al. 2003)

#### Cervical Cancer Incidence in Peru

• HPV serotypes and cervical cancer incidence varies throughout the 3 geographically distinct regions of Peru: the mountains, the coast, and the jungle. (Aguilar 2016)



 <u>The National Perspective</u>: Knowledge of endemic HPV serology within these regions may help to determine the most economic and culturally cognizant prevention practices.

#### **Cervical Cancer Incidence Comparison**



- Peru as a nation has one of the highest rates of cervical cancer incidence in the world, surpassing the USA, South America as a whole, and metropolitan-Lima.
- This reveals the greater problem being within the more rural regions of the country.

#### HPV Incidence in Peru

- Highest cancer burden falls on rural areas.
  - Cervical cancer incidence in Peru as a nation:
    - **32.7**/100,000
  - Cervical cancer incidence in Lima, Peru:
    - **19.2**/100,000
    - \*Number is lower in highincome districts.



Lima province(dark purple) contains approx. I/3 of Peru's population

(Aguilar et al. 2016)

Image: https://en.wikipedia.org/wiki/Demo

## **HPV Prevention Practices**

- Decreased cancer incidence in Lima may be attributed to programs aimed at increasing:
  - 1) Vaccination
  - 2) Screening
- This trend was not reflected in the jungle and mountainous regions.

#### Why?

- Lack of medical infrastructure.
- Economical limitations.
  - Income, travel, insurance
- Cultural barriers.
  - Fear of examination

Age Standardized Rates of Cervical Cancer in Metropolitan Lima



(Aguilar et al. 2016)

### HPV Vaccine

- HPV strains are classified as "Low-risk" or "high-risk" based on their likelihood of causing malignancy.
- In 2014, a 9-valent (9-V) HPV vaccine was approved by the FDA.
- The previous version was a 4-valent design covering strains 6,11,16 and 18.



(Muñoz et al. 2003, Muñoz et al. 2004, Burd 2003, Wagner et al. 2015)

## Our Study

#### 2013

- Schrotenboer A, et al. "Assessment of Maternal and Reproductive Health in Women of Mala, Peru."
  - Results indicated that there were gaps in maternal and prenatal care.

## Our Study

#### 2013

- Schrotenboer A, et al. "Assessment of Maternal and Reproductive Health in Women of Mala, Peru."
  - Results indicated that there were gaps in maternal and prenatal care.

#### 2014

- Bhan C, et al. "Cervical Cancer Screening in Iquitos, Peru."
  - Study evaluated cervical dysplasia using acetic acid screening.
  - Found unexpectedly high instances of cervical dysplasia.

# Our Study

#### 2013

- Schrotenboer A, et al. "Assessment of Maternal and Reproductive Health in Women of Mala, Peru."
  - Results indicated that there were gaps in maternal and prenatal care.

2014

- Bhan C, et al. "Cervical Cancer Screening in Iquitos, Peru."
  - Study evaluated cervical dysplasia using acetic acid screening.
  - Found unexpectedly high instances of cervical dysplasia.

#### 2015

- Jelinek K, et al. "Determining the Most Prevalent HR HPV Genotypes Among Women in Two Regions of Peru."
  - 2016 continued as present study.



## August 2015 and 2016:

MSUCOM medical service elective in Peru partnered with physicians at Universidad César Vallejo to collect over 400 cervical cell samples from women in the Loreto (Iquitos) and La Libertad (Trujillo) regions of the country.





Image adapted from Google Maps



#### Project Goals

1. Determine which high-risk HPV serotypes are most prevalent among Peruvian women in the regions of Loreto and La Libertad.



#### Project Goals

- 1. Determine which high-risk HPV serotypes are most prevalent among Peruvian women in the regions of Loreto and La Libertad.
- 1. Evaluate whether vaccination is the most effective method of cervical cancer prevention in these areas.



## <u>Methods</u>

- All women requesting a routine pelvic exam were given the option to participate in this study.
- Consenting women were asked a short series of questions, which included:
- Age at first sexual intercourse
- Previous pregnancies
- Previous vaccination
- STI history
- Vulvovaginal and cervical abnormalities were carefully documented.



## <u>Methods</u>



## Current Results: La Libertad (Trujillo)



High-risk serotype prevalence in La Libertad, Peru. Shown as the number per total HPV positive patients (La Libertad, n=111, HPV<sup>+</sup>=25, 22.5% incidence) Statistical analysis showed non-random distribution (P<0.05) with trends towards types **45** and **35**.

#### Current Results: Loreto (Iquitos)



High-risk serotype prevalence in Loreto, Peru. Shown as the number per total HPV positive patients (Loreto, n=126, HPV<sup>+</sup>= 33, 26.2% incidence) Statistical analysis showed non-random distribution (P<0.01) with trend towards type **16.** 



# **Discussion**

- The most common HPV type in Loreto was type 16. This is consistent with the most common HPV types worldwide and is covered by the vaccine.
- The most common HPV types in La Libertad were 35 and 45. Type 35 is not covered by the vaccine.
- These results suggests that in the La Libertad region of Peru, the HPV vaccine may be less effective at preventing cervical malignancy.



Patients waiting outside of the Iquitos clinic



# **Discussion**

- In regions with atypical HPV serotype predominance, access to prevention strategies such as Papanicolaou smears, visual inspection, and HPV DNA testing are important.
- Much of the cancer burden falls on low-income regions, making it necessary to address barriers to regular screening.
- Alternative vaccination formulas and strategies may be of benefit in these regions.



Patients waiting outside of the boat clinic along the Amazon river

# Next Steps

- Continue sample collection.
- Establish a laboratory base at Universidad César Vallejo to allow for testing and analysis in Peru.
- Investigate cost-efficient rapid HPV detection assays.

# <u>Thank You</u>

Michigan State University College of Osteopathic Medicine and the Peru Global Outreach Elective!

#### <u>Authors:</u>

- Kayla Jelinek, DO
- Ruben Kenny Briceno MD
- Katelyn Phelps, DO
- Anastasia Kariagina, PhD
- Zenggang Li, PhD
- Santiago Benites, PhD
- Justin McCormick, PhD
- Gary Willyerd, DO
- Shane Sergent, DO

<u>Contributions to sample</u> <u>collection:</u>

- Dr. Arthur Wittich, DO
- Dr. Indira Reddy, DO
- Dr. Srikala Yedavally, DO
- 2<sup>nd</sup> and 4<sup>th</sup> year students of the Peru Global Outreach



Assistance with statistical analysis:

Dr.William Jackson, PhD





College of Osteopathic Medicine



## Literature cited

- Aguilar A., Pinto J.A., Araujo J., Fajardo W., Bravo L., Pinillos L., Vallejoz C. 2016. Control of cervical cancer in Peru: Current barriers and challenges for the future (Review). *Mol. Clin. Oncol.* 5:241-45.
- Burd E. 2003. Human Papillomavirus and cervical cancer. *Clinl. Microbiol.* Rev.; 16(1):1-17.
- "HPV and Cancer" National Cancer Institute. 29 Feb. 2015. Wed 30 Aug. 2016. Available at: http://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet.
- Kamangar F., Dores G.M., Anderson W.F. 2006. Patterns of Cancer Incidence, Mortality, and Prevalence Across Five Continents: Defining Priorities to Reduce Cancer Disparities in Different Geographic Regions of the World. *J. Clin. Oncol.* 24:14, 2137-50.
- Luciana S., Cabanes A., Prieto-Lara E., Gawryszewski V. 2013. Cervical and female breast cancers in the Americas: current situation and opportunities for action. Bulletin of the World Health Organization. 91:640-49.
- Muñoz N, Bosch FX. Castellsague X, et al. Against which human papillomavirus types shall we vaccinate and screen? The international perspective. *Int. J. Cancer*. 2004; 111(2):278-85.
- Muños N., Bosch F.X., de Sanjose S., Herrero R., Castellsague X., Shah K.V., Snijders P.J.F., Meijer C.J.L.M., 2003. Epidemiologic Classification of Human Papillomavirus Types Associated with Cervical Cancer. *N. Engl. J. Med.* 348:518-27.
- Wagner M., Bennetts L., Patel H., Welner S., de Sanjose S., Weiss T.W. 2015. Global Availability of Data on HPV Genotype-Distribution in Cervical, Vulvar and Vaginal Diseas and Genotype-Specific Prevalence and Incidence of HPV Infection in Females. *Infect. Agent. Cancer.* 10:13.
- Wiley D. Masongsong E. 2006. Human Paplloma Virus, The Burden of Infection. Obstetrical and Gynecology Survery. 2006 *Obstet Gynecol Surv*, 61(6):S3-S9.