Moving away from Morphological Triage: p16/ki67 Dual Staining

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• I am evaluating new assays for cervical cancer screening that are in part donated or purchased at reduced cost from various companies. Otherwise, I have no conflict of interest.

• These are personal opinions and not official NCI statements





p16 and Ki-67



Red nuclear stain: Ki-67 / Brown cytoplasmic stain: p16

- In HPV-transformed cells, E7 oncoprotein leads to accumulation of p16
- Strong diffuse p16 staining is a marker of high grade CIN



p16/Ki-67 cytology in a colposcopy referral population



Wentzensen Clin Cancer Res 2012

- High sensitivity for CIN2+, CIN3+
- In this population, referral could be reduced by almost half



Risk-based approach to screening and management



Evaluation of p16 triage in the Italian screening trial (NTCC)



KPNC p16/Ki-67 triage study

- Kaiser Permanente Northern California (KPNC) Regional Laboratory
- 2400 HPV-positive women (hybrid capture 2)
- p16/Ki-67 dual stain (CINtec Plus) on residual Surepath samples
- Semi-quantitative evaluation of p16/Ki-67-stained cells by cytotechnologist
- Pap cytology: Focal Point Slide Profiler followed by cytotechnologist review with knowledge of HPV status; full review of all HPV+/NILM slides





Performance of dual stain and cytology for triage of HPVpositive women

	p16/Ki-67 dual stain (95% Cl)	Cytology ASCUS+ (95% CI)	P-value	
Positivity	694 (45.9%)	806 (53.4%)	<0.0001	
	Detection of CIN2	+ (n=175)		
Sensitivity	83.4% (77.1 - 88.6)	76.6% (69.6 - 82.6)	0.1	
Specificity	58.9% (56.2 - 61.6)	49.6% (46.9 - 52.3)	<0.0001	
PPV	21.0% (18.1 - 24.3)	16.6% (14.1 - 19.4)	<0.001	
NPV	96.4% (94.9 - 97.6)	94.2% (92.2 - 95.8)	0.03	
Detection of CIN3+ (n=99)				
Sensitivity	86.9% (78.6 - 92.8)	83.8% (75.1 - 90.5)	0.7	
Specificity	56.9% (54.2 - 59.5)	48.7% (46.1 - 51.4)	<0.001	
PPV	12.4% (10.0 - 15.1)	10.3% (8.3 - 12.6)	0.002	
NPV	98.4% (97.3 - 99.1)	97.7% (96.3 - 98.7)	0.3	

Wentzensen JNCI 2015



Dual stain for triage of HPV-positive women



 Risk stratification by DS suggests different clinical management: Colposcopy referral of DS-positives, extended interval (>1 year) in DS-negatives



p16/Ki-67 dual stain in vaccinated women



HPV vaccine trial (Bivalent HPV vaccine vs. Hepatitis A) 7,466 women age 18-25





p16/Ki-67 dual stain performance

	HPV arm	Control arm	p value
Positivity	284 (37.2 %)	613 (54.1 %)	0.02
CIN2+ n	19	41	0.18
Sensitivity	89.5% (65.9-97.4)	90.2% (76.5-96.3)	0.93
Specificity	67.7% (55.2-78.2)	51.1% (40.8-61.4)	0.04
PPV	20.8% (12.7-32.3)	21.0% (15.7-27.5)	0.98
cNPV	1.5% (0.4-5.7)	2.7% (1.0-6.9)	0.48

- p16/Ki-67 stained on slides from residual cells in PreservCyt
- Dual stain results weighted back to the full population





p16/Ki-67 dual stain by HPV status

	Control	HSIL	CIN2	CIN3+
HR-HPV-	526	5	19	8
%DS	4%	60%	37%	63%
HR+/HPV16-	218	26	66	54
% DS	23%	88%	70%	85%
HPV16+	31	10	36	37
% DS	52%	80%	89%	100%

High dual stain positivity in HPV16-positive controls





Reproducibility of p16/Ki-67 cytology

- 2-day training
- After completion of training and competency evaluation, 12 reviewers participated in reproducibility study (2 dropouts)
- 480 slides were distributed, each slide was reviewed 4 times, each reviewer evaluated 160 slides
- Compared to reference evaluation





Reproducibility and accuracy

Reviewer Type	Карра
All KPNC evaluators (n=10)	0.70
Cytotechnologist evaluators (n=6)	0.73

Reader	Sensitivity	Specificity
All KPNC evaluators	82.0% (73.1-88.4)	63.9% (60.0-67.5)
Reference evaluation	84.0% (63.1-94.7)	62.5% (56.6-68.0)

- 10 KPNC reviewers participated in reproducibility study
- 480 slides were distributed, each reviewer evaluated 160 slides

Wentzensen Cancer Cytopath 2014



Automated analysis of p16/Ki-67 dual stain















Application scenarios



- Fully automated: computer calls slides positive, negative, presents cells for review
- Ranked review: All slides are reviewed on the screen, computer ranks events for each slide
- Exclusion review: A subset of slides is determined negative and is not reviewed, equivocal and positive slides are reviewed on screen with ranked events



Assisted evaluation: Image gallery



IFCPC2017 World Congress



ASEP

Interim results

Thinprep

Detection of CIN2+ (n=145)	Stain Positive	Sensitivity	p value	Specificity	p value
Conventional	64.6	85.5% (78.5-90.6)		50.0% (42.8-57.2)	
Automated					
1 or more DS+ cells	75.4	90.3 (84.0-94.4)	0.08	35.7% (29.1-42.9)	0.0001
2 or more DS+ cells	67.5	86.9% (80.0-91.7)	0.66	46.9% (39.8-54.2)	0.39
4 or more DS+ cells	56.7	79.3% (71.6-85.4)	0.15	60.2% (53.0-67.0)	0.01
Morphology	62.9	86.2% (79.3-91.2)	0.82	54.6% (47.3-61.7)	0.38

Surepath

Detection of CIN3+ (n=1584)	Sensitivity	Specificity
Conventional	80.2 (71.1-87.5)	59.7 (57.2-62.3)
Automated		
SP2: 1 or more DS+	80.2 (71.1-87.5)	49.3 (46.7-51.9)
SP2: 2 or more DS+	76.2 (66.7-84.1)	61.9 (59.4-64.4)
SP3: 2 or more DS+	77.2 (67.8-85)	59.4 (56.9-61.9)





How to integrate in cervical cancer screening?







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