P1-IS-14  Persistence of human papillomavirus (HPV) as a predictor for re-development of cervical intraepithelial neoplasia (CIN) after loop electrosurgical excision procedure (LEEP)

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Objective: We aimed to investigate whether postconization human papillomavirus (HPV) DNA testing can predict for the clearance of cervical neoplastic disease and improve the accuracy of conventional follow-up in women with high-grade CIN.

Methods: Between March 2001 and October 2005, 120 patients with confirmed CIN 2 or 3 were treated with loop electrosurgical excision procedure (LEEP) and were enrolled. Six patients were lost to the follow-up. Postconization follow-up was performed at every 3~6 months during the first year and then annually. Specimens were tested for the presence of HPV, using the Hybrid Capture II (Digene Co.) or HPV DNA chip (Mygene Co.) test. Persistent HPV infection was defined as persistently (≥2 times) positive HPV tests with the same HPV subtype(s) at initial diagnosis.

Results: 22 (19.3%) patients showed recurrent or residual diseases after conization within one year. The only significant risk factor for re-development of CIN after conization was persistence of the same HPV subtype (P<0.0001). And women with recurrent or residual CIN had higher HPV load during follow-up after postconization 6 months.

Conclusion: The persistence of the same HPV subtype after LEEP conization was an important predictor of treatment failure. The follow-up protocol after conization of CIN should include both cervical cytology and HPV test, and HPV DNA chip test need to detect a persistent HPV infection.

Keywords: Human papillomavirus (HPV), cervical intraepithelial neoplasia (CIN), loop electrosurgical procedure (LEEP), viral load

P1-IS-15  Preliminary Report of the Prevalence Survey of Anogenital Tract HPV Types and Cervical Neoplasia in Uygur Women in Xinjiang, China

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Background: Cervical cancer is the second most common cancer in women worldwide and the greatest cancer killer of women in the developing world. There is now a large body of evidence linking the human papillomavirus (HPV) to cervical intraepithelial neoplasia (CIN) and malignancy. While vaccines for HPV 16, 18, 11 and 6 are now available yet there is lack of evidence of HPV profile in Chinese women. Objective: This study is to evaluate the burden of HPV and its related cervical diseases in women between the ages of 16 and 54 in Xinjiang as well as to evaluate the agreement between self-collected and direct-collected samples by using HPV test, also, to evaluate the comparative prevalence of HPV in the lower and upper vagina and endocervix. Methods: This is a multi-center, cross-sectional study, which covers a wide range of geographical areas within China. Xinjiang is the third site. There are two phases in this study. Phase one is self-sampling for HPV test in village health stations and phase two is called direct-sampling by professional physicians after one month during their following visit to go through related pelvic examinations and samplings. 1,000 eligible women aged between 16 and 54 from Xinjiang have been recruited. Questionnaires were used to collect risk factor information; The Hybrid CaptureR 2 System (hc2) is used to test 13 high risk HPV types from samples collected. Surepath, a liquid-based cytology (LBC) and VIA are also performed. Women with VIA positive and those with VIA negative but LBC > = LSIL or either HPV-positive undergo biopsy directed by colposcopy. Pathology results are gold standard. Results and Discussion: 922 women have undergone the self-sampling procedure and the overall positive rate for 13 high risk HPV is: 8.13% (75 out of 922). Its sensitivity and specificity will be determined when the pathology results are achieved. And thus, the comparison will be made between self-collected and direct-collected samples for HPV test. The project is still on, more results such as the type-specific prevalence of HPV, the distribution of HPV types in CIN lesions collected in the study population and the comparative prevalence of HPV in the lower and upper vagina and endocervix relative to the presence of CIN2 or worse will be available at the end of November, 2006.

[key words] HPV Infection, Cervical Diseases, Questionnaires, Hybrid CaptureR 2 System