

WHO International Collaborative Study On The Detection of HPV DNA

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Study Group:

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- Reference laboratories
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- Coordination WHO
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Initiative for Vaccine Research

Immunization, Vaccines & Biologicals

World Health Organization



Initial characterization of the Panel and Organization of the Study

- Two reference laboratories performed PGMY Line Blot assay and SPF10 LiPa assay as well as qRT-PCR for HPV16 (E6), HPV18 (E7) and β -globin
- Panels were distributed from the production laboratory (WHO International Laboratory for Biological Standards) to 29 laboratories worldwide; 115 μ l of each sample
- Each package contained an information sheet and a questionnaire to obtain technical information on the procedures used
- Results were submitted to neutral office and coded so that specific laboratories and HPV assays would not be linkable

Molecular Methods for HPV DNA Amplification and Detection

Hybridization-technique:

HC2 HPV DNA Assay (Digene)
FDA-approved

PCR-protocols:

Amplicor HPV MWP (Roche) CE
GP5+/GP6+ (de Roda et al. /
Jacobs et al., 1995)

MY09/11 (Manos et al, 1989)
SPF (Kleter et al., 1998)
PGMY 09/11 (Gravitt et al. 2000)
Homebrew-PCR (??)

Source: Google Scholar

VALIDATION OF THE PANEL

- HPV16 was less efficiently amplified than HPV18 by qRT-PCR; Endpoint detection of $10E-6$ for HPV16 ($10E5$ Geq/ml) and $10E-8$ for HPV18 ($10E3$ Geq/ml)
- a subsequent analysis revealed a difference in dilution of at least one order of magnitude HPV18 > HPV16
- using qualitative assays both reference laboratories detected HPV16 at a dilution of $10E-7$ ($10E4$ Geq/ml = 10 copies/ 10μ l) and HPV18 at a dilution from $10E-7$ to $10E-8$ ($10E3$ - $10E4$ Geq/ml)
- HC2 assay had a detection limit of 10.000-100.000 Geq per assay
- Amplicor MWP had a detection limit of 1 – 10 Geq per assay

Analysis of the performance of the participating labs

- Criteria for proficiency
 - Correct detection of the negative sample
 - Logical order in dilution series; for HPV16 and HPV18
 - ++---
 - +-+---
 - +---+- not logical
 - Correct HPV 16 and 18 detection in the background of human DNA with or without other HPV genotypes
- Four datasets without specific genotyping results were not analysed: HCII and MWP assay

Conclusions from this study

- All participants could detect oncogenic HPV 16 and 18 at the highest concentrations available in the panel, corresponding to 100.000 copies per 10 µl sample
- Most laboratories showed a good level of sensitivity and could detect dilutions up to 1.000 copies per 10 µl sample
- The single negative control was negative by all labs except for one which detected HPV6
- The lower level of HPV16 detection varied 1000-fold among participants
- The lower level of HPV18 detection varied 100.000 fold
- Detection of HPV31 had an overall proficiency below 50% because of 12 false negative results at 10.000 copies/10µl
- All except one laboratory were proficient in the detection of HPV33 and 45
- HPV6 had a high number of false positives
- HPV35 and 52 had intermediate proficiency results
- False positives were mostly clustered among laboratories that used "in house" PCR methods

Conclusion from this study

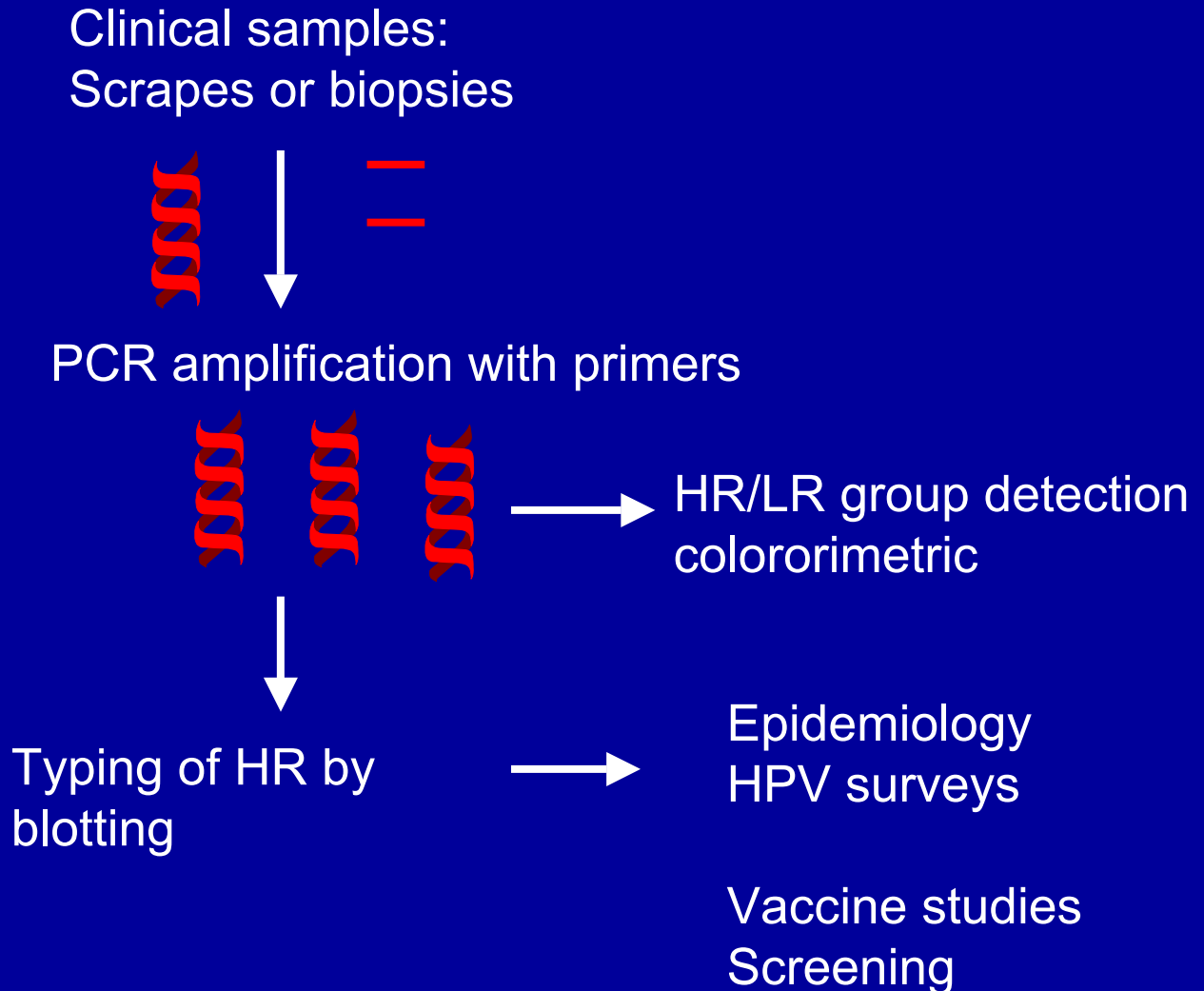
- Harmonized SOPs may help improve quality of assays when inaccurate results are frequent in individual laboratories
- International standard reagents provide a helpful tool for high quality HPV amplification, detection and genotyping
- This strategy allows laboratories to measure their results in relation to other groups globally and improve their performance for molecular HPV detection in the future
- Specificity and sensitivity of methods are crucial for both epidemiological surveys and vaccine evaluation and future monitoring of vaccine performance upon deployment in populations
- Sample collection and handling, including DNA extraction procedures are a further step in the harmonization of laboratory procedures for HPV typing

Molecular methods for evaluation of HPV infections



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Molecular Methods for HPV DNA amplification and detection



Molecular Methods for HPV DNA Amplification and Detection

Digene Hybrid Capture Assay

Luminescence

Roche Multiple Well Plate assay

Colorimetric

degGP5+/6+

BioMedlab DNA chip

GP5+/6+ (150 bp)

Reverse Line Blot Assay

EIA and 2-D Array

MY09-11 and PGMY (450 bp)

Reverse Line Blot Assay

SPF10 (65 bp)

Reverse Line Blot Assay

Other PCR typing methods

Type specific HPV 16, 18, or...

Southern blot or dot blot

Test Panel samples (1): geq/ml

Code	Dilution series (geq/ml)		C33A DNA genomes/ml
	HPV 16	HPV 18	
24	10^7		10^6
8	10^6		10^6
21	10^5		10^6
16	10^4		10^6
19	10^3		10^6
23	10^2		10^6
9	10^1		10^6
5	10^0		10^6
22		10^7	10^6
1		10^6	10^6
20		10^5	10^6
11		10^4	10^6
15		10^3	10^6
18		10^2	10^6
12		10^1	10^6
4		10^0	10^6
14	Background DNA		10^6