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# Recent development and further prospects of vaccine

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# HPV vaccine: designed to prevent cancer

- ~ 18% of worldwide cancer cases are related to infections: parasites, bacteria, viruses (EBV, HBV, HCV, HPV) and thus theoretically preventable
- anti-HBV vaccine appears to be active against liver cancer but was primarily developed to prevent hepatitis
- HPV-specific vaccine designed solely for prevention of cancer

# Prevention of cervical cancer

abstinence

condoms

prophylaxis

pre-

post-exposure

VLPs chimeric particles?

immune therapy

early HPV proteins?

PAP screening

cytology, HPV?, p16?

**INFECTION** → persistence → HSIL → → cancer

age

15

20

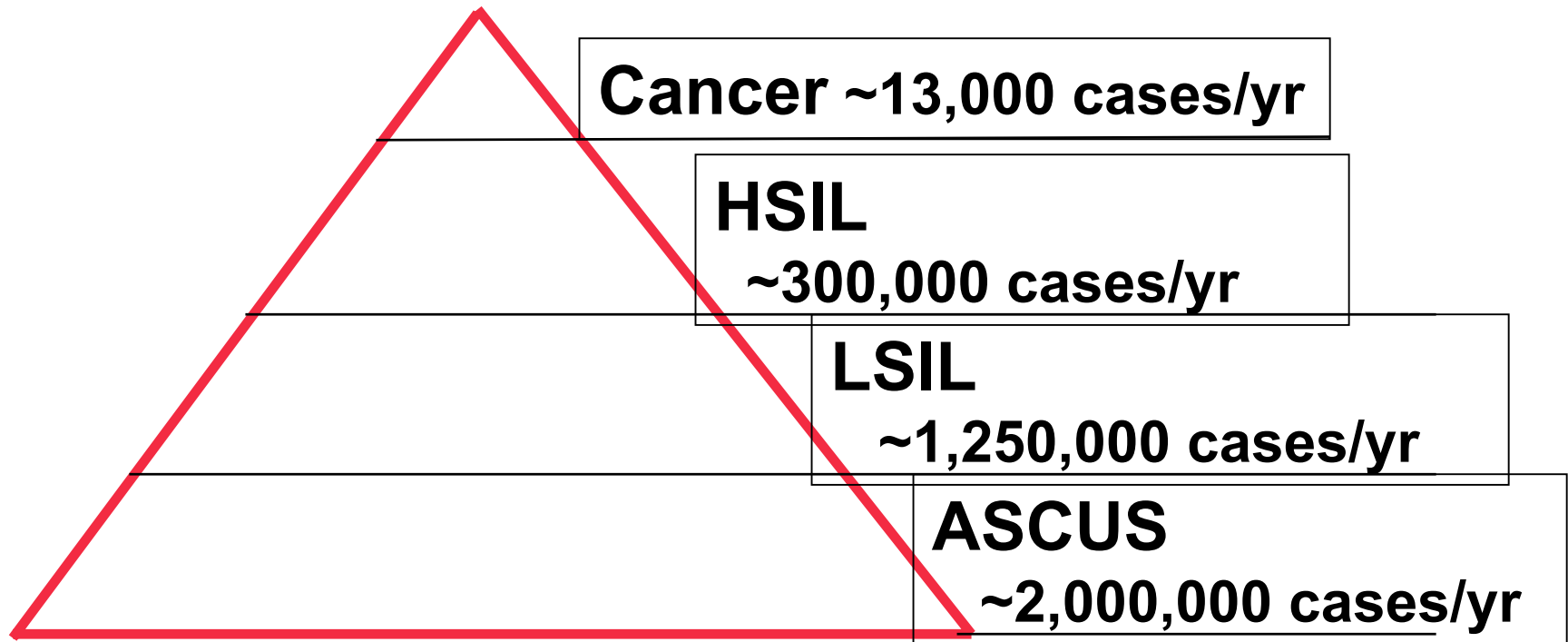
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# **Need for Cervical Cancer (anti-HPV) Vaccines**

- **CxCa is the 2<sup>nd</sup> most frequent cancer in women worldwide.**
- **80% of cases in Third World Countries where screening programs for early detection don't exist.**
- **In industrialized areas, Pap-screening programs have substantially reduced the incidence but cause**
  - **discomfort and anxiety to women**
  - **morbidity by (unnecessary) treatment of cancer precursors**
  - **substantial costs for medicare**

# Burden of disease (US): cervical neoplasia



The ASCUS/LSIL Triage Study Newsletter, Vol 1, Issue 1  
Janicek MF & Averette HE, 2001; Greenlee RT et al., 2001

[http://www.fda.gov/ohrms/dockets/ac/01/slides/3805S1\\_01%20Goldenthal/sld001.htm](http://www.fda.gov/ohrms/dockets/ac/01/slides/3805S1_01%20Goldenthal/sld001.htm)

# Prevention/treatment of cervical neoplasia: Annual costs US (Mio USD)

	costs x cases	total costs (million USD)
screening	75 x 50 mio	3,500
treatment ASCUS	300 x 2 Mio	600
treatment LSIL	1250 x 1.25 Mio	1,560
treatment HSIL	1500 x 270,000	400
	3500 x 30,000	100
treatment cancer	10,000 x 13,000	130
		6,290

source: BancAmerica Robertson Stephens 1998

# Prevention/treatment of cervical neoplasia: Annual costs US (Mio USD)

	costs x cases	total costs (million USD)	savings by vaccination
screening	75 x 50 mio		
treatment ASCUS	300 x 2 Mio	600	360
treatment LSIL	1250 x 1.25 Mio	1,560	936
treatment HSIL	1500 x 270,000	400	240
	3500 x 30,000	100	60
treatment cancer	10,000 x 13,000	130	78
		2,790	1,674

source: BancAmerica Robertson Stephens 1998

# Clinical Development

**therapeutic trials: results of 27 phase I/II studies (n=772)**

- **no major side effects**
- **Immune response (IR) in some patients: abs, CTL, cytokines**
- **clinical response (CR) variable in cancer patients**
- **CIN, VIN and AIN patients showed promising clinical results**
- **poor correlation between IR and CR**

# Clinical development: results

**prophylactic trials (phase I/II):  
HPV 16/18 L1 VLPs (n=4466)**

- **well tolerated**
- **highly immunogenic: neutralizing antibodies**
- **sustained ab response with appropriate adjuvant**
- **protection (type-specific?) against persistent infection and high grade dysplasia**
- **clinical efficacy data (cancer) not yet available**
- **early licensing expected**

# HPV-specific cervical cancer vaccine: marketing is shortly ahead

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## New report on cervical cancer vaccine gets media jumping

April 21, 2005

*Mark Terry*

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A media and industry buzz was created with the publication of a paper in *The Lancet Oncology* by researchers at Merck & Company, Inc., about results from a Phase II clinical study comparing their new human papillomavirus (HPV) vaccine, [REDACTED], against a placebo. There are currently two major clinical trials underway for an HPV vaccine, the other for a vaccine called [REDACTED] by GlaxoSmithKline.

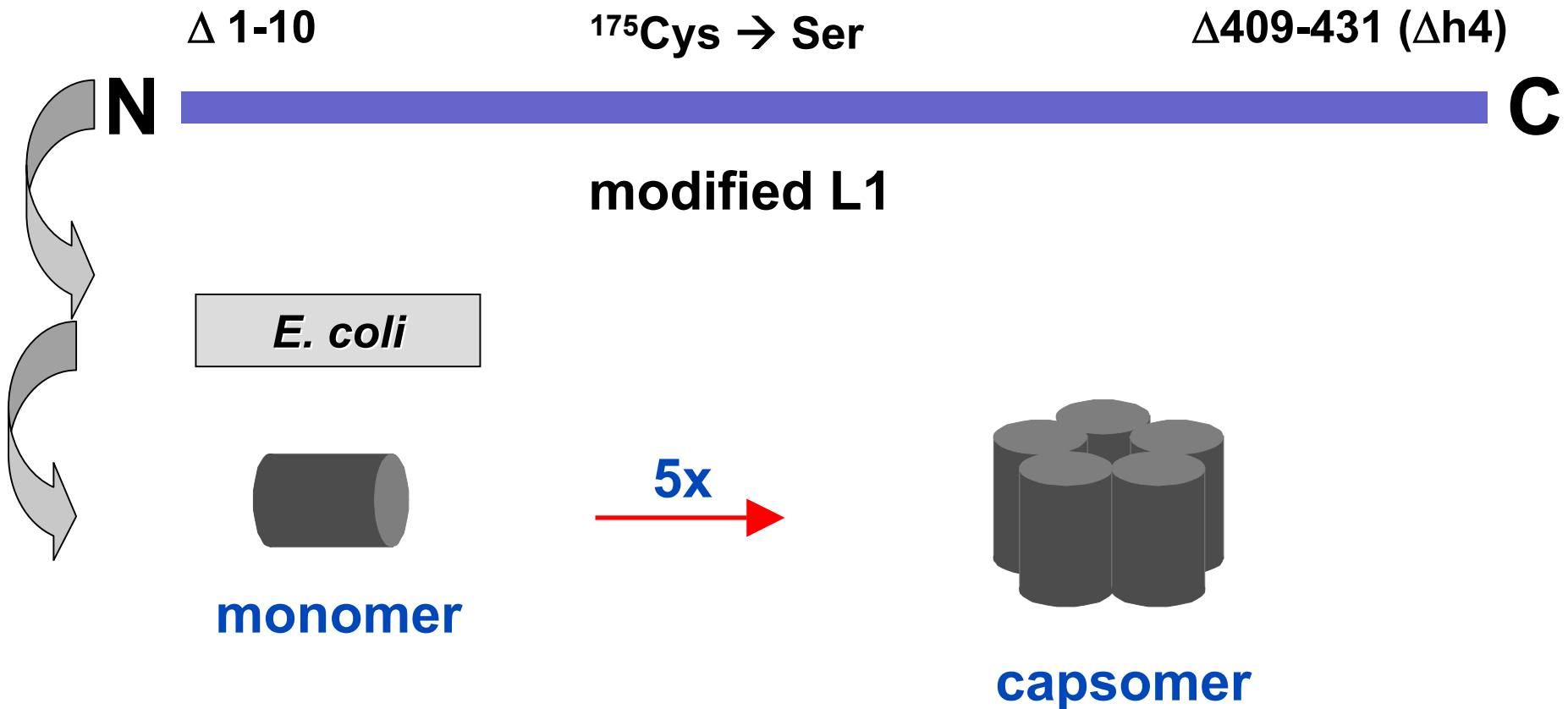
# HPV-specific cervical cancer vaccine: some challenges

- HPV plurality
- duration of protection ?
- long-term effect of prophylactic vaccine  
→ need for immune therapy
- public acceptance of vaccination (male factor) ?
- impact on screening, compliance after vaccination ?
- biological balance between HPV types ?
- special needs for developing countries

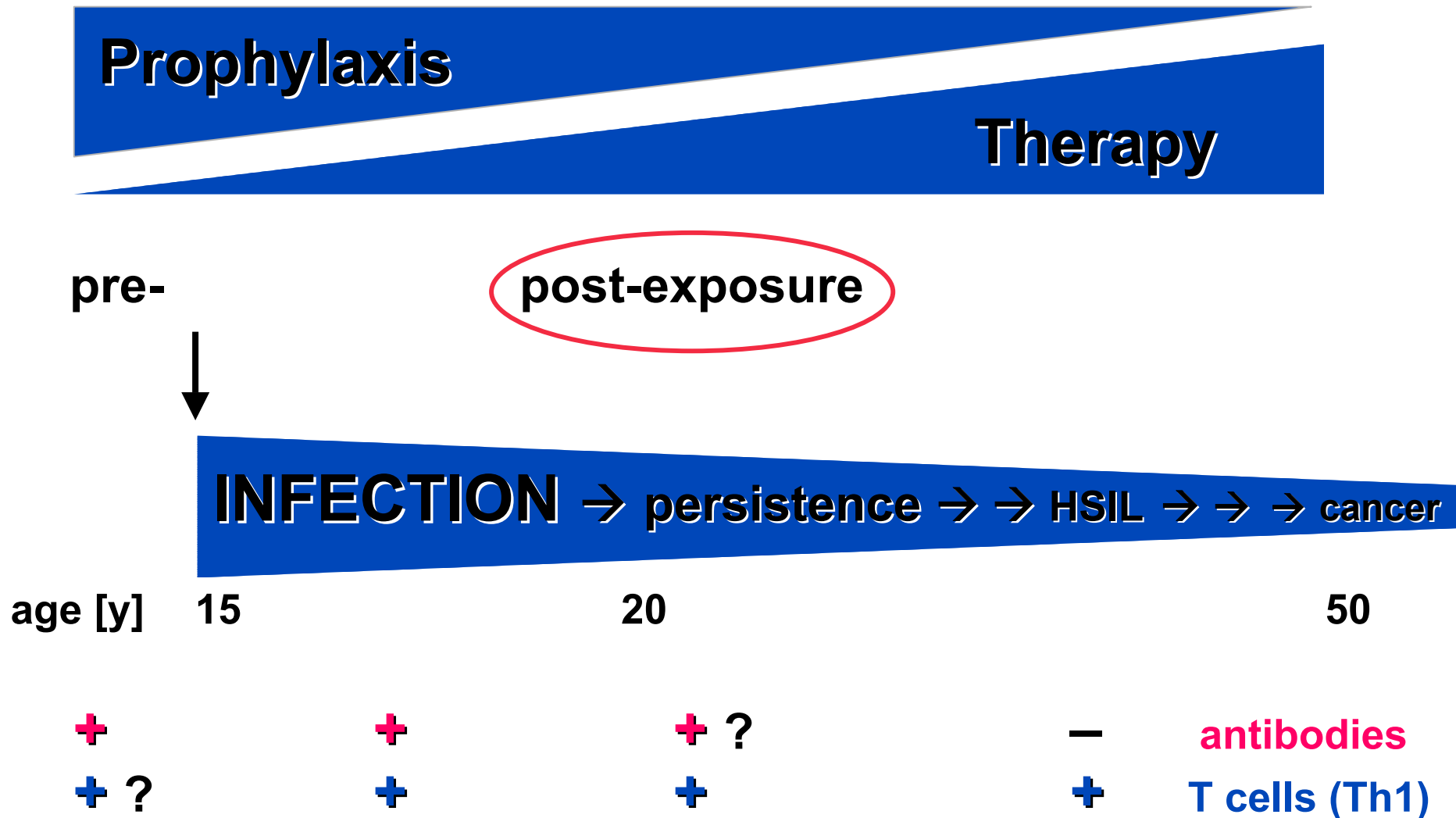
# 2<sup>nd</sup> generation HPV vaccines: needs and feasibility

- **cross-protecting vaccines** **industry**
- **therapeutic vaccines (DNA, peptides)** **academia**
- **vaccines for low-budget countries** **public**
  - **economical production**
  - **stable vaccine**
  - **non-invasive immunization**
  - **post-exposure prophylaxis**

# HPV 16 L1 capsomeres: more stable and less costly



# HPV-Specific Cervical Cancer Vaccines



# HPV chimeric capsomeres



- prophylactic and therapeutic features
- treating persistent infections and preventing re-infection in a post-exposure scenario
- suitable for developing countries

# HPV chimeric capsomeres

- generation of expression plasmids (E6, E7)
- production of chimeric capsomeres
- characterization
  - size, structure, activation of DCs
  - antibodies, CTL, tumor rejection
- selection of vaccine candidate
- GMP production
- phase I clinical trial

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Grand Challenges  
in Global Health 