

Will a single dose of the prophylactic HPV vaccines provide durable protection against cervical cancer?

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RCT to evaluate protection
afforded by one and two
doses of the HPV vaccines

*NCI and Proyecto Epidemiologico
Guanacaste (Costa Rica)*

Study goal and components

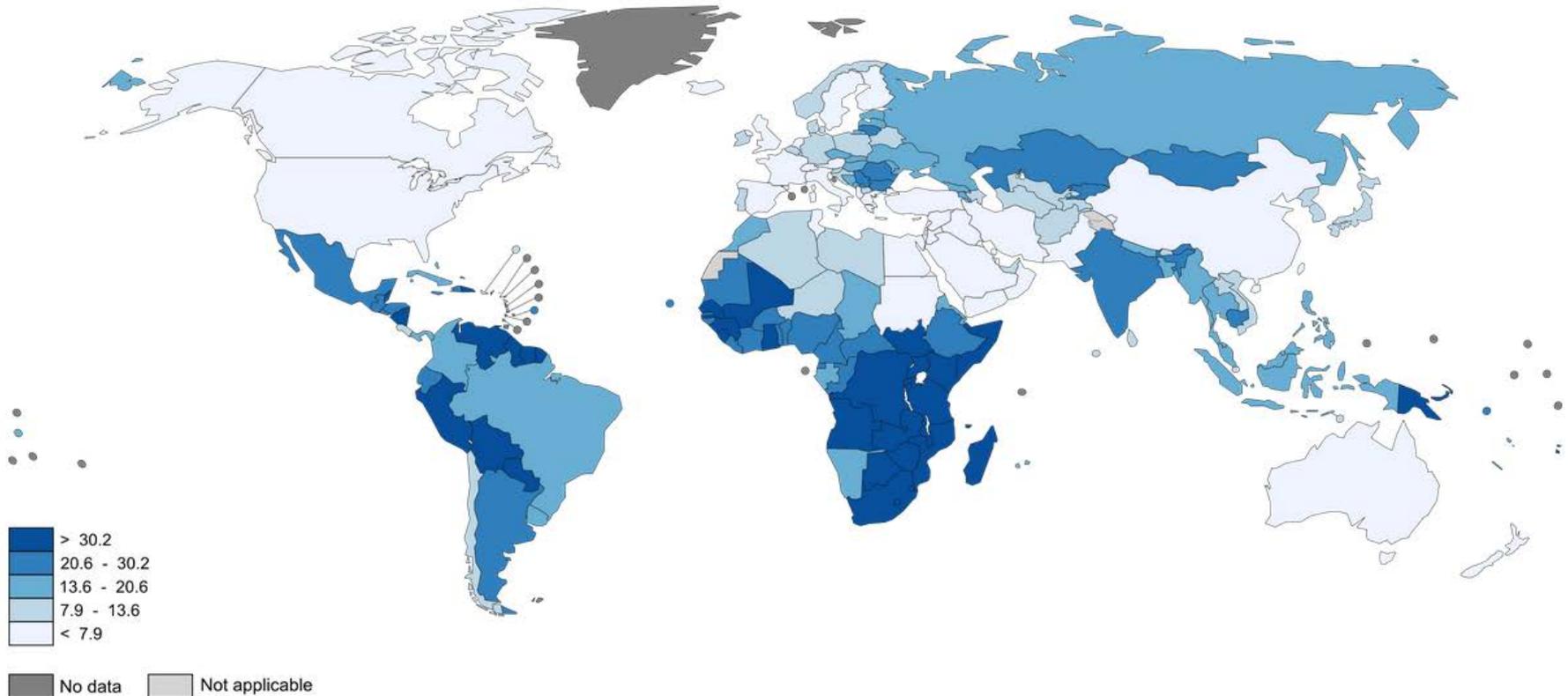
Main aim: Prove single-dose protection of HPV vaccines in order to change standard of care

- Four-arm trial: 1 and 2 doses* of GSK (bivalent) and Merck (9-valent) HPV vaccines
- Immunobridging to accelerate implementation in other populations or using other vaccine formulations

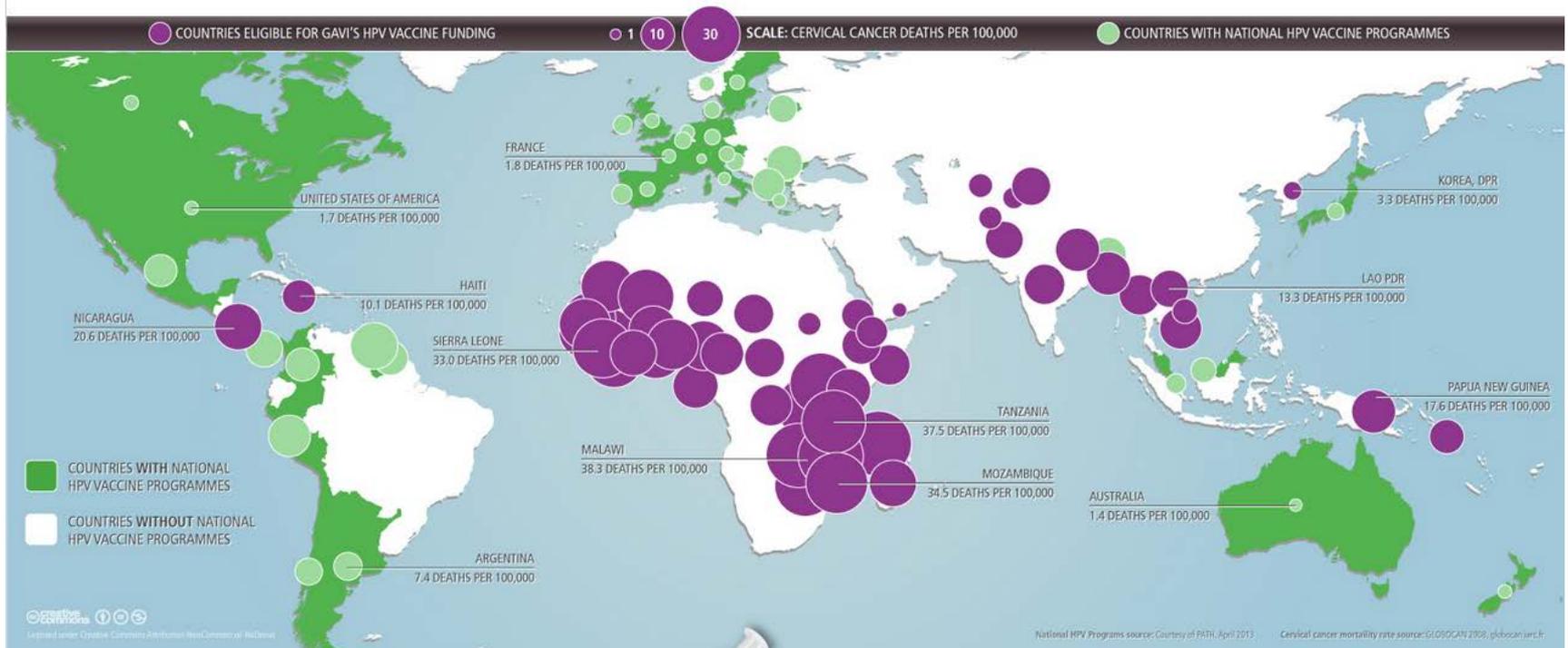
*WHO and EMA recommend two doses for adolescents

Global burden of cervical cancer greatest in developing countries

▲ Estimated Cervical Cancer Incidence Worldwide in 2012



Current global vaccination patterns will only have a marginal reduction on cervical cancer



http://www.gavi.org/uploadedImages/Types_of_support/NVS/HPV/HPV-vaccine-infographic-1600_source.jpg

HPV vaccines and schedules licensed in the US

	Bivalent (Cervarix)	Quadrivalent (Gardasil)	Nonavalent (Gardasil-9)
Company	GlaxoSmithKline	Merck	
HPV types	16, 18	16, 18, 6, 11	16, 18, 6, 11 31, 33, 45, 52, 58
Adjuvant	ASO4	Alum	
Schedule	3 doses (0,1,6 months)	3 doses (0,2,6 months)	
Licensed	Females Aged 9-26*	Females and males Aged 9-26*	

*Vaccinate to eradicate peak of HPV acquisition

Single-dose vaccine efficacy

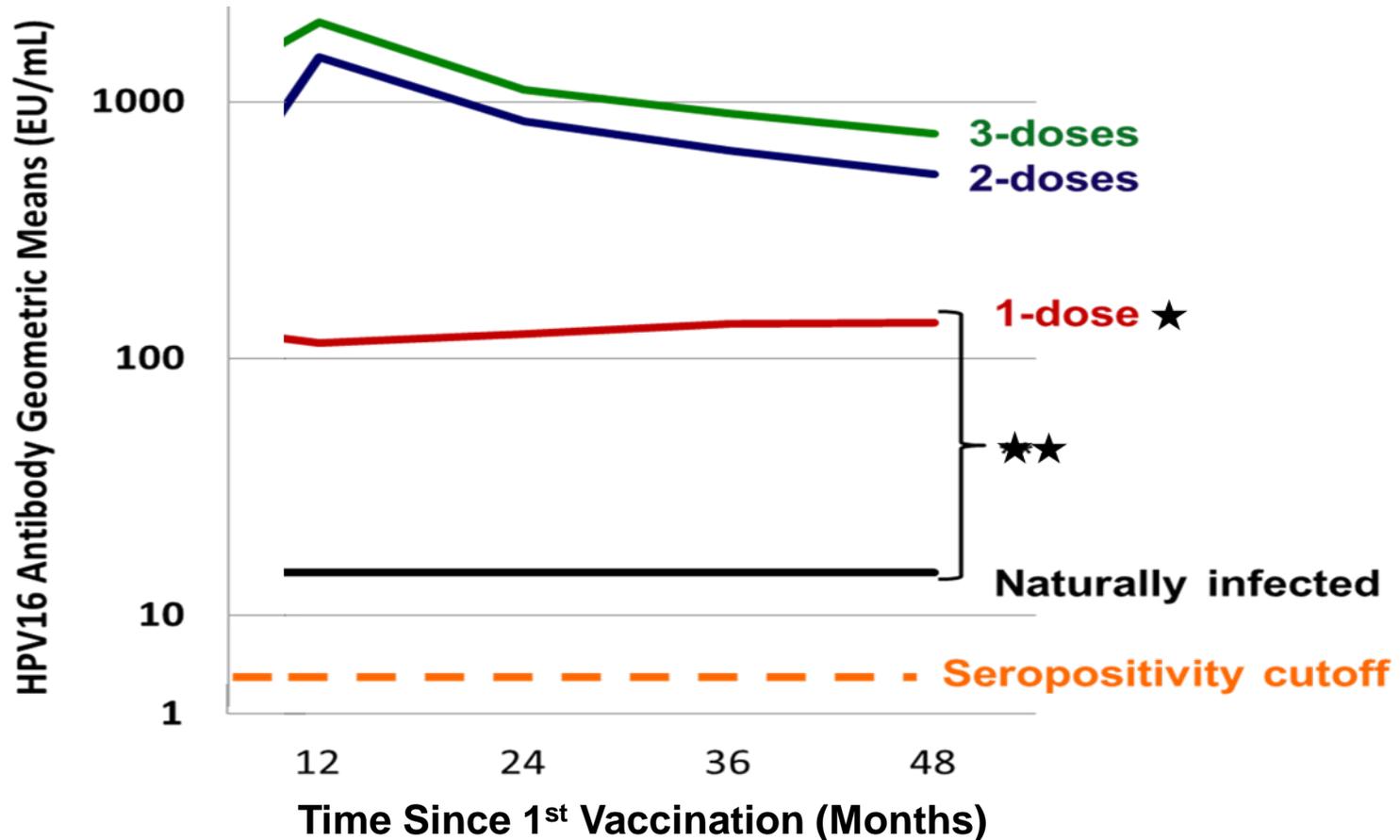
Post-hoc analysis of bivalent HPV vaccine in Costa Rica HPV Vaccine Trial

# of Doses	Arm	# Women	HPV16/18 6+ mo Persistence N (%)	HPV16/18 Vaccine Efficacy (95%CI)
3	Control	3010	229 (8%)	84% (77% to 89%)
	HPV	2957	37 (1%)	
2	Control	380	24 (6%)	81% (53% to 94%)
	HPV	422	5 (1%)	
1	Control	188	15 (8%)	100% (79% to 100%)
	HPV	196	0 (0%)	

Single-dose immunogenicity

* 4-fold difference between 1 and 3 dose plateau titers

** ~10-fold difference between 1 dose and natural infection plateau titers



No precedent for a single dose of a subunit vaccine to confer stable serum antibody levels or long-term protection

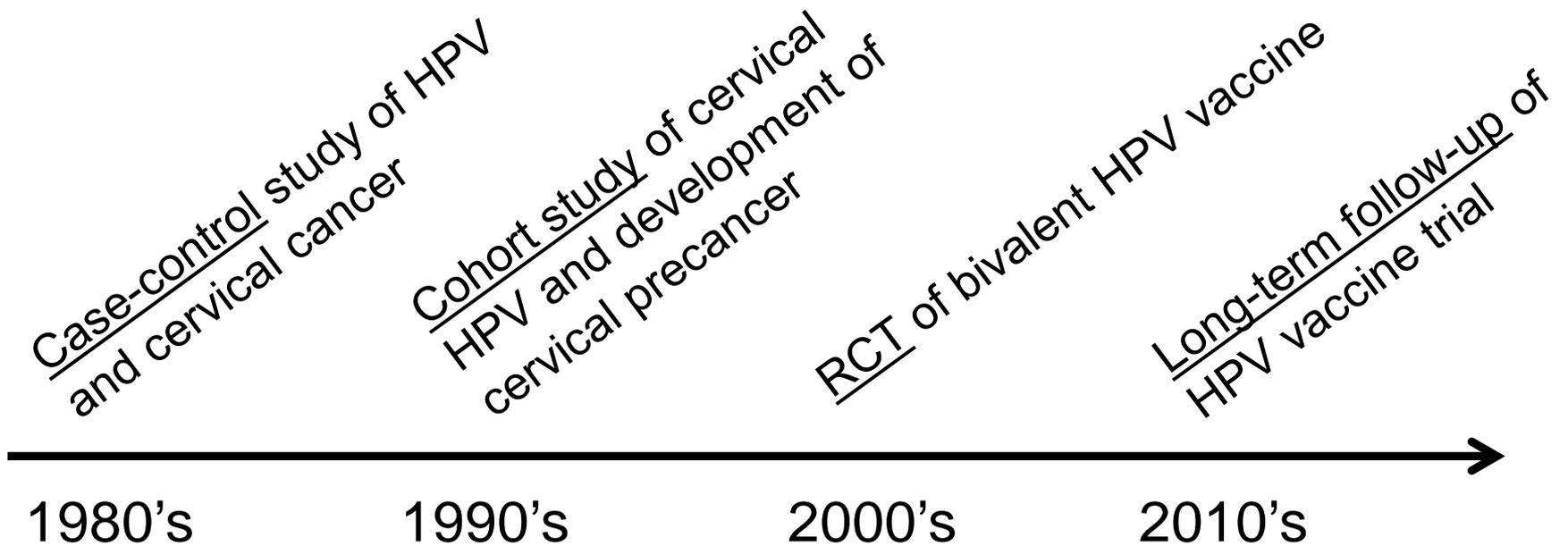
- Current CVT Long-term follow-up (LTFU) study - documents protection afforded by one dose (non-randomized) of the bivalent vaccine
 - DCEG planning to further extend follow-up out to 15 years
- GSK-sponsored PATRICIA trial (bivalent vaccine) - independent confirmation of post-hoc single-dose efficacy*
- India Vaccine Study (non-randomized) - quadrivalent HPV vaccine (Merck)
 - Political suspension yielded ~5000 one-dose vaccinees on study with 3 years of follow-up

*Kreimer AR, Struyf F, et al. *Lancet Onc* 2015

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History of NCI/CR collaboration



Contributed substantially to the understanding of cervical cancer natural history and primary and secondary prevention approaches to reduce disease burden

Study goal and components

Main aim: Prove single-dose protection of HPV vaccines in order to change standard of care

- Four-arm trial: 1 and 2 doses* of GSK (bivalent) and Merck (9-valent) HPV vaccines
- Epidemiologic HPV survey: document HPV infection among unvaccinated girls
- Immunobridging to accelerate implementation in other populations or using other vaccine formulations

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Primary objectives

1. Non-inferiority of 1 vs 2 doses in the prevention of new cervical HPV16/18 infections that persist 6+ months
2. Evaluate 1 dose of HPV vaccination compared to 0 vaccination doses

Secondary objective

Compare sustained immune titers via measurement of serum antibodies between girls who received 1 and 2 doses of the HPV vaccines

- Primary focus: HPV16/18
- Additional HPV types in nonavalent HPV vaccine will be investigated

Study design

RCT: Girls only, N=5,000 per arm (20,000 total)

- Trial must be large given the non-inferiority design and the expected high VE among girls in the first 4 years
- Ages 13 to 16 years (chosen based on median age at sexual debut)

Epidemiologic HPV survey

- Goal: document HPV attack rate among unvaccinated girls
- 3 study visits over 1 year
- Collect same samples as in RCT
- Offer HPV vaccination at conclusion of participation

Additional immunologic studies

1. Establish lowest serum antibody level that confers strong protection with a single dose
2. Immunobridging studies to other populations
3. Subsequent trials of biosimilar VLP-based HPV vaccines to be immunobridging trials
4. NCI DCP plans to conduct a companion 1-dose/2-dose immunogenicity trial in the U.S.

Early efforts for the study

Pilot study

- Quantify expected enrolment and retention rates, and acceptability of study procedures

Real-time monitoring of enrolment phase

- Milestones for accrual
- Contingency plans

Summary

- Four years of strong protection in our trial intended to provide the level of evidence needed to change policy
 - Opportunities to evaluate other populations and vaccine formulations
 - VLP-based vaccines should be considered in future vaccine development, to reduce doses needed for protection
- Longer-term follow-up of the proposed trial would be needed to provide confirmation of duration of protection out to 10 years
 - Herd immunity if sustained vaccine uptake was present in a population

Thank you