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Sue Kelly Executive Deputy Commissioner

May 24, 2012

Evaluation of the New York State Human Papilloma Virus (HPV) Proficiency Test

April 2012¹

Dear Laboratory Director:

This is the summary and evaluation of the graded New York State Proficiency Test for human papilloma virus (HPV) determination from April 2012. A report with your laboratory's score and grade will be sent separately to you by regular mail. Five vials (HPV056 – HPV060) containing cervical cells derived from actual patients in PreservCyt[®] medium were sent out to every permitted laboratory on April 17th, 2011, and the due date for submitting the test results was May 7th, 2012. Each correct answer received 20 points, and an incorrect one zero points. The passing threshold was set at 80 points (80 percent) for the entire test event. Answers could be provided in three categories, Positive (Pos), Negative (Neg), or Low Positive (LoPos) for high-risk HPV screening. Laboratories that perform genotyping were also asked to provide those results. In addition, we asked that you include the raw data with your submitted results, i.e. RLU/CO values from Hybrid Capture[®], or FOZ values from Cervista[®], though this information was not used for grading.

A total of 75 test sets were sent out, and valid answers were received from 74 laboratories by the due date. For screening, 45 laboratories (58%) used the Hybrid Capture[®] method, 25 laboratories (32%) used the Cervista[®] method, of which 4 laboratories (5%) reported results from both of these methods, 5 laboratories (6%) used a polymerase chain reaction based method (2 Cobas[®] 4800, 3 Laboratory Developed Tests), 2 laboratories used the recently approved Aptima[®] method (3%) and 1 laboratory (1%) continued to use the in-situ-hybridization method. The screening results are summarized in Table 1.

Cytology slides were prepared and evaluated in-house from each of the five test samples. Slides from positive samples HPV055, HPV056, and HPV057 all presented with scattered atypical squamous cells and all contained the fungus Candida albicans. Smears from the two negative samples, HPV059 and HPV060, were both simply diagnosed as satisfactory, within normal limits. All the cytological diagnoses were in agreement with the HPV consensus results from this proficiency test.

Results

Consensus results from all laboratories and across each method were excellent at 98% (385/390) with only five incorrect sample responses. All laboratories unanimously reported samples HPV057 and HPV058 as positive. Positive sample HPV056 received two discrepant negative answers, one each with Hybrid Capture and Cervista[®], respectively. The results for sample HPV059 showed one single positive response instead of the consensus negative (1/78) from a Cervista[®] assay. Finally, sample HPV060 received two discrepant answers (2/78) from Hybrid Capture method using laboratories, one positive and one low positive. The laboratories that reported results that do not match the consensus, irrespective of the method used, should re-examine their results. A limited number of samples are available for retest upon request.

¹The use of brand and/or trade names in this report does not constitute an endorsement of the products on the part of the Wadsworth Center or the New York State Department of Health.

	HPV056	HPV057	HPV058	HPV059	HPV060
All methods					
Total	78	78	78	78	78
Negative	2	0	0	77	76
Positive	76	78	78	1	1
Low Positive	0	0	0	0	1
% Negative	2.6%	0.0%	0.0%	98.7%	97.4 %
% Positive	97.4%	100.0%	100.0%	1.3 %	1.3 %
% Low Positive	0.0%	0.0%	0.0 %	0.0 %	1.3 %
Consensus	POS	POS	POS	NEG	NEG

Table 1. Screening results, 74 laboratories, 78 results submitted:

	HPV056	HPV057	HPV058	HPV059	HPV060
Hybrid Capture					
Total	45	45	45	45	45
Negative	1	0	0	45	43
Positive	44	45	45	0	1
Low Positive	0	0	0	0	1
% Negative	2.2%	0.0%	0.0%	100.0%	95.6%
% Positive	97.8%	100.0%	100.0%	0.0%	2.2%
% Low Positive	0.0%	0.0%	0.0%	0.0%	2.2%
Consensus	POS	POS	POS	NEG	NEG

	HPV056	HPV057	HPV058	HPV059	HPV060
Cervista®					
Total	25	25	25	25	25
Negative	1	0	0	24	25
Positive	24	25	25	1	0
% Negative	4.0%	0.0%	0.0%	96.0%	100.0%
% Positive	96.0%	100.0%	100.0%	4.0%	0.0%
Consensus	POS	POS	POS	NEG	NEG

	HPV056	HPV057	HPV058	HPV059	HPV060
PCR*					
Total	5	5	5	5	5
Negative	0	0	0	5	5
Positive	5	5	5	0	0
% Negative	0.0%	0.0%	0.0%	100.0%	100.0%
% Positive	100.0%	100.0%	100.0%	0.0%	0.0%
Consensus	POS	POS	POS	NEG	NEG

*includes Roche Cobas[®] 4800

	HPV056	HPV057	HPV058	HPV059	HPV060
APTIMA [®] (N=2)	POS	POS	POS	NEG	NEG
	HPV056	HPV057	HPV058	HPV059	HPV060
ISH (N=1)	POS	POS	POS	NEG	NEG

Genotyping

Laboratories that routinely determine HPV genotypes were also asked to submit those results ("genotyping"). Twenty-three laboratories did genotyping using variable methodologies. Seventeen laboratories (74%) used the Cervista®16/18 method, two (9%) used a laboratory developed PCR based methodology, two (9%) used PCR followed by RFLP, one laboratory (4%) used the Hybrid Capture method and one laboratory (4%) used the Cobas[®] 4800 methodology (Table 2).

As expected, the carcinogenic types 16 and 18 were most frequently observed in the positive samples. Genotyping results for sample HPV057 showed that all the laboratories were in agreement that high-risk HPV genotypes 16 and/or 18 were present in the sample; however, it was interesting to see that among the Cervista®16/18 method users the answers varied, with six laboratories (35%) reporting the high-risk genotype 16 only, ten laboratories (59%) reporting both high-risk types 16 and 18, and one laboratory (6%) being unable to distinguish which of those two genotypes was present in the sample. Responses for sample HPV056 showed an approximate even split between laboratories that found HPV 16 only and laboratories that found both HPV 16 and 18 genotypes, while in sample HPV058 the single carcinogenic genotype 16 was the most prevalent response reported. However, it was surprising that in both samples HPV056 and HPV058 a few laboratories could not identify either of the high-risk genotypes 16 and/or 18 by the Cervista®16/18 method used in their laboratory. These labs should reexamine their procedure. The one laboratory that used the Cobas[®] 4800 method reported both the high-risk 16 and 18 genotypes and other high-risk positive genotypes present in all the samples including those that it reported as negative by screening. This laboratory should check their results again. Not surprisingly, the PCR methods also identified other high-risk genotypes in each of the positive samples. Table 2 summarizes the genotyping results.

Method	HPV056	HPV057	HPV058	HPV059	HPV060
INV	16	16	16	N/A	N/A
INV	16	16	16, 18	N/A	N/A
INV	16	16, 18	NOT ID	N/A	N/A
INV	16	16, 18	NOT ID	N/A	N/A
INV	16	16, 18	16 or 18	N/A	N/A
INV	16	16, 18	16, 18	N/A	N/A
INV	16, 18	16	16	N/A	N/A
INV	16, 18	16, 18	16	N/A	N/A
INV	16, 18	16, 18	16	N/A	N/A
INV	16, 18	16, 18	16	N/A	N/A
INV	16, 18	16, 18	16	N/A	N/A
INV	16 or 18	16	16	N/A	N/A
INV	N/A	16 or 18	16 or 18	N/A	N/A
INV	N/A	16	16	N/A	N/A
INV	NOT ID	16	NOT ID	N/A	N/A
INV	NOT ID	16, 18	NOT ID	N/A	N/A
INV	NOT ID	16, 18	16	N/A	
PCR	16, 18	16, 18	16	Reactive with HPV generic probe	Reactive with HPV generic probe
PCR	16, 18, 59, 68	16, 18, 59, 68	16, 18, 59, 68	N/A	N/A
RFLP	33, 53, 18, 16, 31	16, 61, 53, 6, CP141, ukn.	LVX160, 16, 59	61, 72	N/A
RFLP	16, 31, 53, 58	16, 58, 61	16, 72, ukn.	N/A	N/A
HYC	NOT ID	16, 18	16	N/A	N/A
Cobas 4800	16, 18, other HR positive	16, 18, other HR positive	16, 18, other HR positive	16, 18, other HR positive	16, 18, other HR positive

 Table 2.
 Genotyping results, 23 laboratories:

HYC = Hybrid Capture, INV = Cervista®, N/A = not applicable, PCR = polymerase chain reaction, RFLP = PCR followed by restriction fragment length polymorphism determination, ukn. = unknown, NOT ID = Not identifiable by the method used

Raw data

Figure 1 shows distribution plots of the raw data, RLU/CO and FOZ, respectively. Though these data are not meant in a strictly quantitative way, Figure 1C clearly shows that a substantial number of results for genotyping Mix 18 for samples HPV056 - 058 are below the threshold for positivity. This is in agreement with the above-discussed genotyping results.

Conclusions

In general, there was high agreement among the laboratories in this proficiency test and the results were consistent with the cytologic features of the samples.

Finally an important reminder regarding the data submission process: Be sure your results are submitted. If results are saved but **not submitted**, they will be graded as an administrative **fail** and put your lab at risk for an unsuccessful performance.

Tentative schedule for the 2012 New York State HPV proficiency tests:

Mail-out Date October 16

Due Date November 5

For questions, comments or suggestions regarding this PT event please call or e-mail:

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