



Human Papillomavirus (HPV) Advances; A Patient Education Program

Deintensification: Is It The Standard of Care?

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And that brings me to the most important point here; all of the data I have shown you is very supportive of the idea of reduction in dose intensity, and it supports all of the ongoing studies. But, we need to acknowledge that no-one has yet proven that we can de-intensify therapy in the HPV-positive patient, and all of our guidelines appropriately state that the standard of care is not de-intensify at all. And so, for the patient whose values are oriented towards the most aggressive possible therapy, or whose values are oriented towards the most standard therapy, the answer remains that that is several dose radiotherapy with high dose Cisplatin. That said, I'd like to not completely hide behind that, and I will confess publicly that for patients who are not trial-eligible or don't have a trial available to them for de-intensification, we do at least talk to patients at my institution (to our low risk, HPV-positive patients about treatment de-intensification), but I think it's very important when this considered, that the practitioner needs to be extremely direct that that is not standard of care. And they have some data to support it. But it is not the standard. We need studies to get there. The other point I'd like to make is, when considering stage for considering who's low-risk, that you need to use the staging system at the time of the trial. So what you can't do, well let me back up and say that our new staging system, AJCC version 8, includes not only the anatomy of how big the primary is, what it's invading, the number of lymph nodes, and whether there is distance spread; but it incorporates biology, which is to say HPV-positive or not. And, for HPV-driven tumours, a lot of what was Stage 3 and 4 (our advance stages), has now been decreased to Stage 1 and 2, and some 4s have become 3s. That doesn't mean that you can look to the treatment of Stage 1 and 2 from studies that have been done in the era of AJCC 7, and think that that's a comfortable thing to do. You have to apply the staging system in use of the time, the one that was used in the study. All that staging does for you is give prognosis, they have always been oriented around prognosis. And so, if your question is 'what is my prognosis', then that 1, 2, 3, or 4 is better on AJCC 8 than on version 7. But, if you're looking for cut points of what the right thing to do is, then you must absolutely use the system in use at the time of the study that's guiding care; and that's mostly AJCC 7. With that, I will thank you for your kind attention, and I'm happy on the GRACE forums to answer any questions you may have about HPV treatment de-intensification.