

# INNO-LiPA® HPV Genotyping *Extra II*

## Formalin-Fixed-Paraffin-Embedded (FFPE) tissue

BIOMARKER  
UPDATE  
May 2021

Now included in the intended purpose

### HPV AND ASSOCIATED CANCERS: A GLOBAL BURDEN

The past decades, prevalence studies have been done using FFPE tissue specimens to investigate HPV association with a variety of clinical conditions e.g. cervical, anogenital and head and neck cancers, or oral cavity, laryngeal carcinoma, or anal, penile, and vulvar squamous cell carcinoma. The link between cervical cancer and HPV is well-established. Since 2017, direct HPV testing is recommended in the revised WHO/IARC classification to assess a correct diagnosis of the Head and Neck Squamous Cell Carcinoma (HNSCC).<sup>1</sup>

### FFPE TISSUE: AN IMPORTANT SAMPLE RESOURCE

Formalin-fixed-paraffin-embedded (FFPE) tissues represent the most frequent form of tissue storage in pathology departments. These archival tissues are a potentially useful resource for epidemiological studies. Several studies have used FFPE specimens to investigate the correlation between HPV genotypes and histological classification, and/or to determine the prevalence of HPV in primary cancers.<sup>2-7</sup>

### FRAGMENTATION OF DNA IN FFPE SAMPLES

HPV detection and genotyping in FFPE samples is technically challenging due to poor DNA quality. Formalin fixation can cause DNA damage, including cross-linking and fragmentation.<sup>8</sup>

### SPF10 PCR-BASED METHODS: MOST EFFECTIVE AND MOST SUITABLE

HPV DNA PCR methods amplifying shorter fragments of viral genome showed to be more sensitive and amenable for FFPE tissue. SPF10 PCR-based methods are mentioned as the most effective and most suitable for HPV DNA detection in FFPE samples because using a short HPV target region limits the risk of false-negative or invalid results.<sup>3,8-11,19</sup>

## INNO-LiPA HPV Genotyping *Extra II* on Formalin-Fixed-Paraffin-Embedded tissue

### High sensitivity and specificity:

- Proven performance on cervical samples<sup>12</sup>
- The SPF10 PCR enables identification of HPV infections with low viral load and multiple HPV genotypes in one sample and one testrun<sup>12,13,14</sup>
- The small size SPF10 amplicon allows reliable amplification and accurate detection of HPV DNA also from FFPE samples<sup>5,6,14,20,21</sup> and first-void urine<sup>15,16,17,18</sup>
- Compared to other HPV genotyping methods, INNO-LiPA is more likely to identify HPV genotypes in samples indicating low viral load and FFPE material containing multiple HPV genotypes<sup>11</sup>

### Integrated controls for sample quality:

- Build-in human DNA control
- HPV control lines to confirm and detect the presence of a broad range of mucosal HPV genotypes

### Prevention of co-amplification or amplicon carry-over:

- Build-in N-uracil glycosylase-based prevention minimizing the risk of PCR contamination and significantly reducing the possibility of false-positive HPV DNA results<sup>3</sup>

### INNO-LiPA HPV GENOTYPING EXTRA II can play an important role in:

- Investigation of the prevalence of HPV and genotype distribution in different types of cancer<sup>2,4-6,19-21</sup>
- Evaluation of vaccination trials and monitoring the impact of HPV vaccination (pre-and post-vaccination monitoring)<sup>15,18,19</sup>
- Epidemiological studies to investigate the prevalence and distribution of HPV types<sup>13,14</sup>

## DOWNLOAD THE PRODUCT LEAFLET ON OUR WEBSITE

[www.fujirebio.com/FFPE](http://www.fujirebio.com/FFPE)

### REFERENCES:

1. Westra W. *et al.* Head and neck pathology, 2017; 11:41-4
2. Pretet JL. *et al.* Int J Cancer, 2008; 122:424-427
3. Kocjan B. *et al.* Journal of Clinical Virology, 2016; 76:88-97
4. Sinno A. *et al.* Obstet Gynecol, 2014; 123:817-821
5. Acuña G. *et al.* Modern Pathology, 2019; 32:621-626
6. Fuglsang K. *et al.* Papillomavirus Res, 2019; 7:15-20
7. Valmary-Degano S. *et al.* Human Pathology, 2013; 44:992-1002
8. Steinau M. *et al.* J Mol Diagn, 2011; 13:377-381
9. Tan SE. *et al.* J Clin Microbiol, 2010 ; 48 :1458-1460
10. Querec T. *et al.* IPVC 2020 Book of Abstracts p.1013-1014
11. Bicskei B. *et al.* 2020. J Cancer Sci Clin Ther, 2020; 4:349-364
12. Xu L. *et al.* Int J Mol Sci, 2018; 19:2704
13. Sohrabi A. *et al.* J Infect Public Health, 2017; 10:730-733
14. Ahmadi S. *et al.* Asian Pac J Cancer Prev, 2017;18:3373-3377
15. O'Leary MC. *et al.* Br J Cancer, 2011; 104:1221-1226
16. Ducancelle A. *et al.* Arch Gynecol Obstet, 2014; 290:299-308
17. Jannes G. *et al.* EUROGIN 2018 Poster P10-5
18. Burrioni E. *et al.* J Med Virol, 2015; 87:508-515
19. Hillman R. *et al.* Int J Cancer, 2014; 135 :996-1001
20. Dalla Libera LS. *et al.* J Oncol, 2019; Article ID 6018269
21. Swangvaree SS. *et al.* Asian Pac J Cancer Prev, 2013; 14:1023-1026