Cervical and vulval carcinomas and their precursors

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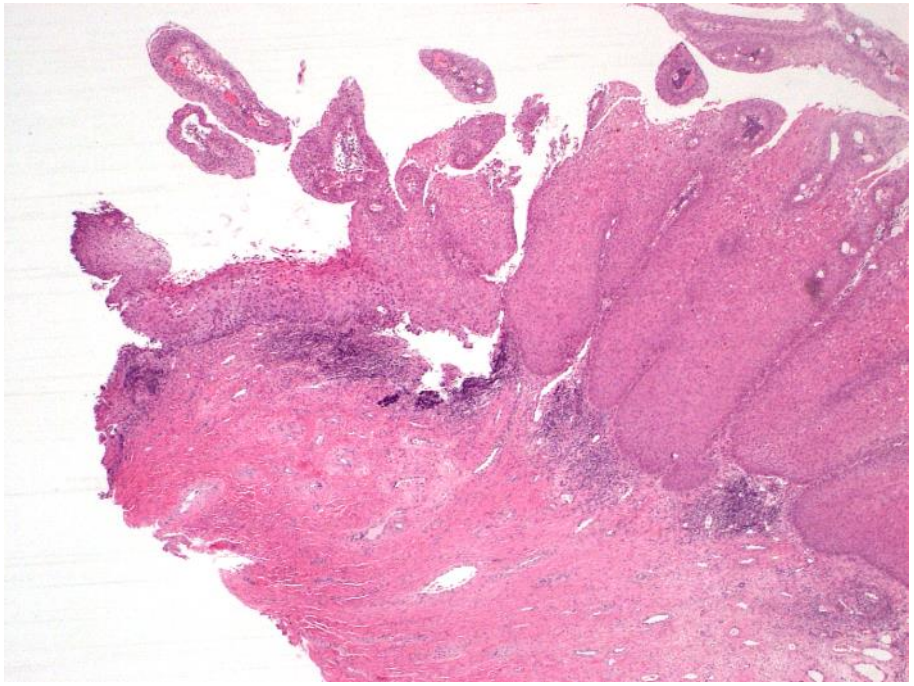
Outline

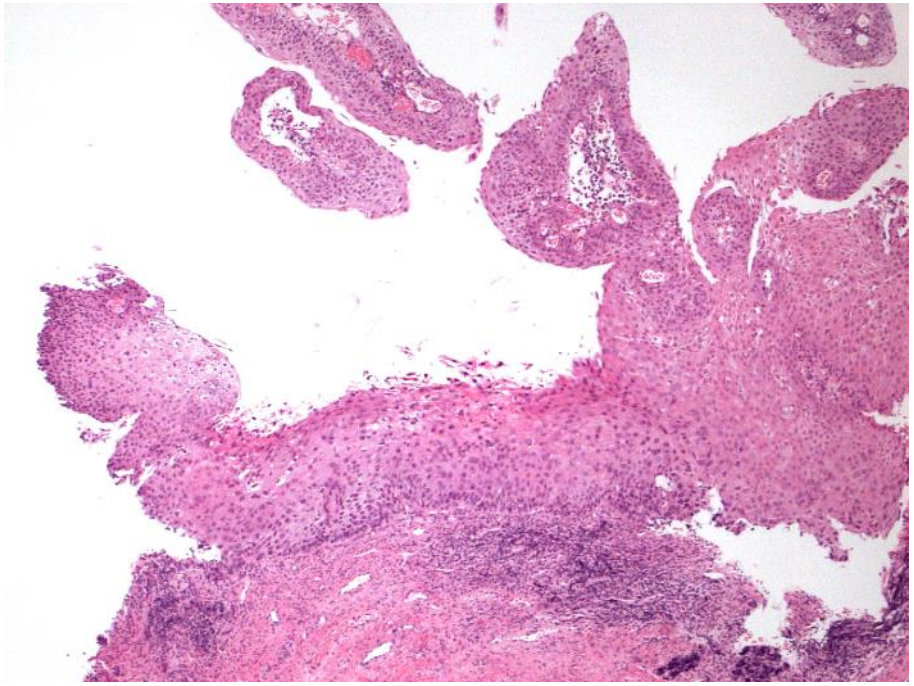
- Cervical lesions
  - WHO classification
  - Squamous lesions, HPV-associated and HPV-independent
  - Glandular lesions, HPV-associated and HPV-independent
- Vulval lesions
  - WHO classification
  - Squamous lesions, HPV-associated and HPV-independent

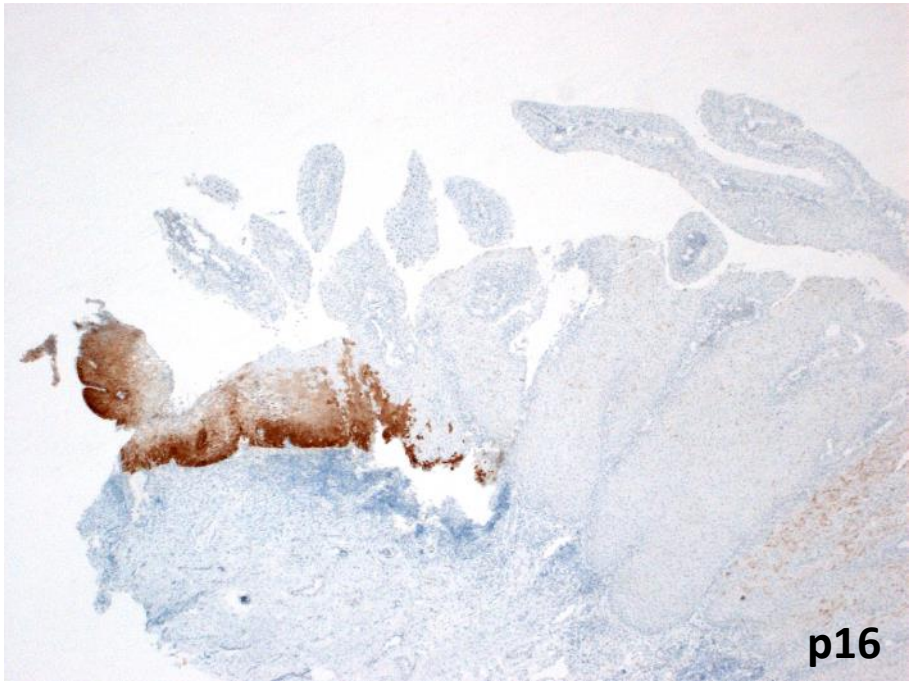
WHO Classification, Cervical Squamous Lesions

- Low grade squamous intraepithelial lesion (including CIN 1)
- High grade squamous intraepithelial lesion (CIN 2 and CIN 3)
- Squamous cell carcinoma, HPV-associated
- Squamous cell carcinoma, HPV-independent
- Squamous cell carcinoma, not otherwise specified (NOS)

- p16 immunohistochemistry is acceptable as a surrogate marker of HPV for HPV-associated tumours
- HPV DNA testing is recommended for HPV-independent tumours
- Up to 7% of squamous cell carcinomas are HPV-independent (Nicolas et al Mod Pathol 2019; 32: 1189-1196)
- The NOS category is acceptable only where p16/HPV testing are not available



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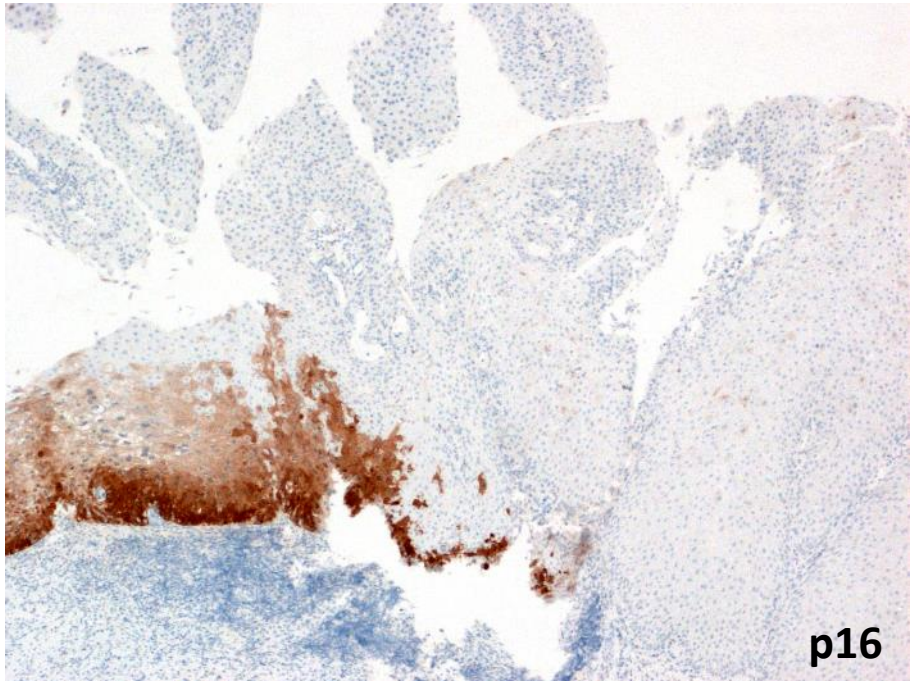
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Squamous cell carcinoma, HPV-independent

- Rare but does exist and appears to be aggressive
- In one study, 10 of 445 cases (2.2%)
- More common in older women
  - 7% in women >60
  - 17% in women >70
- Morphologically heterogeneous (keratinizing, non-keratinizing, warty)
- 2 patients had distant recurrences within 12 months and 3 died of disease

Stolnicu et al Am J Surg Pathol 2023; 47:1376-1389

Stolnicu et al Adv Anat Pathol 2024; 31: 1-14

- HPV-independent adenosquamous carcinoma also described

Na & Kim Anticancer Res 2024; 44: 4969-4981

CIN, HPV-independent?

- Currently under discussion for next WHO classification
- Evidence is emerging but not mature
- May be similar to VIN, HPV-independent, with association with *TP53* mutation

Stolnicu et al Am J Surg Pathol 2023; 47:1376-1389
Horn LC et al Int J Gynecol Pathol 2024; https//doi.org/10.1097/PGP.0000000000001040

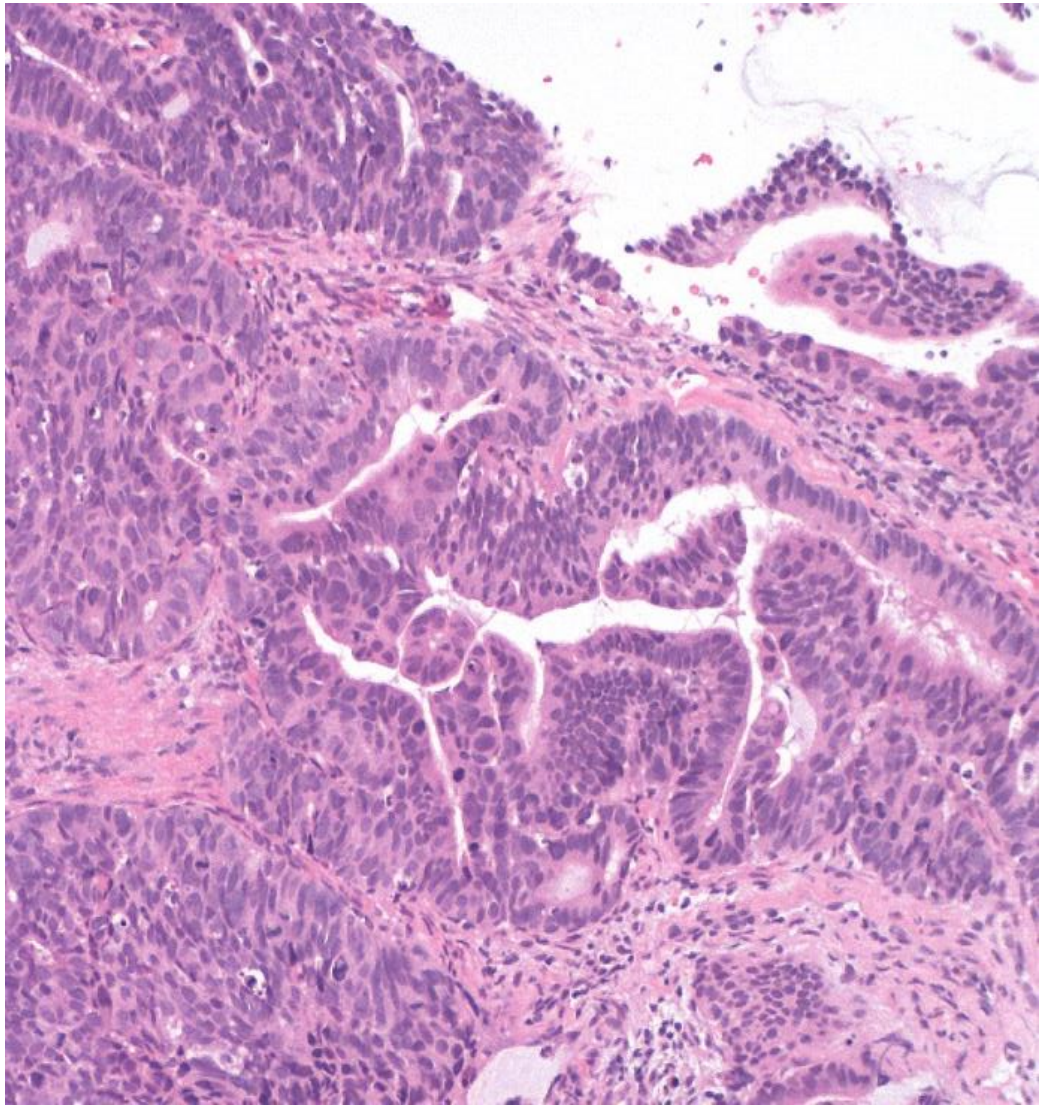
WHO Classification, Cervical Glandular Lesions

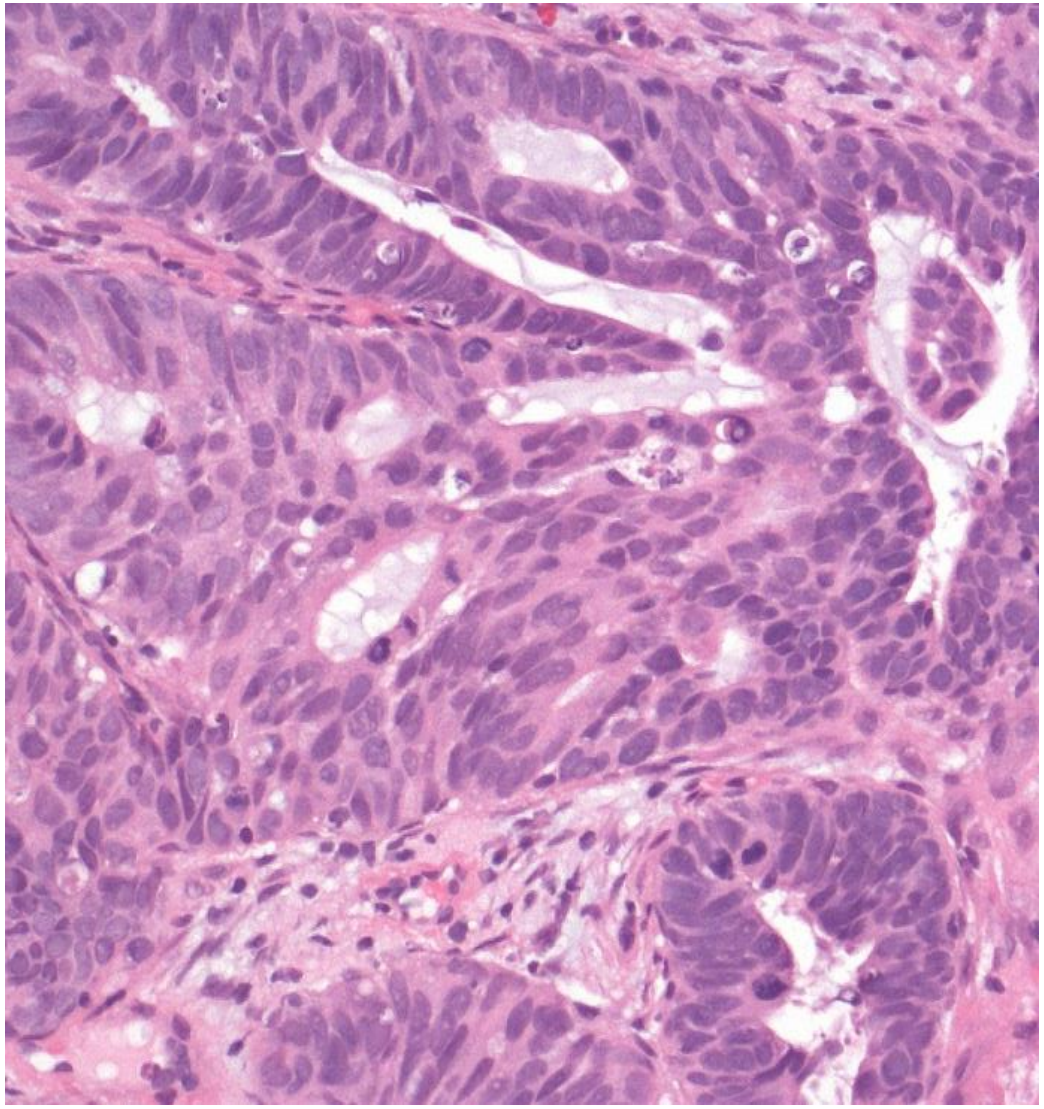
- Adenocarcinoma in situ, HPV-associated (High grade CGIN)(includes SMILE)
- Adenocarcinoma, HPV-associated (p16 positivity not essential for diagnosis)
  - Usual type
  - Mucinous type
  - Invasive stratified mucin-producing carcinoma
- Adenocarcinoma in situ, HPV independent (including LEGD)
- Adenocarcinoma, HPV-independent, gastric type
- Adenocarcinoma, HPV-independent, clear cell type
- Adenocarcinoma, HPV-independent, mesonephric type
- Other adenocarcinomas (includes very rare endometrioid carcinomas associated with endometriosis)

HPV and Glandular Neoplasia

- Endocervical epithelium does not support HPV replication
- Productive infection does not occur
- HPV-related lesions of the endocervical epithelium are neoplastic
- They most likely arise from reserve cell or junctional cell infection, possibly with early HPV integration

Adenocarcinoma, HPV-associated





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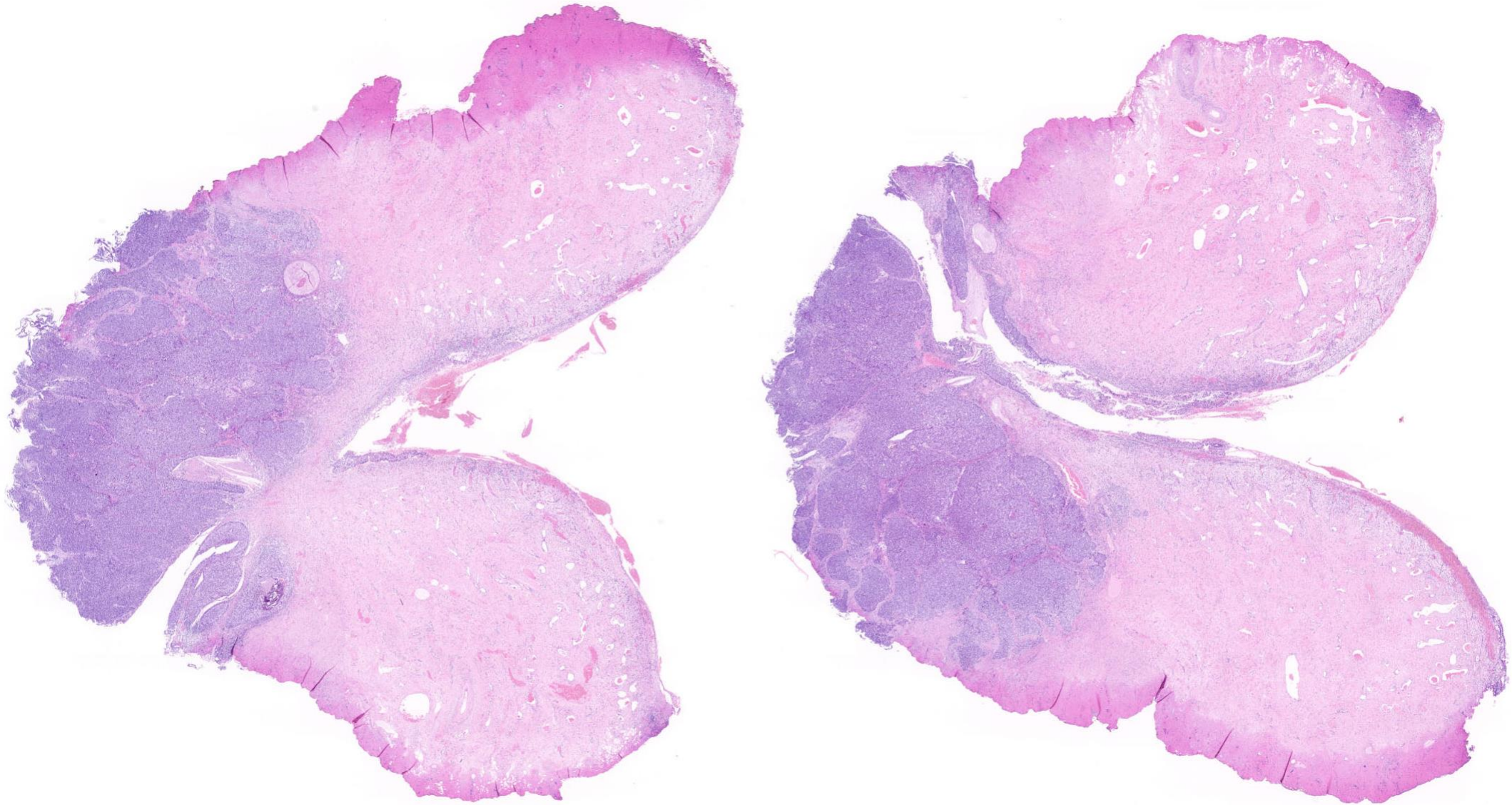
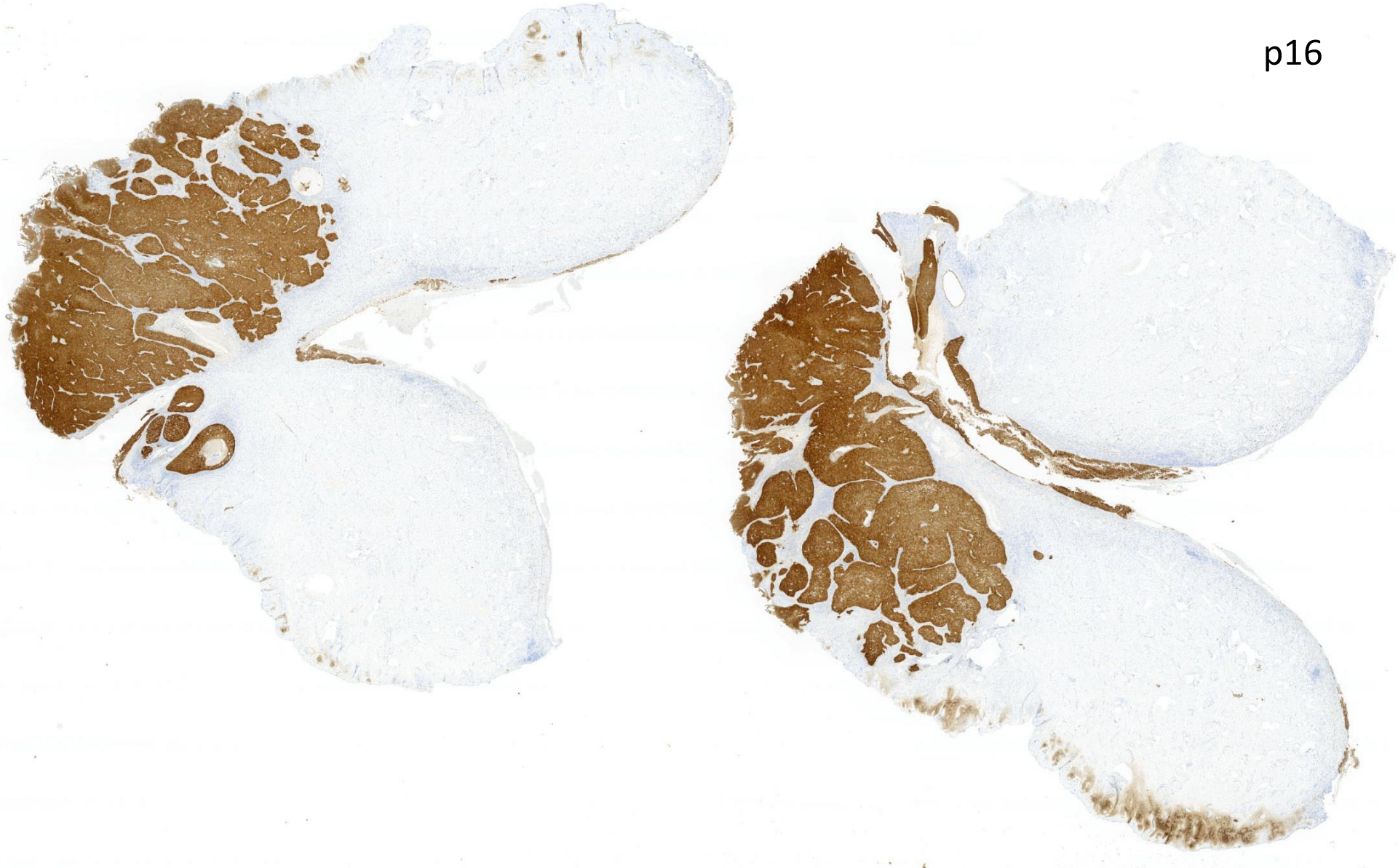
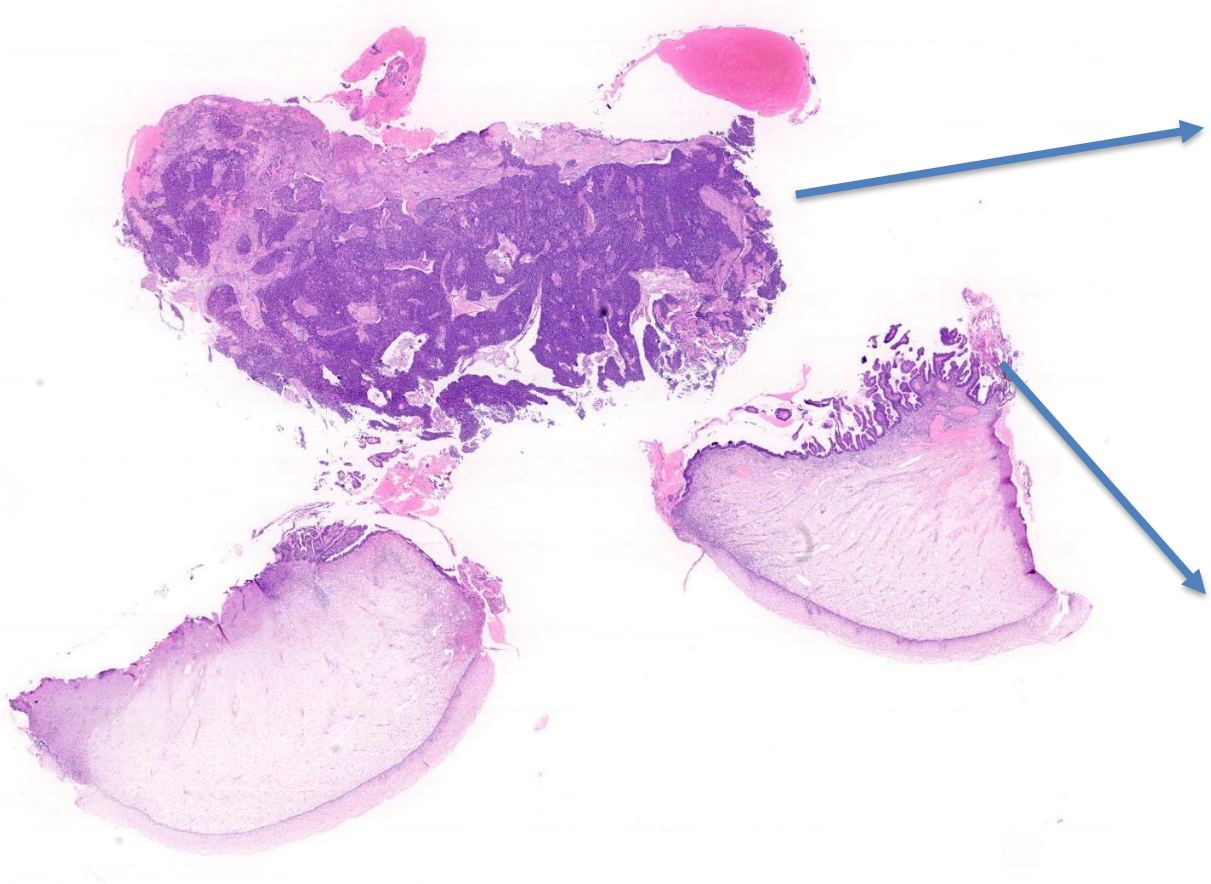


Adenocarcinoma, HPV-associated



Mixed Adenocarcinoma and High-grade Neuroendocrine Carcinoma, HPV-associated



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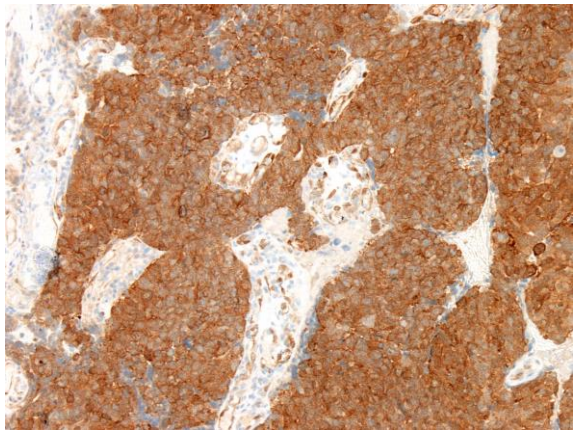
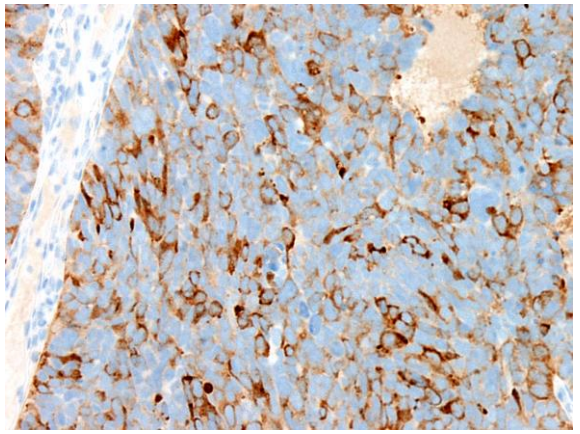
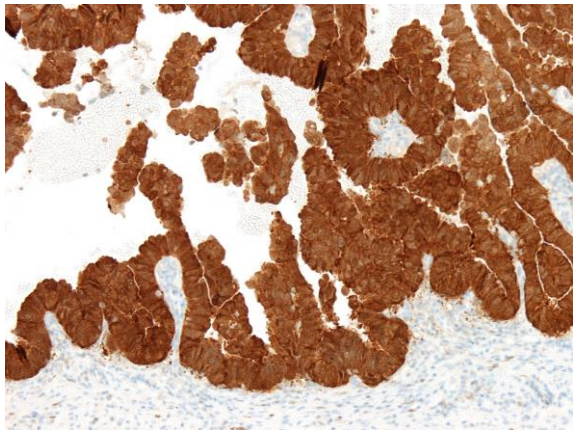
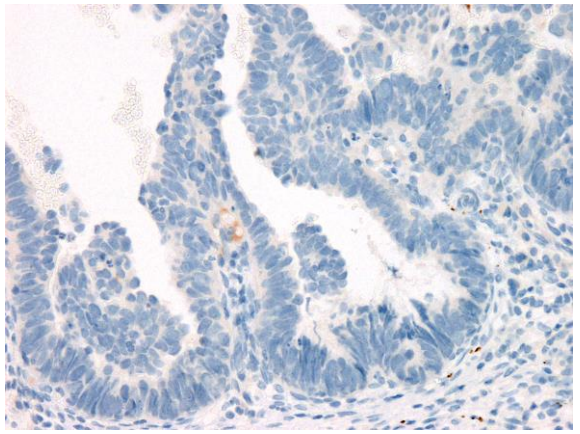


Synaptophysin







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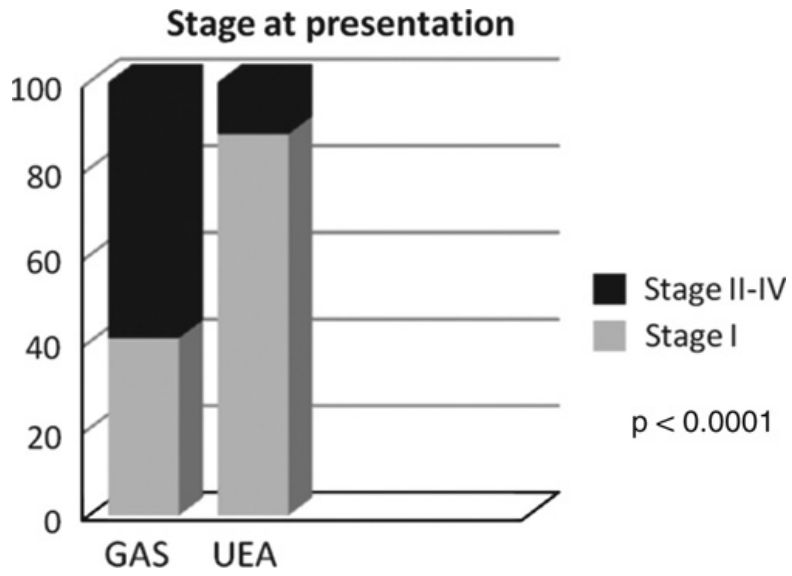
Gastric-type Cervical Adenocarcinoma

Outcomes	GAS (n = 38), n (%)	UEA (n = 139), n (%)	P*
NED	20 (52.6)	126 (91)	< 0.001
AWD	3 (7.9)	1 (1)	
DOD	15 (39.5)	12 (8)	
Outcomes	**Non-MDA (n = 26), n (%)**	**MDA (n = 12), n (%)**	**P***
NED	13 (50)	6 (50)	0.66
AWD	3 (12)	0 (0)	
DOD	10 (38)	6 (50)	

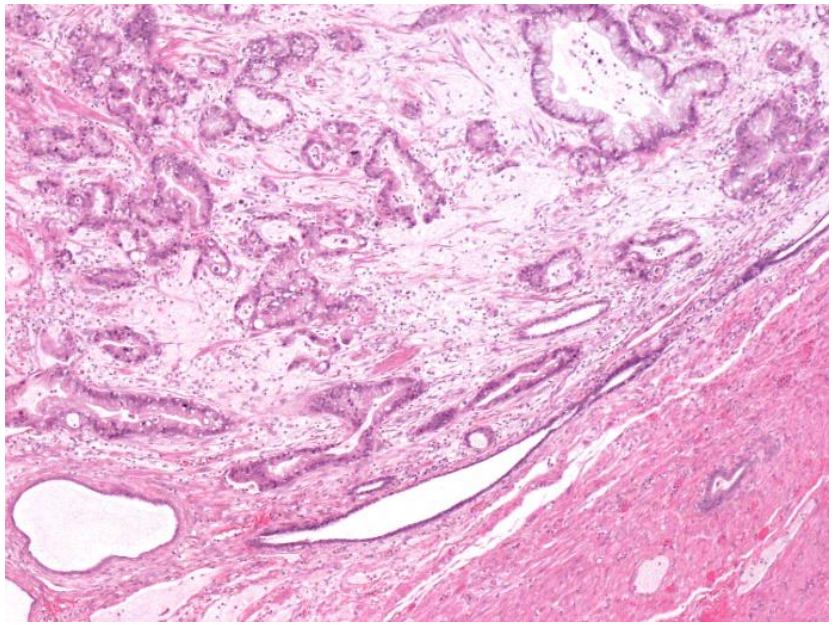
*2-sided exact.

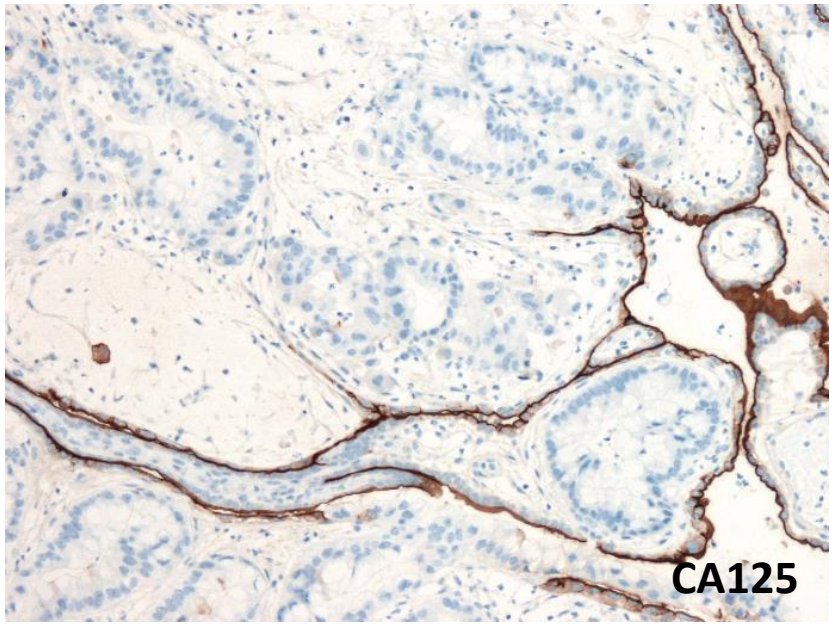
PMH	n (%)
None	33 (82.5)
Peutz-Jeghers syndrome	1 (2.5)
Li-Fraumeni syndrome with breast cancer	1 (2.5)
Breast cancer	2 (5.0)
Colon cancer	1 (2.5)
Wilms + pheochromocytoma + renal cell carcinoma	1 (2.5)
Mucinous BAC lung (KRAS mutation)	1 (2.5)

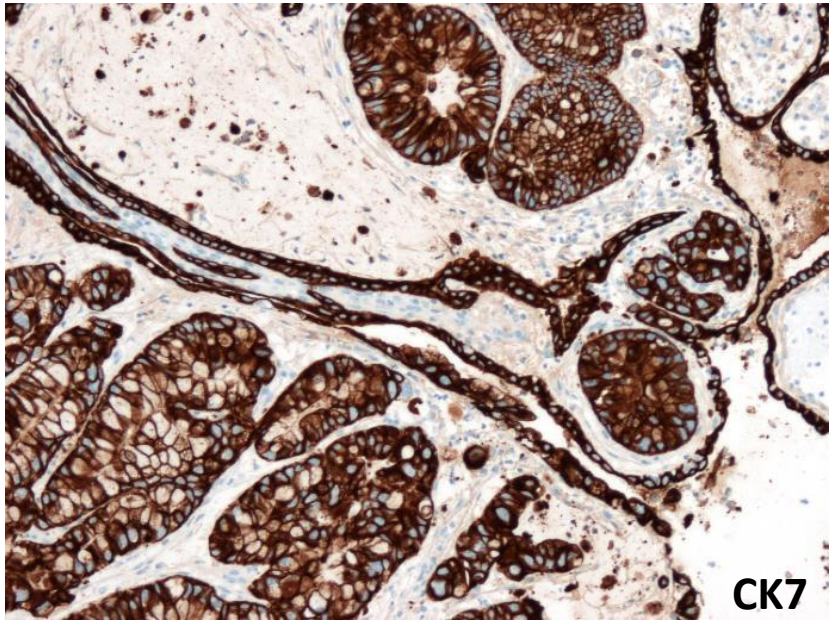


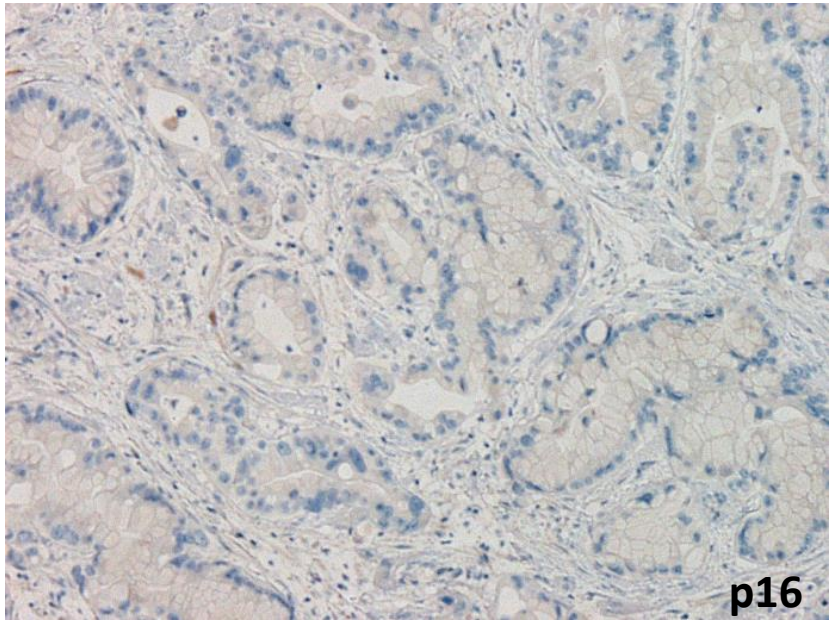
Karamurzin et al, Am J Surg Pathol 2015; 39: 1449-1457
Mikami et al, Histopathology 2020; 76: 102-111

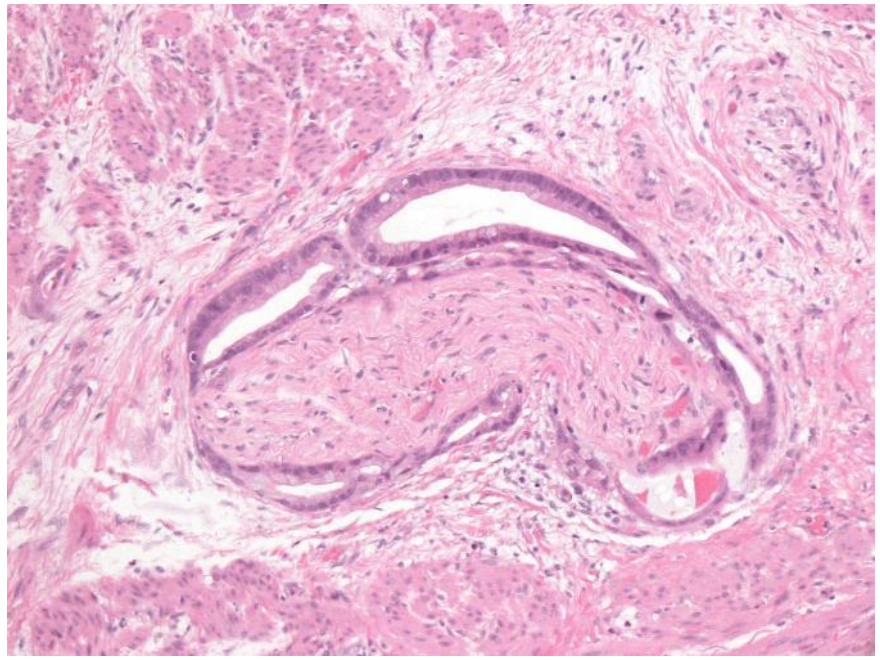
Gastric-type Cervical Adenocarcinoma

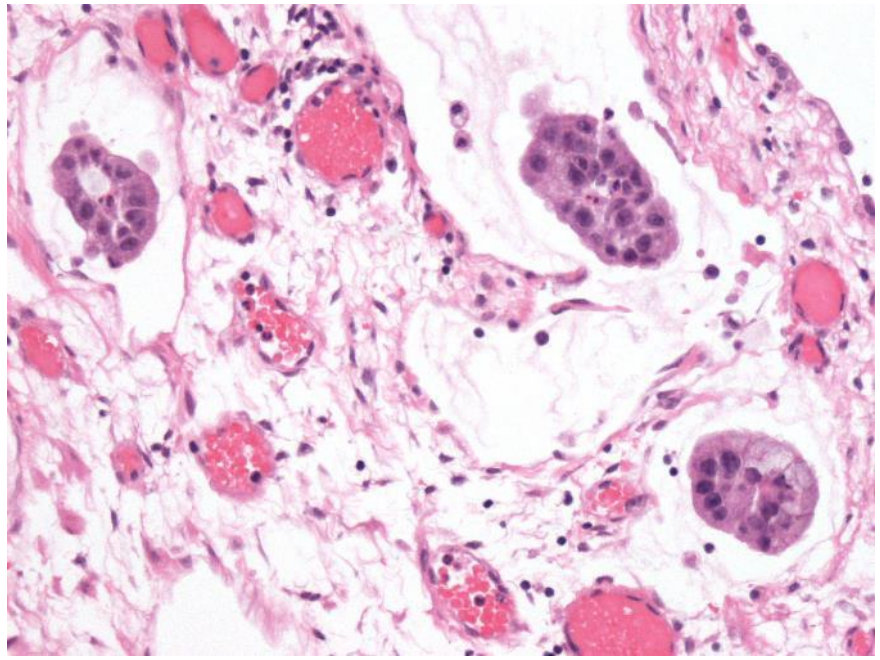


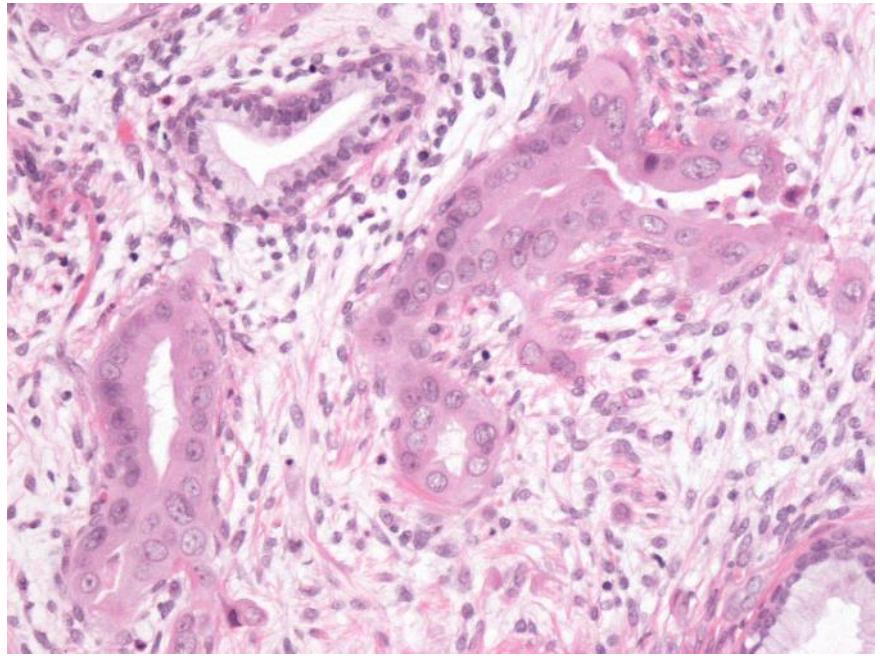


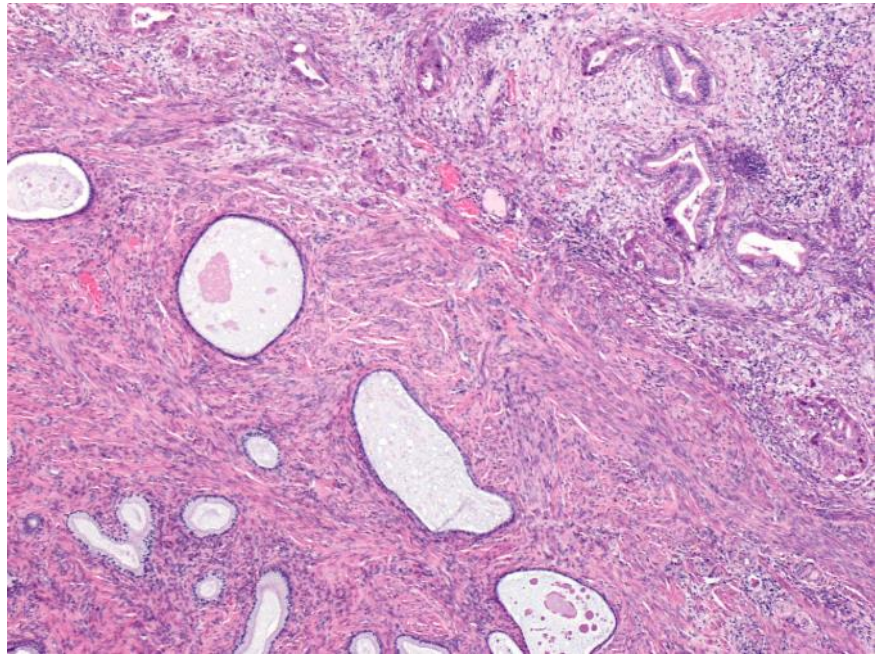




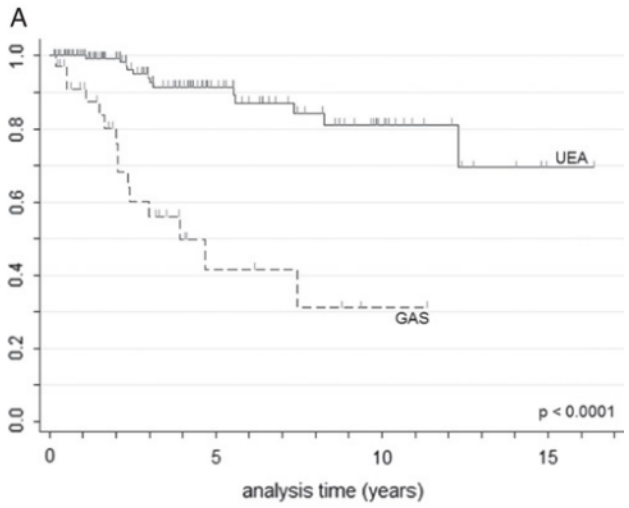


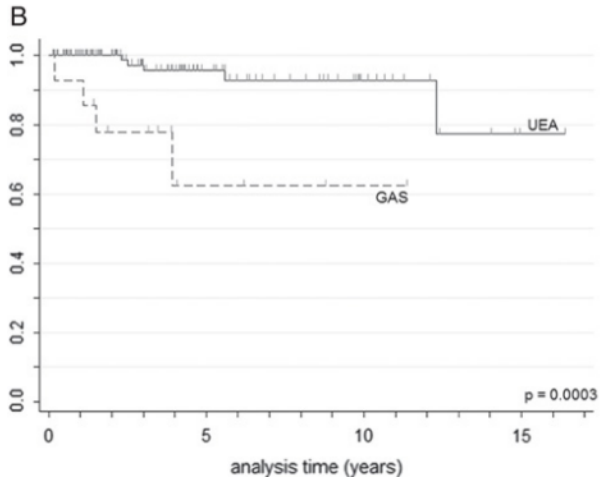




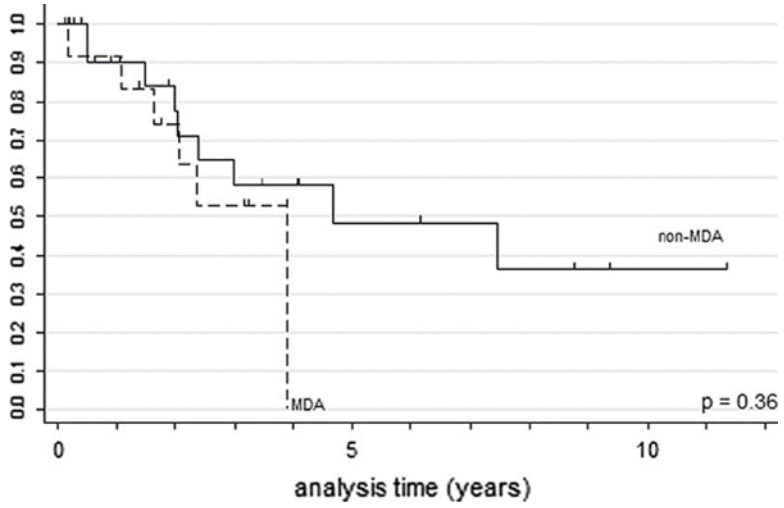


Gastric-type Cervical Adenocarcinoma





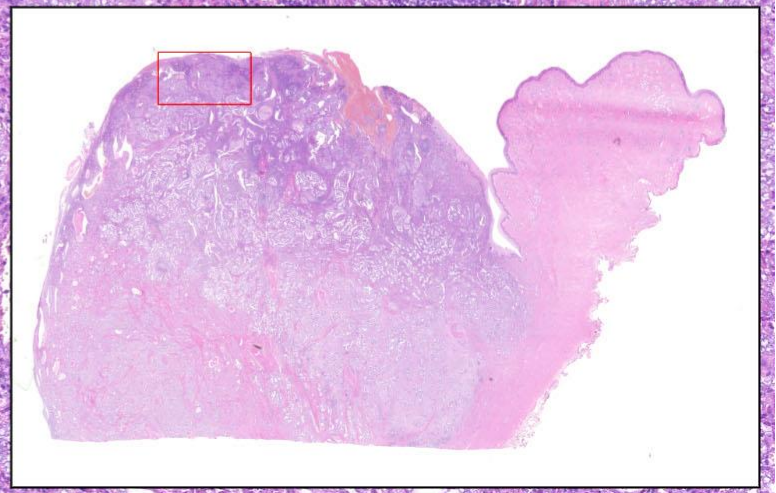
A – all stages; B – stage I



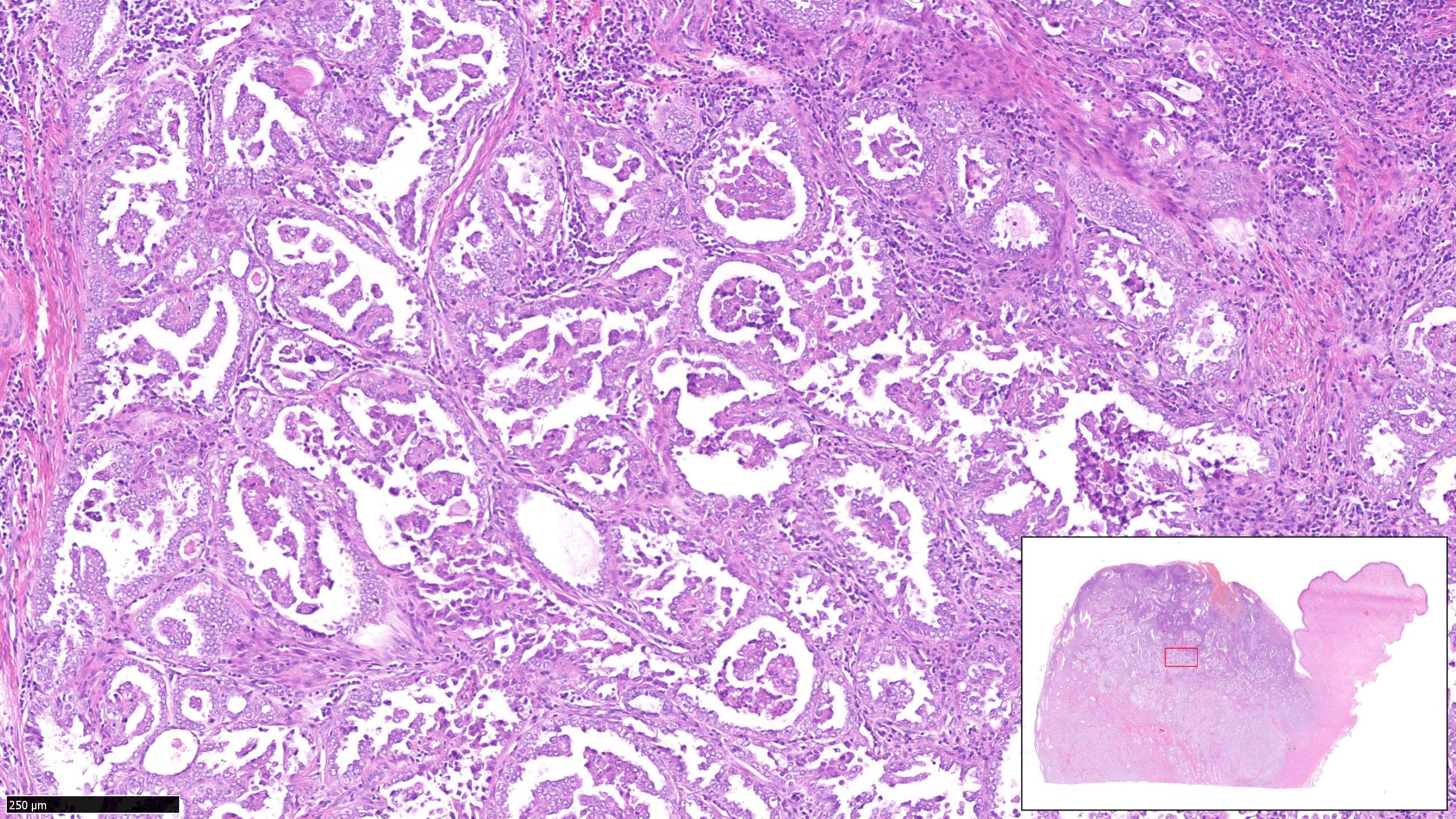
	GAS	UEA
Precursor lesions	LEGH	Adenocarcinoma in situ
Location	Upper endocervical canal	Transformation zone
HPV associated	No	Yes
p16 IHC	Negative or focal	Diffusely positive
Presentation	Often at high stage	Uncommonly high stage

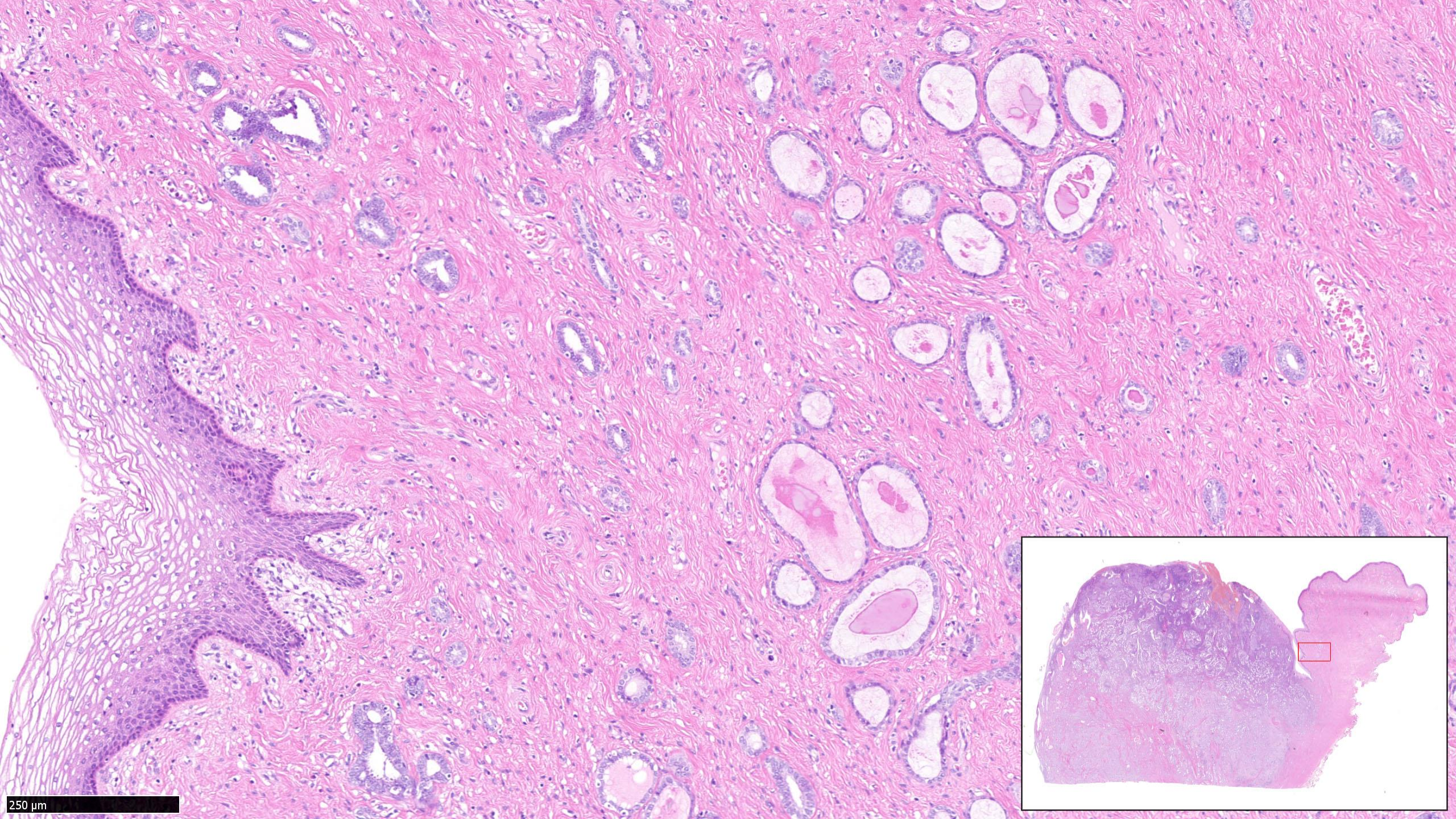
Karamurzin et al, Am J Surg Pathol 2015; 39: 1449-1457

Cervical Mesonephric Adenocarcinoma

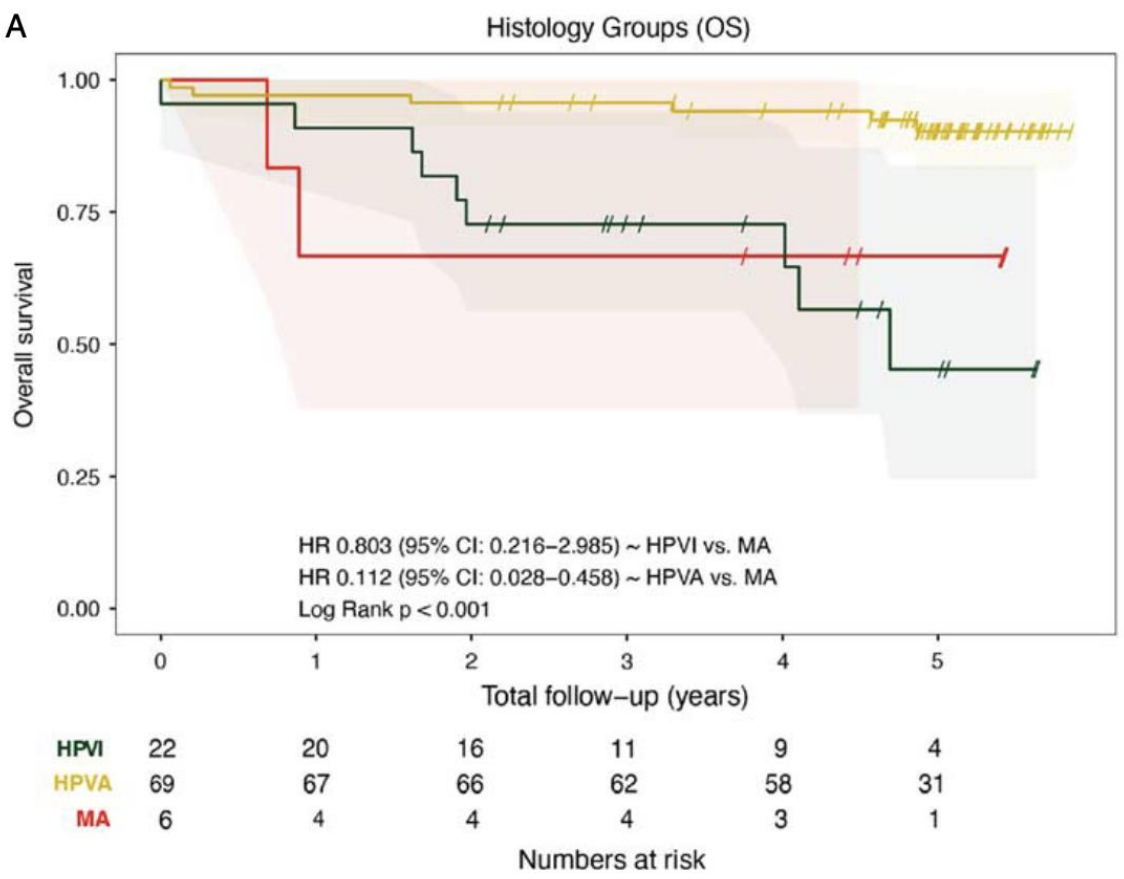


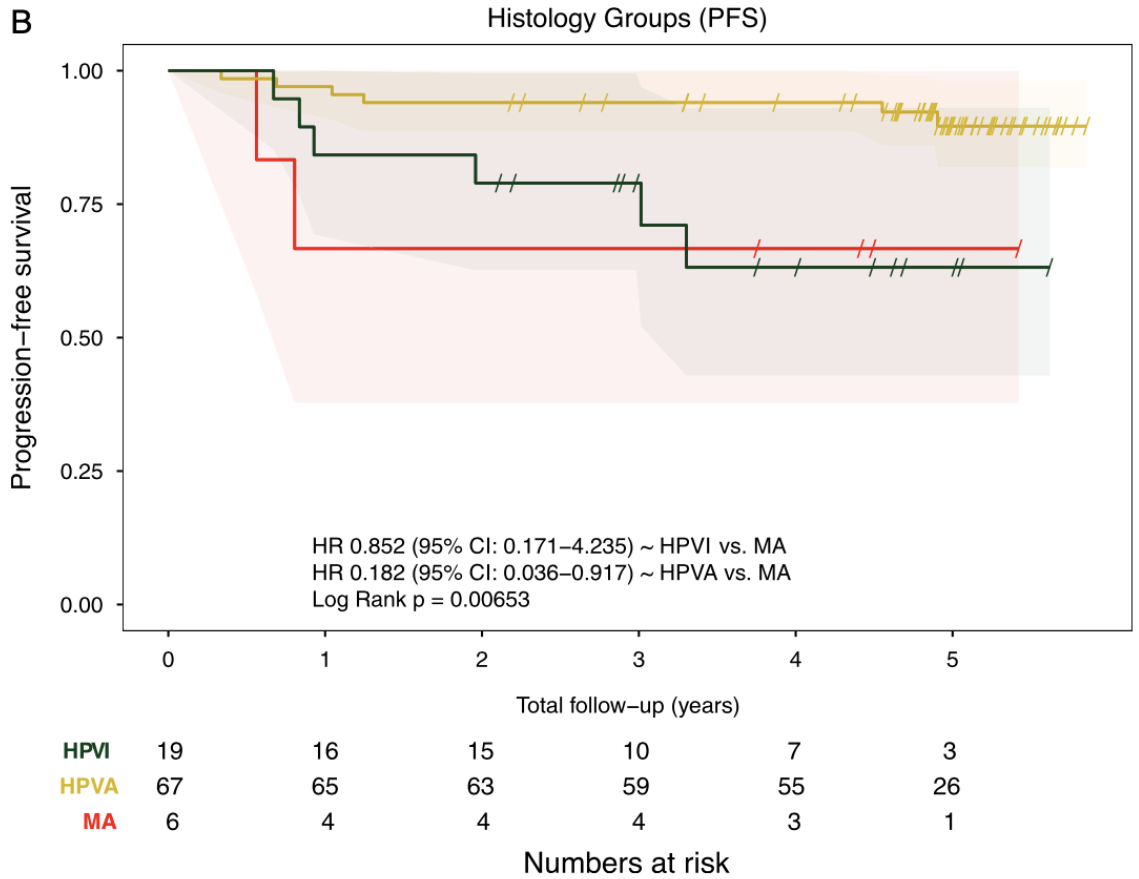
500 µm


250 µm


250 µm

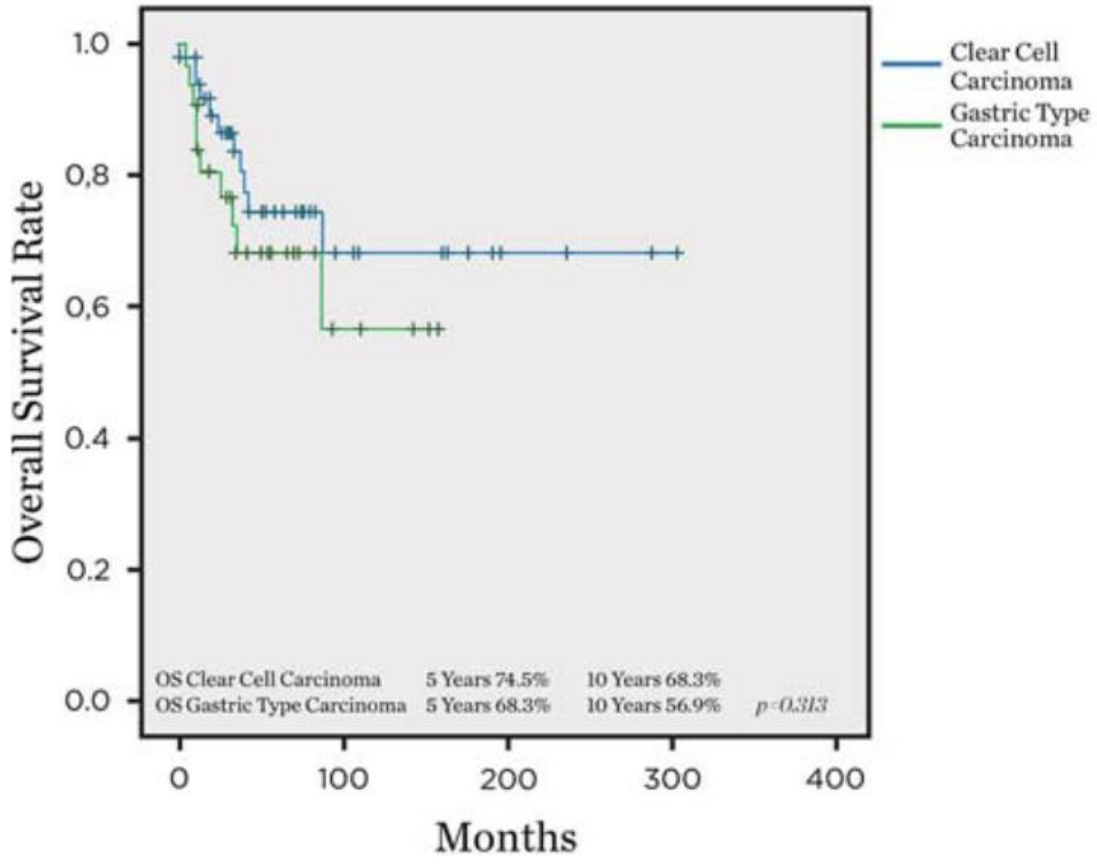
Cervical Mesonephric Adenocarcinoma

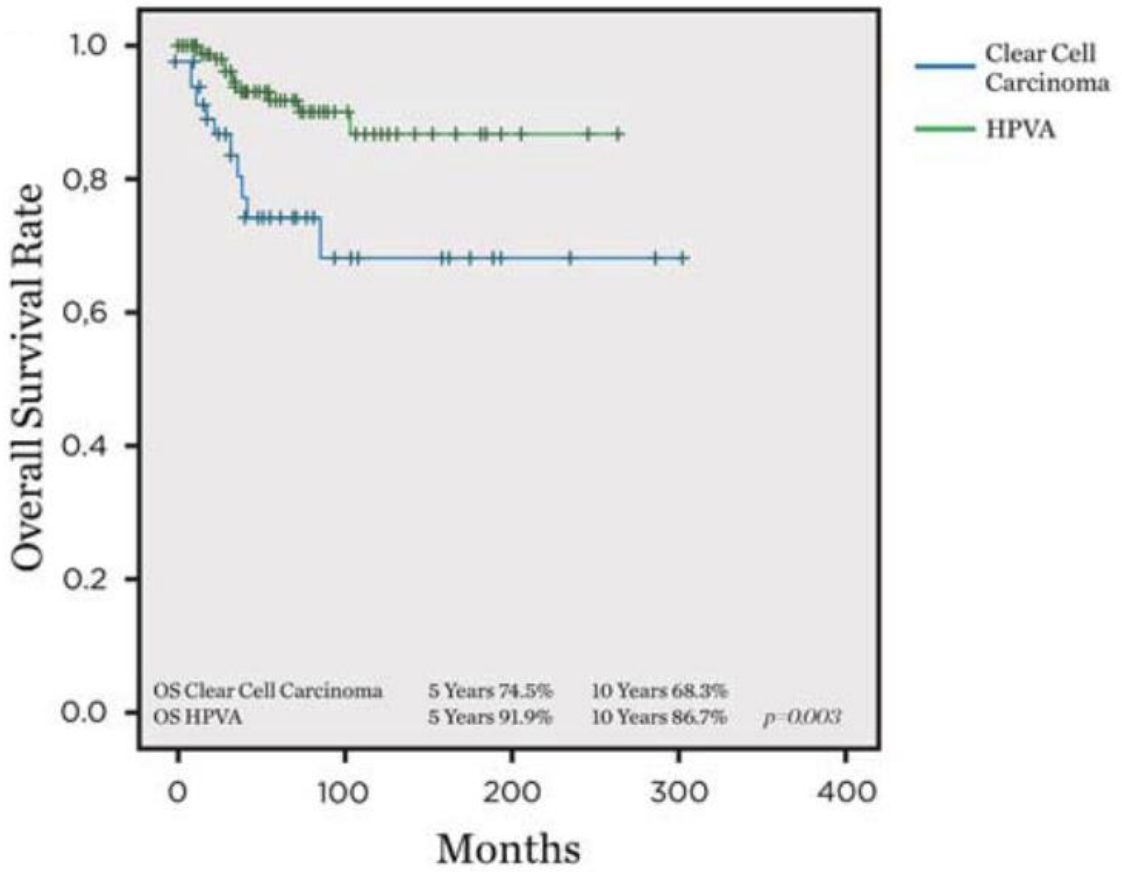




Pors et al, Am J Surg Pathol 2021; 45: 498-506

Clear Cell Carcinoma of Cervix





Stolnicu et al, Am J Surg Pathol 2022; 46: 765-773

WHO Classification, Vulval Squamous Lesions

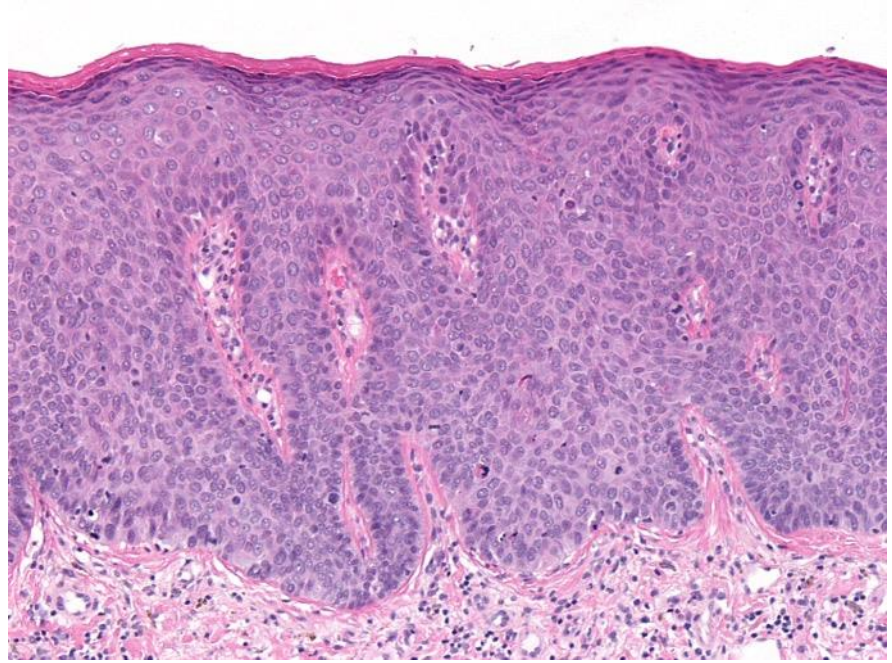
- Low-grade SIL (usually condyloma)
- High-grade SIL (VIN 2/3)
- Differentiated vulvar intraepithelial neoplasia (dVIN)
  - Differentiated exophytic vulvar intraepithelial lesion (DEVIL)
  - Vulvar acanthosis with altered differentiation (VAAD)
- Squamous cell carcinoma, HPV-associated
- Squamous cell carcinoma, HPV-independent
- Squamous cell carcinoma, NOS

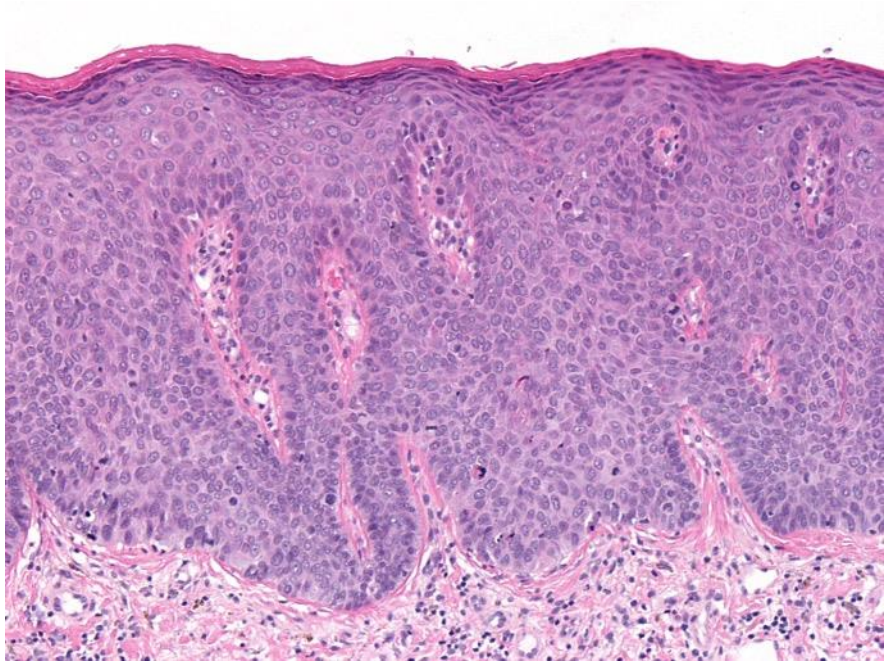
Green = associated with low-risk HPV
Red = associated with high-risk HPV
Blue = not associated with high-risk HPV
Black = unknown

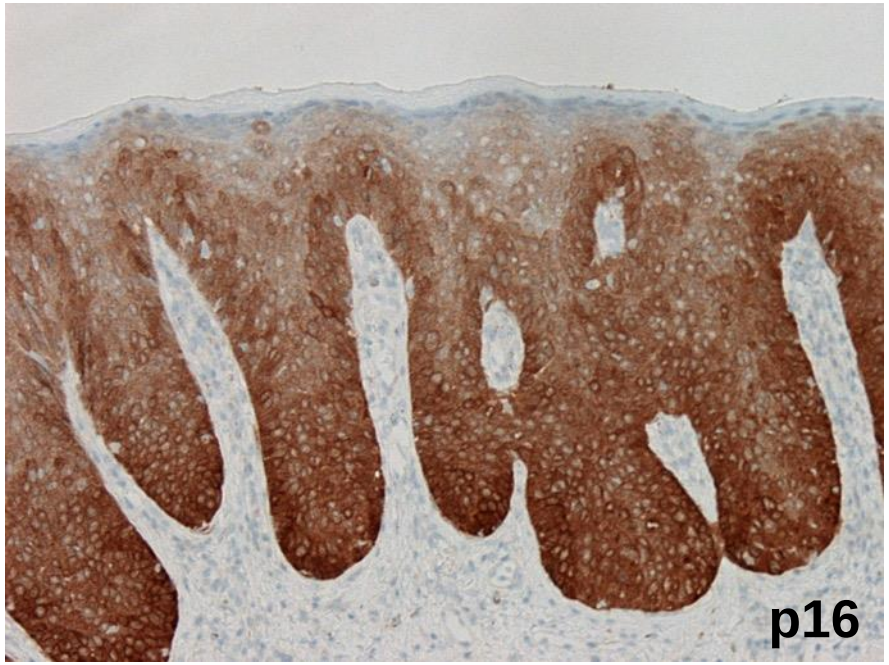
Pathways to Vulval Neoplasia

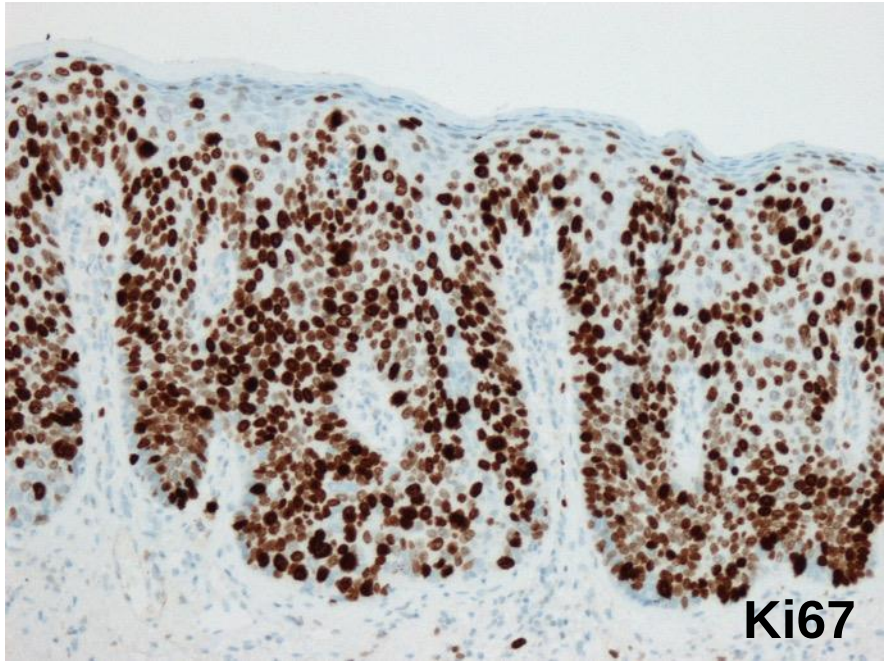
HPV-related

- Young women
- Warty/basaloid (undifferentiated) vulvar intraepithelial neoplasia (VIN)
- Warty/basaloid carcinoma
- Associated with other intraepithelial lesions
- Same HPV types as CIN
- Predominance of HPV 16
- Mechanisms probably similar
- p16 is a surrogate marker





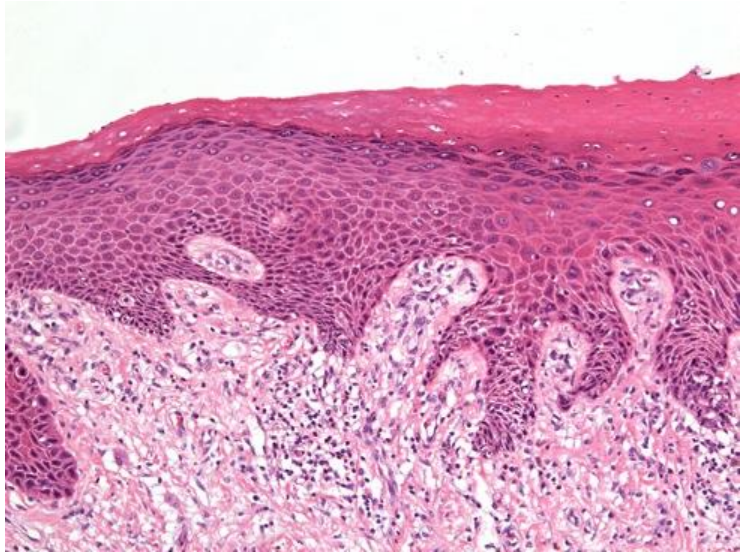




HSIL
(Usual-type VIN)

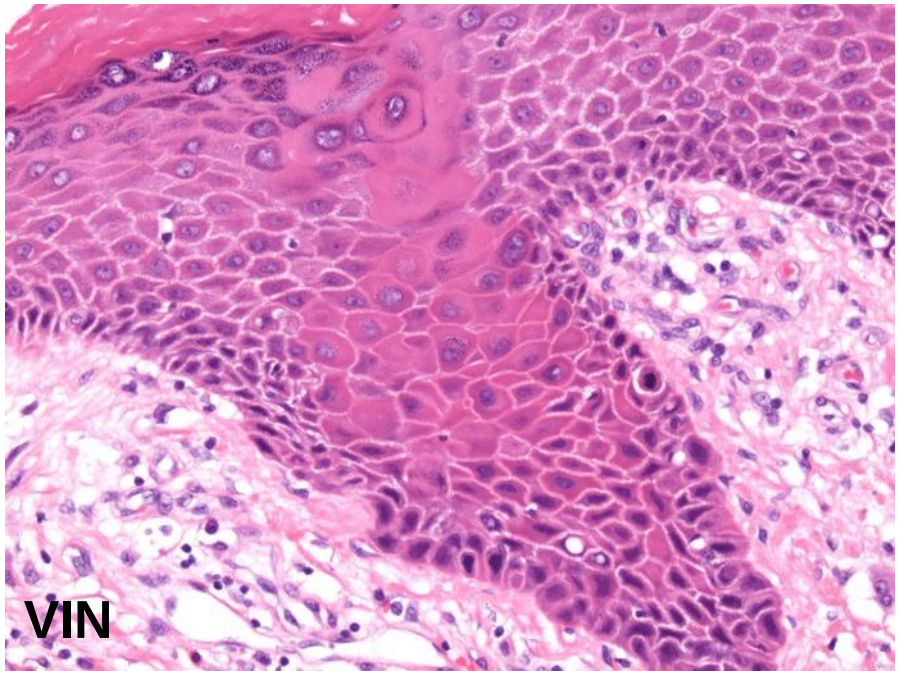
Pathways to Vulval Neoplasia

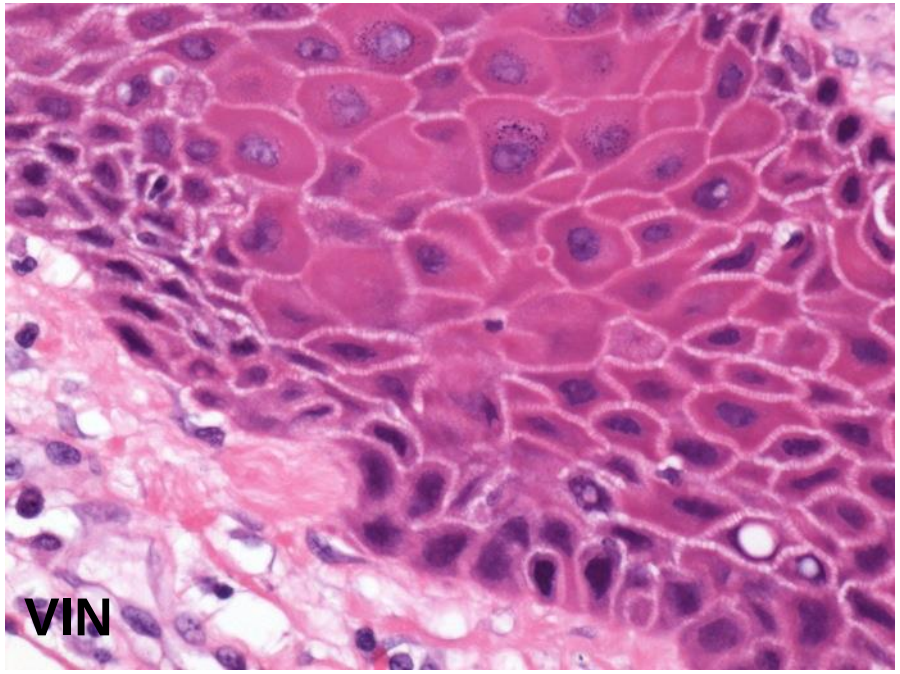
HPV-independent

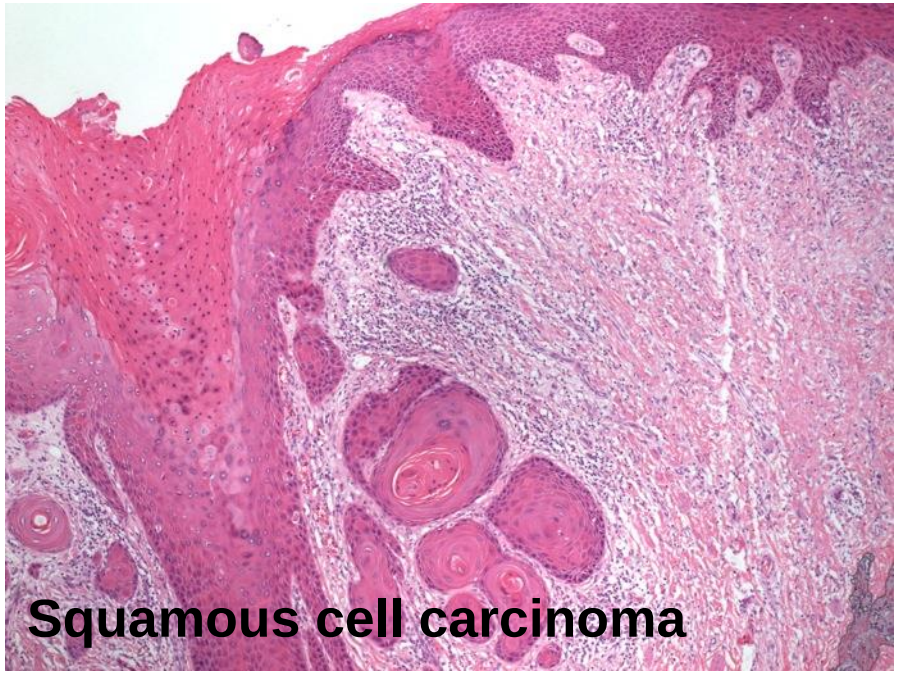


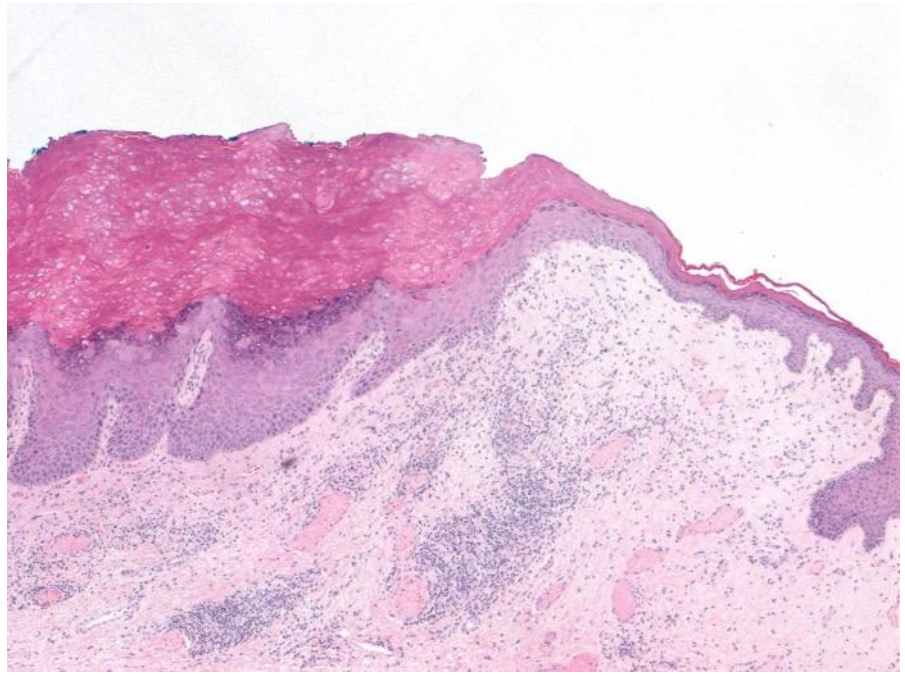
- Older women
- Associated with lichen sclerosus
- HPV-independent precursor lesions
  - Differentiated (simplex type) VIN
  - Vulval acanthosis with altered differentiation (VAAD)
  - Differentiated exophytic vulval intraepithelial lesion (DEVIL)
- Often well differentiated squamous cell carcinoma but clinically aggressive
- p16 typically negative

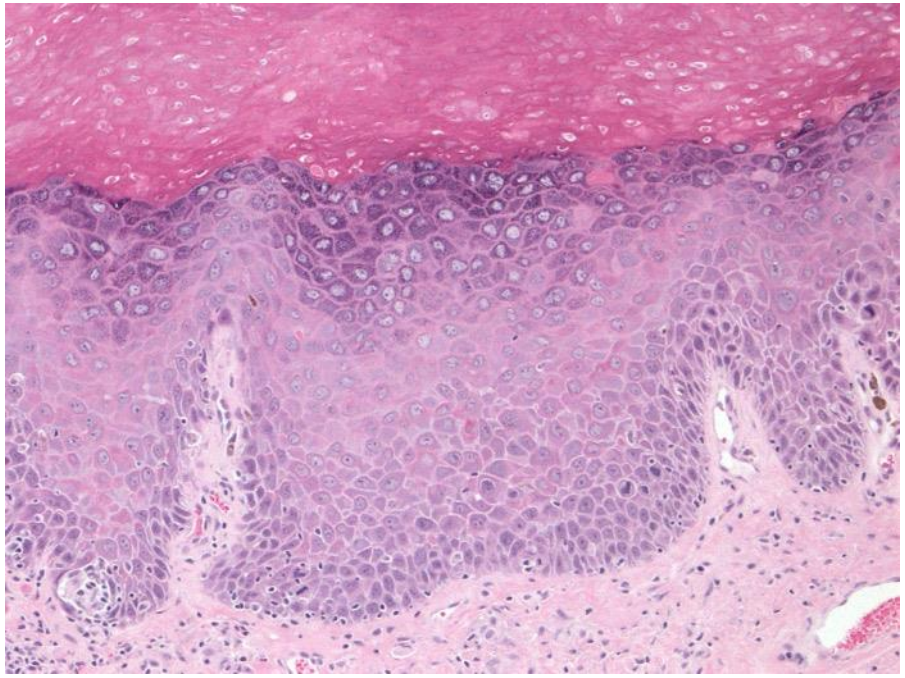

Lichen sclerosus

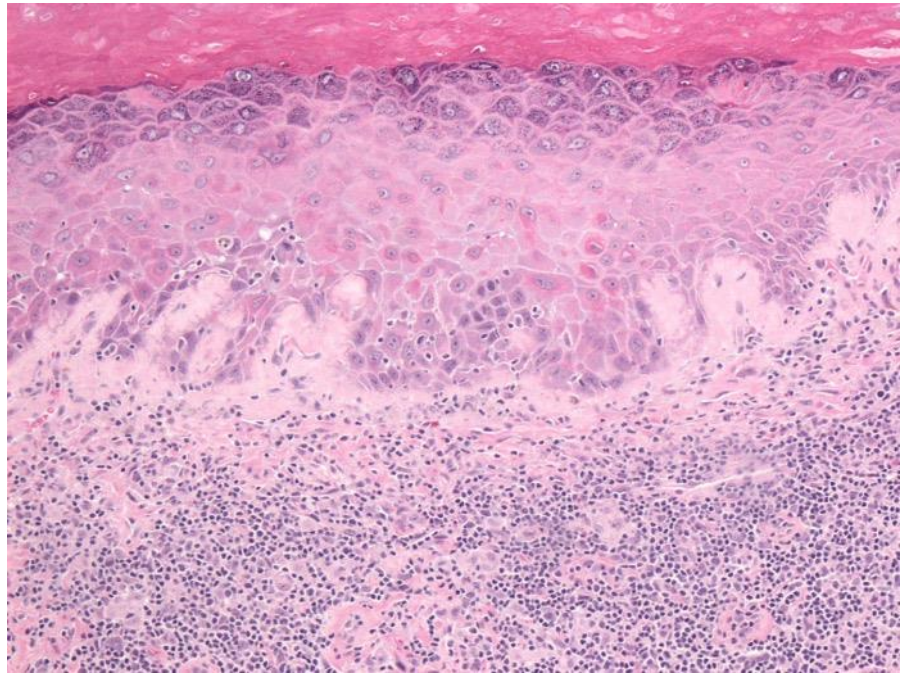

VIN

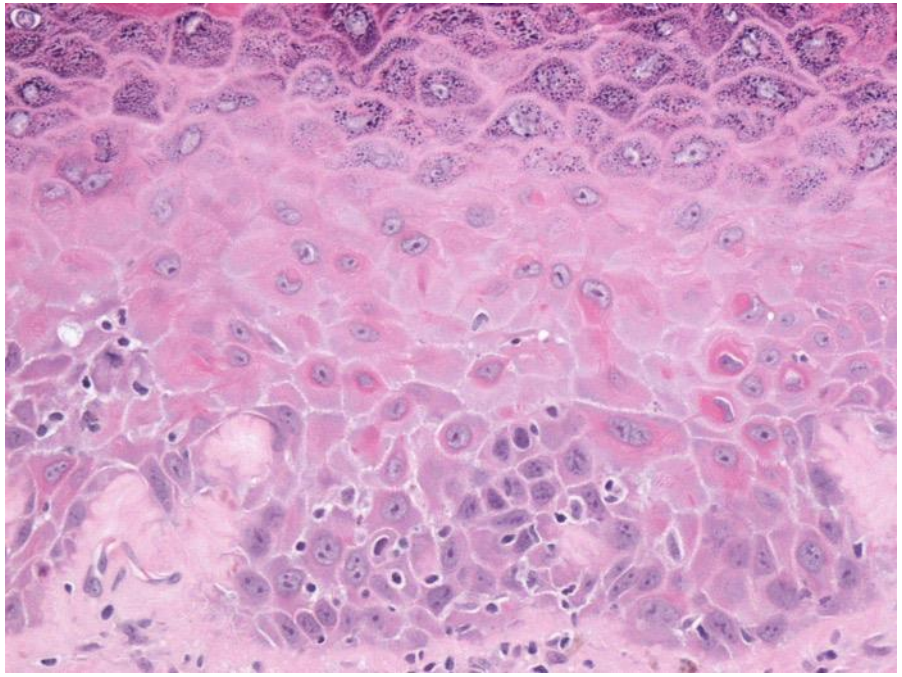

VIN

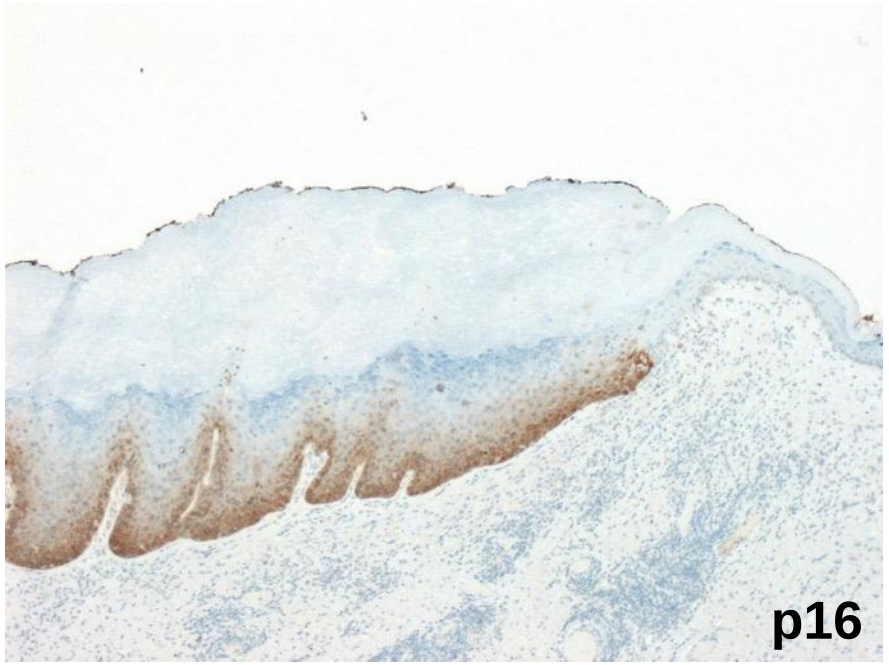

Squamous cell carcinoma







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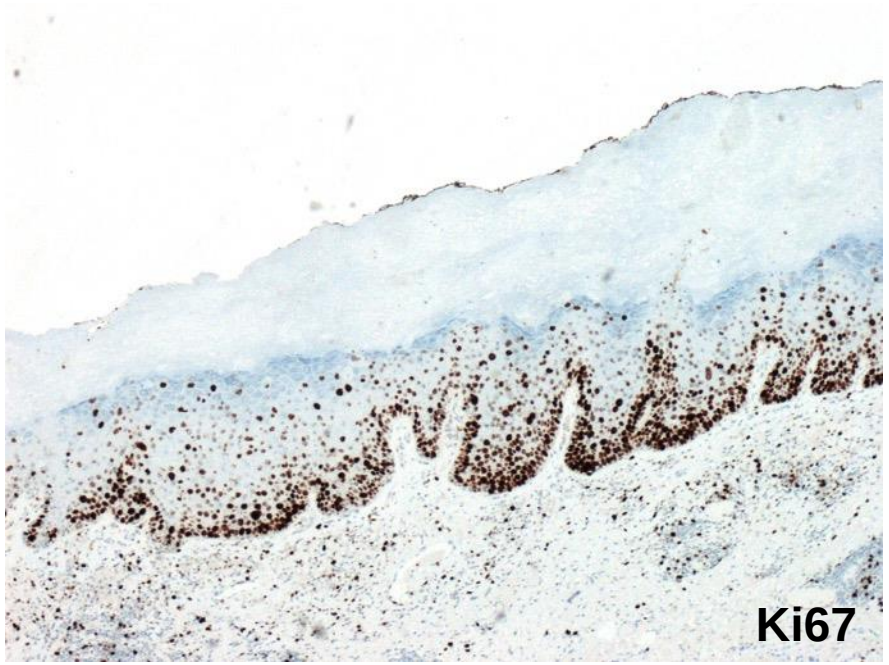
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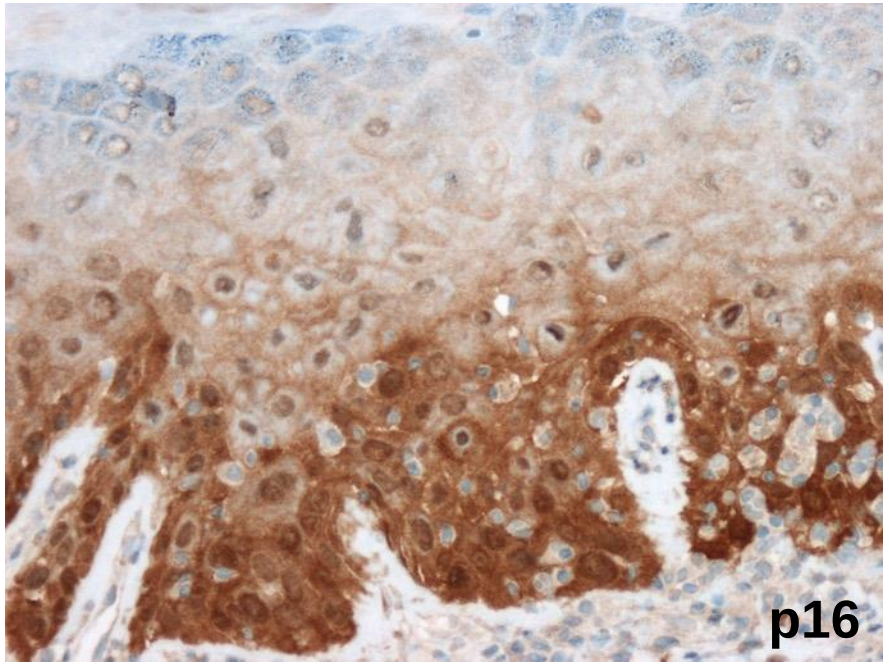
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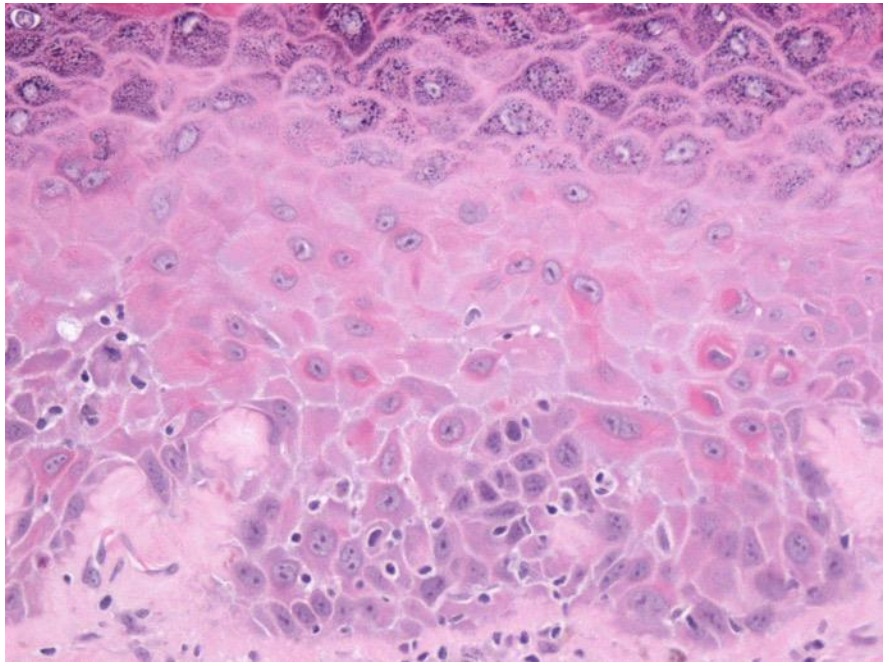

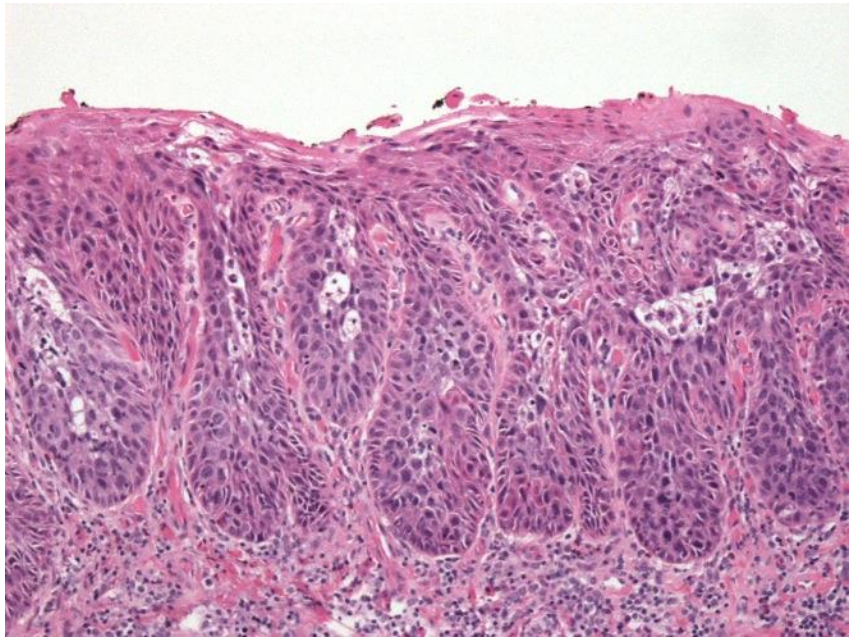

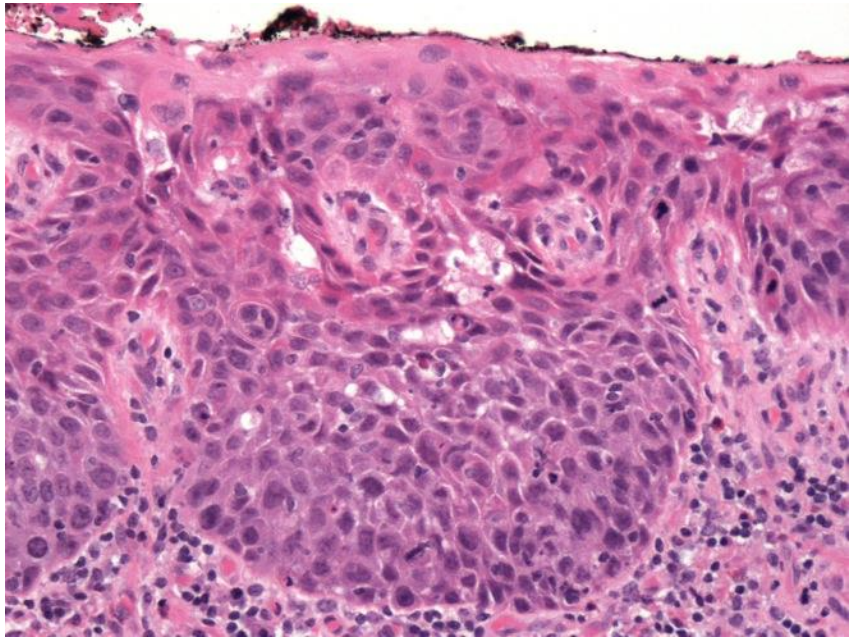

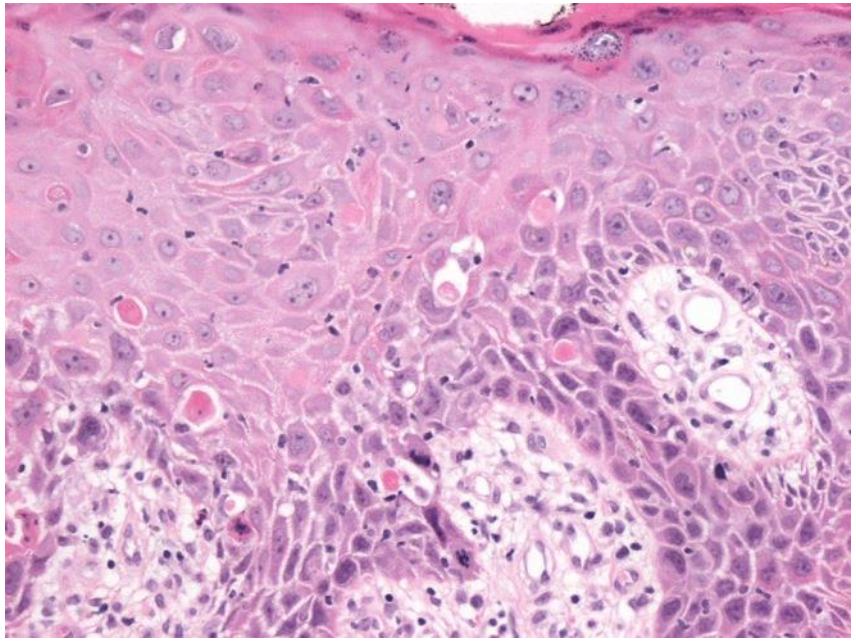

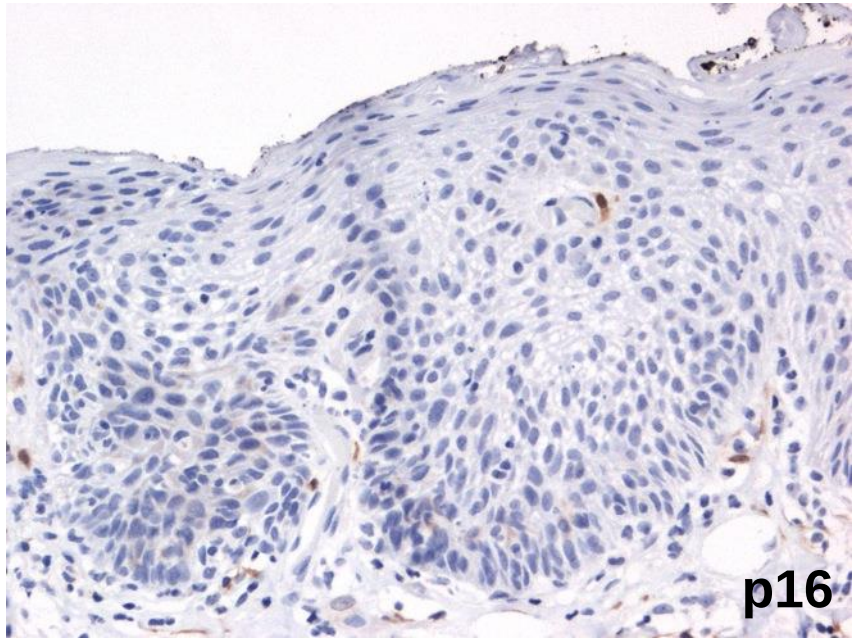
p16

HPV and Morphology

- 69.5% basaloid SCC HPV positive (n=326)
- 11.5% keratinising SCC HPV positive (n=1234)

- 90.3% usual type VIN HPV positive (n=535)
- 48.9% differentiated type VIN HPV positive (n=48)

de Sanjose et al Eur J Cancer 2013; 49: 3450-61

WHO Classification, Vulval Squamous Lesions

- Low-grade SIL (usually condyloma)
- High-grade SIL (VIN 2/3)
- Differentiated vulvar intraepithelial neoplasia (dVIN)
  - Differentiated exophytic vulvar intraepithelial lesion (DE-VIL)
  - Vulvar acanthosis with altered differentiation (VAAD)
- Squamous cell carcinoma, HPV-associated
- Squamous cell carcinoma, HPV-independent
- Squamous cell carcinoma, NOS

Green = associated with low-risk HPV
Red = associated with high-risk HPV
Blue = not associated with high-risk HPV
Black = unknown

dVIN and HPV-independent SCC

Modern Pathology (2020) 33:1595–1605
https://doi.org/10.1038/s41379-020-0524-1

USCAP

ARTICLE

Major p53 immunohistochemical patterns in in situ and invasive squamous cell carcinomas of the vulva and correlation with *TP53* mutation status

Basile Tessier-Cloutier[1,2] · Kim E. Kortekaas[3] · Emily Thompson[2] · Jennifer Pors[1,2] · Julia Chen[2] · Julie Ho[2] · Leah M. Prentice[4] · Melissa K. McConechy[4] · Christine Chow[5] · Lily Proctor[6] · Jessica N. McAlpine[6] · David G. Huntsman[2,5,7] · C. Blake Gilks[1,2,5] · Tjalling Bosse[8] · Lynn N. Hoang[1,2,5]

Modern Pathology (2021) 34:508–518
https://doi.org/10.1038/s41379-020-00651-3

USCAP

ARTICLE

Molecular characterization of invasive and in situ squamous neoplasia of the vulva and implications for morphologic diagnosis and outcome

Basile Tessier-Cloutier[1,2] · Jennifer Pors[1] · Emily Thompson[2] · Julie Ho[1] · Leah Prentice[3] · Melissa McConechy[3] · Rosalia Aguirre-Hernandez[3] · Ruth Miller[3] · Samuel Leung[4] · Lily Proctor[5] · Jessica N. McAlpine[5] · David G. Huntsman[2,4] · C. Blake Gilks[1,4] · Lynn N. Hoang[1,4]

Histopathology

Histopathology 2020, 77, 92–99. DOI: 10.1111/his.14109

Performance of the pattern-based interpretation of p53 immunohistochemistry as a surrogate for *TP53* mutations in vulvar squamous cell carcinoma

Kim E Kortekaas,[1] Nienke Solleveld-Westerink,[2] Basile Tessier-Cloutier,[3] Tessa A Rutten,[2] Mariëtte I E Poelgeest,[1] C Blake Gilks,[3] Lien N Hoang[3,*] & Tjalling Bosse[2,*]

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Histopathology

Histopathology 2021, 79, 975–988. DOI: 10.1111/his.14451

DEVIL, VAAD and vLSC constitute a spectrum of HPV-independent, p53-independent intra-epithelial neoplasia of the vulva

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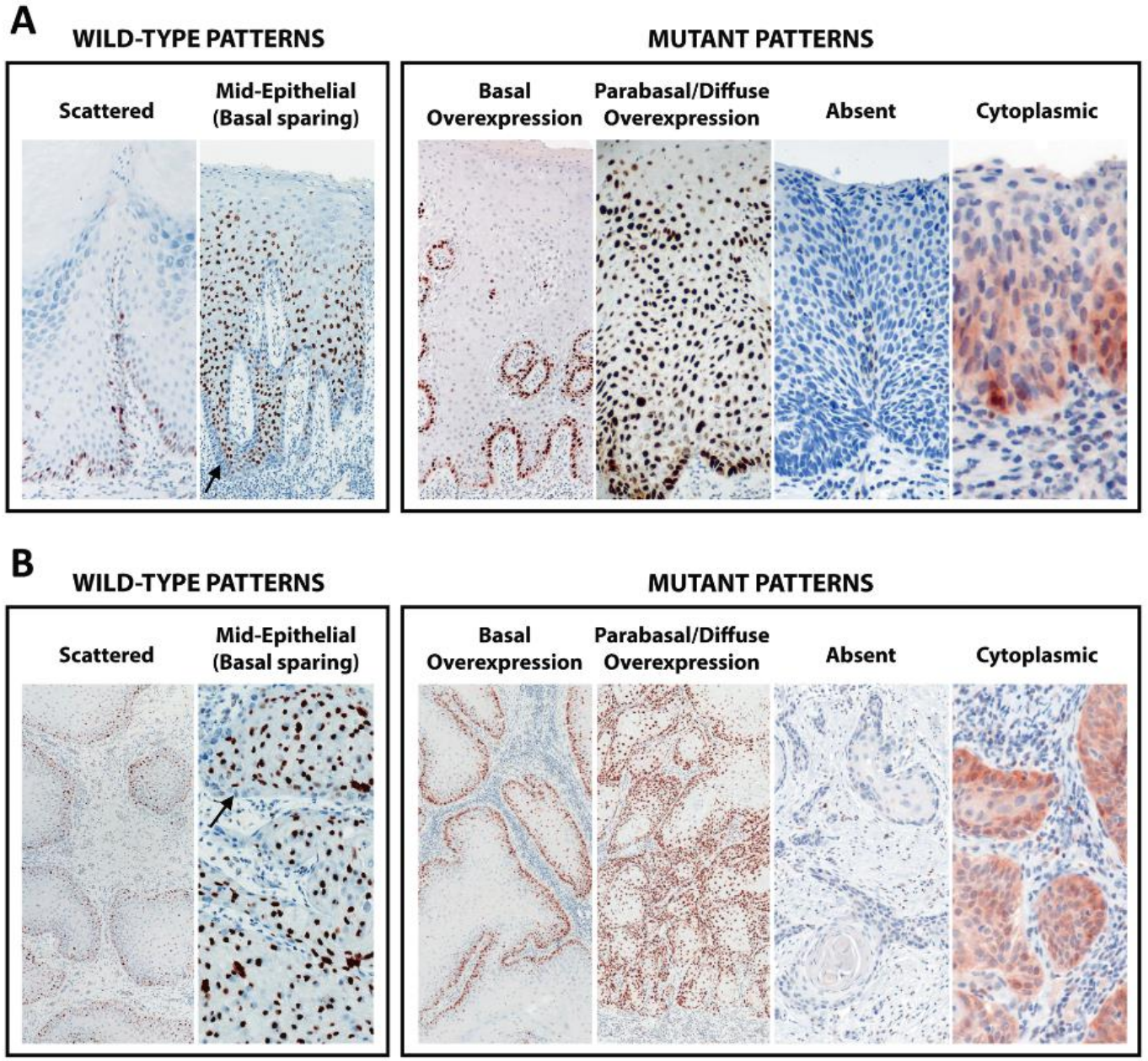
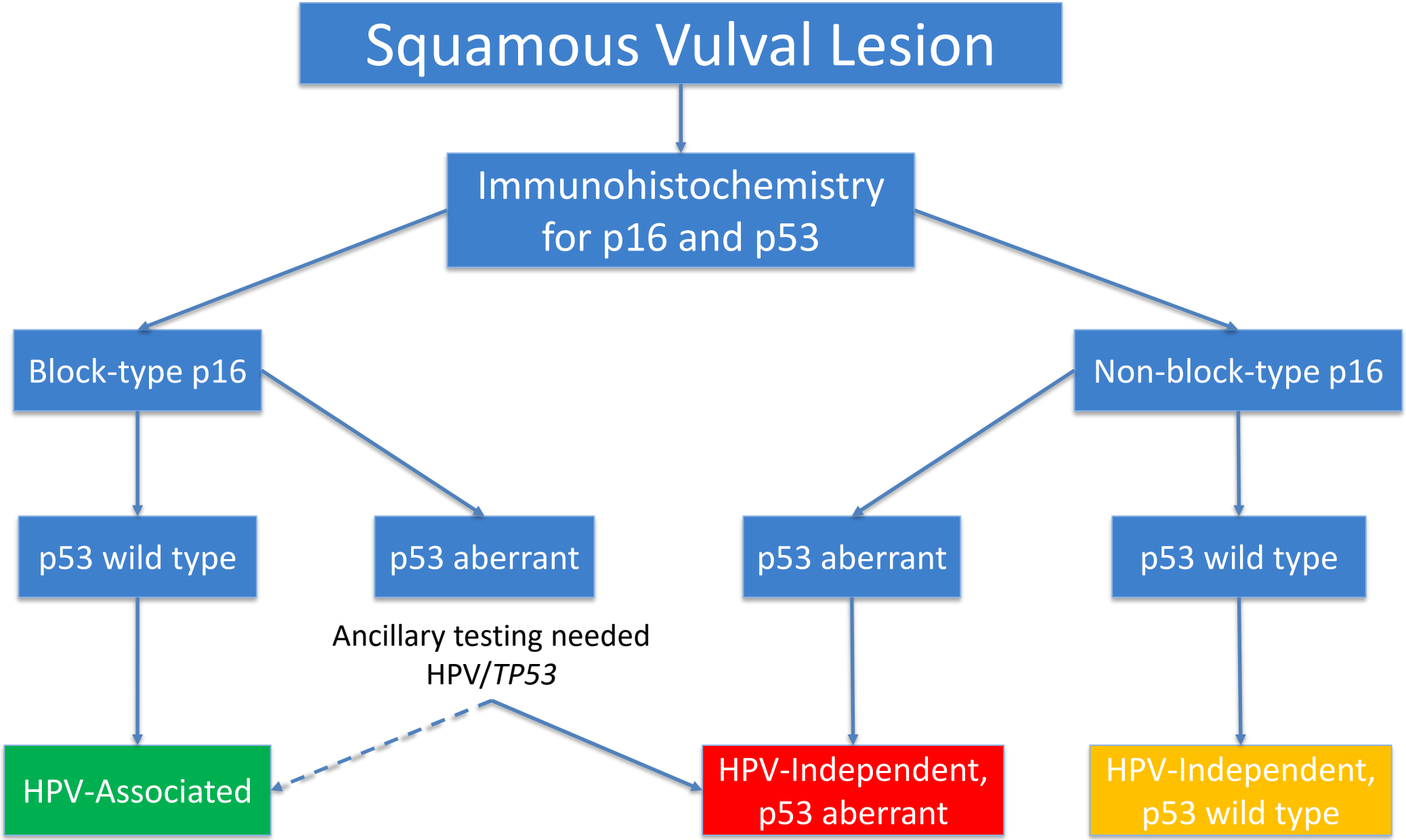


p53 Expression Patterns

From Tessier-Cloutier et al, Mod Pathol 2020; 33: 1595-1605


Squamous Vulval Lesion
Immunohistochemistry for p16 and p53
Block-type p16
Non-block-type p16
p53 wild type
p53 aberrant
p53 aberrant
p53 wild type
Ancillary testing needed
HPV/*TP53*
HPV-Associated
HPV-Independent, p53 aberrant
HPV-Independent, p53 wild type

Remaining Issues

- Potential therapeutic relevance
  - Drug therapies for HPV-associated lesions
  - Surgical management
- Refinement of clinicopathological studies and clinical trials using HPV-based classification
- Further molecular investigation of *TP53*-mutant and wild-type HPV-independent squamous lesions, including VAAD and DE-VIL

Summary

- HPV infection dominates lower genital tract pathology
- Squamous lesions are associated with both low- and high-risk HPV infection, glandular lesions with high-risk HPV infection
- p16 and p53 immunohistochemistry are useful for the diagnosis and stratification of HPV-associated and HPV-independent lesions of the lower genital tract
- HPV-independent lesions are increasingly recognised
- HPV testing and vaccination are changing disease distribution

e.g. Falcaro et al, Lancet 2021; 398: P2084-P2092