Race and Ethnicity in HPV related Oropharyngeal Cancer

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Markers Analyzed (3)



Beta-tubulin-II

- Target of taxanes -?adverse prognosis (Biogenex JDR 3B8)
- Her-2 neu
 - Negative prognostic factor in several cancers (Dako A0485)







RACIAL DISPARITIES IN HEAD AND NECK CANCER







Race – a neglected biomarker in cancer

African American men with cancer are 30% more likely to die than whites

African American women with breast cancer are 17% more likely to die than whites







All Sites – Cancer Mortality Rates 1973-2004 By Race, Males and Females



Incidence and mortality rates per 100,000 and age-adjusted to 2000 US standard population SEER Cancer Statistics Review 1975-2004.







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Survival Rates RMS Titanic Concept of Dr. Lisa Newman First Class 60% 43% Second Class 20% Third Class







Black patients with locally advanced HNSCC show poor survival compared to whites – RTOG 9003, 9501









Black patients with locally advanced HNSCC show poor survival compared to whites – TAX 324







Cancer **Prevention** Research

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Racial Survival Disparity in Head and Neck Cancer Results from Low Prevalence of Human Papillomavirus Infection in Black Oropharyngeal Cancer Patients

Kathleen Settle,¹ Marshall R. Posner,² Lisa M. Schumaker,¹ Ming Tan,¹ Mohan Suntharalingam,¹ Olga Goloubeva,¹ Scott E. Strome,¹ Robert I. Haddad,² Shital S. Patel,¹ Earl V. Cambell III,¹ Nicholas Sarlis,³ Jochen Lorch² and Kevin J. Cullen¹







Impact of Race on Survival University of Maryland



All Patients







Impact of Race on Survival University of Maryland



All Patients

Oropharynx







Impact of Race on Survival University of Maryland



All Patients

Oropharynx

Non-Oropharynx







HPV Positive Cases by Race – TAX 324

Race	HPV negative	HPV positive	Total
White	130, 66%	66, 34%	196
Black	28, 97%	1, 3%	29
Total	158	67	225







HPV Positive Cases by Race – TAX 324

Race	HPV	HPV	Total
	negative	positive	
White	130, 66%	66, 34%	196
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Total	158	67	225

Whites 10 times more likely than blacks to be HPV positive p=0.0003







Impact of Race on Survival TAX 324 Study



All Patients

Racial Disparities

Racial disparity is due to large number of white patients with good prognosis HPV positive tumors – rate of HPV positive tumors very low in blacks.

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HPV and Race

Validation studies – MD Anderson and U Maryland







Cancer Prevention Research

Matched-Pair Analysis of Race or Ethnicity in Outcomes of Head and Neck Cancer Patients Receiving Similar Multidisciplinary Care

Leon M. Chen,^{1,5} Guojun Li,^{1,2} Lorraine R. Reitzel,³ Kristen B. Pytynia,⁶ Mark E. Zafereo,^{1,4} Qingyi Wei² and Erich M. Sturgis^{1,2}

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782

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 Fig. 1. Survival of African American case and matched non-Hispanic white
 Fig. 2. Survival of Hispanic American case and matched non-Hispanic white

 control patients with SCCHN. The case group is represented by solid lines, the
 control patients with SCCHN. The case group is represented by solid lines, the

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 control group by dashed lines. A, recurrence-free survival (P = 0.569); B,
 the control group by dashed lines. A, recurrence-free survival (P = 0.548);

 disease-specific survival (P = 0.826); C, overall survival (P = 0.536).
 B, disease-specific survival (P = 0.873); C, overall survival (P = 0.844).

State 100 Years







Read of MEDICIN





patients with oropharyngeal cancer. The case group is represented by solid lines, the control group by dashed lines. A, recurrence-free survival (P = 0.028); B, disease-specific survival (P = 0.067); C, overall survival (P = 0.004).

Discussion

We found no evidence of disparities in survival for either African American or Hispanic American patients with SCCHN compared with similar non-Hispanic white patients who received similar multidisciplinary-team directed treatment at a tertiary cancer center.... The site-specific disparity we found among oropharyngeal cancer patients despite careful matching on smoking and treatment is consistent with a recent report of an unmatched single-institution study (worse disease-free and overall survival for African American oropharyngeal cancer patients) and suggests that a biology-based factor underlies this site-specific disparity.







U. Maryland expanded retrospective analysis – 311 OPC patients 1992-2007

Table 1. Baseline characteristics of the 311 study patients.				
Characteristic	Value			
Race-no.(%)				
White	196 (59)			
Black	134 (41)			
	0 0			
Sex - no.(%)				
Male	270 (82)			
Female	59 (18)			
Age at the end of treatment for 300 subjects —yr				
Median	56			
Range	35-94			
Smoking status-no. (%)				
Yes	259 (78)			
No	34 (10)			
Unknown	37 (11)			
ETOH use HIO.(%)	202 (64)			
tes	202 (01)			
	90 (27)			
Unknown	30 (12)			
Stage_no (%)				
	84 (25)			
	237 (72)			
Unknown	9(3)			
	0(0)			
HPV status				
Negative	132 (40)			
Positive	64 (19)			
Unknown	134 (41)			







Race and HPV – U. Maryland Confirmation Set (only pts with complete clinical data)

Ethnicity	HPV status	Total	
	HPV+	HPV-	
Black	9 (13%*)	60	69
White	49 (49%)	52	101
Total	58	112	170







% HPV positive OPC by year 1992-2007 – All patients



Proportion of patients who were tested HPV positive from 1992 to 2007









HPV Positive OPC by year – University of Maryland

oscc	Black			White			-	
	1992-95	1996-99	2000-03	2004-08	1992-95	1996-99	2000-03	2004-08
Age at Diagnosis, Median (N)	53 (23)	56 (39)	55 (53)	55 (43)	58 (23)	59 (42)	58 (83)	55 (77)
Male, % (N)	83 (23)	92 (39)	85 (53)	88 (43)	79 (24)	84 (43)	76 (82)	81 (80)
Ever smokers, % (N)	95 (20)	93 (30)	98 (41)	90 (40)	93 (15)	81 (27)	84 (67)	83 (69)
Ever drinkers, % (N)	85 (20)	83 (30)	78 (40)	83 (40)	80 (15)	59 (27)	60 (68)	58 (69)
Tumor HPV16 positive, % (N)	0 (18)	13 (16)	20 (20)	22 (23)	33 (15)	43 (21)	40 (42)	50 (44)







Multivariable Cox Anal. (path samples only)

Factor	HR, 95% CI	p-value
Race		
White	1.0	0.01
Black	1.9,1.2-2.9	
Gender		
M	1.0	0.02
F	2.0, 1.1-3.4	
Smoking status		
No	1.0	0.74
Yes	0.9,0.4-1.9	
Alcohol use		
No	1.0	0.34
Yes	1.3, 0.7-2.3	
HPV status		
Positive	1.0	0.004
Negative	2.3,1.3-4.0	







Where do we go from here?

- HPV is causing an emerging epidemic of non cervical cancer first in whites and soon in minority populations
- Vaccination rates for girls in US now are approximately 15% v 85% in Canada and UK.
- Public Health professionals must redouble efforts to promote HPV vaccination for boys as well as girls.





