

Human papillomavirus: Basic Virology and laboratory diagnosis

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HPV diseases



<http://www.patientcareonline.com/sites/default/files/cl/2110541.png>



<http://www.healthyfoodteam.com/wp-content/uploads/2015/09/new1.jpg>



HPV outbreak
<http://mdgteam.com/wp-content/uploads/2014/04/HPV.png>

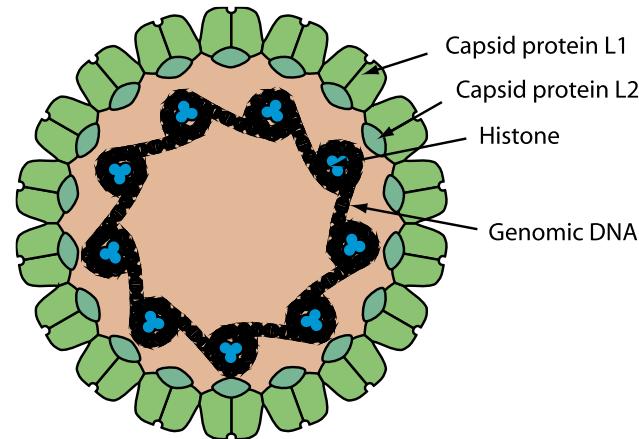
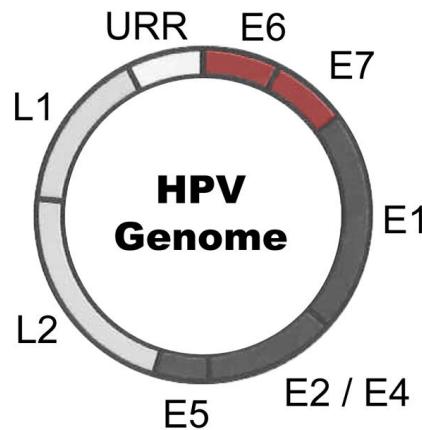


<https://webeye.ophth.uiowa.edu/eyeforum/atlas/photos/conj/conjunctival-papilloma-1.jpg>

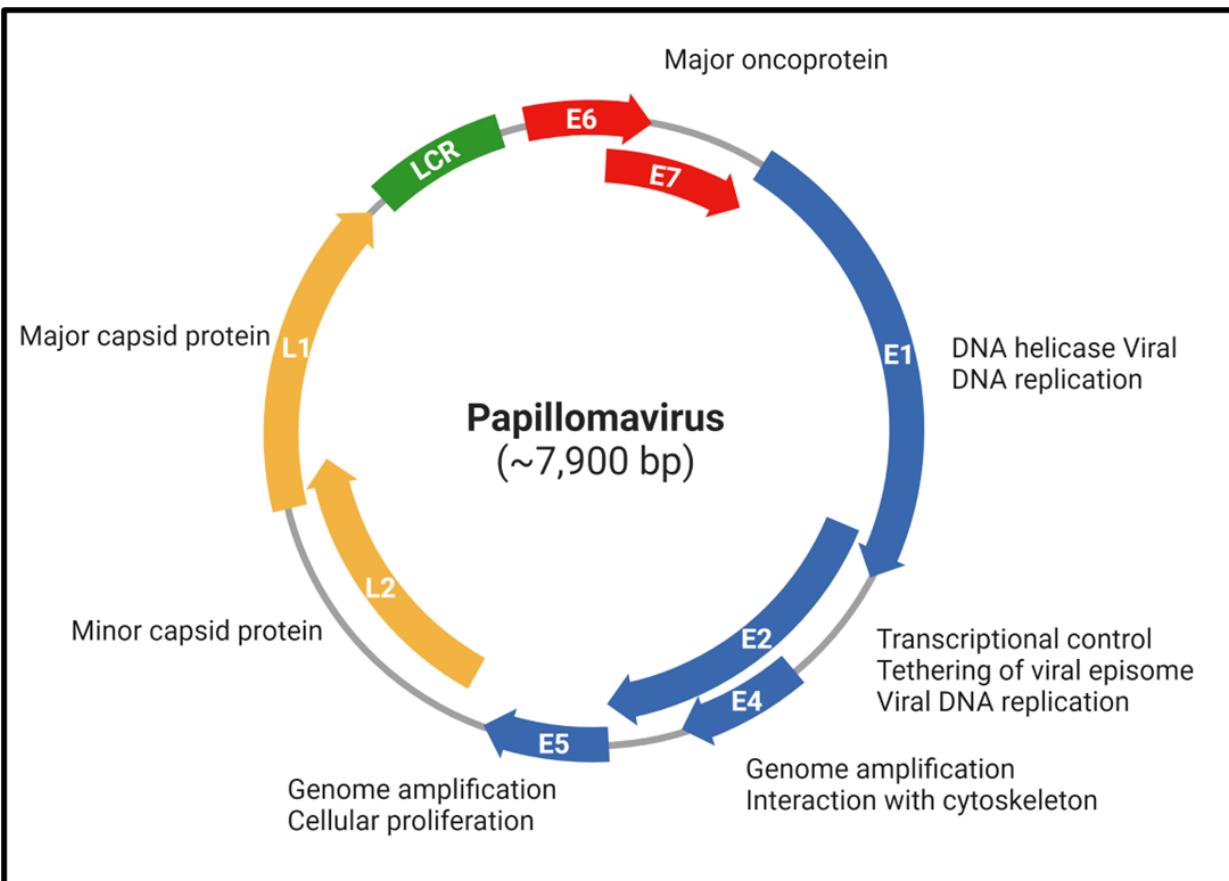
Human papillomavirus: HPV



- **Family Papillomaviridae**
- **Structure:** Naked icosahedral capsid composed of major capsid (L1 >80%) and minor capsid (L2)
- **Size:** Small (about 55-60 nm in size)
- **Genome:** Circular double stranded (ds)-DNA (about 7.9-8 kb in size) associated with cellular histones in a chromatin-like complex
- **Tissue tropism:** Cutaneous and Mucous tissue



Human papillomavirus: GENOMIC ORGANIZATION



The HPV genome

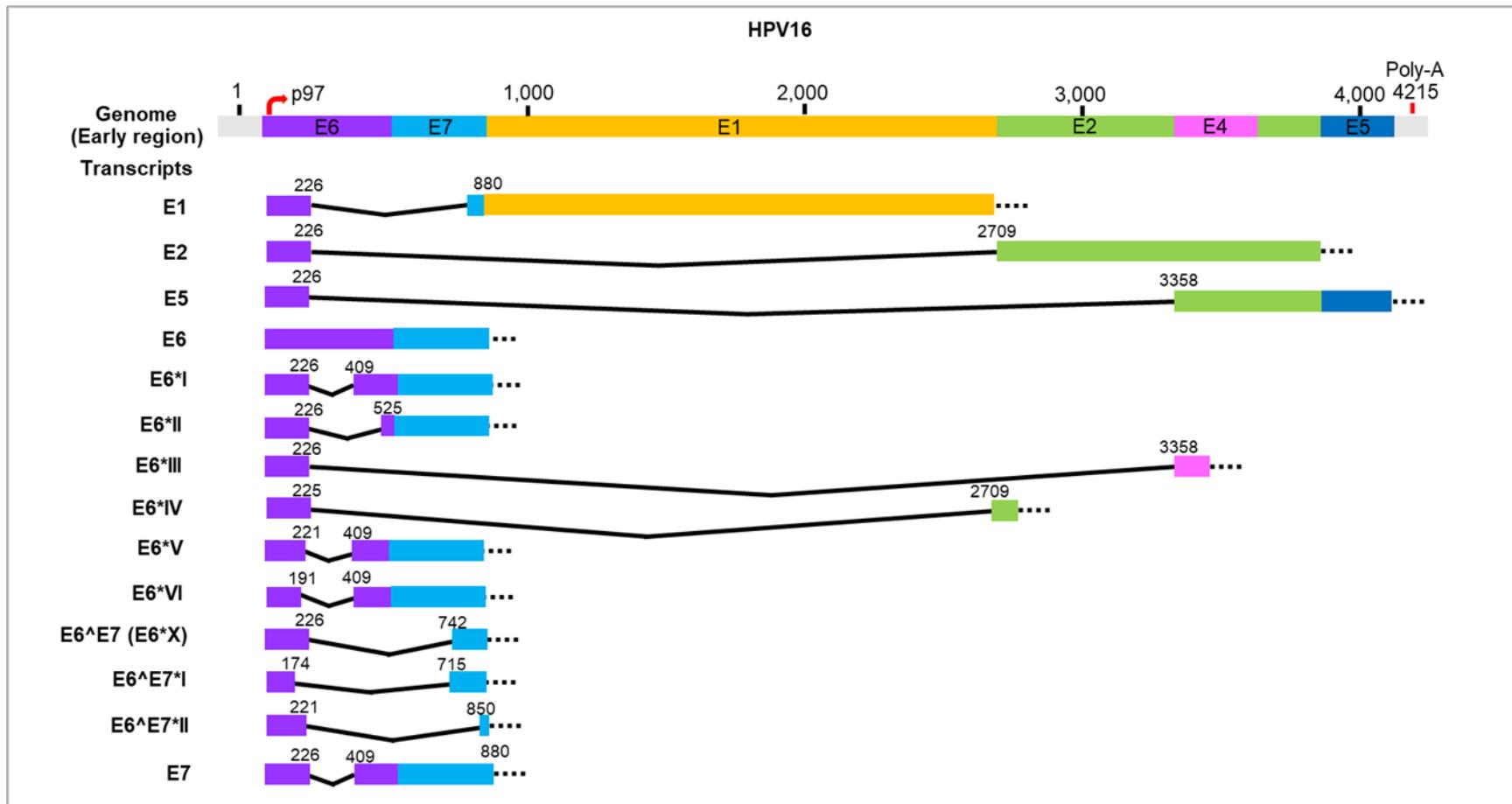
Early gene: E1, E2, E4, E5, E6, E7

Late gene: L1, L2

Long control region: LCR

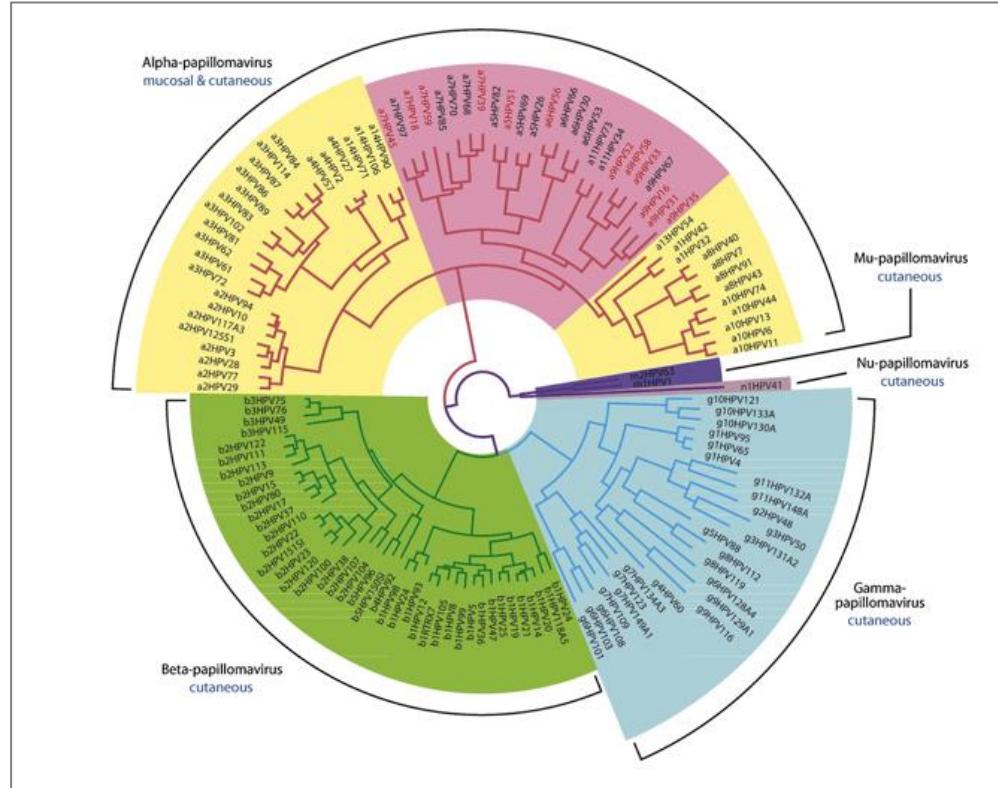
This figure is adapted and redrawn from D'Abromo C.M. and Archambault J., 2011 (60) via BioRender.com platform.

HPV transcription



HPV Classification

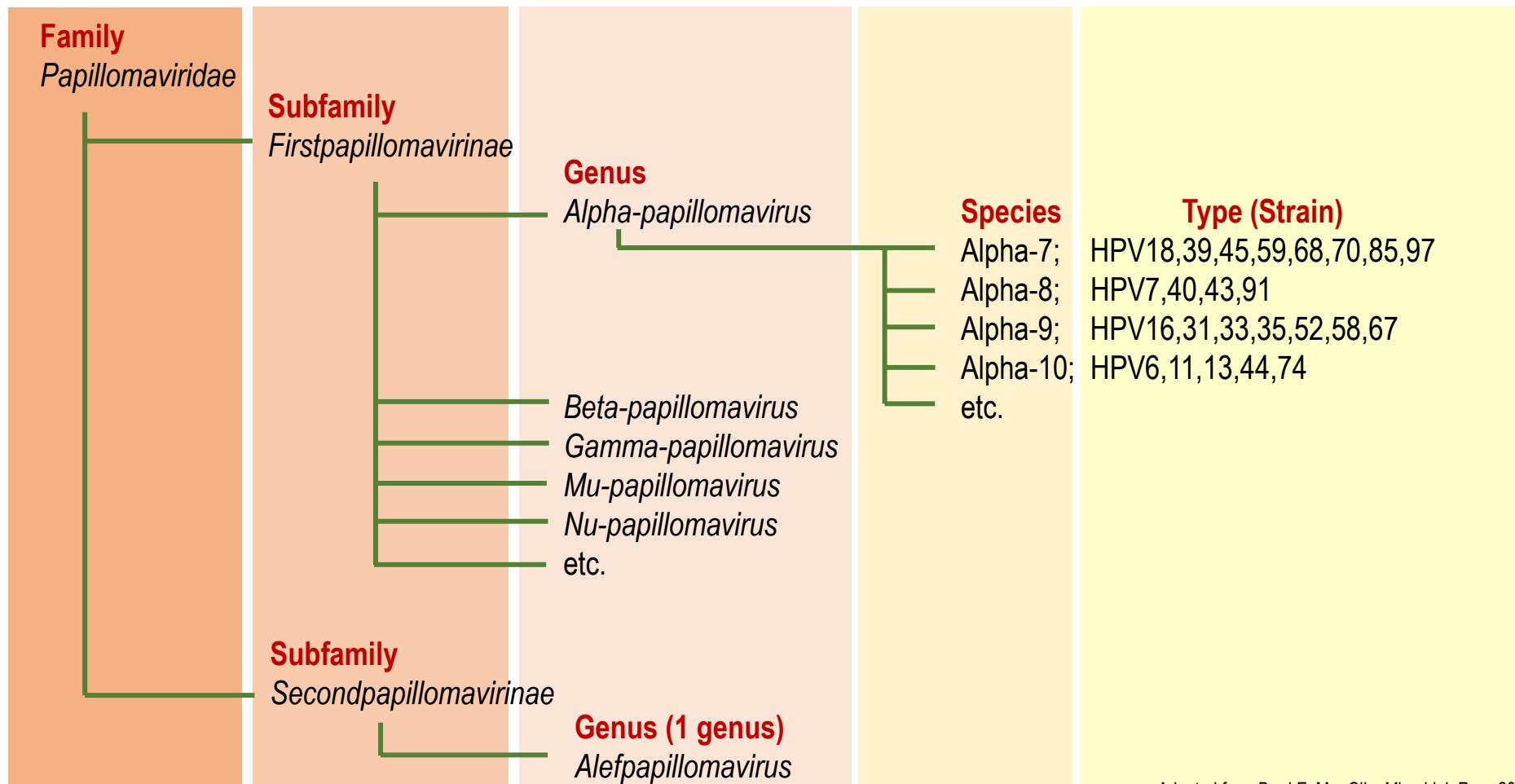
- **Genotyping:** L1 nucleotide
 - 60% = genus level
 - 60-70% = species level
 - 71-81% = type
 - 90-98% = subtype
 - 98% = variants
- 5 Genera
 1. Alpha-papillomavirus 
 2. Beta-papillomavirus
 3. Gamma-papillomavirus
 4. Mu-papillomavirus
 5. Nu-papillomavirus



Evolutionary relationship of Human papillomaviruses.

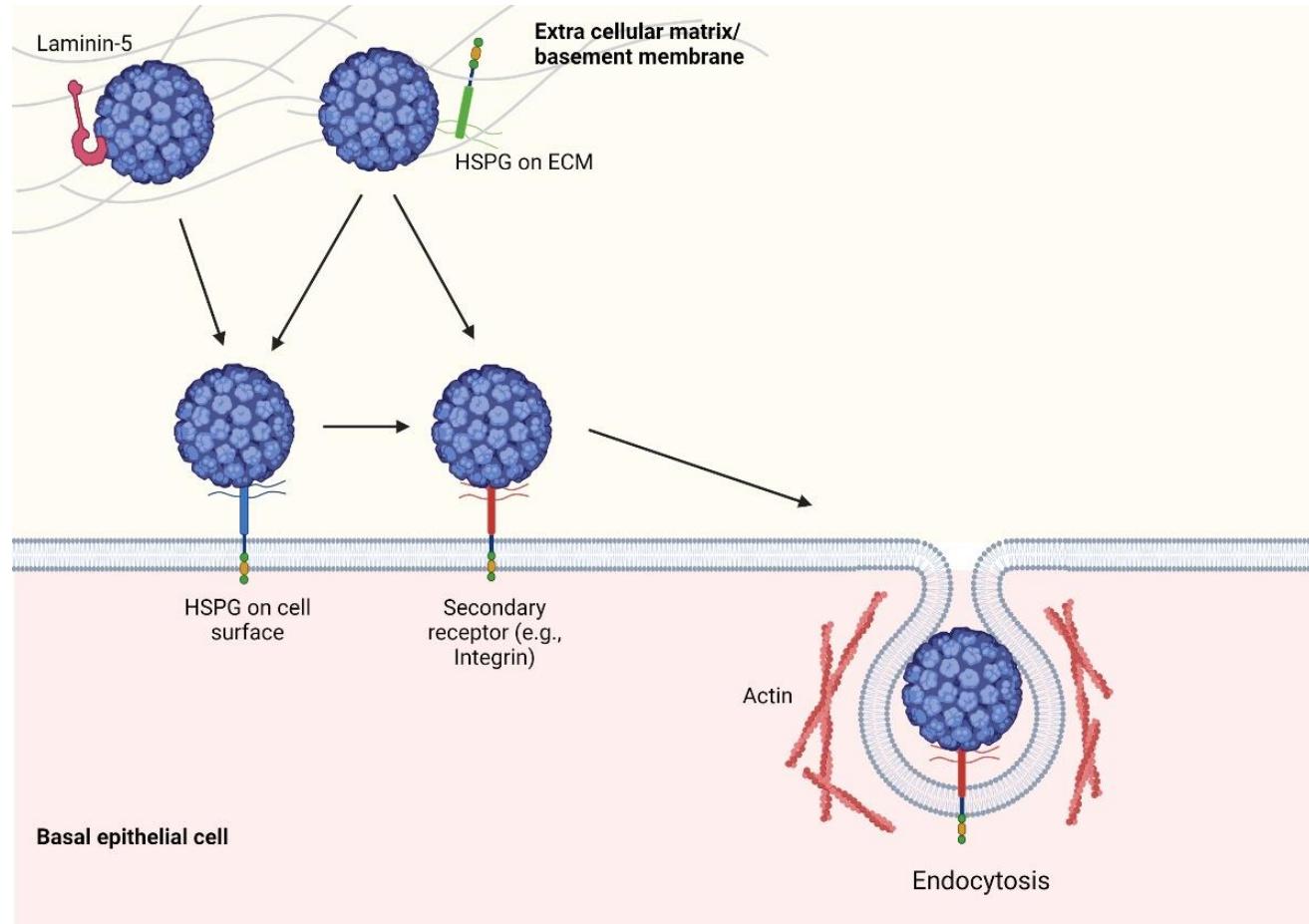
Five genera of human papillomavirus including the Alpha- (yellow = Lr-HPV or pink = Hr-HPV), Beta- (green), Gamma- (Blue), Mu- (Violet), and Nu-papillomavirus (crimson). The construction of this tree is based on the alignment of HPV E1, E2, L1, and L2 genes

Human papillomavirus: CLASSIFICATION



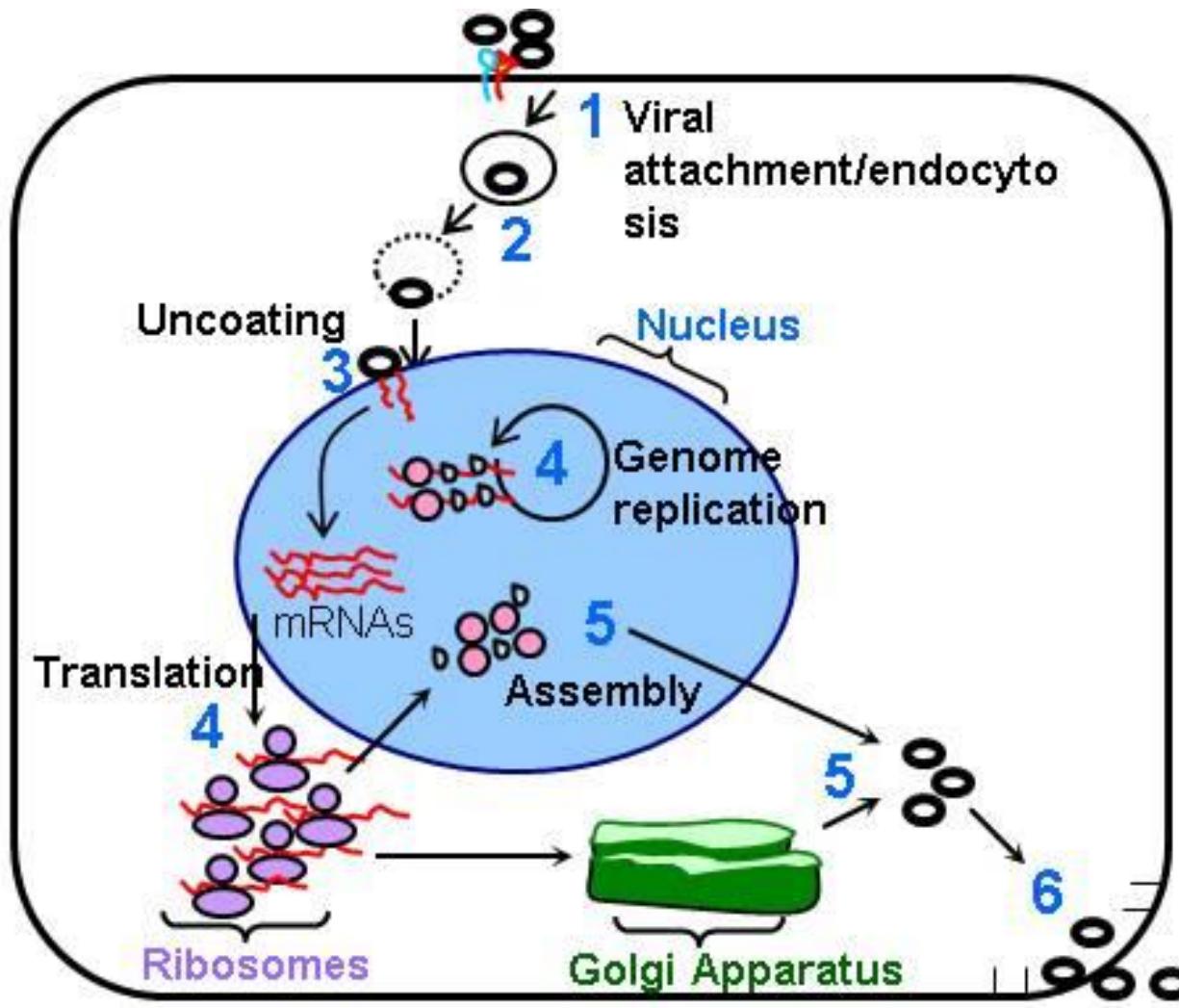
Adapted from Burd E. M. , *Clin. Microbiol. Rev.*, 2016

Human papillomavirus: ENTRY MECHANISM

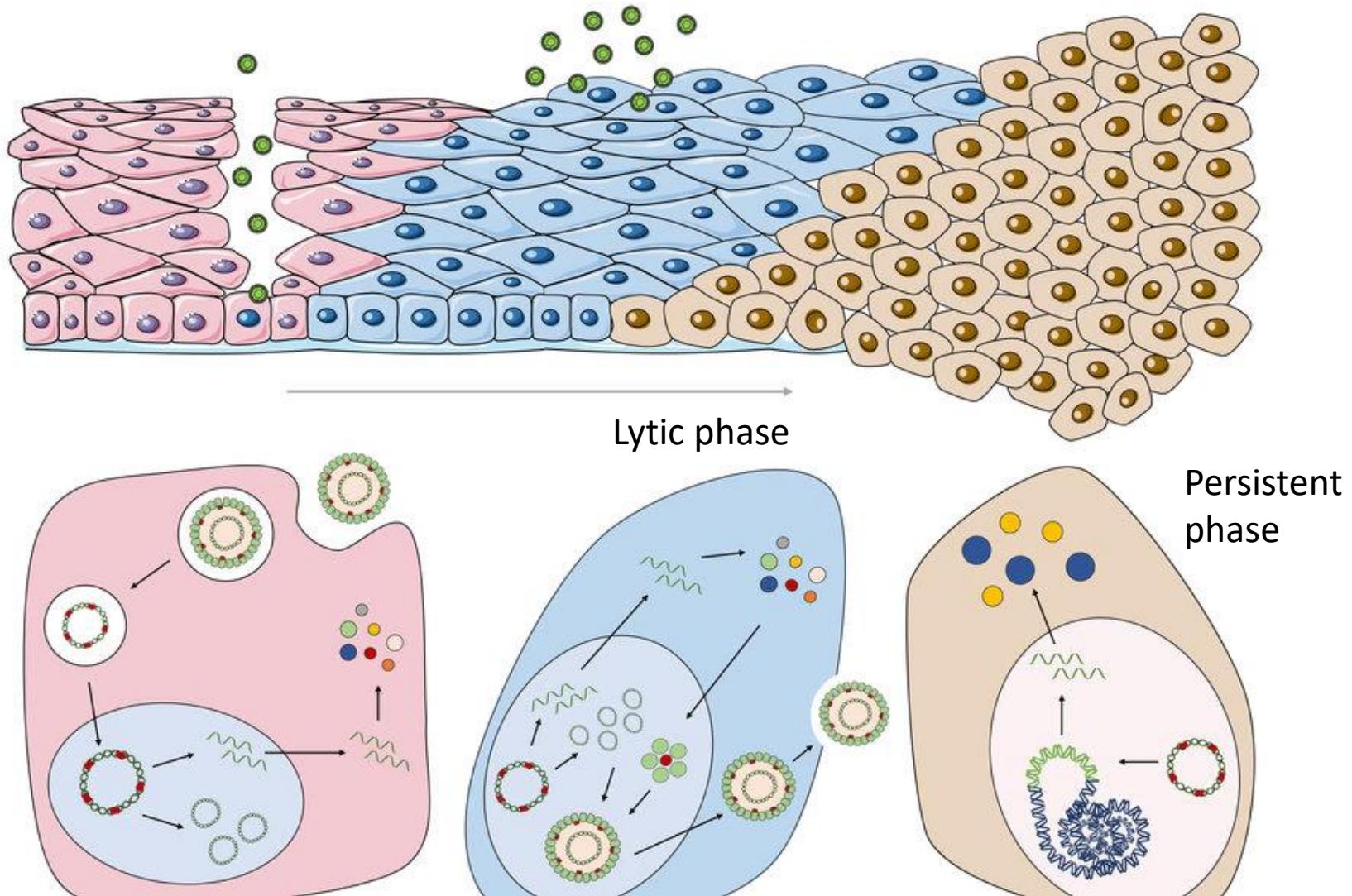


This figure is adapted and redrawn from Raff A.B. et al., 2013 and Horvath C.A. et al., 2010 via BioRender.com platform.

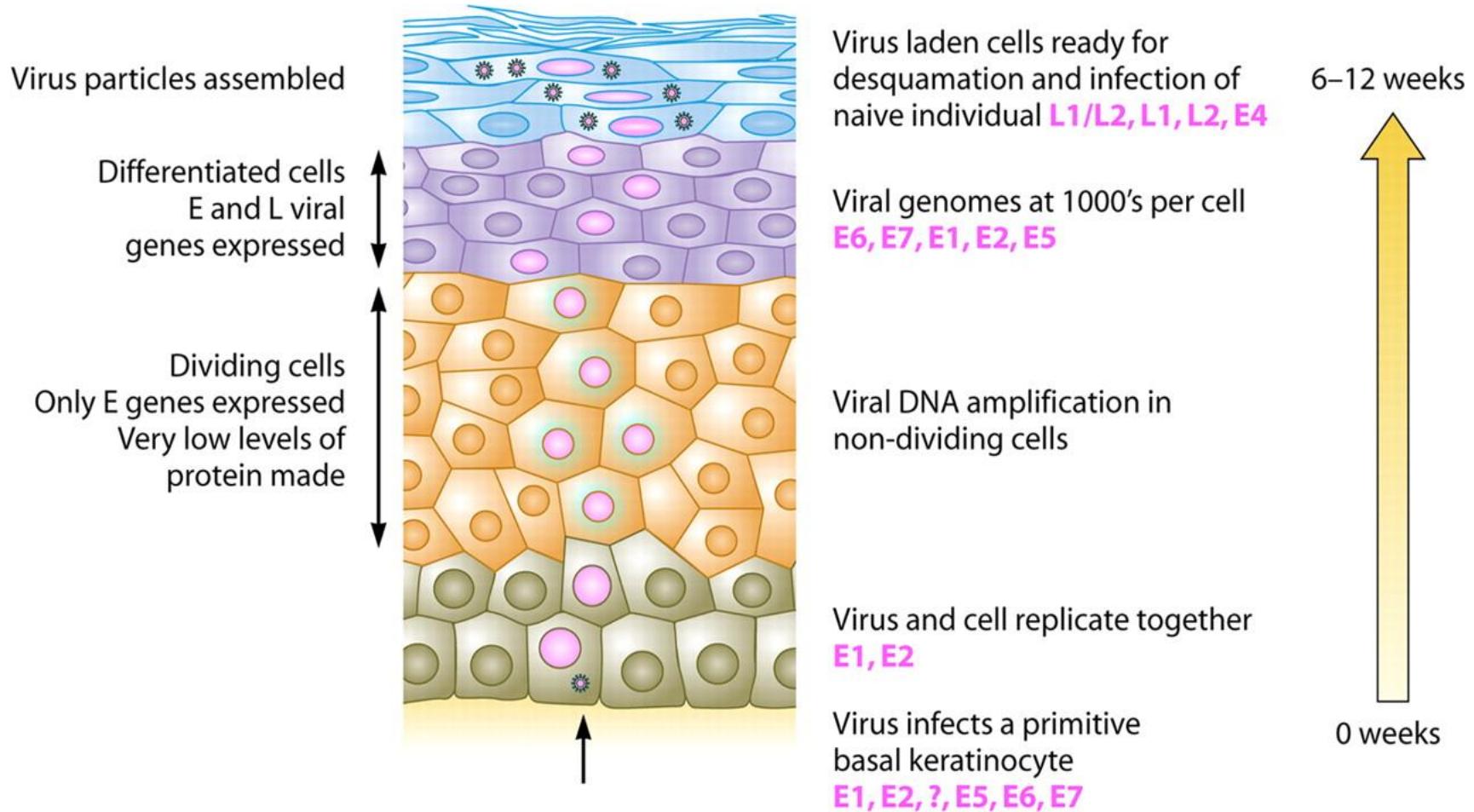
Multiplication of DNA viruses



HPV life cycle



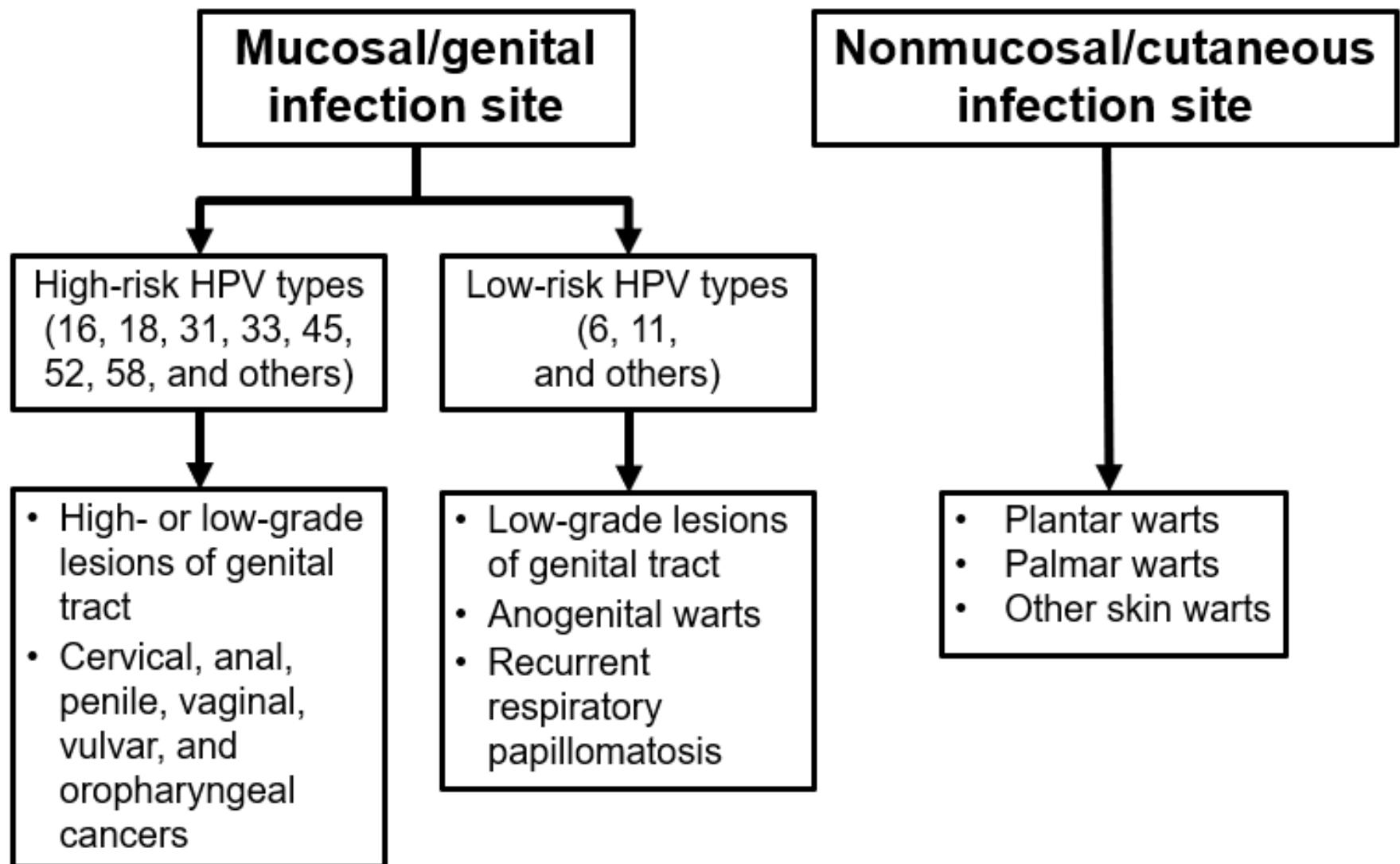
HPV infection

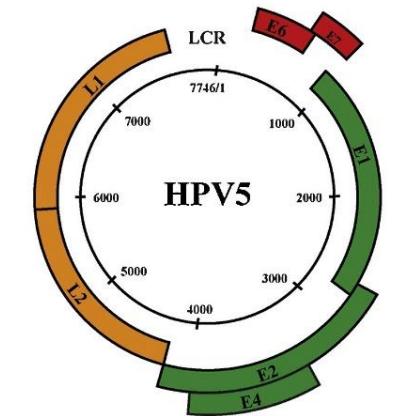
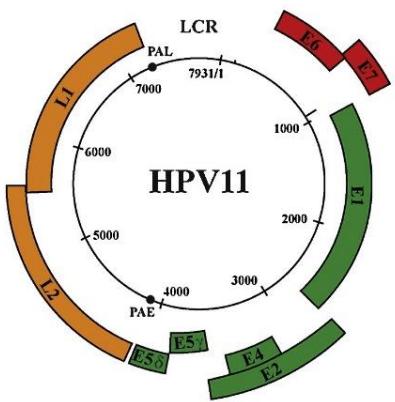
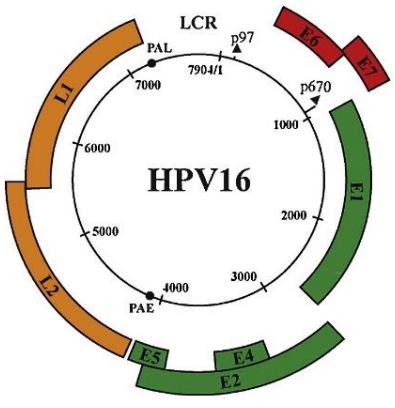


HPV types and diseases

Disease	HPV type
Plantar warts	1,2,4,63
Common warts	2,1,7,4,26,27,29,41,57,65,77,1,3,4,10,28
Flat warts	3, 10, 26, 27, 28, 38, 41, 49, 75, 76
Other cutaneous lesions (e.g., epidermoid cysts, laryngeal carcinoma)	6, 11, 16, 30, 33, 36, 37, 38, 41, 48, 60, 72, 73
Recurrent respiratory papillomatosis (RRP)	6, 11
Focal epithelial hyperplasia of head & neck	13, 32
Conjunctival papillomas /carcinomas)	6, 11, 16
Condyloma acuminata (CA; genital warts)	6, 11, 30, 42, 43, 45, 51, 54, 55, 70
Cervical intraepithelial neoplasia (CIN) Unspecified	30, 34, 39, 40, 53, 57, 59, 61, 62, 64, 66, 67, 68, 69
Low risk types	6, 11, 16, 18, 31, 33, 35, 42, 43, 44, 45, 51, 52, 74
High risk types	16, 18, 6, 11, 31, 34, 33, 35, 39, 42, 44, 45, 51, 52, 56, 58, 66
Cervical carcinoma (CC)	16, 18, 31, 45, 33, 35, 39, 51, 52, 56, 58, 66, 68, 70

- More than 200 types have been identified
- 40 types infect the mucosal epithelium

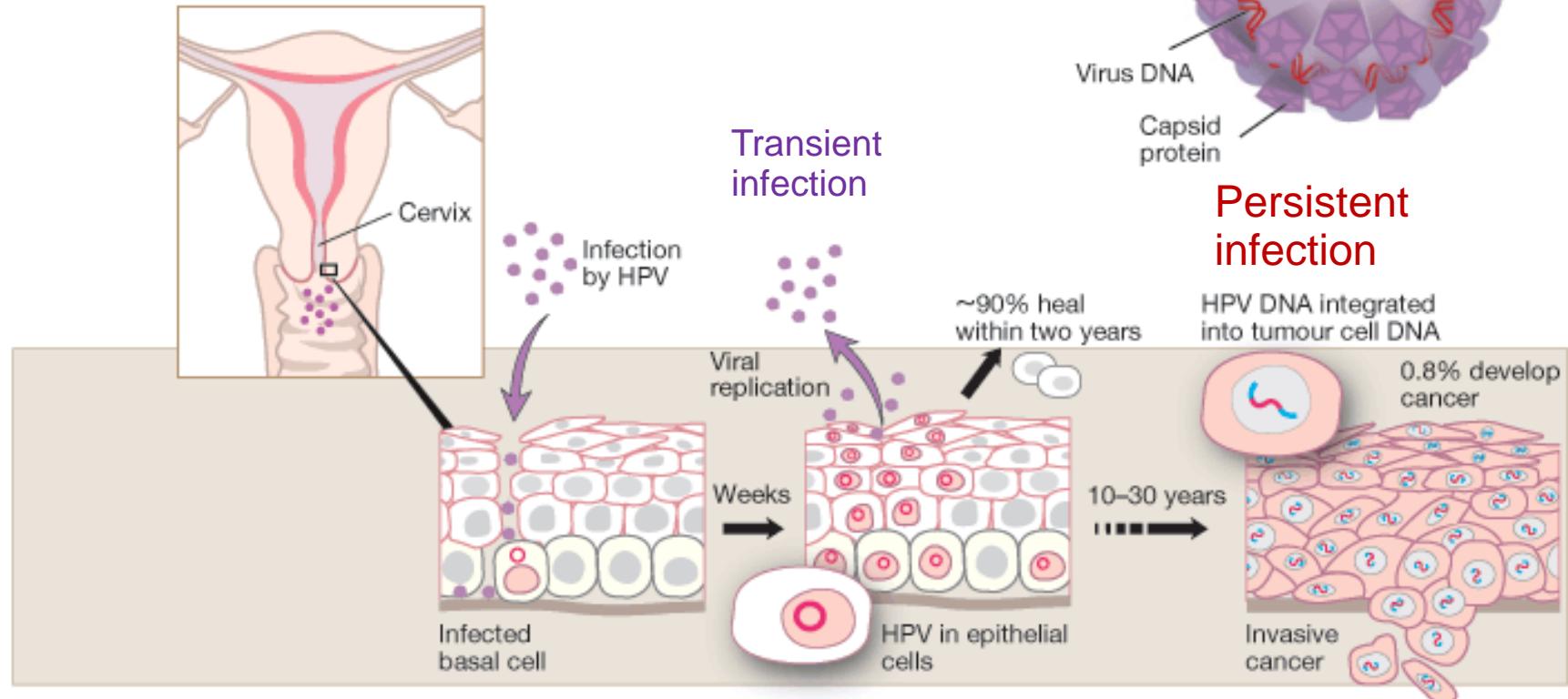




	High-Risk Alpha	Low-Risk Alpha	Beta
Core Genes Essential functions in viral genome replication and genome packaging Conserved between types			
E1	ATP-dependent helicase, role in papillomavirus genome replication.		L1 Major capsid protein. Assembles into pentomeric capsomeres, which are the primary components of the icosahedral virion shell.
E2	Coactivator of viral genome replication by the recruitment of E1 to the viral replication origin. Transcription factor of E6 and E7, also important for viral genome segregation.		L2 Minor capsid protein, also involved in encapsidation of viral DNA and in viral uncoating after infection
E4	Abundantly expressed as an E1–E4 fusion protein during the late phase of the virus life cycle. Accumulates as cytoplasmic inclusion granules in Beta, Gamma and Mu HPV types. Binds to cytokeratin filaments and disrupts cell structure.		
Accessory Genes Modify the cellular environment to support and tolerate viral genome replication Maximize the viral-fitness to complete viral life cycle in the site of infection Differ between types			
E6	Encodes E6* products	Does not encode E6* products	
	Binds E6AP		
	Degradation of p53 and PDZ-proteins	No degradation of p53 and PDZ proteins	
	Inhibition of p53 transactivation and acetylation		Inhibition of transactivation following DNA damage ^{*1}
	Inhibits Notch pathway via p53	Not known	Binds MAML1 and inhibits Notch pathway
	Inhibition of interferon response	Weak inhibition of interferon response	Decreases MHC class I via down regulation of STAT-1 ^{*2}
	Degradation of BAK		
E7	Activation of telomerase	No activation of telomerase	Activation of telomerase
	Destabilizes pRB (p105), p107 and p130	Destabilizes p130	Targeting pRB with low efficiency
	Induction of cell cycle entry and DNA synthesis, role in genome amplification		Induction of cell cycle entry and proliferation in suprabasal layer in raft culture
E5	Suppression of STAT-1 function	No suppression of STAT-1 function	Not known
	Immortalization and transformation		No immortalization and transformation
	Stimulation of EGFR signaling pathways	Not known	No E5 gene
	Downregulation of MHC		

HPV Infection

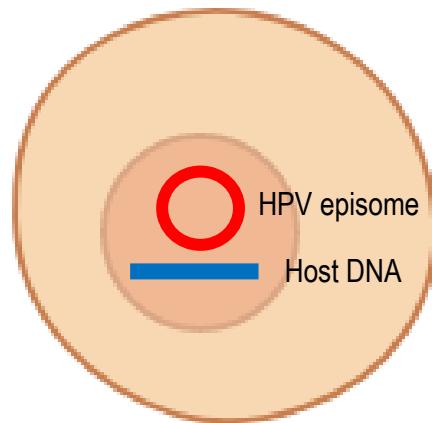
Cervical Cancer



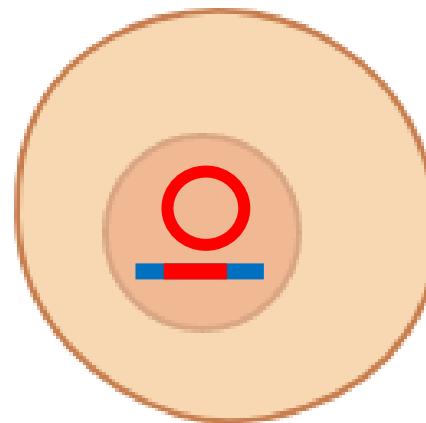
The Nobel Committee for Physiology or Medicine 2008 Illustration: Annika Röhl

Human papillomavirus: PHYSICAL STATE

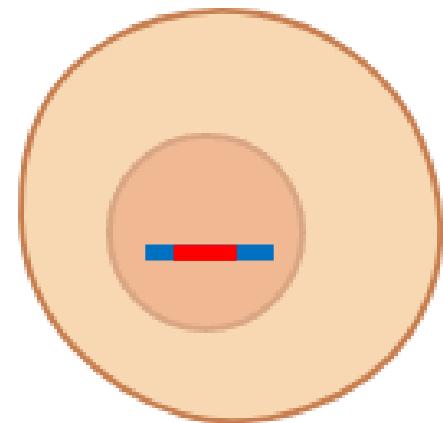
The physical state of HPV DNA



Episomal form

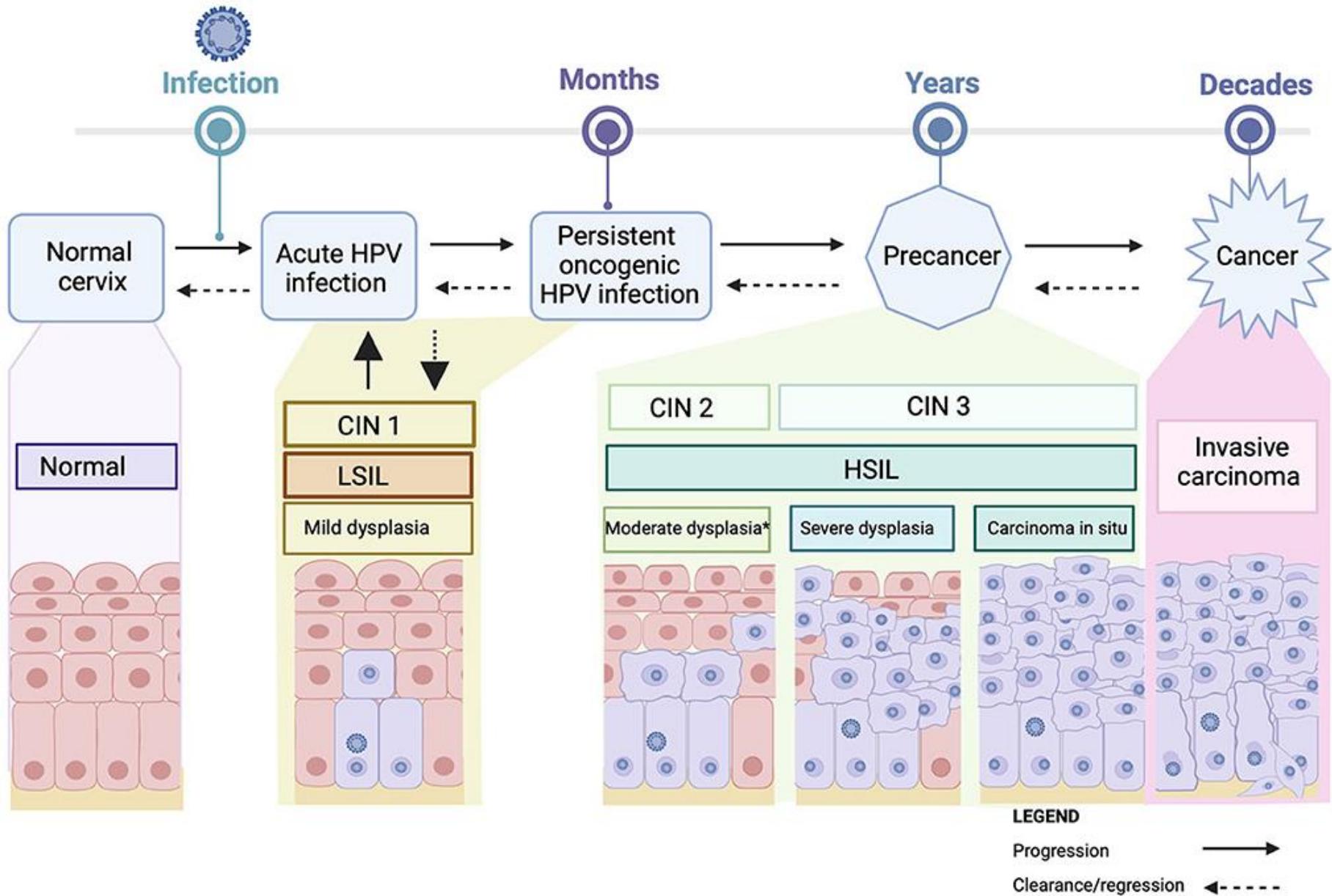


Mixed form



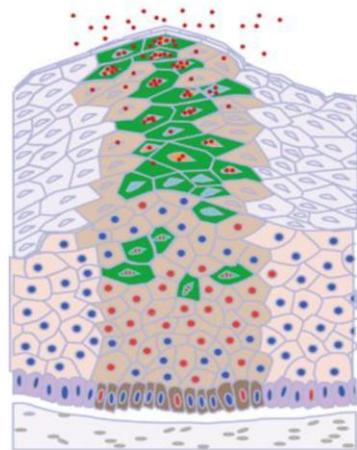
Integrated form

HPV Pathogenesis



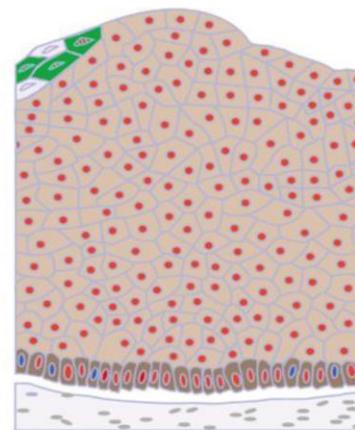
Regulation and deregulation of the high-risk HPV life cycle

A



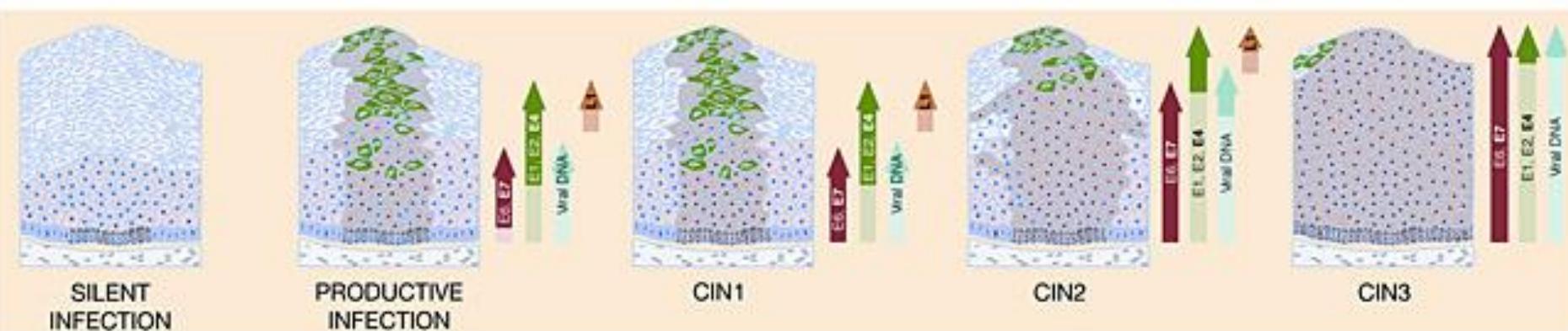
Productive
Infection

B

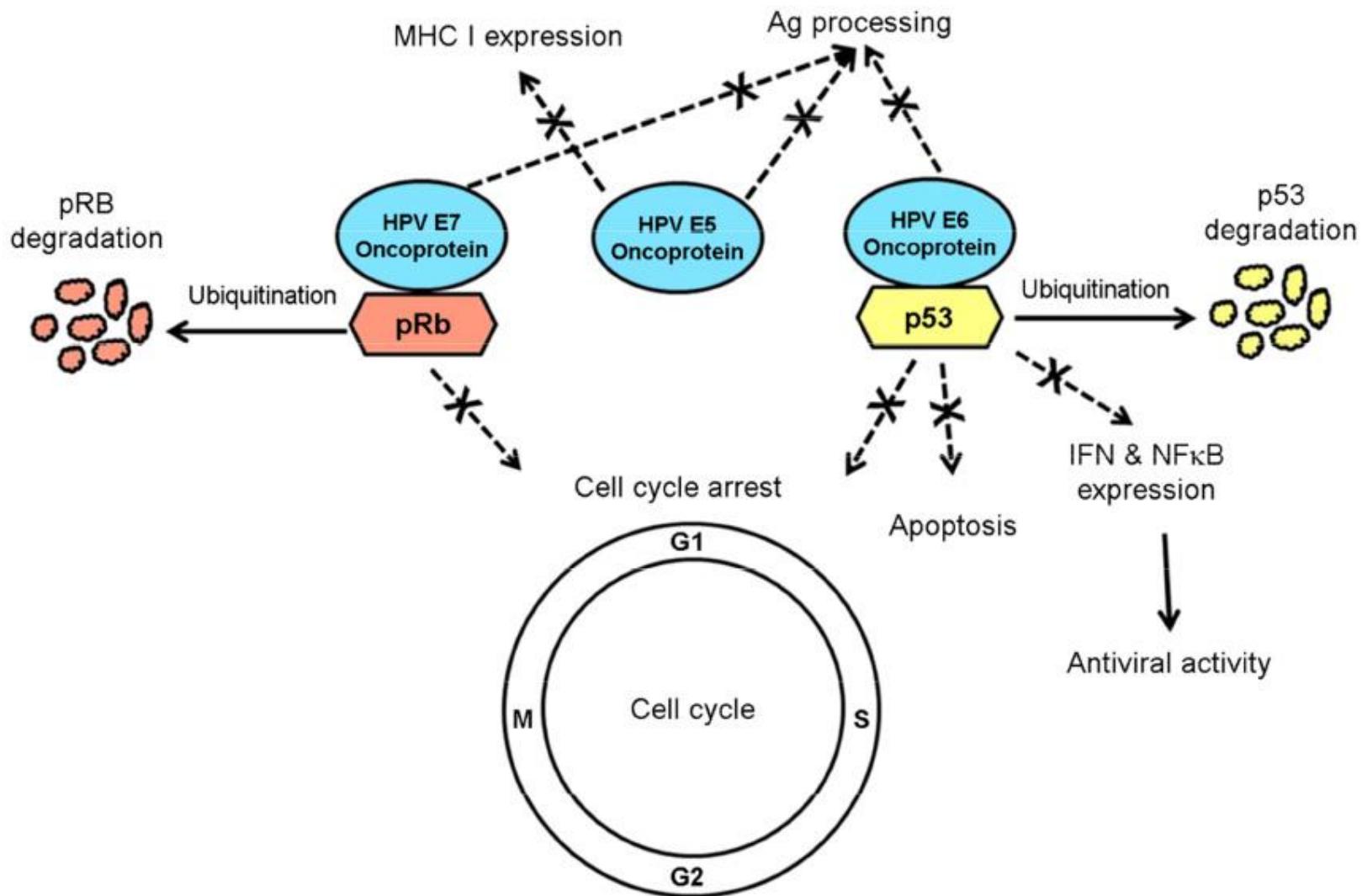


Non-productive Infection
(CIN3)

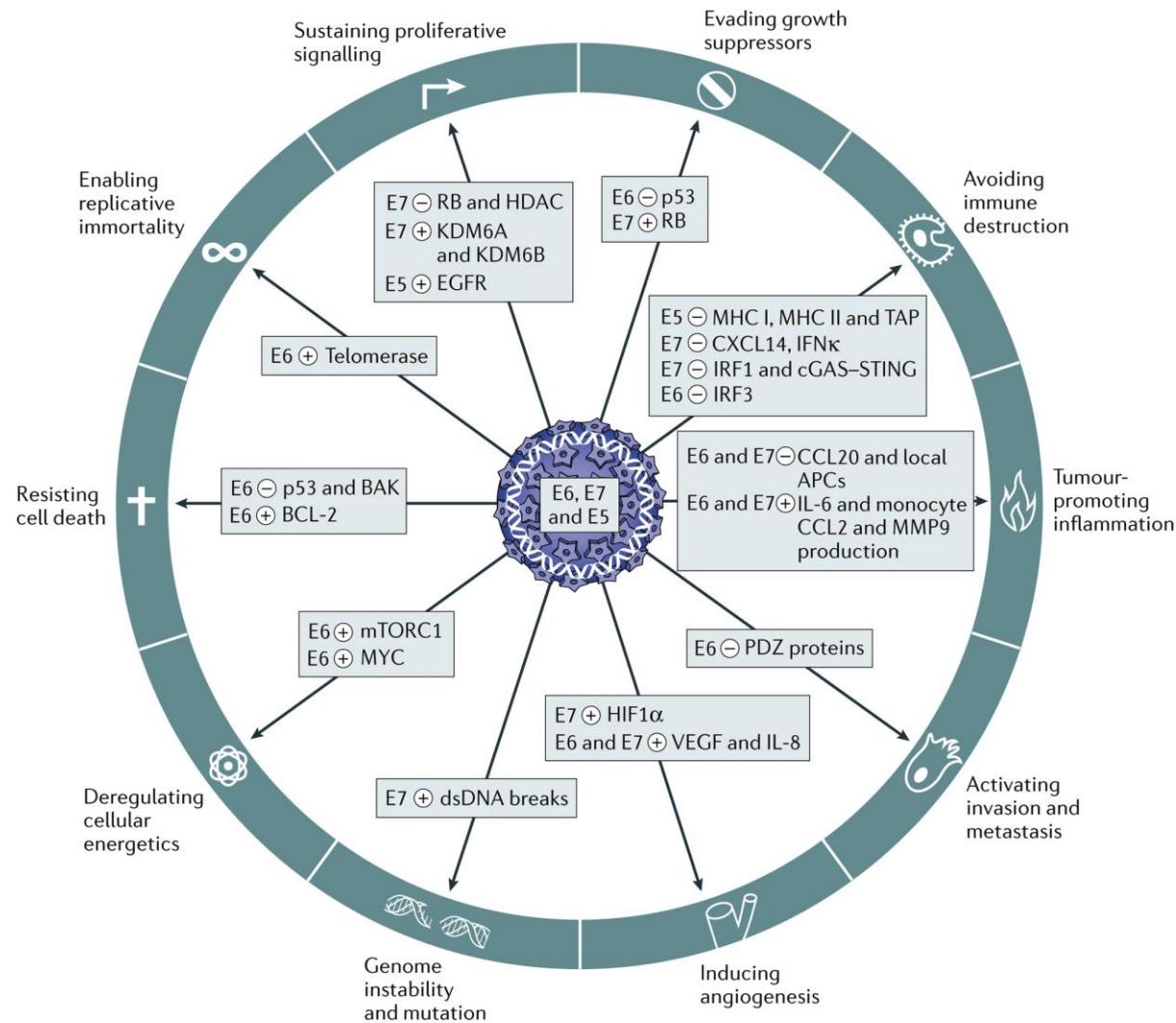
Viruses 2015, 7(7), 3863-3890; <https://doi.org/10.3390/v7072802>



HPV Oncogenicity

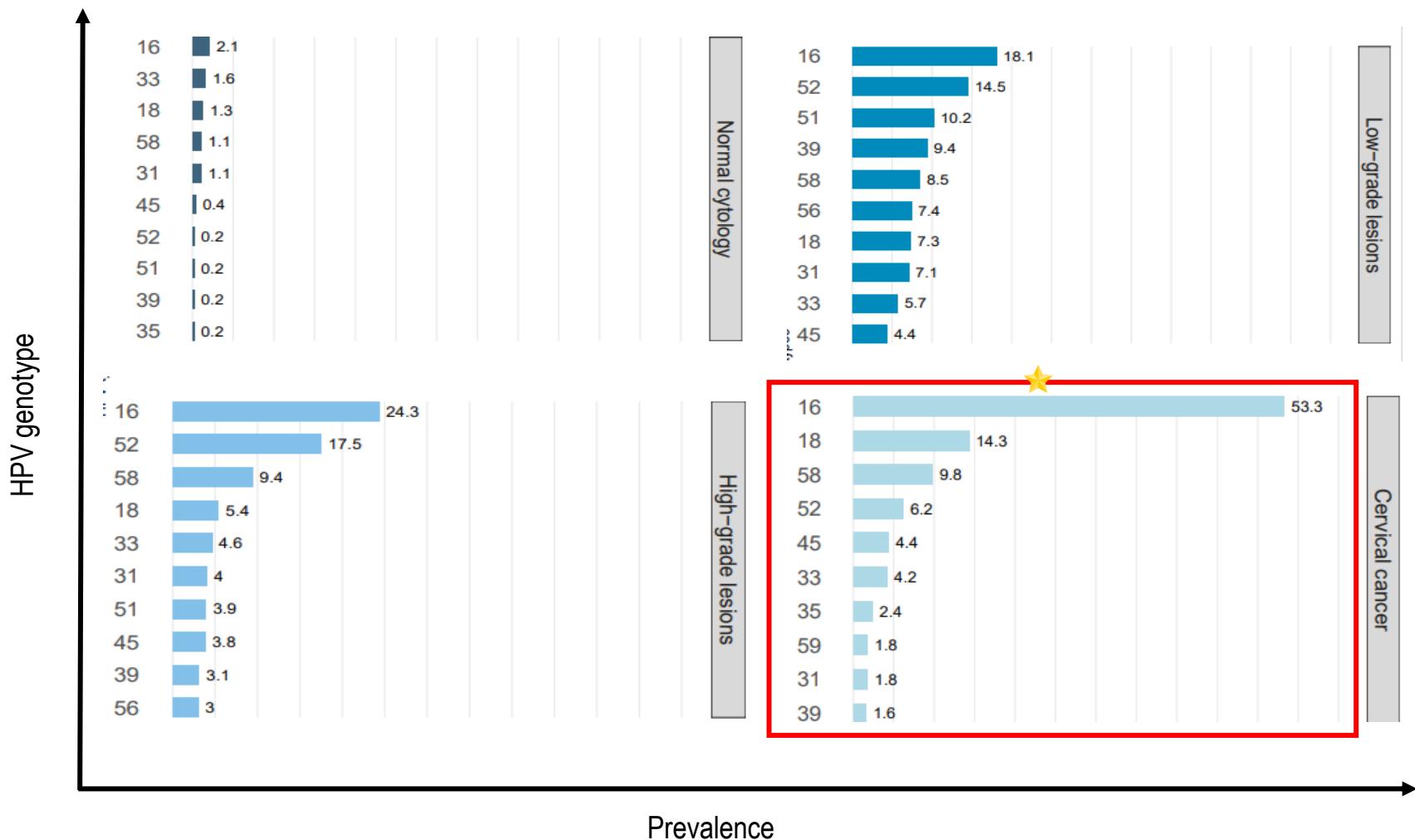


Hallmarks of cancer affected by Hr-HPVs



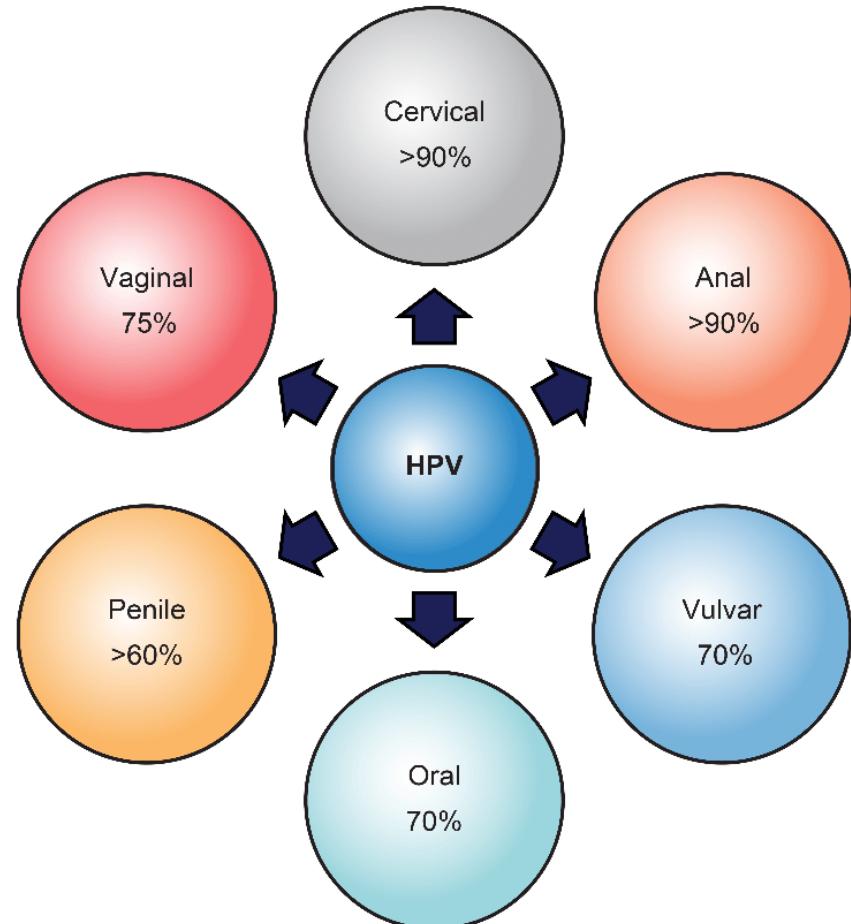
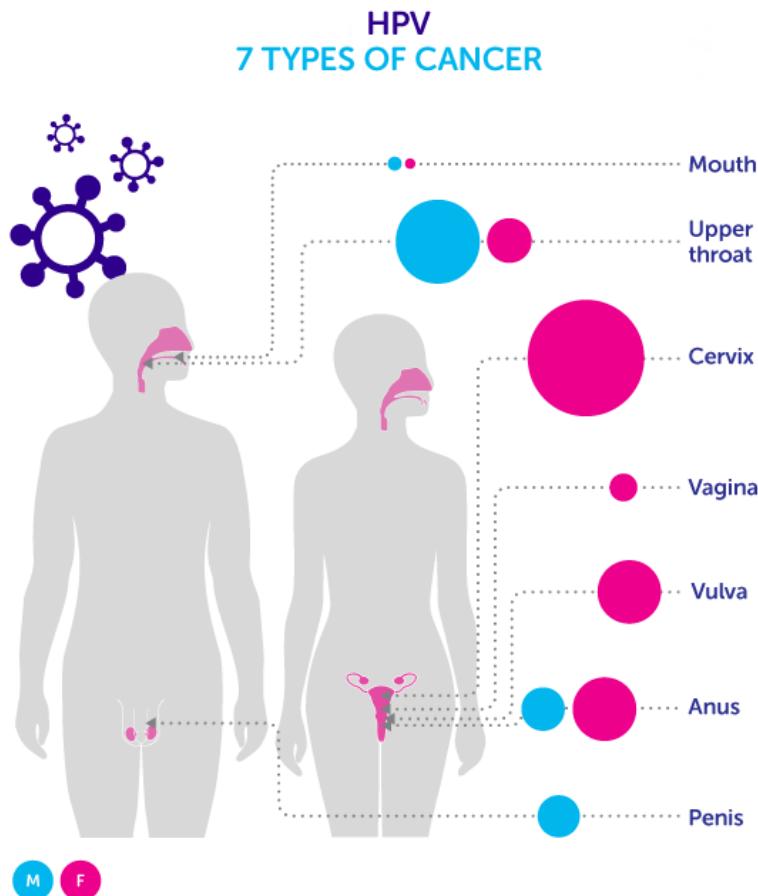
Thailand

Human Papillomavirus and Related Cancers, Fact Sheet 2023 (2023-03-10)



Comparison of the most frequent HPV oncogenic types in Thailand among women with and without cervical lesions

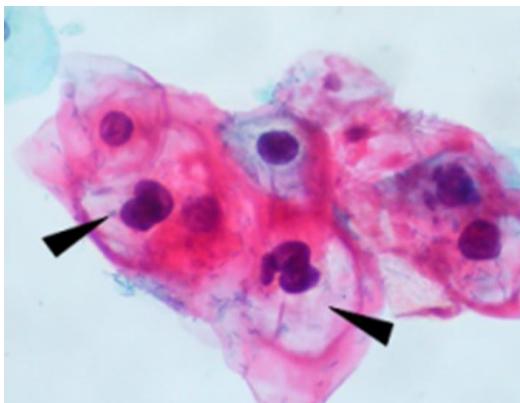
HPV related cancers



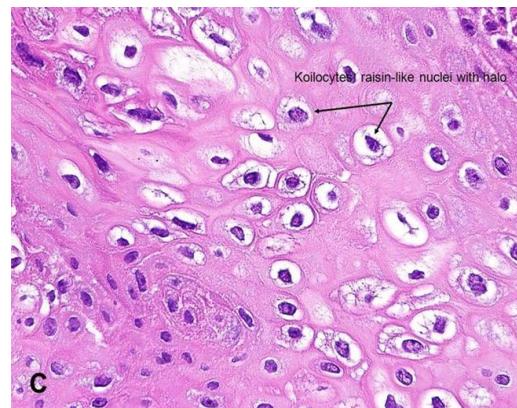
Laboratory Investigation

► Conventional cytology :

- **Pap-smear:** a screening tool looks for changes in cells, **Koilocytes**
- **Koilocytes** are squamous epithelial cells that contain an acentric, hyperchromatic nucleus that is displaced by a large perinuclear vacuole.



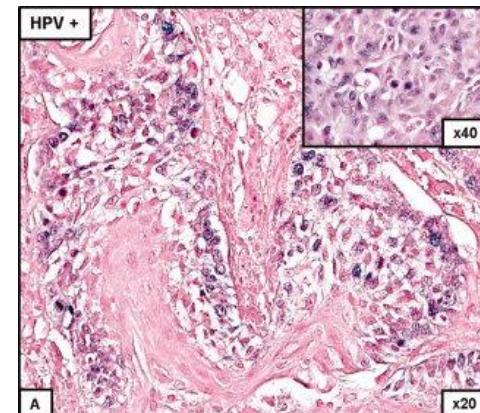
<https://dellybeandriary.files.wordpress.com/2011/02/picture-5.png>



<http://www.auanet.org/images/education/pathology/>

Molecular detection:

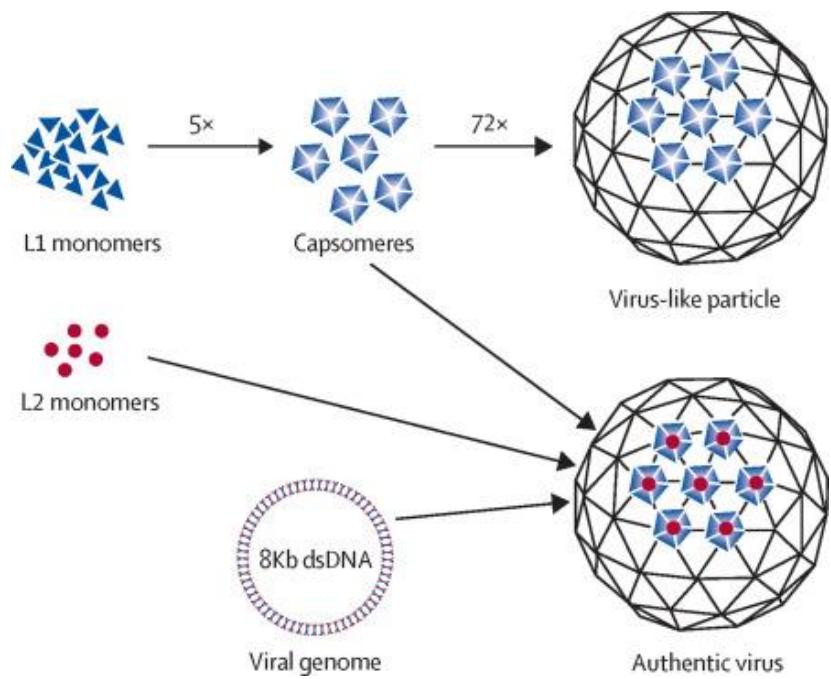
- HPV DNA : PCR
- HPV Types (16/18 and high-risk types)
- HPV mRNA detection : E6/E7 mRNA
- HPV DNA or RNA : *In situ* hybridization



The Laryngoscope 122(7):1558-65 · July 2012

HPV vaccine: Viral-like particle (VLP)

- FDA approve
- Gardasil
 - 2006: Quadrivalent vaccine HPV-6,11,16,18
 - 2014: Nanovalent Vaccine (4 + HPV-31, 33, 45, 52, 58)
 - girls & women aged 9-26 years
 - male age 9-15 years
- Cervarix
 - 2009: Bivalent vaccine HPV-16, 18
 - Girls & women aged 9-25 years



การตรวจคัดกรองมะเร็งปากมดลูกสำหรับสตรีไทย

อ.พญ.ชลัยธร นันทสุภา

ศ.นพ.จตุพล ศรีสมบูรณ์

ราชวิทยาลัยสุตินรีแพทย์แห่งประเทศไทย สมาคมมะเร็งรีเวชไทย ร่วมกับชุมชนคลีโนสโคปี และพยาธิสภาพปากมดลูกแห่งประเทศไทย ได้จัดทำแนวทางในการตรวจคัดกรองมะเร็งปากมดลูก และการดูแลรักษาผลการตรวจคัดกรองมะเร็งปากมดลูกที่ผิดปกติ โดยได้มีการปรับปรุงให้มีความเหมาะสมกับ โครงสร้างพื้นฐานของการให้บริการทางสาธารณสุข ความพร้อมของการตรวจทางห้องปฏิบัติการภายในประเทศ ได้จัดทำเรียบเรียงแนวทางการตรวจคัดกรองมะเร็งปากมดลูกขึ้น ฉบับปรับปรุงล่าสุดอนุมัติเมื่อปีค.ศ. 2020

วิธีการตรวจคัดกรองมะเร็งปากมดลูกในประเทศไทย มี 3 วิธี

1. การตรวจหาเชื้อ HPV (HPV testing)

ปัจจุบันมีทั้งแบบที่มีการระบุสายพันธุ์จำเพาะของเชื้อ high-risk HPV โดยเฉพาะ HPV 16 และ HPV 18 และแบบที่ตรวจหาเชื้อ HPV โดยไม่มีการระบุสายพันธุ์จำเพาะ

1.1 การตรวจ HPV testing เป็นต้นอย่างเดียว (primary HPV testing)

1.2 การตรวจ HPV testing ร่วมกับการตรวจ cervical cytology (Co-testing)

2. การตรวจเซลล์วิทยาของปากมดลูก (cervical cytology)

มี 2 วิธี ได้แก่ การตรวจแบบดั้งเดิม (conventional cytology หรือ Papanicolaou smear) และ การตรวจแบบ liquid-based cytology

3. การตรวจปากมดลูกด้วยน้ำส้มสายชูร่วมกับการจี้ปากมดลูกด้วยความเย็น (visual inspection with acetic acid, VIA)

