



HPV-Positive HNSCC:

Emerging Biomarkers for Predicting HPV+ HNSCCs and Potential Use of FDA-Approved MEK Inhibitors for Treating HPV Precancers and De-Intensifying HPV-Cancer Therapeutics

Michelle A. Ozbun, Ph.D.

The Maralyn S. Budke Endowed Professor of Viral Oncology

Departments of Molecular Genetics & Microbiology, Obstetrics & Gynecology

The University of New Mexico School of Medicine

The UNM Comprehensive Cancer Center

The UNM Center for Infectious Disease and Inflammation



THE







National Institute of Dental and Craniofacial Research





HPV-Induced HNSCC: Challenges & Opportunities

- Worldwide, HPV-positive OPSCC constitutes $\approx 1/3$ of all OPSCC cases.
- HPV-positive OPSCC are more prevalent in developed countries; North America and Europe have the highest number of cases.



HPV-Induced HNSCC: Challenges & Opportunities



- In the US, HPV vaccine coverage averages 54.2% (13- to 17year-olds)
- Unvaccinated individuals and those currently infected are at risk for HPV-precancers and cancers
- HPV-related cancer incidence is expected to increase through the year 2040 and beyond, with HPV+ OPSCC outnumbering CxCa cases.



Within 1-2 years

Up to decades

HPV-Induced HNSCC: Challenges & Opportunities



- Challenge 1: In contrast to the HPV disease at the cervix, no screening programs or identifiable pre-malignant lesions have been characterized for HPV+ OPSCC.
- HPV+ OPSCC have increased overall survival (OS) compared to those with HPV-negative disease
 - This group of younger patients could benefit from <u>therapeutic</u> <u>deintensification</u> to reduce the long-term toxicities in anticipation of longer survival
 - Challenge 2: Need to increase our understanding of HPV infections/ disease to provide rationale for de-intensifying therapies.

Challenge 1: HPV+ OPSCC Arises in Oral Crypts





Dis. Prim. 6:92.

Potential Screening Biomarker: HPV cfDNA



HPV-mediated malignant transformation



- <u>HPV circulating-tumor DNA (ctDNA)</u>: released by cancer cells under necrosis, apoptosis, or *via* active secretion mechanisms in the bloodstream compartment
- <u>HPV circulating-free DNA (cfDNA):</u> A prospective study reported that cfHPV DNA detection in plasma is specific biomarkers with high sensitivity, representing a useful non-invasive diagnostic approach to identify HPV-related HNSCCs

A case-control study showed that in a subset of patients, cfHPV16 DNA was detected 3 years before the clinical diagnosis of HPV16-related HNSCC (none of the controls were +)

Modified from: Johnson *et al.* (2020) *Nat. Rev. Dis. Prim.* 6:92.

Siravegna et al. (2022) Clin Cancer Res 28: 719–727. Re

Galati *et al.* (2022) *Tumor Virus Res.* 30:1335-1343. Rettig *et al.* (2022) *Int. J. Cancer* 151(7):1081-1085.

Potential Screening Biomarkers: E6 Antibodies

HPV-mediated malignant transformation



- HPV16 E6 serum Abs have high sensitivity (>90%) and specificity (>99%) for the diagnosis of concurrent HPV16-positive OPSCC
- HPV16 E6 Abs are strongly associated with HPVinduced tumors <u>at the time of or prior to cancer</u> <u>diagnosis (>100-fold risk)</u>, preceding cancer diagnosis by ≈ 5-15 years
- E6 Abs are rare in cancer-free individuals (<1% prevalence)

Positive predictive value for HPV+ OPSCC risk by E6 Ab is low; the number needed to screen to identify one HPV+ OPSCC likely exceeds several thousands.

Modified from: Johnson *et al.* (2020) *Nat. Rev. Dis. Prim.* 6:92.

Galati *et al.* (2023) *Tumor Virus Res.* 14:200245. Kreimer *et al.* (2019) *Ann Oncol* 30:1335-1343. Busch *et al.* (2022) *EClinicalMedicine* 53:101659. D'Souza *et al.* (2023) *Cancer* 129:2373-2384.

Potential Screening Biomarkers: E6 Ab + ctDNA



HPV-mediated malignant transformation



- These biomarkers are both detectable in 85–90% of HPV-positive OPSCC patients <u>at diagnosis</u> with 95–100% specificity
- Rettig *et al.* compared both in the pre-diagnostic setting to understand their temporal relationship with respect to clinical disease manifestation:
 - 9 cases, 45 matched controls

In this exploratory cohort, HPV16 E6 antibodies were more commonly detected than cf/ctHPV16 DNA in blood collected prior to diagnosis of HPV16-positive HNC.

E6 seroconversion occurs before tumor DNA is shed into the circulation at detectable levels among individuals later diagnosed with HPV-positive OPC

Modified from: Johnson et al. (2020) Nat. Rev. Dis. Prim. 6:92.

Rettig et al. (2023) Oral Oncology 141:106417.

Challenge 2: Increase understanding of HPV disease to provide rationale for de-intensifying therapies



- HPV persistence, precancer, and cancer are <u>driven</u> by expression of E6 and E7 oncoproteins (inactivates p53, inactivates Rb -> p16^{INK4A}, respectively).
- HPV+ cancers are addicted to E6/E7 expression.
- Can we suppress HPV E6/E7 expression to restore tumor suppressor functions and render cancer cells susceptible to lower doses of cancer treatments?

FDA-Approved MEK Inhibitors Suppress Papillomavirus E6 and E7 Expression



Genome



The antiviral effects of a MEK1/2 inhibitor promote tumor regression in a preclinical model of human papillomavirus infection-induced tumorigenesis

Adrian J. Luna^{a,1}, Jesse M. Young^{a,2}, Rosa T. Sterk^a, Virginie Bondu^a, Fred A. Schultz^b, Donna F. Kusewitt^{b,d}, Huining Kang^{c,d}, Michelle A. Ozbun^{a,d,*} https://pubmed.ncbi.nlm.nih.gov/37429527/

HPV16 E6/E7 Transcription in HNSCC cells is MEK/ERK Signaling-Responsive



HPV genome integration invariably includes the LCR upstream of E6/E7

Luna et al. (2021) PLoS Pathog. 17(1):e1009216

UM-SCC-47 HNSCC cells with integrated HPV16 genomes treated with **trametinib** for 24 h





Trametinib, an allosteric **MEK1/2** inhibitor, has anti-viral effects in cell culture

HPV16 E6/E7 Transcription in Raft Tissues is MEK/ERK Signaling-Responsive

HNSCC tissues with integrated HPV16 genomes

3D Organotypic Epithelial (Raft) Tissues







HPV16 E6/E7 Transcription in Raft Tissues is MEK/ERK Signaling-Responsive

HNSCC tissues with integrated HPV16 genomes

Trametinib, an allosteric MEK1/2 inhibitor, has anti-viral effects in the tissue context



Luna et al. (2021) PLoS Pathog. 17(1):e1009216

UM-SCC-47 Organotypic Tissues

MEK Inhibitors Have Growth Suppressive Effects in HPV Tumor Xenografts

SCC cells with integrated HPV16 genomes

HPV genome integration invariably includes the LCR upstream of E6/E7

FDA-Approved Small Molecules

- Cobimetinib = MEK1 inhibitor
- Trametinib = MEK1/2 inhibitor



n=5-6 mice/group 2-way Anova fold changes, NSG mice



MEK1/2 inhibition is superior to MEK1 inhibition (tissue analyses are pending)

Berggren, Ozbun unpublished

Trametinib Sensitizes HPV16+ OPSCC Cell Lines to Radiation in vitro



Berggren, Ozbun unpublished

SUMMARY

- HPV cfDNA and/or E6 antibodies in blood are biomarkers for HPV+ OPSCC
 - Non-invasive screening
 - The presence of E6 Abs precedes cancer diagnosis by \approx 5-15 years
- MEK1/2 inhibition effectively suppresses HPV E6 and E7 expression
 - Suppresses tumor growth <u>in the absence of T cell involvement</u> (may be more effective in immunocompetent hosts)
 - Sensitizes HPV+ OPSCC cells to lower radiation doses
 - Reduced E6/E7 expression leads to decreased PD-L1 expression and restored MHC Class I presentation – could this relieve immune checkpoint blockade?
- MEK/ERK signaling represents a targetable HPV pathway for precancers and cancers