



Comparison of a VLP-based and GST-L1-based multiplex immunoassay to detect vaccine-induced HPV-specific antibodies in first-void urine

J. Pattyn¹, G. Panicker², M. Willhauck-Fleckenstein³, S. Van Keer¹, L. Téblick¹, Z. Pieters¹, W. Tjalma⁴, V. Matheussen⁵, P. Van Damme¹, T. Waterboer³, E. R. Unger², A. Vorsters¹

¹ University of Antwerp, Vaccine & Infectious Disease Institute (VAXINFECTIO), Antwerp, Belgium, ² Centers for Disease Control and Prevention, Division of High-Consequence Pathogens and Pathology, Atlanta, GA, United States of America, ³ German Cancer Research Center (DKFZ), Infections and Cancer Epidemiology, Heidelberg, Germany, ⁴ Antwerp University Hospital (UZA), Multidisciplinary Breast Clinic, Gynaecological Oncology Unit, Department of Obstetrics and Gynaecology, Antwerp, Belgium, ⁵ Antwerp University Hospital (UZA), Department of Microbiology, Antwerp, Belgium

Objectives

Vaccine-induced human papillomavirus (HPV) antibodies (Abs) originating from cervicovaginal secretions (CVS) were recently shown to be detectable in first-void (FV) urine (Van Keer et al. 2019). This presents a novel opportunity for non-invasive sampling to monitor HPV antibody status in women participating in large epidemiological studies and HPV vaccine trials. With a view towards method optimization, this study compared measurement of HPV antibodies in FV urine using a multiplex L1/L2 virus-like particles (VLP)-based ELISA (M4ELISA) with previously reported results using a glutathione S-transferase (GST)-L1-based immunoassay (GST-L1-MIA).

Methods

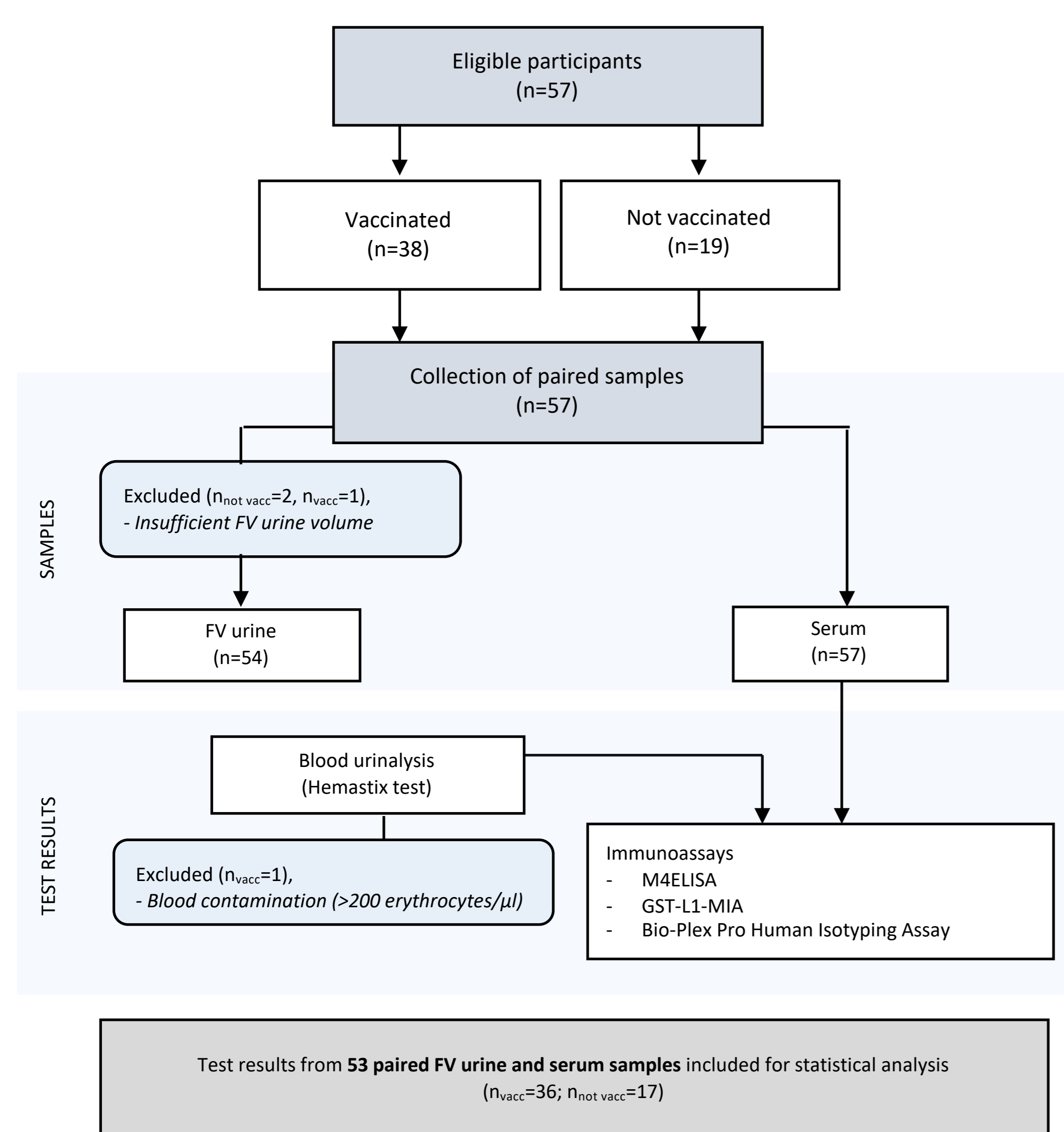
Study design

We tested FV urine and serum samples from 19- to 26-year-old healthy women, unvaccinated (n=17) or vaccinated with either the bi- or quadrivalent HPV-vaccine during adolescence (n=36)

HPV6/11/16/18 antibodies were measured using M4ELISA and compared with GST-L1-MIA results. Inter-assay and inter-specimen correlations were examined using the Spearman's rank test (r_s)

Trial registration ID: NCT02714114

Flow diagram of the study:



Sample collection

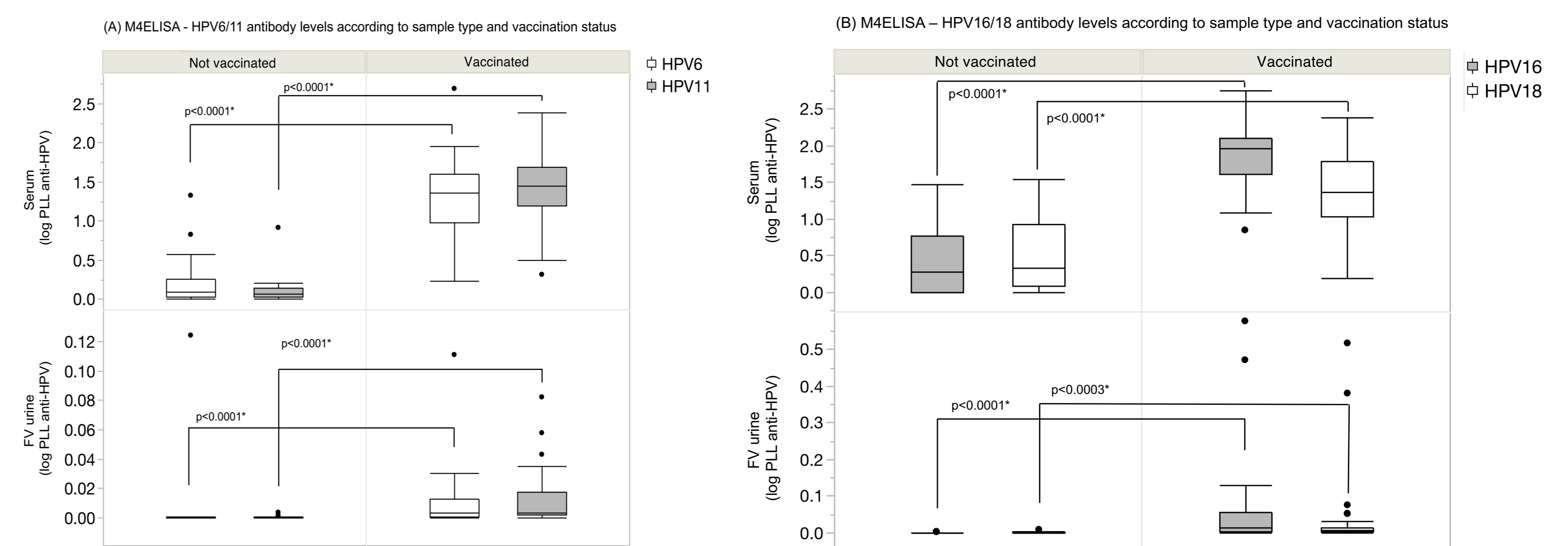
- FV urine was collected with the Colli-Pee® device (Novosanis, Belgium) containing urine conservation medium (UCM)

Conclusion

- FV urine HPV antibody detection is comparable with both assays, further supporting this non-invasive sampling method as an option for HPV vaccine assessment
- Approaches to improve the sensitivity and larger studies are warranted to determine the feasibility of FV urine for HPV antibody detection

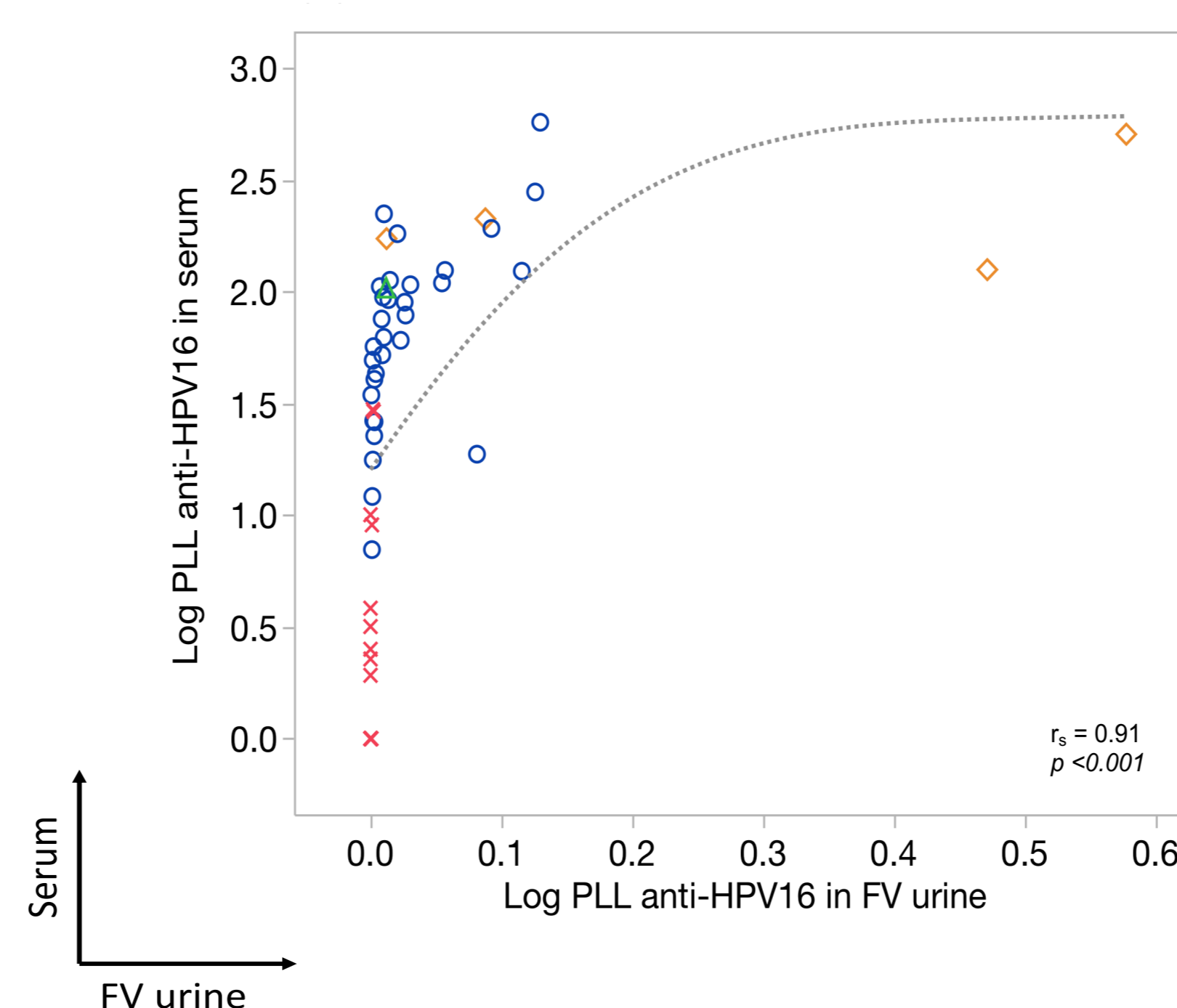
Results

1/ M4ELISA measured HPV antibody levels



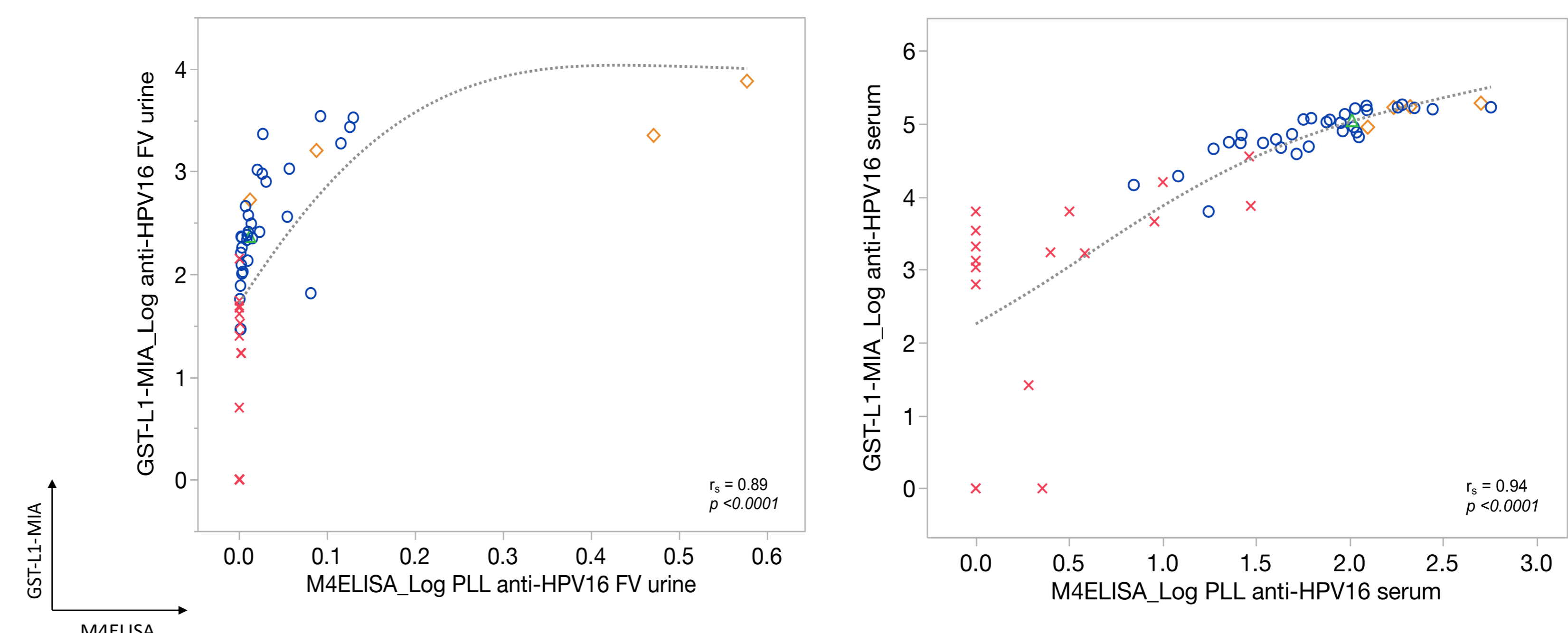
- Vaccinated women had significantly higher HPV6/11/16/18 antibody levels in both FV urine and serum compared with those unvaccinated (FV urine $p=0.0003$; serum $p \leq 0.0001$). P-values indicated by * indicate a significant difference in median Ab levels between vaccinated and not vaccinated women (Mann-Whitney U test).

2/ M4ELISA comparison between FV urine and serum



- HPV antibody levels in FV urine and serum showed a significant positive correlation (M4ELISA anti-HPV6/11/16/18, $r_s = 0.85/0.86/0.91/0.79$, $p \leq 0.001$)
- A sensitivity analysis that excluded high values was performed to determine their influence on the Spearman's correlations. The analyses showed no differences in correlations

3/ Comparison between M4ELISA and GST-L1-MIA



- Despite assay differences, there was good agreement between M4ELISA and GST-L1-MIA (FV urine anti-HPV6/11/16/18, $r_s = 0.86/0.83/0.89/0.53$, $p \leq 0.0001$; serum anti-HPV6/11/16/18, $r_s = 0.93/0.89/0.94/0.75$, $p \leq 0.0001$)
- A sensitivity analysis that excluded high FV urine values was performed to determine their influence on the Spearman's correlations. The analyses showed no differences in correlations
- Expected better sensitivity for M4ELISA was not observed

