Author's response to reviews

Title: Comparison of the performance of carcinogenic HPV typing of the Roche Linear Array and Qiagen LiquiChip HPV assays

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Author's response to reviews: see over
Dr Philippa HARRIS

Executive Editor,
BMC-series Journals

Object: Submission of a revised manuscript N°1475226480762840

Dear Editor,

We would like to thank you for giving us the opportunity to review our manuscript entitled “Comparison of the performance of carcinogenic HPV typing of the Roche Linear Array and Qiagen LiquiChip® HPV assays”.

Comments were about overlapping sections with existing publication (see page 2). We changed the sections accordingly.

We hope that our revised version will be suitable for a publication in BMC Infectious Diseases.

Best Regards,

Dr Philippe HALFON
Research article
Comparison of the performance of carcinogenic HPV typing of the Roche Linear Array and Qiagen LiquiChip HPV assays
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BMC Infectious Diseases

Text overlaps with text from Journal of Clinical Virology Volume 47, Issue 1, Pages 38-42, January 2010
Authors: We changed the sections according to editor comments (see below). The publication with which our text overlaps is one of the same team (Halfon et al. JCV 2010).

Abstract:

High-risk types of human papillomavirus (HPV) are the causative agents of cervical cancer. Cervical screening could be improved by testing for the DNA of high-risk types of HPV as a primary screening tool.
Authors: Cervical cancer is caused by high-risk types of human papillomavirus (HPV). DNA testing of such high-risk types of HPV could improve cervical screening.

Background:
High-risk types of human papillomavirus (HPV) are the causative agents of cervical cancer. Cervical screening could be improved by testing for the DNA of high-risk (HR) types of HPV as a primary screening tool [1-3]. Studies have shown that a single positive test result from either type 16 or type 18 has high predictive value for CIN2+ [4-6].
Authors: Cervical cancer is caused by high-risk types of human papillomavirus (HPV). DNA testing of such high-risk (HR) types of HPV could improve cervical screening [1-3]. It has been shown that either HPV HR type 16 or type 18 has a high CIN2+ predictive value [4-6].

Discussion:

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The recent ASCCP guidelines recommend the use of HPV genotyping in patient management, with direct referral to colposcopy based on HPV16 and/or HPV18 result [7]. However, the methods used for HPV typing should be specifically validated with a clinical endpoint (CIN2+) and comparatively with other methods. There is a need to standardize the type-specific sensitivity of genotyping methods and to evaluate their accuracy in detecting multiple HPV infections. This would be a prerequisite for the use of genotyping assays in cervical cancer screening algorithms. In this study, the analytical performance of the Qiagen LQ HPV genotyping test was 195 compared first to the widely used Roche LA genotyping test. The Qiagen LQ and the Roche LA tests gave similar results for detecting HPV in cervical specimens.
Authors: ASCCP guidelines recommend the use of HPV genotyping prior to colposcopy: in case of HPV16 and/or HPV18, a colposcopy is recommended [7]. However, HPV genotyping methods should be validated independently, standardized, and compared using their accuracy in detecting multiple HPV infections.
In this study, Qiagen LQ HPV genotyping test was compared to the widely used Roche LA test. Qiagen LQ and Roche LA were similar in HR-HPV detection (92% of concordant HR-HPV positive results).