

Correlation of P16 expression and the clinicopathologic presentation of anal squamous cell carcinoma

Editorial

Background

Many studies have shown a strong association between human papilloma virus (HPV) and anal squamous cell carcinoma (ASCC). Recent studies have also shown that HPV-related squamous cell carcinoma typically show abnormal overexpression of P16 (INK4a), which is detected by immunohistochemical (IHC) staining. In this study we will compare the clinicopathological features of p16 positive (p16+) and p16 negative (p16-) ASCC.

Design

The Miraca Life Sciences Data Warehouse was searched for cases with the diagnosis of ASCC on anal biopsies diagnosed between 1/1/2009 and 6/1/2011. The first 50 consecutive cases were included in this study. Original H&E stained slides were retrieved. The slides were reviewed by 3 pathologists and a representative block was selected for P16 immunohistochemical analysis. Pertinent clinical and pathologic details were gathered.

Results

Results are shown in Table 1

Table 1 P16 expression in ASCC

	P16 (+) ASCC	P16 (-) ASCC	
Number of patients	43 (86%)	7(14%)	
Gender			
Male	11	3	
Female	32	4	
Female: Male	2.9:1	1.3:1	
Age			
Range	47-84	54-91	
Mean	63.6	74.8	
Grade			
Moderately differentiated	20 (46.5%)	7(100%)	
Poorly differentiated (including Basaloid)	23 (53.5%)	0	P= 0.0113

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Conclusion

P16+ASCC represented the majority of ASSC (86%). This group of patients had a female predominance and a wide range for age of presentation (47-84, mean=63.6). Patients with P16 (-)ASCC represent only 14% of cases. They presented at older age (54-91, mean=74.8) and showed almost equal gender distribution. Interestingly, poorly differentiated ASCC was only seen in p16+ASCC and represented 53.5% of this group.

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Conflict of interest

The author declares no conflict of interest.