EUROGIN

INTERNATIONAL MULTIDISCIPLINARY HPV CONGRESS
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LISBON
DECEMBER 2-5,
2018

FROM CONTROL TO ELIMINATION OF HPV INDUCED CANCERS

Time to Match Visions with Actions

Congress Presidents: Marc Arbyn (Belgium), Barbara Moscicki (USA)

WACC FORUM
WOMEN AGAINST CERVICAL CANCER

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EUROPEAN RESEARCH ORGANIZATION ON GENITAL INFECTION AND NEOPLASIA

EUROGIN 2018

FROM CONTROL TO ELIMINATION
OF HPV INDUCED CANCERS

Time to match visions with actions

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WIFI NETWORK
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POSTERS

EUROGIN 2018

OPENING CEREMONY

Towards effective control and elimination of HPV associated cancers
Exploring priorities and visions - EUROGIN Roadmap contributions

19.00 Welcome
Welcome by the Chairman of the Scientific Committee, Joseph Monsonego (France), and by the Congress Presidents Barbara Moscicki (USA) and Marc Arbyn (Belgium)

19.15 Anna Giuliano (USA)
Vaccine contribution – EUROGIN Roadmap 2018
Elimination of HPV infection and related diseases - update and future developments

19.35 Kate Cuschieri (UK)
HPV screening contribution - EUROGIN Roadmap 2017
Triage strategies of HPV positive women, new challenges
HPV research priorities, results of an international survey

20.00 - MAURICE HILLEMAN AWARD

- jointly organized by EUROGIN and the International Papillomavirus Society (IPVS) -

The Maurice Hilleman Award honors the memory of Maurice Hilleman, one of the most productive vaccinologists in history. Of the 14 vaccines routinely recommended in current vaccination schedules he developed eight, including measles, mumps, hepatitis A, hepatitis B, chickenpox, meningitis, pneumonia and haemophilus influenzae bacteria. The 2018 Award is given to a scientist in recognition of outstanding contributions to the development and/or the implementation of HPV vaccines.

PRESENTATION OF THE HONOREE
Silvia Franceschi (Italy)
by Suzanne GARLAND (Vice-president of IPVS, Australia)

Silvia Franceschi is a cancer epidemiologist with a background in gynecology and medical statistics who has been Head of the Infections and Cancer Epidemiology Group, International Agency for Research on Cancer (IARC) for 18 years. She has been chiefly involved in studies on human papillomavirus and cervical cancer, particularly in high-risk populations such as inadequately screened populations in low- and middle-income countries and HIV-infected women. Most of her work involved broad international collaborations, mainly with Asia, Africa, and Latin-America. She has also closely worked with WHO, the US National Cancer Institute and the Nuffield Department of Population Health, Oxford, UK. Her scientific production includes over 1,300 publications, and an H-index of 130 and more than 1,000 peer-reviewed articles, mainly on causes and prevention of women's cancer. She has been since April 2018 Scientific Director of Centro di Riferimento Oncologico (CRO) IRCCS di Aviano, a National Cancer Institute located in North-Eastern Italy.

Silvia Franceschi (Italy) – Keynote lecture
Major contributions to HPV research – the last 20 years.
Messages for young research scientists.

Acknowledgements from EUROGIN - Joseph Monsonego

20.30 CLOSE
Followed by Welcome Reception

MESSAGE FROM

THE HONORARY PRESIDENTS OF EUROGIN 2018

We welcome everyone back to the beautiful city of Lisbon. Our last meeting here was held in 2011 and resulted in a great scientific success, as reflected in the 2011 EUROGIN Roadmap. We enter this historic meeting where we are now discussing what we thought to be impossible: the elimination of cervical cancer worldwide. We are humbled by the heroic past feats in eradicating smallpox and now cervical cancer may be in reach - not necessarily in our lifetime but in the future of our children. EUROGIN has grown along with the era of HPV research which now boasts over 3,000 publications a year compared to ~700 just 20 years ago. The meeting focuses on translational research reaching from basic science to clinical practice and to public health policies. Basic science research continues to fuel the areas of therapeutics and biomarkers. Several non-surgical therapeutics are making their way into phase II and III trials targeting cancers, precancers, and also women positive for high risk HPV but with normal cytology - a group where no therapy currently exists. Women in this group are often anxious since they are asked to simply "watch and wait".

Screening for cervical cancer continues its monumental move to primary HPV screening, beginning the end of our sole reliance on cytology. The FDA approved its second primary HPV test allowing for specific genotyping which may also increase the specificity of HPV testing. In Europe there are now a dozen of tests clinically available for this use. These significant approvals have created a pathway of reaching millions more women through self-sampling. Studies are beginning to emerge showing that urine may be a reasonable substitute for direct cervical screening for HPV testing in women. Unfortunately, HPV testing continues to have low predictive values since it remains a relatively common infection, specifically in young women where it typically disappears spontaneously. Another translational breakthrough is the burgeoning field of biomarkers that continue to increase the specificity of HPV testing. Of interest, both host and viral methylation markers are promising, underscoring the complex interaction between the virus and human. Despite the flurry of changes, screening intervals continue to be a contentious center of debate. Our cancer screening world has turned the debate into what is too aggressive vs what is not enough. A major question for the future is "how many HPV vaccine doses" are required for long term protection. As we now have broken into the second post vaccination decade, studies utilizing national registries have begun to demonstrate the real-life impact of the vaccine. Australia announced the eradication of genital warts. In the next few years we expect to observe a downward trend on HPV-related cancers. As often in science, clinical trials that go wrong often bring new insights. The trial in India which was halted for political reasons resulted in a large cohort of young girls receiving one dose of the quadrivalent vaccine. Data published this year show that a few years later, antibody titers remain stable. A large efficacy trial in Costa Rica and several immunobridging trials in Africa should have answers for us in 3-5 years but until we have the science we should not jump the bridge.

We have to be aware that not everybody is convinced about the efficacy and safety of HPV vaccines and the best use of HPV tests. Some of us have been the target of anti-vaccine propaganda. It is clear that the HPV community must be prepared to be confronted by opponents who appear to be powerful, creative and well organized in bringing the anti-message. These actions may undermine the goal of eliminating cervical cancer. Nevertheless, we should never avoid the scientific debate and always focus on solid science, robust methods, open communication and report both the benefits and harms of any preventive or therapeutic activity.

EUROGIN offers a robust platform that encourages open debate among virologists, public health experts, epidemiologists and clinicians.

We also hope you enjoy Lisbon which is not only a scenic and beautiful city but rich in history and architecture. Lisbon is the oldest city in Western Europe, even predating capitals such as Rome, Paris and London and like Rome has seven famous hills.

Dear scientists, colleagues and friends, we wish you very welcome at the 2018 EUROGIN conference. Be embedded in the science, share your experiences and enjoy Lisbon.

Barbara Moscicki

Marc Arbyn

WELCOME TO

THE 2018 EDITION OF THE EUROGIN CONGRESS

Dear friends and colleagues,

On behalf of the EUROGIN Organizing Committee, I am pleased to welcome you to EUROGIN 2018.
Lisbon continues to be an interesting destination for the EUROGIN congress, which takes place here for the second time, following the positive experience in 2011. Indeed, in the area of HPV-related diseases, the medical and scientific environment in Portugal are very productive and conducive to progress and renewal, based on active and dynamic research; with the support of motivated local medical and professional organizations.
The city offers an infrastructure which corresponds to the logistical requirements of this type of international conference.

Over the last decades, the EUROGIN congress has gained a sound reputation as one of the leading international meetings on human papillomavirus infection and related cancers. The key purpose of the event remains unchanged: offering a high-level scientific forum to encourage multidisciplinary interactions to build a bridge between research and clinical action. The members of the scientific committee cover the whole spectrum of expertise in the field of HPV induced infections and associated diseases. Thanks to this top-ranking committee our program offers up-to-date scientific information all HPV-related diseases.

The main focus of the EUROGIN 2018 congress concerns the perspective of eliminating HPV induced diseases. Universal immunization of the entire population is a tremendeous opportunity to reduce the burden of cervical ,ano-genital and oral cancer worldwide. Elimination of HPV related cancer is not an unrealistic perspective.
The program includes the presentation of preliminary results which underline the long-term protection of the HPV vaccine against invasive cervical cancer. These findings open also the perspective of efficient protection against other HPV-associated cancers.
Over four days the EUROGIN congress will offer a variety of learning opportunities from which attendees can choose: training courses, workshops, scientific sessions, clinical sessions, free communications and poster presentations.
In addition to the international program, the “Workshop Lusófono” in Portuguese language, with its program designed in collaboration with the major scientific societies, will offer a comprehensive overview of the latest findings in HPV-related diseases for delegates from Portuguese speaking countries. Precision-based cancer screening and prevention is now possible. New technology and risk algorithms allow us to increase the precision of screening and the sensitiviy of existing tools for early detection and immunization.

Applying recent advances in genomics, proteomics and immunogenetics enhances our understanding of the biology of premalignancy and allows to identify new targets for interception. It is time to benefit from the scientific revolution in our field and to implement the new technologies in the real world of screening, early detection and immunization.

These are some of the goals of the EUROGIN 2018 congress. Time for action is now. We look forward to welcoming you at an exciting congress in the beautiful city of Lisbon.

JOSEPH MONSONEGO
Chairman of the Scientific Committee

PURPOSE OF THE CONFERENCE

The EUROGIN 2018 congress aims at developing a full review of current scientific developments in the field of cervical cancer and other human papillomavirus related diseases, raising the public health profile and increasing the need for responsive health services in this area.

The event endeavors to translate scientific and evidence based research into clinical practice while highlighting the following aspects:

- recent advances and updated scientific insights in HPV screening, testing and management
- the impact of HPV and associated cancers on public health
- strategies to prevent and treat HPV related diseases
- exchanging information on early detection, new diagnostic and therapeutic procedures and prevention strategies including screening and vaccination.

Speakers include international leaders from academic, government and private organizations, representatives of medical and scientific societies as well as women's health associations who will discuss and exchange ideas on issues relevant to both individuals and public health.

MAIN OBJECTIVES OF SESSIONS

- Review the burden and epidemiology of HPV associated diseases in lower genital tract, anus and head&neck
- Understanding the role of molecular testing in primary screening and prevention and their application in routine practice
- A review of recent developments in HPV infection, cancer prevention and control, including vulvar, anal and head & neck HPV induced diseases.
- Integrate the use of HPV prophylactic vaccines into clinical practice.
- Understanding the impact and cost-effectiveness of HPV prophylactic vaccines on public health
- Enhancing knowledge and updating scientific insights in the HPV risk management and testing
- Implementation of guidelines for cervical disease; screening and management of cervical abnormalities.
- Uses of HPV DNA and mRNA testing in clinical practice in a rational and cost-effective way.
- Review different tools and techniques available in the field of HPV infection diagnosis and adapt the most appropriate strategies for patients.
- Anticipate trends in biomarkers and genotyping for diagnosis and prevention.
- Compare worldwide experience in the field of screening and prevention of cervical disease, including developed and developing countries.
- Apply skills to enable the improvement, expansion, and use of scientific data for decision making
- Determine the public health role of physicians in HPV associated cancer control: prevention through training, early detection, treatment and quality of life.
- Identify existing strategies and explore innovative community interventions for HPV associated cancer screening outreach, future management and public education.
- Provide a learning environment for clinicians entering the field of cancer prevention and control where they can interact informally with all the leaders in this area.

TARGET AUDIENCE

The conference is designed for health professionals from all over the world interested in HPV infections and related diseases: clinicians, gynecologists, dermatologists, gastroenterologists, otorhinolaryngologists, virologists, cytopathologists, oncologists, health communication specialists, healthcare decision makers, governmental and non-governmental institutions.

CONTINUING MEDICAL EDUCATION (CME)

The EUROGIN 2018 congress - FROM CONTROL TO ELIMINATION OF HPV INDUCED CANCERS, LISBON, Portugal, 02/12/2018-05/12/2018 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 21 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

"Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 CreditsTM. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College ofPhysicians and Surgeons of Canada.

FORMER CONGRESS PRESIDENTS

EUROGIN has been organizing international meetings on HPV infection and cervical cancer prevention for more than 20 years. We started to promote research and expert level training for health specialists at a time when only very few believed in the perspective of preventing the scourge of cervical cancer.

The following list includes all major EUROGIN meetings held since 1994 and their respective presidents. They all deserve our special acknowledgement for their contribution to the success of EUROGIN.

2017

Joakim Dillner Sweden

Peter Snijders † Netherlands

2016

Thomas Iftner (Germany)

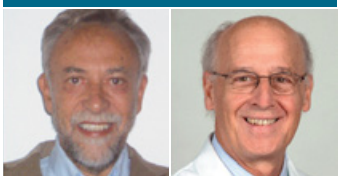
Elmar Joura (Austria)

2015

Javier Cortes (Spain)

Jorma Paavonen (Finland)

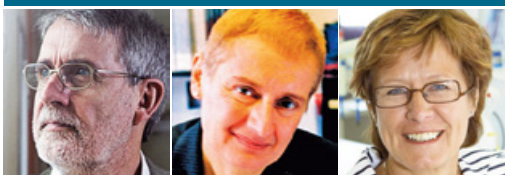
2013



Guglielmo Ronco (Italy)

Michel Roy (Canada)

2012

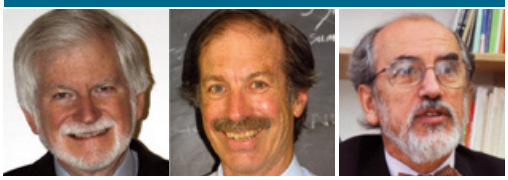


Xavier Bosch (Spain)

Silvia Franceschi (France)

Stina Syrjänen (Finland)

2011



J. Thomas Cox (USA)

Jack Cuzick (UK)

Carlos de Oliveira (Portugal)

2010

Eduardo Franco (Canada)

Chris Meijer (The Netherlands)

2008

Margaret Stanley (UK)

Herschel Lawson (USA)

2007

Ian Frazer (Australia)

Alex Ferenczy (Canada)

2006

John Schiller (USA)

Albert Singer (UK)

2003

Alexander Meisels

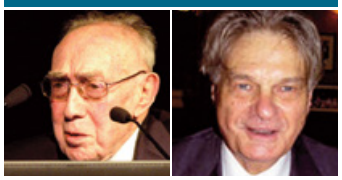
Daniel Dargent† (France)

2000

Ralph Richart (USA)

Santiago Dexeus (Spain)

1997



Leopold Koss† (USA)

Gérard Orth (France)

1994

Harald zur Hausen (Germany)

Maurice Tubiana † (France)

CONFERENCE COMMITTEES

Congress presidents: Marc Arbyn (Belgium), **Barbara Moscicki** (USA)
Chairman of the Scientific Committee: Joseph Monsonego (France)

PROGRAM COMMITTEE

Arbyn M.	Belgium	Doorbar J.	UK	Kinney W.	USA	Paraskevaidis E.	Greece
Antilla A.	Finland	D'Souza A.	USA	Kyrgiou M.	UK	Poljak M.	Slovenia
Berkhof H.	Netherlands	Elfström M.	Sweden	Lacey C.	UK	Ronco G.	Italy
Best S.	USA	Fakhry C.	USA	Lehtinen M.	Finland	Siegler E.	Israel
Bonde J.	Denmark	Franceschi S.	France	Lönnberg S.	Finland	Singer A.	UK
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SCIENTIFIC COMMITTEE

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Berkhof H.	Netherlands	Fontenot H.	USA	Mirabello L.	USA	Smith M.	Austrralia
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Bonanni P.	Italy	Giuliano A.	USA	Nowakowski A.	Poland	Stier E.	USA
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Bornstein J.	Israel	Gravitt P.	USA	Nyitray A.	USA	Tidy J.	UK
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Botha M.	South Africa	Haguenoer K.	France	Osazuwa-Peters N.	USA	Tommola P.	Finland
Bray F.	France	Heideman D.	Netherlands	Paavonen J.	Finland	Tropé A.	Norway
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Brotherton J.	Australia	Hinman A.	USA	Patterson B.	USA	Van der Veen N.	Netherlands
Bruni L.	Spain	Iftner T.	Germany	Peeters E.	Belgium	von Knebel Doeberitz M.	Germany
Burger E.	UK	Jakobsson M.	Finland	Petignat P.	Switzerland	Vorsters A.	Belgium
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Dikkers F.	Netherlands	Lacey C.	UK	Ronco G.	Italy	Zimet G.	USA

WORKSHOP LUSOFONO

Coordination committee: Barbosa C. (Cape Verde), Bicho M. C. (Portugal), Carrilho C. (Mozambique), Medeiros R. (Portugal), Monteiro V. (Portugal), Passos M. (Brazil), Villa L. (Brazil)

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De Belém Roseira M.		Lapão M.		Pacheco A.	Portugal	Veloso V.	Portugal
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Fedrizzi E.		Macedo Pinto I.		Queiroz J.			

WORKSHOP FRANCOPHONE

*Coordination: **J. Monsonego***

FRANCE

Abramowitz L.	Lacau St Guily J.	
Chanal J.	Launay O.	
Clavel C.	Mirghani H.	
Cohen R.	Monsonego J.	
Judlin P.	Vie le Sage F.	

INTERNATIONAL

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Bosch X.	Spain	Palefsky J.	USA
Brisson M.	Canada	Smith Je.	USA
Brotherton J.	Australie	Wentzensen N.	USA
Franco E.	Canada		

HPV AND HEAD & NECK FORUM
AT EUROGIN 2018

The EUROGIN HPV and Head and Neck Cancer Forum highlights areas of active investigation in the field of HPV and head and neck cancers. It offers a review of the current epidemiologic efforts which focus on the natural history of HPV infection, risk of transmission, screening for early cancer detection, the potential impact of prophylactic HPV vaccines in the incidence of head and neck cancer, the role of HPV in benign head and neck disease.

The event evaluates how the differing biology of HPV-HNC leads to a re-assessment of clinical staging and clinical prognostic characteristics. Given the viral etiology of these tumors, sessions address to review immune evasion mechanisms utilized by HPV and the understanding of these mechanisms, with the hope of opening the path to novel immunotherapeutic strategies to reactivate the host immune response against the virus and virally-associated cancer cells.

SCIENTIFIC COMMITTEE

Coordinators : C. Fakhry (USA) - A. D'Souza (USA)

Agrawal N.	USA
Alemany L.	Spain
Allen C.	USA
Best S.	USA
Bossi P.	Italy
Burns J.	USA
Clayburgh D.	USA
Combes J-D	France
Dahlstrom K.	USA
Fenton T.	UK
Franceschi S.	France
Friedman A.	USA
Giuliano A.	USA
Husain Z.	USA
Lacau St Guily J.	France
Mehta V.	USA
Mell L.	USA
Mesía R.	Spain
Mirghani H.	France
Osazuwa-Peters N.	USA
Psyrri A.	Greece
Rooper L.	USA
San Giorgi M.	Netherlands
Taberna M.	Spain
Welters M.	Netherlands
Windon M.	USA
Zevallos J.	USA
Zumsteg Z.	USA

A dedicated debate session will focus on the controversies regarding the impact of HPV infection on oropharyngeal cancer, including diagnosis, management and decision making.

A special session deals with recurrent respiratory papillomatosis, a benign head and neck tumor caused by HPV infection but which can have a devastating and at times life threatening impact on patients. Taking the lessons learned from HPV-OPC, there is the potential of applying similar therapeutic approaches to this HPV-associated disease.

Immunotherapy represents a promising avenue for the treatment of head and neck cancers, with several treatment regimens showing significant promise in clinical trials. Recent immunotherapy trials will be presented.

EUROGIN

EUROPEAN RESEARCH ORGANIZATION ON GENITAL INFECTION AND NEOPLASIA

EUROGIN gathers physicians and scientists whose work **making health organization** bringing together physicians and scientists whose work is related to genital infections and neoplasia. The aims of the organization are **to promote excellence in the field and develop research, training, screening, prevention and information concerning genital infections, precancers and cancers in women.**

Developed as a result of a common European resolution, EUROGIN brings together representatives of all the specializations concerned: gynecologists, dermatologists, pathologists, biologists, oncologists and basic scientists. The multidisciplinarity of the organization means that EUROGIN is a forum for **exchanging views and for concertation** between research scientists, clinicians and industrial partners, as well as a genuine teaching and information platform for physicians, patients and public authorities.

SAVE THE DATE!

EUROGIN 2019

December 4-7, 2019
Monaco

EUROGIN 2018

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SCIENTIFIC PROGRAM STRUCTURE

The EUROGIN 2018 congress includes the following types of sessions:

Main Training Course - MTC

The main training course on Sunday, December 2, is designed to provide summaries of the most relevant knowledge on HPV infection and associated diseases with the aim of assisting educators in the health field. The topics covered range from the basic science fundamentals to emerging issues and translational research.
Speakers will present accepted evidence-based scientific information that has been published in the peer-reviewed medical literature.

Main Scientific Sessions (MSS)

These sessions include keynote lectures giving a broad overview of the essential issues of fundamentals, HPV diseases (broad picture), cancer screening and prevention by the most prominent experts in their respective field.

Scientific Sessions (SS)

These concurrent sessions (SS = Scientific Sessions) feature presentations of selected abstracts on new findings covering a broad range of topics related to genital cancer prevention and management of patients with HPV-associated diseases.

Clinical Sessions (CS)

The clinical sessions are designed to provide educational strategies and skill-building learning experiences and update of expertise for participants. The clinical sessions should enable participants to integrate in their everyday practice the basic and advanced principles in diagnosis and management of cervico-vaginal, vulvar and anal diseases.

Head & Neck Forum (HN)

The congress program includes specialized sessions on HPV related head & neck diseases. These sessions extend over the first two days of the congress (December 2 - 3) and are all scheduled in the same conference room. *For details please refer to page 26.*

Local Workshop (LW) on Dec. 2 - 3
WORKSHOP LUSOFONO

HPV na Mulher e no Homem: da Investigação ao Rastreio e Vacinação.
Sessions in Portuguese language organized by the Equipa Científica Lusófona: Portugal, Brasil, Moçambique, Angola, Cabo Verde, São Tomé Príncipe, Guiné, Timor-Leste e Macau.

Free Communications (FC)

The Free Communications sessions (FC) are structured according to topics. Their program includes selected, original papers presented as short oral presentations.

Posters

Selected submitted papers will be on display as posters to be viewed by all congress delegates.
The poster area is located in the "Pavilion 5" area next to the exhibition and the "5B" and "5C" conference rooms. Posters are grouped according to their respective topics.

POSTER AREA OPENING HOURS:
December 2-4: 9:00 - 17:30
December 5: 9:00 - 14:00
Posters should be dismantled on December 5 after 14.00.

Advanced Colposcopy Course (separate registration required) - Wednesday, December 5, 8:30 - 12:30
Access with full pass only or separate registration required.
This is a 4h intensive course conducted by 2 highly experienced colposcopists. They will present the most up-to-date knowledge relating to colposcopy practice as well as of the management of the cervix and lower genital tract precancer. There will be lectures as well as a very informal interactive tutorial which will be clinically oriented. Topics will range from the basic (i.e. normal cervix) to advanced (i.e. micro-invasion and glandular disease). A PDF with all PowerPoint lectures will be made available to participants via an online access.

The comprehensive colposcopy course is not included with the general registration fee (conference pass) but only with the full pass.
Last minute registration is available at the congress reception (limited capacity).

Other specialized workshops and training courses December 2:
- **Workshop on HPV Immunization**: Sunday Dec. 2, 9.00 - 12.00
- **Vulvar Diseases Course**: Sunday Dec. 2, 13.30 – 17.45. The course covers the latest progress in diagnosis, management and treatment
- **Workshop "Screening for women difficult to reach"**

Sunday Dec. 2, 13.30 – 17.30
This workshop is intended in particular for professionals involved in cervical cancer screening programs

Workshop Francophone
Tuesday, December 4 - 8.00 - 12.30
Workshop in French

SATELLITE SYMPOSIA
Satellite symposia, organized by industrial partners, will offer valuable information on recent scientific findings, innovations and future developments with an emphasis on areas where the discipline is moving or influencing medical practice.

EDUCATIONAL MATERIALS
EUROGIN will provide participants will the following educational materials (included with the registration fee): program book, Eurogin Roadmap on Cervical Cancer Prevention (Expert Conclusions - free download for congress participants).
All abstracts are available for download on the congress website and on the congress app.

CONGRESS APP
The EUROGIN 2018 congress app if available for Android and i-phone smartphones. It offers a guide to the congress program, gives access to all abstracts and allows to search for sessions and presentations by keywords and topics.
It includes also all practical information.

EUROGIN 2018 EXHIBITION
An extensive exhibition allows laboratories and manufacturers to display their latest developments and products.
Representatives of various organizations will be available to discuss their activities and products in the Exhibition hall.

Exhibition Opening Hours:
December 2 - 4: 9:00 – 17:30
December 5: 9:00 – 13.30

GENERAL INFORMATION

CONGRESS SECRETARIAT / REGISTRATION

The congress secretariat and the registration desk is located at building entrance on the ground floor (level 0) of the Lisbon Congress Center.

OPENING HOURS:

Saturday, December 1: 15:00 - 19:00
The registration desk will open on Saturday, December 1, at 15:00, to allow participants who arrive on that day in Amsterdam to collect their delegate bag and their personalized badge and information file for Eurogin 2018.
Sunday, December 2: 7:30 - 18:30
Monday, December 3: 7:30 - 18:30
Tuesday, December 4: 7:30 - 18:30
Wednesday, December 5: 7:30 - 14:00

ONSITE REGISTRATION

Persons who have not preregistered for the congress will be able to register onsite. The registration desk will be open from
Saturday, December 1: 15:00 – 19:00
and then daily according to the timetable mentioned above.
At the registration desks an ID will be requested for receiving the Congress' Documentation.

BADGES

All delegates are required to wear their badge at all times throughout their presence at the congress venue, including social events.
Badges are issued according to the following colour code:
Blue: Eurogin - Delegates & Exhibitors
Orange: Invited Speaker (Faculty)
Green: Press
Lost badges are not replaced for free!
The cost for issuing a second (replacement) badge is € 100.

CERTIFICATES OF ATTENDANCE

A certificate of attendance will be handed out to each delegate upon request at registration.

POSTERS

The poster area is located in "Pavilion 5" area next to the exhibition on the first floor.
Posters are grouped according to their respective topics.
Poster panels are numbered according to the program topics. Poster numbers start with their topic number. Only one panel side will be allocated to each presenter.

To fit conveniently on the panels and guarantee correct exposure for the reader, we recommend that posters comply with the following dimensional constraints:
Width = 0.90 m (maximum)
Height = 1.20 m (maximum 1.45 m)

Authors are requested to ensure installation and dismantling of their posters on the designated panels, in accordance with the following schedule:
Installation: Saturday, December 1, 2018, from 15:00 to 18:30 (or on Sunday morning)
Dismantling: Wednesday, December 5, 2018, from 12:30

Fixing devices are made available in the poster area and at the registration desk.
Posters which have not been taken away on December 5 at 17h00 will be disposed off. The Organizing Committee declines liability for any loss or damage incurred to posters left on their panels beyond the indicated time. Authors are advised to stay close to their poster during the breaks.
Disclosure of potential conflicts of interest:
Poster presenters are required to disclose their potential conflicts of interest. Consequently, a conflict of interest statement should be included on each poster.

FOOD AND BEVERAGES

Meals are not included in the general registration fee. Coffee breaks are served twice a day (morning and afternoon) except on December 5.
A choice of food and beverages is available at the cafeteria located next to the conference rooms and the exhibition area.
The Espaço Tejo restaurant is located in the convention center and can be accessed directly from the the exhibition area. Several other restaurants are available within short walking distance from the Congress Centre.
During the breaks, coffee and soft drinks will be made available to all delegates free of charge.

WIFI / INTERNET

Free internet access is available in the exhibition area and in most other areas of the congress center
In order not to overstretch the network capacity we kindly ask you NOT TO USE SEVERAL DEVICES SIMULTANOUSLY AND TO TURN THEM OFF after each connecting session.
Fixed internet stations are also available in the registration area.
To use the WiFi network, you need the following information:

ID: EUROGIN 2018
Password: time4action

CONGRESS APP

The EUROGIN 2018 congress app if available for Android smartphones and i-phones and can be downloaded using the QR code. It offers a guide to the congress program, gives access to all abstracts and allows to search for sessions and presentations by keywords and topics. It includes also all practical information.

CLOAKROOM

The cloakroom is located on the ground floor (level 0) next to the registration desks.

EXHIBITION

An extensive trade exhibition is located on both the first floor (same level as conference rooms). Exhibitors will welcome visitors and demonstrate their latest products and services. Delegates are invited to visit the exhibition set up by companies which have generously supported the congress.

LANGUAGE

The official language of the EUROGIN 2018 congress (December 2-5, 2018) and of the specialized workshops is English.
Four regional workshops will be held in other languages:
- Workshop Lusfono on December 2 and 3 in Portuguese
- Workshop Francophone (French Workshop): December 4 in French

WEBSITE

www.eurogin.com/2018

INFORMATION FOR SPEAKERS AND CHAIRPERSONS

Please locate your session room in due time.
Speakers are requested to hand in their slides at the Preview Room. Laptops are not allowed in the conference room.
You should be in your session room 10 minutes before the beginning of the session and meet with the chairperson. Please comply strictly with the instructions given by the chairperson, especially with regard to your time allowance.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST
Speakers of EUROGIN 2018 are required to disclose their potential conflicts of interest. Consequently, a conflict of interest statement should be included on your first slide. There is no need to read it out in detail.

The technicians in the preview room have a slide ready to be completed and to be inserted if you haven't prepared this before.

Speaker Preview Room (Slide Center)

All presentations will be supervised by the centralized Preview Room (Slide Center).

The Preview Room 1.13 is located on the same level as the conference rooms, opposite the cafeteria:
All presentations will be supervised by the centralized Preview Room (Slide Center).

Opening and closing hours of the Preview Room 1.13:

Saturday, December 1: **15.00 – 18.30**
Sunday, December 2: **7:30 – 19.00**
Monday, December 3: **7:30 – 18.30**
Tuesday, December 4: **7:30 – 18.30**
Wednesday, December 5: **7:30 – 13.30**

Here, the material for presentation must be delivered by the speakers at least 2 hours before the afternoon session or the day before (not later than 18.00.) in the case of the morning sessions. In the Preview Room qualified staff will assist speakers for any problem concerning their presentation.

The facilities in the Preview Room will provide the possibility of:
- reviewing your presentation
- support by technical staff
- uploading your presentation for the dedicated session Conference room

MS PowerPoint presentations guidelines

MS Powerpoint 2016 projections will be available in all the conference rooms. Using your own laptop is not allowed.

All presentations must be uploaded, tested, submitted at the Preview Room (Slide Center)

All presentations will be copied automatically to the correct meeting room. You will easily find your presentation on the lectern in the conference room, according to the scheduled session, date, hour and speaker name. With the laptop on the lectern you will be able to control your presentation.

1. Videos and pictures must be located in the same folder of the PowerPoint presentation. Moreover, they need to be copied in the folder before they are inserted in the presentation. The videos included in the presentation shall have the following extensions: .avi, .mpeg,.mov, .wmv.
2. JPG, GIF, BMP compressed images are the preferred file format for inserted images (other types of extensions will be accepted as well, provided that they are recognized by MS Powerpoint 2016).
3. Use Microsoft Windows 10 default system font. Otherwise please provide font package for later install.
4. Please use Microsoft Powerpoint 2016 (*.ppt), to guarantee your presentation will open successfully on an on-site PC. Save your presentation with the extension ".ppt, .pptx".
5. For MAC-Users: Export your Keynote presentation to PowerPoint for Mac, export your keynote presentation to movie (iMovie, QuickTime video with "Playback Uses" settings) or export it .PDF. Be aware of the need to edit/ reformat the presentation - fonts, images and charts – especially when exporting to PowerPoint for Mac. For embedded movies please use the possibility of "Quicktime" to save the movie in "*.mpeg 1(2)", or "*.avi" format. Please try out the proper functionality of your presentation as soon as possible in the Preview Room (Slide Center).
6. Presentations must be designed in 16:9 format
7. Presentations using Prezi have to be delivered at least 3 hours before the session and should be delivered in portable format. For more details, please follow the link www.prezi.com
8. Supported data media for downloading presentations are: HDD and USB-Memory (Stick).

Adherence to Guidelines: all speakers whose presentations do not comply with these guidelines are kindly requested to contact the Preview Room (Slide Center) as soon as possible.

FLOORPLAN AND EXHIBITION AREA

EUROGIN 2018 EXHIBITION

Exhibition opening hours:

Sunday, December 2: 9.00 – 17.30 • Monday, December 3: 9.00 – 17.30
Tuesday, December 4: 9.00 – 17.30 • Wednesday, December 5 : 9.00 – 13.30

LEVEL 0
(entrance level)
Registration
Information
Cloakroom
Conference Room 3A

LEVEL 1
Conference rooms
Preview room (slide center) 1.13
Poster area
Exhibition
Coffee breaks
Cafeteria
Restaurant Espaço Tejo
Breakout rooms 1.02 - 1.14

WIFI NETWORK
ID : EUROGIN 2018
Password : time4action

LIST OF EXHIBITORS

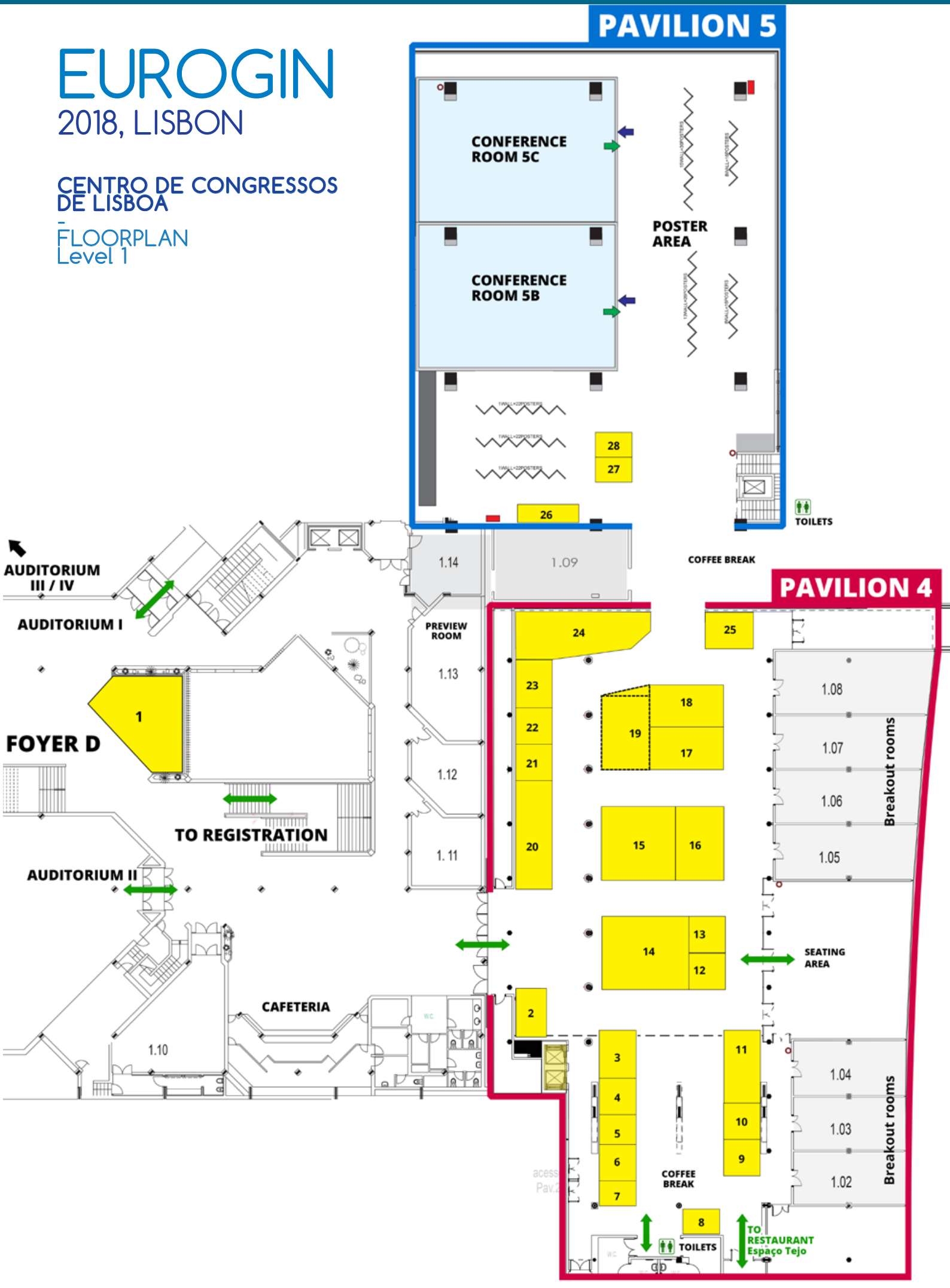
BOOTH N° / EXHIBITOR

1	MSD
2	Copan Flock Technologies
3	Euroimmun
4	AML
5	IPVS
6	ATILA Biosystems
7	Wisap
8	UNILABS Portugal
9	Genefirst
10	Rovers Medical Devices
11	Cepheid
12	TCM
13	Speculum
14	Hologic
15	BD
16	Greiner Bio-One
17	Abbott
18	Qiagen
19	Roche
20	Incell
21	LifeRiver
22	Genomica
23	Fujirebio
24	Seegene
25	Procare Health
26	Wisepress (bookseller)
27	Novosanis
28	Colposcopy Courses

ALPHABETICAL ORDER

EUROGIN
2018, LISBON

CENTRO DE CONGRESSOS DE LISBOA
–
FLOORPLAN
Level 1



MTC - MAIN TRAINING COURSE

The main training course is designed to provide summaries of the most relevant knowledge on HPV infection and associated diseases with the aim of assisting physicians and educators.

The topics covered range from the basic science fundamentals to emerging issues and the clinical uses of screening technologies, prophylactic HPV vaccines, the value of HPV detection and extending to HPV-related diseases in external genitalia and head & neck. Speakers will present only accepted evidence-based scientific information that has been published in the peer-reviewed medical literature.

MTC1 HPV induced cancers: rapid changes in epidemiology, carcinogenesis and natural history

Auditorium I
8:30 - 10:00

Chair: S. Franceschi (France)

HPV infection causes about 4.5% of tumours worldwide, mainly in women. Over 25% of cancers are due to HPV in sub-African women. Cervical cancer trends are generally favourable but concerning rises in the incidence of the disease are being seen in countries in which HIV is common or sexual habits are changing without the "umbrella" of cervical screening. Progress is achieved in the distinction of the most dangerous HPV infections in different anatomical sites. Ultimately, HPV vaccination and screening may eliminate HPV-associated cancer in both sexes in many world regions.

MTC 1-1	The burden of HPV caused cancers, updating the picture	**Franceschi S.**	**France**
MTC 1-2	Last trends in different HPV-related sites	**Vaccarella S.**	**France**
MTC 1-3	The susceptibility and the difference by sites: natural history and carcinogenesis	**Doorbar J.**	**UK**
MTC 1-4	Emerging issues on HPV transmission (genital, anal, oral)	**D'Souza A.**	**USA**
MTC 1-5	Risk markers of HPV-associated pre-cancers and cancers by sites and gender	**Wentzensen N.**	**USA**
	Discussion		

Coffee break 10:00 - 10:30

MTC2 Cervical cancer control: update on current practice

Auditorium I
10:30 - 12:00

Chair: X. Bosch (Spain)

Cervical cancer control in the coming decades will rely on screening programs based on HPV tests with or without molecular triage and generalized, gender-neutral HPV vaccination. Integrated HPV vaccination and screening programs will ensure rationality in prevention and cost efficiency of the programs. Secondary benefits from vaccination will result from prevention of all other HPV induced diseases.

MTC 2-1	Introduction of HPV-based screening in Belgium	**Arbyn M.**	**Belgium**
MTC 2-2	Self-sampling	**Heideman D.**	**Netherlands**
MTC 2-3	Triage of HPV-positive women	**Cuschieri K.**	**UK**
MTC 2-4	Vaccine programs	**Vorsters A.**	**Belgium**
MTC 2-5	Cervical cancer control in low income countries	**Smith Je.**	**USA**
	Discussion		

MTC3 Non-cervical HPV-related cancers: the key issues

Auditorium I
13:45 - 15:15

Chair: G. Clifford (France)

Globally (in addition to 530,000 cervical cancers) it is estimated that HPV accounts for 8,500 vulva, 12,000 vagina, 35,000 anus, 13,000 penis and 38,000 head and neck (of which 21,000 are oropharyngeal) cancers every year. Although all HPV-related, the natural history and epidemiology of these cancers are less well studied than, and differ markedly from, cervical cancer. Session speakers will address the key issues in their epidemiology, prevention and management and highlight research priorities.

MTC 3-1	Anal pre-cancers and cancers	**Nyitray A.**	**USA**
MTC 3-2	Penile pre-cancers and cancers	**Lacey C.**	**UK**
MTC 3-3	Vulvar pre-cancers and cancers	**Bornstein J.**	**Israel**
MTC 3-4	Oropharyngeal cancers	**Fakhry C.**	**USA**
	Discussion		

Coffee break 15:15 - 16:00

MTC4 HPV research priorities: new and future directions

Auditorium I
16:00 - 18:00

Chair: L. Mirabello (USA)

With growing knowledge, etiologic evidence and more advanced molecular technologies, several important HPV research priorities emerge as critical for future studies. Cutting-edge molecular studies and large-scale next-generation sequencing efforts have provided unique insights into HPV carcinogenesis, the role of both human and viral genetic variation in carcinogenesis, and the interaction between the host and the virus, and may identify potential biomarkers of significant infection or new therapeutic targets.

MTC 4-1	Population-based assessment of HPV genotype-specific cervical cancer survivors: CDC cancer registry sentinel surveillance system	**Goodman M.**	**USA**
MTC 4-2	Characterization of cervical pre-cancers and cancers with and without HPV integration	**Boland J.**	**USA**
MTC 4-3	Molecular characterization of HPV16 sublineages: viral sequences, integration events, and human somatic mutation landscape	**Dean M.**	**USA**
MTC 4-4	Safety and efficacy of prophylactic HPV vaccines. A Cochrane review of randomised trials	**Arbyn M.**	**Belgium**
MTC 4-5	Small molecule inhibitors of HPVs: an overview	**Broker T.**	**USA**
MTC 4-6	Nine years of the Scottish HPV archive A resource support for basic and applied HPV research	**Alcañiz Boada E.**	**UK**
MTC 4-7	A Danish clinical cervical cytology biobank. Pilot studies of sample processing and quality	**Oernskov D.**	**Denmark**
MTC 4-8	RNA sequencing of human papillomavirus negative invasive cervical cancers	**Lagheden C.**	**Sweden**
MTC 4-9	Is HPV-negative cervical cancer a biologically different entity? Discussion	**Elfström M.**	**Sweden**

Abstracts are available for download at: www.eurogin.com/2018

WORKSHOPS

W1 Workshop on HPV immunization: progress and challenges ahead

Aud. III / IV
9:00 - 12:00

Coordinator: P. L. Lopalco

This workshop addresses frequently asked questions related to vaccine effectiveness, safety and different aspects of vaccination programs. It allows to appreciate the impact of immunization on HPV burden, the rationale for vaccination of boys, update on effectiveness of vaccines on women not primarily targeted by vaccination and gives guidance on how to inform parents about vaccination to continue trust in HPV vaccines and HPV programs.

W 1-1	Introduction	**Lopalco P. L.**	**Italy**
W 1-2	Progress of HPV vaccination programes	**Bosch X.**	**Spain**
W 1-3	HPV vaccination of boys: all we need to know!	**Bonanni P.**	**Italy**
Coffee Break			**10:00 - 10:30**
W 1-4	HPV vaccination of women not primarily targeted by vaccination	**Franco E.**	**Canada**
W 1-5	Review on HPV vaccine safety	**Odone A.**	**Italy**
W 1-6	Vaccine trust and HPV vaccines: the need for monitoring vaccine confidence	**Karafillakis E.**	**UK**
	Discussion and closing remarks		

W 3 Workshop on vulvar diseases

Room 3A
13:30 - 14:45

W 3a PART I: Vulvovaginal syndromes

Coodinators: J. Paavonen (Finland) • G. Donders (Belgium)

W 3a-1	Vulvar vestibulitis syndrome: conservative management or surgery?	**Tommola P.**	**Finland**
		Paavonen J.	**Finland**
W 3a-2	Abnormal vaginal microbiome: bacterial vaginosis and aerobic vaginitis	**Donders G.**	**Belgium**
W 3a-3	Vulvar dermatoses: natural history of lichen sclerosus and lichen planus; risk for malignancy	**Jakobsson M.**	**Finland**
	Discussion		

W 3b PART II: What is your diagnosis - stump the expert

15:15 - 17:45

Coordinator: J. Bornstein (Israel)

The approach to diagnosing, classifying and treating a vulvar condition has always been complicated. In the case of HPV-associated lesions and intraepithelial neoplasia, it is especially unclear. This time, our course will discuss the approach to vulvar disease by presenting cases with vulvar lesions to a panel of experts. The audience and the experts will vote between few possible diagnoses. Then, the expert diagnosis will be presented and explained. The proposed treatment will be presented. Questions from the moderator and the audience will also be answered by the panel of experts.

Speakers: **Baptista P.** (Portugal) / **Paavonen J**. (Finland) / **Siegler E.** (Israel) / **Preti M.** (Italy)

Coffee Break **14:55-15:25**

WORKSHOPS

W2 Training course for cervical cancer screening coordinators and evaluators - *in cooperation with ESSM (European Schools of Screening Management network)*

Auditorium II
13:30 - 17:30

Screening for women difficult to reach

Coordinators: N. Segnan (Italy), S. Lönnberg (Finland)

Screening for cervical cancer is undergoing major changes with the deployment of new screening methods and immunization programs. However, screening coverage remains an important determinant for the success of population-based cancer prevention efforts and many programs still struggle with suboptimal attendance rates. Also where global program coverage is acceptable, some hard to reach groups remain underscreened, contributing to significant inequalities in health within countries. Underscreened women are in many cases at high risk for developing disease and focused efforts to extend coverage to these hard to reach women are needed. This workshop aims to explore available strategies to improve screening coverage among hard to reach of women, discuss barriers to implementation of these strategies and look for possible solution models. Topical areas for the introductory synopsis (part 1 of workshop):

- Assessing inequalities in health with respect to cancer prevention through screening, within countries and between countries; current situation (also covering EUSR data).
- Recommendations and evidence base for strategies to improve attendance and reduce inequalities in access to and coverage by screening services (including EU guidelines)
- Examples of successful interventions to improve coverage and reduce inequalities in health

PART 1 – Synopsis of evidence, overview and successful examples
13:30 - 14:55

W 2-1	Welcome and introduction to first part	**Lönnberg S.** **Segnan N.**	**Finland** **Italy**
W 2-2	Inequities in cervical screening	**Lönnberg S.**	**Finland**
W 2-3	Current recommendations	**Lönnberg S.**	**Finland**
W 2-4	Evidence for coverage improving strategies	**Armaroli P.**	**Italy**
W 2-5	Barriers in the organization of the early phases of program development	**Segnan N.**	**Italy**
	Discussion		

PART 2 – Interactive session with case presentations
15:25 – 17:30

Interactive session with presentations by participants on the current status of screening coverage in their screening programs, reflections on equity issues related to screening access and any identified hard to reach groups of women, deployed and planned strategies to improve the situation, and identified barriers to the implementation of these interventions.

W 2-6	Introduction to second part		
W 2-7	Standard quality control of screening coverage in a setting with regional programs	**Elfström M.**	**Sweden**
W 2-8	Cervical cancer screening in Poland **Presentations by participants:**	**Nowakowski A.**	**Poland**
W 2-9	Cost-effectiveness of a multistep strategy to increase adherence to cervical cancer screening in Portugal	**Firmino-Machado J.**	**Portugal**
W 2-10	HPV vaginal self-sampling among women non-adherent to pap-smear in Brazil	**Pantano N.**	**Brazil**
W 2-11	HPV self-sampling as a tool to reduce social inequality in cervical cancer screening participation	**Tranberg M.**	**Denmark**
	Summary and conclusion		

WACC (WOMEN AGAINST CERVICAL CANCER)

WACC 1 Understanding public attitudes to improve education

Aud III / IV
13:30 - 15:30

Chair: Je. Smith (USA)

Identification of successful interventions to increase community uptake of HPV vaccination and screening are critical for the future reduction of cervical and other HPV-associated cancers. Furthering understanding of the acceptability of prevention efforts by populations are critically needed to optimize country-level prevention programs. In this session, speakers will present novel data on attitudes toward and reasons for participation in HPV vaccination and screening programs, and provide critical insights on lessons learned from community-based interventions.

WACC 1-1	Psychological implications of routine HPV primary testing in cervical screening: a cross-sectional survey assessing anxiety and distress	**Waller J.**	**UK**
WACC 1-2	Awareness of risk factors for cervical cancer among screening non-participants in Great Britain	**Ryan M.**	**UK**
WACC 1-3	Psychosexual implications of routine primary human papillomavirus testing in the English cervical screening programme	**Bennett K.**	**UK**
WACC 1-4	Unanswered questions among women participating in the English primary HPV testing pilot: a content analysis	**Marlow L.**	**UK**
WACC 1-5	Do new media channels reach the target screening audience. A snapshot of social media campaigns in Norway for cervical cancer screening participation	**Waage R.**	**Norway**
WACC 1-6	Feelings, perceptions and experience of point of care HPV-DNA cervical screening in Papua New Guinea	**Camara H.**	**Australia**
WACC 1-7	Leveraging elearning, experiences from a course entitled: human papilloma virus - from molecular biology to global health	**Elfström M.**	**Sweden**
WACC 1-8	Sense and sensibility: sources of information in mothers who reject HPV-vaccination of their adolescent daughters	**Baumann A.**	**Denmark**
WACC 1-9	Increasing uptake of HPV vaccination using an adolescent incentive intervention: a cluster randomised feasibility trial	**Forster A.**	**UK**
WACC 1-10	Survey on attitude of HPV vaccination for cervical cancer prevention among female migrant population in Shenzhen area	**Wei L.**	**China**
WACC 1-11	What UK healthcare practitioners know about HPV and implications for training	**Sherman S.**	**UK**
WACC 1-12	Immunization campaigns against HPV: the results of a survey to regional and local health units representatives	**Trucchi C.**	**Italy**
WACC 1-13	Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in mainland China	**Zhang X.**	**China**
WACC 1-14	Testimony Discussion	**Hicks A.**	**USA**

Coffee Break **15:30 - 16:00**

WACC 2 Communication on sexually transmitted HPV: what should the clinician and patient know?

Aud III / IV
16:00 - 17:45

Chair: G. Zimet (USA)

There are unique challenges associated with communicating with patients about sexually transmitted HPV infections, challenges distinct from those related to discussion of cytology results. Two of this session's speakers will discuss the benefits of including HPV testing in cervical cancer screening regimens and the difficulties associated with communicating HPV positive test results to women. Two additional speakers will address oral HPV infection and disease and challenges around communicating this information to patients. A discussant with expertise in HPV communication will summarize and propose future research and program directions to overcome these communication challenges.

WACC 2-1	Introduction	**Zimet G.**	**USA**
WACC 2-2	Oral HPV infection	**D'Souza A.**	**USA**
		Osazuwa-Peters N.	**USA**
WACC 2-3	HPV testing	**Saraiya M.**	**USA**
		Daley E.	**USA**
WACC 2-4	Discussion	**Waller J.**	**UK**
	Audience questions		

Abstracts are available for download at: www.eurogin.com/2018

FREE COMMUNICATIONS

FC1 Screening 1

Chair: S. Hanley (Japan) • H. Ikenberg (Germany)

Auditorium II
8:30 - 10:30

FC 1-1	Screening of cervical cancer in women aged 30 to 64 years screened with human papillomavirus tests (ESTAMPA* study). Experience in Paraguay	**Mendoza Torres L. P.**	**Paraguay**
FC 1-2	Accuracy of high-risk HPV testing and HPV16/18 genotyping to triage women with LSIL: a pooled analysis of VALGENT studies	**Xu L.**	**Belgium**
FC 1-3	HPV- DNA primary screening in Israel decreased colposcopy referrals. The experience of Maccabi Health Medical Organization	**Schejter E.**	**Israel**
FC 1-4	Risk of CIN2+ after a negative 1-yr recall HPV test in HPV-positive women with normal cytology attending HPV cervical screening	**Del Mistro A.**	**Italy**
FC 1-5	Implementation of primary HPV mRNA screening for cervical cancer: first year experiences	**Forslund O.**	**Sweden**
FC 1-6	A risk-based approach: co-testing 34 612 women with cytology and 3-type HPV mRNA test	**Sorbye S. W.**	**Norway**
FC 1-7	Primary cervical cancer screening with a 5-type HPV E6/E7 mRNA test: results of 10 years follow-up	**Hovland S.**	**Norway**
FC 1-8	Absolute and relative risk of CIN2/3+ in women ascus HPV16/18+ versus ascus 12other HRHPV+: baseline results of the compact study	**Hanley S.**	**Japan**
FC 1-9	mRNA HPV E6/E7 screening: a 3-year longitudinal cotest study in Madrid. Preliminary results	**Granados R.**	**Spain**
FC 1-10	p16/Ki-67 and HPV as triage tests in routine screening: correlation with histology	**Xhaja A.**	**Germany**
FC 1-11	Much lower rate of limited and insufficient smears with LBC (THINPREP™) than with conventional cytology. Experience in routine	**Ikenberg H.**	**Germany**
FC 1-12	CERVIVA HPV Primary Screening Pilot Study: evaluation of triage strategies for HPV-positive women	**Martin C.**	**Ireland**
FC 1-13	3-type HPV mRNA test in detection of CIN2+ in young women with normal cytology	**Al-Shibli K.**	**Norway**
FC 1-14	Online platform for monitoring of cervical screening programmes in the Nordic countries	**Partanen V. M.**	**Finland**

FC2 Molecular markers 1

Chair: D. Jenkins (Netherlands)

Auditorium II
10:30 - 12:00

FC 2-1	The inverse relation between expression of pan-HPV E4 and methylation markers FAM19A4/miR124-2 in the identification of productive and transforming cervical intraepithelial neoplasia	**Leeman A.**	**Netherlands**
FC 2-2	Human papillomavirus type 16 genomic variation in women with subsequent in situ or invasive cervical cancer: prospective population-based study	**Hultin E.**	**Sweden**
FC 2-3	Cervical Intraepithelial neoplasia and cervical cancer: a genome wide association study (GWAS) of UK biobank and northern Finnish birth cohorts (NFBC66)	**Lever S.**	**UK**
FC 2-4	Biomarker discovery for in vivo imaging of cervical precancers	**Litwin T.**	**USA**
FC 2-5	Association between integration of high-risk HPV genomes, detected by molecular combing, and the severity and/or clinical outcome of cervical lesions	**Mahé F.**	**France**
FC 2-6	TAME-SEQ: an efficient sequencing approach to characterise HPV genomic variability and chromosomal integration	**Lagström S.**	**Norway**
FC 2-7	Concordance of HPV16 variants between heterosexual partners in the hitch cohort study	**Wissing M.**	**Canada**
FC 2-8	Co-expression of HPV E6, E7 mRNA and PD-L1 in cervical cytology samples	**Francisco B.**	**USA**
FC 2-9	CKAP2 expression serves as a novel poor prognostic factor in cervical carcinoma	**Guo Q.**	**China**
FC 2-10	Characterization of T-cell surface markers in persistent HPV infected mothers and their children	**Paaso A.**	**Finland**
FC 2-11	Inter-laboratory reproducibility of the P16INK4A/KI-67 dual staining in HPV positive women from the NTCC2 study	**Benevolo M.**	**Italy**

FC3 Vulvar and penile HPV diseases

Chair: C. Lacey (UK) • M. Preti (Italy)

Room 3A
9:30 - 11:15

FC 3-1	Vulvar intraepithelial neoplasia: incidence and long term risk of vulvar squamous cell carcinoma	**Bleeker M.**	**Netherlands**
FC 3-2	Histological characteristics and overall survival of HPV associated and independent squamous cell carcinoma of the vulva: a retrospective study	**Lerias S.**	**Portugal**
FC 3-3	DNA methylation markers for risk stratification of vulvar intraepithelial neoplasia	**Thuijs N.**	**Netherlands**
FC 3-4	Why is it important to keep follow-up a case-report of HPV 16 infection	**Reis I.**	**Portugal**
FC 3-5	Nipple dermoscopy findings possibly associated with human papilloma virus (HPV) and breast cancer	**Pinheiro L.**	**Brazil**
FC 3-6	Men, the forgotten victims for HPV diagnosis	**Stary A.**	**Austria**
FC 3-7	Prevalence of HPV in fresh tissue of penile cancer	**Kristiansen S.**	**Sweden**
FC 3-8	Trends in incidence, mortality and survival of penile squamous cell carcinoma in Norway 1956-2015	**Hansen B. T.**	**Norway**
FC 3-9	Prevalence and determinants of human papillomavirus in men and transgender women who are sex workers: sweetie study	**Pavón M. A.**	**Spain**

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HPV AND HEAD & NECK FORUM

The EUROGIN HPV and Head and Neck Cancer Forum highlights areas of active investigation in the field of HPV and head and neck cancers. It offers a review of the current epidemiologic efforts which focus on the natural history of HPV infection, risk of transmission, screening for early cancer detection, the potential impact of prophylactic HPV vaccines in the incidence of head and neck cancer, the role of HPV in benign head and neck disease. The event evaluates how the differing biology of HPV-HNC leads to a re-assessment of clinical staging and clinical prognostic characteristics. Given the viral etiology of these tumors, sessions address to review immune evasion mechanisms utilized by HPV and the understanding of these mechanisms, with the hope of opening the path to novel immunotherapeutic strategies to reactivate the host immune response against the virus and virally-associated cancer cells.
A dedicated debate session will focus on the controversies regarding the impact of HPV infection on oropharyngeal cancer, including diagnosis, management and decision making.
A special session deals with recurrent respiratory papillomatosis, a benign head and neck tumor caused by HPV infection but which can have a devastating and at times life threatening impact on patients. Taking the lessons learned from HPV-OPC, there is the potential of applying similar therapeutic approaches to this HPV-associated disease.
Immunotherapy represents a promising avenue for the treatment of head and neck cancers, with several treatment regimens showing significant promise in clinical trials. Recent immunotherapy trials will be presented.

HN 1 Epidemiology of oral HPV infection

Room 5B
Chair: A. Giuliano (USA)
10:30 - 12:00

In the U.S., approximately 70% of oropharyngeal cancers (OPCs) are attributable to human papillomavirus (HPV) infection, predominantly HPV 16. HPV-related OPC incidence is 4-5 fold higher in men compared to women and is increasing rapidly among males worldwide. OPC incidence among US men is now higher than cervical cancer incidence in women, with a significant increase in the proportion of cases attributable to HPV in recent decades. This changing epidemiology of increasing OPC incidence that is higher than cervical cancer incidence is now observed in several high resource countries, especially those with robust cervical cancer screening programs. Unfortunately there are no screening tests available for OPC, nor have current HPV vaccines been proven to protect against these cancers. As a result, most OPC tumors are diagnosed with advanced disease, with multiple bilateral positive neck nodes. Although treatment outcomes of HPV-related OPC are superior to those of HPV negative cases, treatment may cause significant morbidity, and rates of recurrence are still 10-30%. Detection of cancers earlier when tumors can be effectively and safely treated with a single modality provides an opportunity to achieve cure with limiting adverse consequences. To improve our ability to reduce OPC burden and patient survival and quality of life, more research is needed. This session will address the first area of research that is essential to the development of efficacious prevention programs, understanding the epidemiology of oral HPV infections and the factors associated with oral HPV infections.

HN 1-1	Natural history	**Dahlstrom K.**	**USA**
HN 1-2	Sex differences	**Combes J-D**	**France**
HN 1-3	Tobacco and other risk factors	**Osazuwa-Peters N.**	**USA**
HN 1-4	Sampling of oral vs. tonsil	**Mirghani H.**	**France**
	Discussion		

HN 2 Recurrent metastatic HPV related cancer

Room 5B
Chair: P. Bossi (Italy)
13:30 - 15:00

The case of recurrent metastatic HPV-related cancer is an intriguing field in head and neck oncology. It deals with epidemiological changes, as the rate of HPV-positive cancers is increasing also in elderly populations. The translational research is making real progress, both in terms of biomarkers for detection of recurrence and in identifying molecular determinants of response in locally advanced diseases. Moreover, immunotherapeutic strategies are particularly appealing in HPV-positive cancers, representing a possible more inflamed substrate. Therefore, the session will discuss all these topics in a comprehensive manner, with speakers having a great experience in this field of work.

HN 2-1	Epidemiologic changes: aging population	**Windon M.**	**USA**
HN 2-2	Biomarkers for detection of recurrence	**Agrawal N.**	**USA**
HN 2-3	Molecular mechanisms below tumor response in HPV-related OPC, with a focus to locally advanced disease	**Welters M.**	**Netherlands**
HN 2-4	Response to immunotherapy in R/M oropharyngeal cancer (OPC): comparing HPV-related and non HPV-related diseases	**Mesía R.**	**Spain**
	Discussion		

Coffee Break **15:00 - 15:30**

HPV AND HEAD & NECK FORUM

HN 3 Recurrent respiratory papillomatosis

Chair: S. Best (USA)

Room 5B
15:30 - 17:00

Recurrent Respiratory Papilloma (RRP) is a benign disease affecting the larynx of children and adults caused by infection with low-risk HPV 6 or 11. The need for recurrent surgery and its devastating effects on voice and breathing make treating this disease a great challenge. This session highlights recent developments in the epidemiology of RRP in the era of vaccination, the psychosocial impact of the disease, modern surgical treatment options, and the ongoing search for effective immunologic therapies.

HN 3-1	Epidemiology, incidence, and the impact of vaccination	**Friedman A.**	**USA**
HN 3-2	Quality of life and psychosocial effects in patients with RRP	**San Giorgi M.**	**Netherlands**
HN 3-3	Office-based and operating room treatment of papillomatosis	**Burns J.**	**USA**
HN 3-4	Immune polarization in RRP	**Best S.**	**USA**
HN 3-5	Immunotherapy trials in RRP	**Allen C.**	**USA**
	Discussion		

HN 4 Free Communications 1

Chair: Osazuwa-Peters N. (USA), Reuschenbach M. (Germany)

Room 5B
17:00 - 18:45

HN 4-1	Type-specific data on human papillomavirus infection in oropharyngeal squamous cell carcinoma in Europe	**Kanibir N.**	**France**
HN 4-2	A systematic review of the HPV-attributable fraction of oropharyngeal squamous cell cancers in Germany	**Reuschenbach M.**	**Germany**
HN 4-3	Human papillomavirus in carcinomas of the sinonasal tract	**Brown S. J.**	**UK**
HN 4-5	Opportunistic oral HPV infections in HIV/AIDS: primary human three-dimensional tissue treated with HIV protease inhibitors is permissive to HPV16 infection and progeny virion biosynthesis	**Meyers C.**	**USA**
HN 4-6	The incidence of oral human papillomavirus infection within the healthy young adult UK population	**Whitton A.**	**UK**
HN 4-7	Prevalence of oral and cervical human papillomavirus infections in women attending colposcopy clinics in Ireland	**Tewari P.**	**Ireland**
HN 4-8	Prevalence of biologically active HPV infection in tumor-free oropharyngeal tissue of OPSCC-patients	**Guarda V.**	**Switzerland**
HN 4-10	Vaccination in recurrent respiratory papillomatosis	**Chirila M.**	**Romania**
HN 4-11	Correlation between survival rate and mortality and the presence of the HPV in patients with esophageal squamous cell carcinoma (ESCC)	**Woellner L. F.**	**Brazil**
HN 4-12	Oral cancer screening. Brush sampling and FTA cards for automated HR-HPV diagnosis and automated cytology analyses with AI of mucosal lesions	**Runow Stark C.**	**Sweden**
HN 4-13	Epidemiology of oropharyngeal cancer related to human papillomavirus in a classically low burden region	**Mena M.**	**Spain**
HN 4-14	Incidence trends in human papillomavirus (HPV)-associated oropharyngeal squamous cell carcinoma subsites in the United States and Canada, 1995-2015	**Osazuwa-Peters N.**	**USA**

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HN 5 Free Communications 2

Chair: V. Mehta (USA)

Room 5B
8:15 - 9:45

HN 5-1	Sex differences in HPV immunity among adults without cancer	**Windon M.**	**USA**
HN 5-2	The use of HPV16-E5, EGFR and pEGFR as prognostic biomarkers for oropharyngeal cancer patients	**Taberna M.**	**Spain**
HN 5-3	A p16 oral rinse test to enhance detection of oropharyngeal cancer	**Franzmann E.**	**USA**
HN 5-4	Feasibility pilot study of a HPV16/18 E6 oncoprotein test in oropharyngeal and unknown primary cancers	**Dal Cin E.**	**Italy**
HN 5-5	Survival rates for patients with barrett high-grade dysplasia and esophageal adenocarcinoma with or without human papillomavirus infection	**Rajendra S.**	**Australia**
HN 5-6	Effect of comorbidities on survival in HPV-related and -unrelated head and neck cancer survivors	**Eytan D.**	**USA**
HN 5-7	Role of viral traits in prognosis of HPV16-related oropharyngeal cancer patients	**Alemany L.**	**Spain**
HN 5-8	Minimally invasive dual testing for active HPV E6/E7 and PD-L1 expression in oropharyngeal cancer	**Mirghani H.**	**France**
HN 5-9	HPV in benign and malignant head and neck pathology	**Valente P.**	**Portugal**

HN 6 HPV and non-oropharynx cancers

Chair: L. Mell (USA)

Room 5B
9:45 - 11:15

Human papillomavirus (HPV) plays a causative role in squamous cell carcinomas of the oropharynx (tonsil, soft palate, and base of tongue). P16 immunohistochemistry is widely used to discriminate HPV-independent from HPV-driven oropharyngeal cancers, with P16 (HPV)-positive cancers having a superior prognosis. The etiologic role of HPV and utility of P16 as a biomarker in non-oropharyngeal cancers is less clear, though many recent studies have emerged linking HPV to non-oropharyngeal cancers and identifying P16 as a potential prognostic biomarker in this context. This session will highlight recent research on the epidemiology and prognostic implications of HPV and P16 in non-oropharyngeal cancers, with attention to differences compared to oropharyngeal cancers and present gaps in knowledge.

HN 6-1	Etiologic role of HPV in larynx and oral cavity squamous cell carcinoma	**Taberna M.**	**Spain**
HN 6-2	HPV and sinonasal cancers	**Rooper L.**	**USA**
HN 6-3	Global perspective on HPV in non-oropharynx cancers	**Alemany L.**	**Spain**
HN 6-4	P16 as a biomarker in non-oropharyngeal cancer independent of HPV Discussion	**Fenton T.**	**UK**

HPV AND HEAD & NECK FORUM

HN 7 New perspectives on the clinical care of oropharyngeal cancer

Room 5B
Chair: C. Fakhry (USA)
14:15 - 15:45

Oropharyngeal cancer treatment may be evolving. In this session, the concept of therapeutic de-intensification will be reviewed. Means of de-intensification (by surgery or radiotherapy) will be reviewed. Additionally, the role of traditional high-risk factors in head and neck cancer will be discussed in the context of oropharynx cancer.

HN 7-1	Staging and limitations of the standard of care	**Fakhry C.**	**USA**
HN 7-2	The use of surgery for de-intensification	**Zevallos J.**	**USA**
HN 7-3	De-intensification of radiotherapy	**Zumsteg Z.**	**USA**
HN 7-4	The role of traditional adverse features in HPV-positive oropharynx cancer (ECS)	**Husain Z.**	**USA**
	Discussion		

Coffee Break **15:45 - 16:15**

HN 8 Risk communication and screening for oral HPV mini-presentations and debate

Room 5B
Chair: A. D'Souza (USA)
16:15 - 17:45

This session includes presentation, discussion and question and answer around how we communicate about oral HPV infection and risk of oropharyngeal cancer (HPV-OPC). Data on HPV biomarkers for HPV-OPC will be reviewed in terms of benefits and harms and whether screening is warranted will be discussed.

How to screen?

HN 8-1	Incidence of oropharynx cancer and identification of risk groups using oral HPV and serology	**Clayburgh D.**	**USA**
HN 8-2	Oral rinses	**Giuliano A.**	**USA**
HN 8-3	What does additional/ second screen look like and how intervene with suspicious?	**Fakhry C.**	**USA**
HN 8-4	When to screen? (Harms and benefits) When to test for HPV/p16 in HNSCC	**Franceschi S.**	**France**
	Debate and questions		

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HPV AND HEAD & NECK FORUM

HN 9 Free Communications 3

Chair: J. Lacau St Guily (France)

Room 5B
17:45 - 19:15

HN 9-1	Does smoking alter the mutation profile of human papillomavirus driven head and neck cancers?	**Mirghani H.**	**France**
HN 9-2	Association between oropharyngeal cancers with known HPV and p16 status and cervical intraepithelial neoplasia: a Danish population-based study	**Christensen J. T.**	**Denmark**
HN 9-3	Comorbidity in HPV+ and HPV- oropharyngeal cancer patients: a population-based, case-control study	**Jakobsen K. K.**	**Denmark**
HN 9-4	Views on, and experiences of discussing HPV with head and neck cancer patients: a qualitative study among health professionals	**O'Connor M.**	**Ireland**
HN 9-5	Impact of tobacco smoking for patients with oropharyngeal squamous cell carcinoma and known HPV and p16-status: a multicenter study	**Schmidt Jensen J.**	**Denmark**
HN 9-7	Enigmatic relation of human papilloma virus and head and neck cancer	**Sobti A.**	**Sweden**
HN 9-8	The fraction and number of head and neck cancers attributable to HPV in Canada	**Volesky K.**	**Canada**
HN 9-9	Plasma HPV cell-free DNA and HPV-related HNSCC	**Tanaka H.**	**Japan**
HN 9-10	HPV prevalence and overall survival in a cohort of patients with tonsillar cancer treated with radiation therapy	**Oldaeus Almerén A.**	**Sweden**
HN 4-11	Head and neck cancer with "ambiguous" HPV status: a case report	**Ilardi G.**	**Italy**

MSS - MAIN SCIENTIFIC SESSIONS

MSS 1 HPV vaccine efficacy and perspectives

Auditorium I
8:15 - 9:45

HPV vaccines have been in use in populations for 13 years, with follow up of trial participants ahead of these cohorts. There is strong evidence of vaccine effectiveness against HPV infections and pre-cancerous lesions and it is timely to consider how soon population evidence of vaccine impact against cancer outcomes will emerge. This is particularly relevant as the WHO starts to gather the evidence and develops a strategy to support a global campaign for elimination of cervical cancer as a public health problem. In this session we will hear from countries who started follow-up programs early on and also review the global situation.

PART A: HPV VACCINE EFFICACY AGAINST INVASIVE CANCER
Chair: J. Dillner (Sweden) • J. Paavonen (Finland)

MSS 1a-1	Vaccine efficacy against invasive cancer: Finland	**Lehtinen M.**	**Finland**
MSS 1a-2	Vaccine efficacy against invasive cancer: Scandinavia	**Nygård M.**	**Norway**

PART B: IMPACT OF HPV VACCINE ON CANCER OUTCOMES, HOW SOON?
Chair: J. Brotherton (Australia)

MSS 1b-1	If we do nothing....what is the projected burden of HPV associated cancers if we fail to deliver HPV vaccines or scale up screening?	**Bray F.**	**France**
MSS 1b-2	Predicting declines in cervical cancer due to vaccination: the global perspective	**Simms K.**	**Australia**
MSS 1b-3	Cervical cancer rates in Australia: predicting the declines due to vaccination and screening policy	**Smith M.**	**Australia**
MSS 1b-4	When will the UK start to see declines in cervical cancer due to vaccination?	**Jit M.**	**UK**
MSS 1b-5	Is the US starting to see declines in cervical cancer due to vaccination?	**Saraiya M.**	**USA**
	Discussion		

MSS 2 Eliminating HPV-related diseases: lessons learned from immunization of other infectious diseases

Auditorium I
9:45 - 11:15
Chair: A. Giuliano (USA)

Several international organizations including the World Health Organization (WHO), International Papillomavirus Society (IPVS), the American Cancer Society (ACS), and all 70 Directors of National Cancer Institute (NCI)- Designated Cancer Centers in the United States have issued calls to action to eliminate cervical cancer and other HPV-related cancers. This call to action has been endorsed by cancer organizations such as AACR, ASCO, etc. HPV vaccination is central to achieving the goal of HPV-related cancer elimination. As such, there is much to be learned from efforts to eliminate other vaccine preventable diseases.
This Roadmap session will present the lessons learned from worldwide programs to eliminate polio, measles, rubella, and hepatitis B infection, information that will be useful in developing global strategies to eliminate HPV infections that cause cancer.

MSS 2-1	Introduction	**Giuliano A.**	**USA**
MSS 2-4	Polio	**Hinman A.**	**USA**
MSS 2-2	Rubella	**Reef S.**	**USA**
MSS 2-3	Measles	**Becerra F.**	**USA**
MSS 2-5	Elimination of viral Hepatitis	**Vorsters A.**	**Belgium**
	Discussion		

SS - SCIENTIFIC SESSIONS

SS 1 Changing minds about HPV latency

Auditorium II
8:15 - 9:45

Chair: P. Gravitt (USA)

With the global introduction of HPV testing in cervical cancer screening programs, women are accumulating their own HPV histories which include recurrent detection after apparent clearance in the absence of any new sexual exposures. The speakers in this session will review the evidence for undetectable phases of HPV persistence (i.e. HPV latency) and the clinical ramifications of latent HPV infection over the lifespan.

SS 1-1	Introduction	**Gravitt P.**	**USA**
SS 1-2	Cervical carcinogenesis, occult CIN3 and HPV screening policy	**Peto J.**	**UK**
SS 1-3	Role of coinfection	**Gravitt P.**	**USA**
SS 1-4	Molecular biology of HPV latency	**Doorbar J.**	**UK**
SS 1-5	Epidemiological issues	**Winer R.**	**USA**
SS 1-6	Methylation	**Lorincz A.**	**UK**
SS 1-7	Promise and utility of next generation sequencing	**Mirabello L.**	**USA**
	Discussion		

SS 2 The new face of cytology in HPV screening and immunization era

Auditorium II
9:45 - 11:15

Chair: M. Stoler (USA)

Effective cervical cancer screening is driven by the prevalence of disease and the sensitivity of the screening test. With high quality screening, the easiest to diagnose disease tends to be eliminated and this fact combined with the lowering of prevalence, makes screening system performance degrade as sensitivity remains fixed. HPV vaccination, which has well demonstrated to decrease vaccine type HPV prevalence will decrease prevalence and therefore will have a dramatic impact on screening systems.
These mathematical certainties demand that one re-evaluate the performance of cytology and its place in screening. Can we augment cervical cytology samples with tests that improve the performance of the sample? This is especially important as we transition through an era of lowered prevalence in established screening systems with growing vaccinated populations and potentially smaller and harder to sample lesions? Does molecular analysis of the cytologic sample correct the predicted issues of sensitivity? Does morphology survive in a utilitarian fashion once HPV molecular determinants are known? And if so, will traditional morphology be used or will the preferred sample have biomarker enhanced morphology? With the potential for automation of molecular methods, will the cost of maintaining morphology in algorithms be worth it?

Using data from organized screening systems, such as Sweden, with historically excellent cytology, J. Dillner will explore the impact of age and prevalence on cytology performance in non-vaccinated vs. vaccinated populations. Given the recent expansion of HPV primary screening in many countries, does co-testing add substantially to the performance of the screening system and if so why are so few countries choosing to do co-testing? N. Wentzensen wil provide us with insights on this important question. In countries like Italy where the proof of HPV primary screening was so well demonstrated, the question of how to best triage a positive HPV test is critical. G. Ronco provides data on cytology triage and compares this to other methods including genotyping. M. Stoler will then extend this discussion on optimal triage using p16 biomarker enhanced cytology, examining recent clinical trial data comparing cytology to p16 dual-stain in terms of both sensitivity and specificity.

SS 2-1	Cytology by age - strengths and weaknesses in vaccinated and non-vaccinated women	**Dillner J.**	**Sweden**
SS 2-2	Screening - cotesting versus HPV alone: is cytology of added value?	**Wentzensen N.**	**USA**
SS 2-3	Performance of cyto-triage of HPV-positive women versus other strategies	**Ronco G.**	**Italy**
SS 2-4	Cytology revisited: role of p16	**Stoler M.**	**USA**
	Discussion		

CS - CLINICAL SESSIONS

CS 1 Challenging clinical topics

Aud III / IV
8:15 - 9:45

Chair: P. Nieminen (Finland)

Every single colposcopist faces daily challenges, which must be solved, but there are no clear answers in the current guidelines. In this session the speakers try to help us overcome problems, like involved margins at excision, how to manage CIN1 and CIN2 lesions, what to do with persistent HPV positivity without cytological abnormalities and how and when to use biomarkers. And above all why terminology is so important, when treating the patients.

CS 1-1	Colposcopic terminologies, why are they different in Europe and North America?	**Bornstein J.**	**Israel**
CS 1-2	How to manage CIN1 and CIN2 lesions	**Nieminen P.**	**Finland**
CS 1-3	Involved margins at excision: an accurate predictor of treatment outcome	**Arbyn M.**	**Belgium**
CS 1-4	Risk of high grade CIN in women referred to colposcopy for cytology negative and HPV persistency	**Tidy J.**	**UK**
CS 1-5	A «jungle» of biomarkers: what to use and when in challenging clinical scenarios, is it cost-beneficial? Discussion	**Kyrgiou M.**	**UK**

CS 2 High grade vulvar HSIL (VIN) versus differentiated VIN: clinical, molecular, virological and therapeutic differences

Aud III / IV
9:45 - 11:15

Co-organized with ISSVD

Chair: J. Bornstein (Israel) • M. Preti (Italy)

Squamous preneoplastic lesions of the vulva is characterized by an unusual dual presentation. The 2015 ISSVD terminology of vulvar squamous intraepithelial lesion (SIL), divided these lesions into High grade SIL of the vulva (vulvar HSIL, VIN usual type) and Differentiated-type VIN (DVIN). Although a few clinicians fail to realize the difference between them, vulvar HSIL is caused by high-risk human papilloma virus infection, usually in young women, while DVIN occurs in older women with lichen sclerosus or lichen simplex chronicus, and carries a higher rate of malignant transformation. The new terminology, the distinct clinical presentation of both lesions, how the HPV infection may be controlled, prevented or treated, will be discussed in this session, which is organized with the International Society for the Study of Vulvovaginal Disease (ISSVD).

CS 2-1	The new ISSVD terminology of VIN	**Bornstein J.**	**Israel**
CS 2-2	Vulvar HSIL and differentiated VIN: are they clinically distinguishable?	**Preti M.**	**Italy**
CS 2-3	Host control of human papillomavirus infection	**Doorbar J.**	**UK**
CS 2-4	HPV vaccines to prevent VIN	**Paavonen J.**	**Finland**
CS 2-5	Therapeutic vaccines in VIN Discussion	**Bhuyan P.**	**USA**

MSS - MAIN SCIENTIFIC SESSIONS

MSS 3 Triage markers for HPV-positive women: long term performance

Auditorium I
14:15 - 15:45

Chair: K. Cuschieri (UK) • M. Arbyn (Belgium)

The move to primary cervical screening based on molecular HR-HPV testing demands optimal and efficient triage tests to support the risk stratification of those that warrant follow up from those who can be returned to routine screening. While there is established international consensus that HR-HPV testing is the optimal method of primary screening, there is considerable heterogeneity of approach with respect to triage strategies both in relation to the type of test - and the nature of the follow-up protocol that the result indicates. Cytology and limited HPV genotyping are the most evidenced triage strategies so far however, other options designed to delineate transforming HPV infection also show promise including markers of aberrant viral life cycle, cell cycling and methylation. In this session the performance of established and emerging triage strategies will be discussed as will some of the challenges of implementation, including application to self-taken samples. Additionally, considerations into how modelling can help to inform optimal strategies for triage will be discussed.

MSS 3-1	Cytology	**Arbyn M.**	**Belgium**
MSS 3-2	p16 or p16/Ki67	**Carozzi F.**	**Italy**
MSS 3-3	Genotyping	**Wentzensen N.**	**USA**
MSS 3-4	Methylation	**Meijer C.**	**Netherlands**
MSS 3-5	E6-E7	**Kaufmann A.**	**Germany**
MSS 3-6	Triage using self-taken samples	**Heideman D.**	**Netherlands**
MSS 3-7	What modelers tell us	**Berkhof H.**	**Netherlands**
	Discussion		

Coffee Break **15:45 - 16:15**

FREE COMMUNICATIONS

FC4 Vaccines 1: Male vaccines

Auditorium II
14:15 - 15:45

Chair: J. Palefsky (USA) • E. Joura (Austria)

FC 4-1	Introduction: HPV in males: rationale for gender neutral vaccination	**Giuliano A.**	**USA**
FC 4-2	Long-term effectiveness and immunogenicity of quadrivalent HPV vaccine in young men: 10-year end-of study analysis	**Goldstone S.**	**USA**
FC 4-3	Efficacy, immunogenicity and safety of the quadrivalent HPV L1 Virus-Like Particle (VLP) vaccine in 16- to 26-year-old Japanese men	**Luxembourg A.**	**USA**
FC 4-4	Long-term follow-up study of immunogenicity and effectiveness of the 9-Valent HPV (9cHPV) vaccine in preadolescents and adolescents (9-15 y.o.)	**Joura E.**	**Austria**
FC 4-5	Comparison of immunogenicty of 2-dose and 3-dose regimens of 9-valent HPV vaccine (3 year LTFU)	**Bornstein J.**	**Israel**
FC 4-6	Human papillomavirus (HPV) seroprevalence and anogenital HPV detection among young heterosexual men	**Palefsky J.**	**USA**
FC 4-7	Human papillomavirus (HPV) seroprevalence and anogenital HPV detection among HIV-negative men who have sex with men (MSM)	**Goldstone S.**	**USA**
FC 4-8	Identifying facilitators and barriers associated with expanding HPV vaccination programs to males	**Morais E.**	**France**
FC 4-9	A systematic literature review of cost-effectiveness studies assessing the nonavalent HPV vaccine in a gender neutral population	**Kothari S.**	**USA**

MSS 4 From cytology to HPV based screening

Auditorium I
16:15 - 18:15

Available technology for cervical cancer prevention has changed dramatically since recognition that infection with oncogenic HPVs is the necessary cause of cervical cancer in mid-1980ies. Before the so-called "HPV-era" cytology was used for screening, follow-up of inconclusive screening outcomes and treated women. Liquid based cytology and automated reading improved the performance of cytology tests, however the most influential initiative was the evidence that periodic testing of symptom free population will result in detection and treatment of cervical precancers. Mass screening, as a public health policy, has proved to be a powerful tool to diagnose and treat cervical precancers. Consequently, dramatic reductions in cervical cancer incidence and mortality have been observed. Currently, commercialized HPV-tests have been used, alone or with cytology, in screening, follow-up of inconclusive screening outcomes and treated women. HPV-testing of self-sampled vaginal specimens allows the inclusion of sub-optimally screened women in screening programs, reducing therefore clinical appointments.
Furthermore, it is unclear what the role of existing commercial HPV-tests is in screening of HPV-vaccinated women. Tailoring together a screening program to deliver the best possible prevention against cervical cancer is a challenge for public health policy providers. In this session, affluent, medium and low-income countries, which have adopted HPV-methodology for primary screening, present their experience.

PART A - EUROPE: OPERATIONAL EXPERIENCES FROM TRANSFORMING SCREENING PROGRAMS. LESSONS LEARNED

Chair: N. Van der Veen (Netherlands) • M. Nygård (Norway)

MSS 4a-2	Sweden	**Dillner J.**	**Sweden**
MSS 4a-3	Norway	**Tropé A.**	**Norway**
MSS 4a-4	Denmark	**Bonde J.**	**Denmark**
MSS 4a-5	Netherlands	**Van der Veen N.**	**Netherlands**
MSS 4a-6	Italy	**Giorgi Rossi P.**	**Italy**
MSS 4a-7	Germany	**Hillemans P.**	**Germany**

PART B - OTHER COUNTRIES: OPERATIONAL EXPERIENCES FROM TRANSFORMING SCREENING PROGRAMS. LESSONS LEARNED

Chair: W. Kinney (USA) • FH. Zhao (China)

MSS 4b-1	Turkey	**Gultekin M.**	**Turkey**
MSS 4b-2	USA	**Kinney W.**	**USA**
MSS 4b-3	Australia	**Brotherton J.**	**Australia**
MSS 4b-4	China	**Zhao FH.**	**China**
	Discussion		

SS - SCIENTIFIC SESSION

SS 3 Two vs one dose vaccine schedules: assessing the evidence

Auditorium II
Chair: M. Brisson (Canada) • M. Jit (UK)
16:15 - 17:45

If one dose of HPV vaccine can provide a high level of protection, then considerable cost savings and accelerate global uptake of vaccination. In this session, investigators discuss the implications of both experimental and observational studies around reduced dose vaccine schedules, as well as the use of epidemiological and economic modelling to project these results to individual countries.

SS 3-1	Clinical trials: efficacy in India	**Basu P.**	**France**
SS 3-2	Modelling: potential population impact in low and middle-income vs high-income countries	**Brisson M.**	**Canada**
	Observational data: reduced-dose HPV vaccination effectiveness	**Markowitz L.**	**USA**
SS 3-3	Modelling: potential population impact in Uganda	**Burger E.**	**UK**
SS 3-4	Economics: cost-effectiveness of one-dose vaccination	**Jit M.**	**UK**
	Discussion		

FREE COMMUNICATIONS

FC 5 Epidemiology

Aud III / IV
Chair: C. Gilham (UK)
14:15 -16:15

FC 5-1	Effect of changes to the age at first invitation to screening on mortality from cervical cancer in England	**Castanon A.**	**UK**
FC 5-2	Estimating incidence rates of grouped HPV types: a systematic review and analyses of the impact of different epidemiological assumptions	**Jongen V.**	**Netherlands**
FC 5-3	Long-term cervical cancer risk following HPV Infection 28 year follow-up of the Manchester cohort	**Gilham C.**	**UK**
FC 5-4	Differences in high-risk HPV profile according to sex: results of pop-Brazil study	**De Souza F.**	**Brazil**
FC 5-5	Impact of changes in sexual behavior on past and future trends of HPV infections and related cancers	**Lemieux-Mellouki P.**	**Canada**
FC 5-6	HPV type replacement: still too early to tell?	**Man I.**	**Netherlands**
FC 5-7	Prevalence of vaccine-targeted high-risk HPV types among mid-adult women in Europe	**Kohn M.**	**France**
FC 5-8	Epidemiology and control of cervical cancer in Brazil - role of HPV genotypes	**Levi J. E.**	**Brazil**
FC 5-9	Age-specific cervical cancer incidence after elimination of different vaccine-protected HPV types	**Vänskä S.**	**Finland**
FC 5-10	Distinct increase in cervical precancers in Norway is explained by both increased exposure to HPV and improved screening methods: nationwide study from 1992 to 2016	**Orumaa M.**	**Norway**
FC 5-11	Assessing the risk of human papillomavirus transmission and high-level disinfection using molecular virology approaches	**Ozbun M.**	**USA**
FC 5-12	Is early age at the start of oral contraceptive use a risk factor of cervical atypia?	**Adhikari I.**	**Finland**
FC 5-13	Socioeconomic factors associated with HPV testing in the National Cancer Data Base	**Mazul A.**	**USA**
FC 5-14	Age-specific HPV genotype distribution according to cervical histopathological findings in a screened and unvaccinated population	**Aro K.**	**Finland**
FC 5-15	Cervical cancer incidence and mortality trends in Latria in 1993-2016	**Kojalo V.**	**Latvia**

Coffee Break **16:05 - 16:15**

SS - SCIENTIFIC SESSION

SS 4 HPV 6-11: low risk HPV infection and disease Anogenital versus Oral

Aud III / IV
16:15 - 17:45

Chair: S. Best (USA) • C. Lacey (UK)

Low-risk HPV viruses 6 and 11 are the causative factor in both genital warts and laryngeal papilloma. Despite the similar clinical problems of recurrence and repeated surgery shared between these diseases, there is surprisingly little collaboration between clinicians (gynecology and otolaryngology) who see these patients, nor an integrated research focus on shared pathophysiology between these subsites. This session focuses on the clinical, immunologic, and epidemiologic similarities and differences between these two diseases and brings together researchers and clinicians to discuss the entire spectrum of human disease caused by low-risk HPV.

SS 4-1	Epidemiology and related diseases (risk of cancers?)	**Dikkers F.**	**Netherlands**
SS 4-2	Is sequencing of clinical utility?	**Yeager M.**	**USA**
SS 4-3	Genital and anal warts in known immune-compromised recipients (men versus women)	**Palefsky J.**	**USA**
SS 4-4	Management of immuno-compromised patients	**Abramowitz L.**	**France**
SS 4-5	Child abuse	**Moscicki A.**	**USA**
SS 4-6	Laryngal papillomatosis	**Best S.**	**USA**
SS 4-7	Impact of HPV vaccine on population level	**Lacey C.**	**UK**
	Discussion		

FREE COMMUNICATIONS

FC 6 Screening 2: New screening strategies country experiences

Aud III / IV
17:45 -19:45

Chair: P. Giorgi Rossi (Italy) • E. Lynge (Denmark)

FC 6-1	Current status of cervical cancer screening programs and HPV vaccination in southeast European countries	**Poljak M.**	**Slovenia**
FC 6-2	Screening outcome after HPV-vaccination in Denmark	**Lynge E.**	**Denmark**
FC 6-3	Five-year risk of cervical precancer following p16/KI-67 dual stain triage of HPV-positive women	**Wentzensen N.**	**USA**
FC 6-4	Sensitivity and positive predictive value of HPV E6/E7 mRNA overexpression assay as triage test for HPV positive women	**Giorgi Rossi P.**	**Italy**
FC 6-5	Cytological triage and molecular triage with partial genotyping in HPV primary screening: comparison of data from an Italian Region (Tuscany)	**Carozzi F.**	**Italy**
FC 6-6	HPV as the primary screening test for cervical cancer: initial results from a Danish implementation study	**Waldstrom M.**	**Denmark**
FC 6-7	Primary HPV DNA screening: two years experience after 5y of co-testing	**Oncins R.**	**Spain**
FC 6-8	16/18 genotyping of persistent HR-HPV infections with negative cytology: results from the English cervical screening pilot	**Rebolj M.**	**UK**
FC 6-9	HPV focal 48 month exit survey: women's real world experiences surrounding primary HPV testing	**Smith L.**	**Canada**
FC 6-10	Cancer cases identified in a randomized implementation of HPV-screening in the Norwegian cervical cancer screening programme	**Engesæter B.**	**Norway**
FC 6-11	First results of high-risk HPV screening in the cervical cancer screening programme in the Netherlands: participation, referral and detection	**Aitken C.**	**Netherlands**
FC 6-12	The longitudinal clinical performance of the RNA-based Aptima Human Papillomavirus (HPV) Assay in comparison to the DNA-based Hybrid Capture 2 HPV Test in 2 consecutive screening rounds with a 6-year interval in a Routine Screening Population of 10.000 women in Germany	**Iftner T.**	**Germany**
FC 6-13	Risks of CIN3+ by cytology and human papilloma virus genotype: a risk-based approach to cervical cancer screening in Norway	**Tropé A.**	**Norway**
FC 6-14	Development of evidence-based guidelines for follow up of women treated for cervical intraepithelial neoplasia grade 2 or 3 (CIN2/3) in Italian screening programs	**Venturelli F.**	**Italy**
FC 6-15	A 5-year follow-up study of the diagnostic efficacy using primary hrHPV testing vs. liquid based cytology in cervical cancer screening of women aged 50+	**Andersen B.**	**Denmark**

MSS - MAIN SCIENTIFIC SESSIONS

MSS 5 Pro and Con hot topics

Chair: E. Franco (Canada)

Auditorium I
8:15 - 9:45

Point-Counterpoint debates on key topics in HPV science:
Point/Counterpoint or Pro/Con debates have been a popular type of scientific session in EUROGIN congresses since the 1990's. They capture the arguments on both sides of controversial or hot topics in HPV science and its practical aspects, such as vaccination, cervical cancer screening, and disease etiology. The session in 2018 will showcase debates between camps on four key areas: co-testing vs primary HPV screening, HPV in skin cancer, extent of genotyping in screening, value of p16 immunostaining in triage.

MSS 5-1 Cervical Cancer Screening: HPV primary versus cotesting
Kinney W. (cotesting) USA vs Franco E. (primary) Canada

MSS 5-2 Causal role of cutaneous HPV in skin cancer: plausible or implausible
Tommasino M. (plausible) France vs von Knebel Doeberitz M. (implausible) Germany

MSS 5-3 Partial versus extended genotyping in cervical cancer screening and management
Bonde J. (partial) Denmark vs Iftner T. (extended) Germany

MSS 5-4 Implementing p16-immunostain cytology in triaging HPV positive women: Pro versus Con
Wentzensen N. (Pro) USA vs Cuschieri K. (Con) UK

Discussion

Coffee Break **9:45 - 10:15**

MSS 6 Validation of HPV assays usable in primary screening

Chair: M. Poljak (Slovenia) • J. Bonde (Denmark)

Auditorium I
10:15 - 11:45

With implementation of primary HPV screening in several countries, and a growing number of manufacturers marketing HPV assays for screening, the inevitable question will be: which HPV assays are validated for use in screening, and which comparator assays are relevant for future validation of novel HPV assays?
This session is aimed at facilitating a broad presentation and discussion on assays validation criterions for intended for use in cervical screening as well as the impact of sample collection media on assay performance.

MSS 6-1	Principles of validation: Meijer, VALGENT, and FDA	**Arbyn M.**	**Belgium**
MSS 6-2	Challenges in validation: the comparator assay challenge	**Dillner J.**	**Sweden**
MSS 6-3	Assays validated on ThinPrep media in Valgent-3	**Poljak M.**	**Slovenia**
MSS 6-4	Assays validated on SurePath media in Valgent-4	**Ejegod D.**	**Denmark**
		Xu L.	**Belgium**
MSS 6-5	Challenges in validation: sample collection media	**Bonde J.**	**Denmark**

Discussion

SS - SCIENTIFIC SESSION

SS 5 Cervical cancer in Central and Eastern Europe and Central Asia

Auditorium II
Chair: M. Poljak (Slovenia) • X. Bosch (Spain)
8:15 - 9:45

Cervical cancer incidence and mortality are higher in Central and Eastern Europe (CEE) countries than elsewhere in Europe and are rising in certain countries, partly due to an absence of screening interventions that are, at best, opportunistic with relatively low coverage and quality. In CEE approximately 40,000 women develop cervical cancer and 20,000 die from the disease yearly and cumulative risk for getting the disease in Eastern Europe is 4 to 5 times higher than in Western and Nordic Europe. The session will summarize epidemiological situation in CEE countries, review current status of cervical cancer screening practices and of vaccination implementation in the region and will propose urgent need for coordinated programs of HPV vaccination and HPV-based organized screening in CEE region as the only way forward.

SS 5-1	Cervical cancer in Central and Eastern Europe and Central Asia: how big is the problem?	**Vaccarella S.**	**France**
SS 5-2	Preventable fractions of cervical cancer via effective screening in Central and Eastern Europe and Central Asia	**Bray F.**	**France**
SS 5-3	Cervical cancer screening practices and current status of vaccination implementation in Central and Eastern Europe	**Seme K.**	**Slovenia**
SS 5-4	Cervical cancer screening practices and current status of vaccination implementation in the Russian Federation	**Rogovskaya S.**	**Russia**
SS 5-5	Cost-effectiveness of integrated cervical cancer prevention in Central and Eastern Europe and Central Asia	**Berkhof H.**	**Netherlands**
SS 5-6	The need for coordinated programs of vaccination and screening in Central and Eastern Europe and Central Asia	**Bosch X.**	**Spain**
	Discussion		

Coffee Break **9:45 - 10:15**

FREE COMMUNICATIONS

FC 8 Vaccines 2

Auditorium II
Chair: J. Bogaards (Netherlands)
10:15 - 11:45

FC 8-1	Type-specific data on human papillomavirus infection in oropharyngeal squamous cell carcinoma in the Asia-Pacific Region	**Ndao T.**	**Morocco**
FC 8-2	End of study results of a 2 year multicountry phase IV randomized comparative study of immunogenicity and safety of the AS04-HPV-16/18 vaccine and the HPV-6/11/16/18 vaccine in HIV-positive female subjects aged 15-25 years	**Karkada N.**	**Belgium**
FC 8-3	Long-term humoral response against non-vaccine oncogenic types HPV-31 and HPV-45 elicited by the HPV-16/18 vaccine in girls aged 10-14 years: 10-year follow-up data	**Folschweiller N.**	**Belgium**
FC 8-4	Systematic literature review of neutralizing antibody immune responses to non-vaccine high-risk HPV types induced by the bivalent and the quadrivalent vaccines	**Saah A.**	**USA**
FC 8-5	Epidemiologic impact of a gender-neutral nonavalent HPV vaccination programme in comparison to the current gender-neutral quadrivalent HPV vaccination programme in Switzerland	**Kind A.**	**Switzerland**
FC 8-6	Occurrence of human papillomavirus (HPV) type replacement by sexual risk-taking behaviour group: post-HOC analysis of a community randomized clinical trial	**Gray P.**	**Finland**
FC 8-7	Bivalent HPV vaccine effectiveness correlates with phylogenetic distance towards vaccine types 16 and 18	**Bogaards J.**	**Netherlands**
FC 8-8	Health impact and cost effectiveness of implementing gender-neutral nonavalent vaccination in Flanders, Belgium	**Merckx B.**	**Belgium**

CS - CLINICAL SESSIONS

CS 3 Revisiting the objectives: risk markers for cervical cancers (excluding HPV triage)

Aud III / IV
8:15 - 9:45

Chair: N. Wentzensen (USA) • A. Kaufmann (Germany)

HPV based screening is slowly but steadily replacing cytology as the primary cervical screening test. It offers much higher sensitivity but lower specificity, largely due to transient infections with minimal progressive potential, so that some form of immediate triage on the same specimen is desirable to better identify those women who are most in need of direct referral to colposcopy. Where good cytology is available one option is reflex cytology. When this shows high grade changes, immediate referral for colposcopy is warranted, but lower grade cytological abnormalities still carry a high false positive rate - even for HPV positive women. A range of newer tests are now under evaluation to try to improve discrimination. Of these some form of HPV genotyping has been most fully investigated, but usually this has been limited to types 16 and 18. There is emerging evidence that fuller typing provides useful additional information and that types 31 and especially 33 carry a much higher risk that other types, and that types 39, 56, 59, 66 and 68 carry lower risk, and could usefully be designated as 'intermediate risk' types. Types 18 and 45 do not have a high PPV for CIN2+, but are more related to invasive cancer and lesions in the endocervical canal often missed on colposcopy, and deserve a different management. Tests for p16INK4 also look promising and detect more high grade lesions with a similar PPV to HPV16 genotyping. Recent evidence also supports a role for methylation testing of both human and viral genes and measures of viral load also appear to add information about the likelihood of a high-grade precursor lesion. Tests of E6 and E7 protein levels continue to be evaluated in a range of settings.
A similar need for good triage tests arises when the initial test is a self-taken cervical or urine sample, where use of cytology based tests is no longer effective.

CS 3-1	Genotyping / p16	**Wentzensen N.**	**USA**
CS 3-2	Methylation	**Lorincz A.**	**UK**
CS 3-3	E6-E7	**Kaufmann A.**	**Germany**
CS 3-4	Sequencing	**Mirabello L.**	**USA**
CS 3-5	VALidation of Human papillomavirus assays and collection DEvices for HPV testing on Self-samples and urine samples (the VALHUDES study)	**Peeters E.**	**Belgium**
	Discussion		

Coffee Break **9:45 - 10:15**

CS 4 Oncological safety and reproductive morbidity after treatment for CIN

Aud III / IV
10:15 - 11:45

Chair: M. Kyrgiou (UK) • E. Paraskevaidis (Greece)

Local treatment with conisation has been associated with increased morbidity in subsequent pregnancies that includes increased risk of preterm birth and mid-trimester loss. The frequency and severity of adverse outcomes depends on the depth of the treatment and is higher after repeat conisations. Although most obstetricians think that this is due to lack of mechanical support, the mechanism may be more complex and may involve several complex interactions between the host, the immune system, the micro biome and the virus. In this session, we will review the evidence on the oncological safety and reproductive risk after treatment and the balance with the risk of future invasion and risk of recurrence. We will discuss possible mechanisms. We will expand on the clinical implications that affect the decision on who and how to treat and how to manage these patients antenatally.

CS 4-1	Oncological safety and reproductive morbidity in women with CIN and local treatment: what have learned from the epidemiological data?	**Kyrgiou M.**	**UK**
CS 4-2	National data from England & Wales on invasive cervical cancer incidence post-treatment and risk of preterm birth	**Castanon A.**	**UK**
CS 4-3	Should we treat all women with CIN2 lesions?	**Kalliala I.**	**UK**
CS 4-4	How can we use HPV biomarkers and decision support scoring systems to choose who to treat?	**Paraskevaidis E.**	**Greece**
CS 4-5	How can we explore the mechanisms leading to preterm birth after treatment and how should women be managed antenatally	**Mitra A.**	**UK**
	Discussion		

FREE COMMUNICATIONS

FC 7 HPV Testing

Room 5B
8:15 - 9:45

Chair: C. Eklund (Sweden)

FC 7-1	International quality assurance of HPV DNA genotyping services: the 2017 global HPV DNA proficiency study	**Eklund C.**	**Sweden**
FC 7-2	Clinical validation of the COBAS 6800 HPV test for cervical screening	**Dillner J.**	**Sweden**
FC 7-3	Clinical validation of the Liferiver Harmonia HPV assay using the VALGENT-4 framework	**Xu L.**	**Belgium**
FC 7-4	HPV type-specific agreement between linear array HPV genotyping test, ANYPLEX II HPV28 and 21 HPV genoarray within the VALGENT-3 framework	**Ostrbenk A.**	**Slovenia**
FC 7-5	Performance of the ONCLARITY™, COBAS® and Hybrid CAPTURE II HPV assays on PRESERVCYT® specimens with panel-adjudicated histology	**Vaughan L.**	**USA**
FC 7-6	Is co-testing with a 3-type HPV mRNA test a better strategy for women 21-29 years than cytology alone?	**Falang B.**	**Norway**
FC 7-8	Keratin-based sample validity testing improves triage of HPV 16/18/45 positive women using hrHPV E7-oncoprotein testing	**Koch I.**	**Germany**
FC 7-9	Onclarity performance in HPV DNA detection of formalin fixed paraffin embedded cervical samples	**Bottari F.**	**Italy**
FC 7-10	HC2® vs COBAS® 4800: comparison of clinical and analytical performances of two clinically validated tests for HPV primary screening of cervical cancer	**Pompeo G.**	**Italy**
FC 7-11	Comparison and benefits of full genotyping of all 14 oncogenic HPV types using INNO-LIPA® EXTRA II versus genotyping HPV-16, HPV-18 individually and pool detection of 12 other high risk HPV with COBAS 4800® among Iranian women	**Monsef R.**	**Iran**
FC 7-12	Buffer and time dependent HPV DNA stability in Colli-Pee® collected FV urine	**Pattyn J.**	**Belgium**

Coffee Break **9:45 - 10:15**

CS - CLINICAL SESSIONS

CS 5 Which populations should be assessed for anal cancer and/or precancer screening?

Room 5B
10:15 - 11:45

Chair: A. Nyitray (USA) • E. Chiao (USA)

The literature suggests there are at least four populations that might be considered in order to reduce anal cancer morbidity and mortality through a public health screening program: persons with HIV, HIV-negative but immunocompromised populations, men who have sex with men, and women with a prior history of HPV-associated anogenital disease. Session speakers will address the epidemiology of anal cancer, anal precancers, and anal HPV infection among each of these potential populations in the context of possible anal cancer and/or precancer screening.

CS 5-1	Conditions for a public health screening program	**Nyitray A.**	**USA**
CS 5-2	Persons with HIV	**Chiao E.**	**USA**
CS 5-3	MSM: HIV-positive and HIV-negative	**D'Souza A.**	**USA**
CS 5-4	Women with prior HPV-associated disease	**Stier E.**	**USA**
CS 5-5	Using surrogate measures of anal cancer risk to identify high-risk groups for anal cancer prevention	**Clifford G.**	**France**
	Discussion		

MSS - MAIN SCIENTIFIC SESSIONS

MSS 7 Molecular signatures of precancerous lesions: changing paradigm of early detection

Auditorium I
13:30 - 15:00

Chair: A. Lorincz (UK)

HPV screening has high sensitivity for CIN3 and cancer; however, because most HPV infections clear spontaneously, the test has relatively low specificity. Follow-up and clinical management of HPV positive women with a low risk of cervical cancer represents a large economic problem for national healthcare systems plus substantial emotional burdens for most women. As we move closer to a fully integrated molecular testing approach to human disease we must continue the search for more accurate biomarkers of disease. Evidence as to which triage test is best for HPV positive patients is lacking as is any clear signal to stop the search. We are still quite far from an ideal triage test. This session will explore the current state of the science in molecular methods to manage people infected by HPV.

MSS 7-1	DNA methylation: clinical study results	**Lorincz A.**	**UK**
MSS 7-3	DNA methylation markers for the detection of CIN3 and cervical cancer in self-samples and urine	**Steenbergen R.**	**Netherlands**
MSS 7-2	Deep sequencing of HPV and human genome: what next?	**Mirabello L.**	**USA**
MSS 7-4	Oral gargle HPV16 and EPB41L3 methylation: associations with oropharyngeal cancer tumor levels and detection	**Giuliano A.**	**USA**
MSS 7-5	Staging precancerous lesions using combined E6-E7 mRNA quantification and cell cycle in single cells	**Patterson B.**	**USA**
	Discussion		

Coffee Break **15:00 - 15:30**

MSS 8 Self-sampling: operational experiences under HPV self-sampling in an organized cervical cancer screening program

Auditorium I
15:30 - 17:15

Chair: Jo. Smith (UK) • D. Heideman (Netherlands)

The use of self-collected (cervico-)vaginal material is an upcoming approach as an alternative for clinician-collected cervical scrapes for screening. This session will address different experiences with self-sampling and highlights efforts that could be made for furthering the progress of implementation.

MSS 8-1	Introduction: HPV detection in self-samples: an updated meta-analysis on test accuracy and potential to reach under-screened women	**Arbyn M.**	**Belgium**
MSS 8-2	Increasing cervical screening participation among long-term non-attenders: A randomized health services study in Sweden using e-Health	**Elfström M.**	**Sweden**
MSS 8-3	Importance of validated collection and analytic methods: self-sampling experiences from Norway	**Leinonen M.**	**Norway**
MSS 8-4	Self-sampling: potential of HPV self-sampling in organized cervical cancer screening programs	**Botha H.**	**South Africa**
MSS 8-5	Offering HPV self-sampling to all screening non-attenders; operational experiences from the capital region of Denmark	**Bonde J.**	**Denmark**
MSS 8-6	First experiences from the Dutch national screening program	**Van den Brule A.**	**Netherlands**
MSS 8-7	Efficacy, effectiveness and perception of vaginal self-sampling strategies in a cervical cancer screening program in France: the APACHE studies	**Haguenoer K.**	**France**
MSS 8-8	Evaluation of clinical sensitivity in dry and wet vaginal self-collection compared to conventional sampling and molecular triage of HPV positive women in a screening setting	**Carozzi F.**	**Italy**
	Discussion		

MSS 9 Screening in HPV vaccinated cohorts: do we know how?

Auditorium I
17:15 - 18:30

Chair: J. Dillner (Sweden)

Highly vaccinated birth cohorts have reduced circulation of HPV, both from direct protective effect and from herd immunity, resulting in a lowered cervical cancer risk and a reduced positive predictive value of screening. When these cohorts reach the age where they are targeted by cervical screening programs, there will be a lower precision and lower benefit of screening. Session speakers will address the some of the major issues: Should the age to start screening be increased? Should HPV testing be used for screening also among the younger women? How will we know when changes in the screening program are warranted? Should we recommend vaccination of mid-adult women to increase the predictive value of HPV-based screening programs?

MSS 9-1	Cervical cancer screening in immunized populations	**Giorgi Rossi P.**	**Italy**
MSS 9-2	Vaccination of women already belonging to the screening target population (FASTER concept)	**Bosch X.**	**Spain**
MSS 9-3	Initiation of screening of vaccinated cohorts: Finnish trial	**Lehtinen M.**	**Finland**
MSS 9-4	Surveillance of impact of vaccination by linking screening & vaccination registries	**Sparen P.**	**Sweden**
	Discussion		

SS - SCIENTIFIC SESSIONS

SS 6 Uses of new technologies in HPV vaccine behavioral science research

Auditorium II
13:30 - 15:00

Chair: G. Zimet (USA)

New technologies and social networking sites can be used in the service of understanding attitudes and sources of information and misinformation about HPV vaccination. In addition, it may be possible to harness technologies, such as web apps and social/sexual networking apps to engage parents and youth and encourage HPV vaccination. Session speakers will describe innovative research involving these kinds of technologies and will discuss challenges and successes associated with their implementation.

SS 6-1	Using electronic approaches for providing targeted and tailored health messages to young men who have sex with men through the Outsmart web-based HPV intervention	**McRee AL.**	**USA**
SS 6-2	Designing and evaluating web-apps for engaging, educating, and motivating parents of boys and girls around HPV vaccination	**Woodall G.**	**USA**
SS 6-3	Using mobile application strategies and social media to increase HPV vaccination rates among young men who have sex with men	**Fontenot H.**	**USA**
SS 6-4	A brief review of other uses of new technology in HPV behavioral science research	**Zimet G.**	**USA**
SS 6-5	Discussion	**Kepka D.**	**USA**

Coffee Break **15:00 - 15:30**

SS - SCIENTIFIC SESSIONS

SS 7 Microbiome analysis: are we ready for clinical use?

Auditorium II
15:30 - 17:15

Chair: A. Moscicki (USA)

Studies dating back several decades showed an association between bacterial vaginosis and the development of CIN. Bacterial vaginosis, which is a clinical diagnosis, is hallmarked by changes observed in the vaginal microbiome. With the recent discovery of 'omics, the enormous complexity of the vaginal microbiome is being uncovered. Certainly, variations of the microbiome has been shown both between women and within a women. For example, some women have very diverse microbiomes with a combination of aerobic and anaerobic bacteria through-out the menstrual cycle whereas other women have very consistent Lactobacillus dominant microbiomes throught-out with extreme changes only during the menstrual cycle. Several studies now link the microbiome and its metabolic products with HPV persistence and CIN development. These rich data sets are moving into more translational science towards identifying signatures (whether microbiome, or metabonomics) that are associated with CIN development and into therapies aimed at restoring a more protective vaginal microbiome preventing and /or clearance of HPV. This session will examine aspects of these complex associations and potential biomarkers and therapies.

SS 7-1	Variation of vaginal microbiome in women	**Nieminen P.**	**Finland**
SS 7-2	HPV persistence and clearance related to microbiota	**Moscicki A.**	**USA**
SS 7-3	Role of vaginal microbiome in women with CIN	**Kyrgiou M.**	**UK**
SS 7-4	Temporal correlations of microbiome and cervical immune microenvironment	**Gravitt P.**	**USA**
SS 7-5	Vaginal microbiome, metabonomics and biomarkers	**Mitra A.**	**UK**
SS 7-6	Effect of a coriolus versicolor-based vaginal gel in high-risk HPV infected patients. Results of different studies Discussion	**Dexeus D.**	**Spain**

(Session supported by Procare Health)

FREE COMMUNICATIONS

FC 13 New treatments

Auditorium II
17:15 -18:45

Chair: A. Kaufmann (Germany) • M. Einstein (USA)

FC 13-1	Topical therapies for treatment of HPV/CIN2-3	**Rahangdale L.**	**USA**
FC 13-2	Efficacy of a carrageenan-based lubricant gel in increasing clearance of HPV infections in women: interim analysis of a double-blind, randomized, placebo-controlled trial	**Magnan S.**	**Canada**
FC 13-3	Microenvironment in vagina as a key-player on cervix: vaginal microbiota composition and prevalence of HPV	**Matos A.**	**Portugal**
FC 13-4	5% 5-fluorouracil (5FU) topical therapy for the treatment of cervical intraepithelial neoplasia (CIN) 2/3	**Desravines N.**	**USA**
FC 13-5	Demethylating treatment induces a dose- and time-dependent reversal of the malignant phenotype and anti-proliferative effects in two- and three-dimensional HPV tumor models	**Prigge E-S.**	**Germany**
FC 13-6	Photodynamic therapy for high grade cervical intraepithelial neoplasia: a new possibility?	**Belotto R.**	**Brazil**
FC 13-7	The iKNIFE and its use for the treatment of cervical abnormalities	**Tzafetas M.**	**UK**
FC 13-8	Adjuvant vaccination against HPV in surgical treatment of CIN lesions	**Laar R.**	**Netherlands**

CS - CLINICAL SESSIONS

CS 6 The value of HPV genotypes: not all high risk HPV genotypes are at equal risk

Aud III / IV
13:30 - 15:00

Chair: J. Bonde (Denmark)

Oncogenic HPV genotypes have different risk of disease. Transforming this knowledge into screening relevant assays and clinical screening algorithms is ongoing. The session aims at providing the audience with the current state of the art and perspectives for use of HPV genotype information to predict risks, guide management, use in triage strategies and HPV genotyping for screening of vaccinated women.

CS 6-1	Introduction	**Bonde J.**	**Denmark**
CS 6-2	Different types, different risks and triage strategies	**Wentzensen N.**	**USA**
CS 6-3	HPV genotype results to predict risk and guide management in cervical cancer secondary prevention from a systematic review	**Andrews J.**	**USA**
CS 6-4	Combining clinical screening assay requirements with genotyping Valgent4	**Bonde J.**	**Denmark**
CS 6-5	Validation of HPV genotyping assays	**Arbyn M.**	**Belgium**
	Discussion / Questions		

Coffee Break **15:00 - 15:30**

FREE COMMUNICATIONS

FC 11 Vaccines 3

Aud III / IV
15:30 -17:00

Chair: J. Brotherton (Australia) • M. Saraiya (USA)

FC 11-1	One dose of human papillomavirus vaccine is as effective as three for prevention of high-grade cervical lesions: national cohort study	**Brotherton J.**	**Australia**
FC 11-2	Reduction in HPV16/18 positive high-grade cervical lesions in a population offered catch-up vaccination	**Garland S.**	**Australia**
FC 11-3	Comparable vaccine effectiveness against cervical intraepithelial neoplasia after vaccination with two or three doses of the quadrivalent human papillomavirus vaccine	**Donken R.**	**Canada**
FC 11-4	Protective efficacy of the AS04-human papillomavirus (HPV)-16/18 vaccine against non-vaccine HPV types among young women with current HPV exposure: post-HOC analysis from a randomized controlled trial	**Zhao FH.**	**China**
FC 11-5	Bivalent HPV vaccine effectiveness in a Japanese population	**Kudo R.**	**Japan**
FC 11-6	Long-term antibody response to human papillomavirus vaccines: up to 12 years follow-up in the Finnish maternity cohort	**Faust H.**	**Sweden**
FC 11-7	Impact of HPV vaccination with GARDASIL® in Switzerland	**Jacot-Guillarmod M.**	**Switzerland**
FC 11-8	HPV vaccine for women undergoing excisional treatment for HSIL/CIN2-3: role in the reduction of the risk of persistent/recurrent intraepitelial lesions	**Del Pino M.**	**Spain**

FREE COMMUNICATIONS

FC 12 Vaccines 4

Chair: H. Berkhof (Netherlands)

Aud III / IV
17:00 - 18:30

FC 12-4	14 years of follow-up on the long-term effectiveness and immunogenicity of the quadrivalent HPV vaccine in 4 Nordic countries	**Nygård M.**	**Norway**
FC 12-1	Bivalent HPV vaccine effectiveness against anal HPV positivity among female Dutch STI clinic visitors	**Woestenberg P.**	**Netherlands**
FC 12-2	The HPV serology standardization initiative: aims and progress to date at the Frederick National Laboratory for Cancer Research	**Pinto L.**	**USA**
FC 12-3	Effect of bivalent HPV immunisation on cytological and histological findings at second and subsequent screens - a longitudinal study	**Palmer T.**	**UK**
FC 12-5	Impact of state legislation of human papillomavirus vaccination on vaccine uptake in the United States	**Vielot N.**	**USA**
FC 12-6	Projected impact of vaccination on the risk of high-risk human papillomavirus infection and precancerous lesion	**Inturrisi F.**	**Netherlands**
FC 12-7	HPV vaccine prescription and compliance in a cohort of women referred for colposcopy	**Melo C.**	**Portugal**

FC 9 Anal neoplasia

Chair: S. Goldstone (USA) • M. Saraiya (USA)

Room 5B
13:30 - 15:00

FC 9-1	HPV prevalence of rectal and scrotal squamous cell cancers in the United States	**Mix J.**	**USA**
FC 9-3	Long-term performance of HPV genotyping, HPV E6/E7 mRNA expression, and P16/KI-67 cytology for detection of anal precancer in HIV+ MSM	**Clarke M.**	**USA**
FC 9-4	Anal and oral human papillomavirus infections in the new era of HIV-PrEP'S users	**Jary A.**	**France**
FC 9-5	Anal liquid-based cytology and high risk human papilloma testing as composite endpoint in HIV-infected men who have sex with men to optimize screening for anal neoplasia	**Neukam K.**	**Spain**
FC 9-6	Assessment of the learning curve of high-resolution anoscopy in HIV-infected men who have sex with men: how to improve the performance?	**Milanés Guisado Y.**	**Spain**
FC 9-7	Topical ABI-1968, an acyclic nucleoside phosphonate prodrug for treatment of HPV-associated anal and cervical HSIL	**Daniels O.**	**USA**
FC 9-8	Analysis of the prevalence of human papilloma virus and anomalous anal cytology in high-risk women	**López-Cavanillas B.**	**Spain**
FC 9-9	Systematic review and meta-analysis on the prognostic significance of p16INK4A and high-risk-HPV DNA in anal squamous cell carcinoma	**Obermueller T.**	**Germany**
FC 9-10	Host cell DNA methylation markers for the detection of high-grade anal neoplasia and anal cancer in HIV+ men who have sex with men	**Steenbergen R.**	**Netherlands**

Coffee Break **15:00 - 15:30**

CS - CLINICAL SESSIONS

CS 7 HIV coinfection and anal infection / disease

Chair: J. Palefsky (USA)

Room 5B
15:30 - 17:00

HIV-infected women have an increased risk of anal cancer compared with HIV-uninfected women and anal HPV infection is more common than cervical HPV infection in this population. This session will focus on new data obtained on the natural history, pathogenesis, screening and treatment of anal neoplasia in the setting of HIV infection.

CS 7-1	Meta-analysis of HPV types in HIV-infected individuals from infection to cancer	**Clifford G.**	**France**
CS 7-2	Testing beyond cytology for screening for anal squamous intraepithelial lesions	**Stier E.**	**USA**
CS 7-3	Immunotherapeutic approaches to treatment of anal squamous intraepithelial lesions	**Palefsky J.**	**USA**
CS 7-4	Spontaneous regression of anal HSIL how common is it and how long does it last? Discussion	**Hillman R.**	**USA**

FREE COMMUNICATIONS

FC 14 Methylation 1: From risk to triage

Chair: C. Meijer (Netherlands) • E. Franco (Canada)

Room 5B
17h15 - 18:45

FC 14-1	HPV E4 expression and DNA hypermethylation of CADM1, MAL, and MIR124-2 genes in cervical cancer and precursor lesions	**Meijer C.**	**Netherlands**
FC 14-2	FAM19A4/MIR124-2 methylation analysis in the pobascam trial with long-term follow-up	**Dick S.**	**Netherlands**
FC 14-3	Evaluation of a validated methylation triage signature for human papillomavirus positive women in the HPV focal cervical cancer screening trial	**Lorincz A.**	**UK**
FC 14-4	DNA methylation panel for the triage of HPV positive women in a primary screening population	**Reynolds S.**	**Ireland**
FC 14-5	The performance of FAM19A4/MIR124-2 methylation analysis as a triage test for HPV-screen positive women and as a rule out test for cervical cancer	**Heideman D.**	**Netherlands**
FC 14-6	Methylation can predict progression of CIN2	**Louvanto K.**	**Finland**
FC 14-7	Methylation biomarkers for triage of women below the age of 30 with HPV positive SurePath collected samples	**Pedersen H.**	**Denmark**
FC 14-8	Methylation analysis of host cell genes in first-void urine to detect cervical precancer lesions in a referral population	**Van Keer S.**	**Belgium**
FC 14-9	Differentiating cervical pre-cancer from invasive cancer with the S5 DNA methylation classifier	**Banila C.**	**UK**
FC 14-10	DNA methylation analysis in urine to detect cervical cancer and precancer	**Van Den Helder R.**	**Netherlands**

FREE COMMUNICATIONS

FC 10 Diagnostics & management 1

Room 5C

Chair: E. Paraskevaidis (Greece) • E. Siegler (Israel)

13:30 - 15:05

FC 10-1	Incidence of cervical cancer and other cancers after treatment of CIN: a systematic review and meta-analysis	**Paraskevaidis E.**	**Greece**
FC 10-2	Is high risk human papillomavirus (HR-HPV) testing reliable for the follow-up of women treated for glandular neoplasia and micro-invasive cancer	**Cuschieri K.**	**UK**
FC 10-3	High correlation between clearance of high-risk HPV strains after LLETZ and absence of residual disease in patients with early stage cervical cancer	**Siegler E.**	**Israel**
FC 10-4	Test of cure after leep for cervical intraepithelial neoplasia	**Heinonen A.**	**Finland**
FC 10-5	Role of DNA HPV test in the follow-up of women undergoing excisional surgical procedures of cervical cancer precursor lesions	**Tacla M.**	**Brazil**
FC 10-6	The role of colposcopy at twelve months after excision of the transformation zone	**De Castro Coelho F.**	**Portugal**
FC 10-7	Colposcopic and histopathologic evaluation of women aged 56-64 with HPV-persistence 1 and 3 years, respectively, from the organized primary HPV screening in Sweden	**Elfgren K.**	**Sweden**
FC 10-8	Colposcopy evaluation at the time of LEEP may avoid unnecessary treatment	**Torné A.**	**Spain**
FC 10-9	HSIL in pregnancy –observation or LLETZ in the first 15 weeks the safety of LLETZ in the first 15 weeks of pregnancy	**Siegler E.**	**Israel**
FC 10-10	The role of SWEDE score and modified REID colposcopic index in the prediction of CIN3+ lesions	**Kudela E.**	**Slovakia**
FC 10-11	Colpoconnect: user-centered development for a healthcare app to decrease barriers to colposcopy attendance in a rural Canadian setting	**Mitchell-Foster S.**	**Canada**
FC 10-12	Outcomes of conservative management in women with transformation zone excision (TZE) specimens with positive margins	**Lyra J.**	**Portugal**
FC 10-13	Justifying conservative management of CIN2 in women <25 years a population-based study	**Loopik D.**	**Netherlands**

Coffee Break **15:00 - 15:30**

SS - SCIENTIFIC SESSIONS

SS 8 CoheaHr: Comparing Health Services interventions for the prevention of HPV-related cancer in European countries

Room 5C
15:30 - 17:15

Chair: J. Dillner (Sweden) / C. Meijer (Netherlands)

The CoheaHr project started in 2013 and main results will be presented. The purpose of CoheaHr is to investigate the effectiveness of real-life health services in European countries. A greater emphasis on comparative effectiveness research (CER) is needed to ensure that the citizens of the European Union receive optimal, cost-effective care that they are entitled to. Prevention of HPV-associated cancers can be achieved by several strategies that may achieve different levels of effectiveness in real-life. A CER project in this area therefore meets extraordinary challenges that will undoubtedly foster excellence in CER.
Presentations will be given on different primary and secondary prevention efforts in European countries, modelling studies that aim to identify optimal strategies, and meta-analyses.

SS 8-1	The rationale for the Dutch HPV-based screening programme	**Meijer C.**	**Netherlands**
SS 8-2	The optimal screening frequency in vaccinated women: results of a Finnish randomized controlled trial	**Lehtinen L.**	**Finland**
SS 8-3	HPV testing on self-collected versus clinician-collected samples: the IMPROVE randomized diagnostic study	**Berkhof H.**	**Netherlands**
SS 8-4	How to screen vaccinated women: a Swedish comparative effectiveness study	**Lei J.**	**Sweden**
SS 8-5	HPV vaccination of women in screening ages: results of a feasibility study	**Bosch X.**	**Spain**
SS 8-6	Cancer and HGCIN risk after a negative cytology or HPV below and above age 50: a posted analysis of EU RCTs	**Ronco G.**	**Italy**
SS 8-7	How to screen women beyond age 50: a model-based analysis	**Baussano I.**	**France**
SS 8-8	HPV-negative cervical cancers - a review Discussion	**Arbyn M.**	**Belgium**

FREE COMMUNICATIONS

FC 15 Self-sampling 1

Room 5C
17h15 - 18:45

Chair: F. Carozzi (Italy)

FC 15-1	Optimizing a protocol for the evolution of vaginal self-collected samples using COPAN FLOQSWAB© device for HPV detection	**Castriciano S.**	**Italy**
FC 15-2	For high-risk HPV testing the sensitivity and specificity of a urine sample equals that of a self-collected vaginal sample	**Augustenas J.**	**Denmark**
FC 15-3	Self-sampling of vaginal fluid and urine for high-risk human papillomavirus testing: an option for women previously treated for high-grade cervical intraepithelial neoplasia?	**Andersson S.**	**Sweden**
FC 15-4	Evaluation of ONCLARITY™ HPV assay performed on self-collected vaginal and first-void urine samples as compared to clinician-collected cervical samples	**Cocuzza C.**	**Italy**
FC 15-5	Cervicovaginal self sampling acceptance among underserved Greek women. A survey conducted within the framework of the grecoself study	**Tsertanidou A.**	**Greece**
FC 15-6	Primary HPV-based screening with the COBAS® HPV test on self-collected cervicovaginal samples from underserved Greek women. Preliminary results of the grecoself study	**Chatzistamatiou K.**	**Greece**
FC 15-7	Acceptability of cervicovaginal self-sampling in cervical cancer screening	**Lorenzi N.**	**Brazil**
FC 15-8	Non-speculum clinician sampling for HPV testing to increase cervical screening uptake in women aged 50 and above	**Lim A.**	**UK**

FREE COMMUNICATIONS

FC 16 Self-sampling 2

Chair: M. Leinonen (Finland) • M. Elfström (Sweden)

Auditorium II
8:15 - 9:45

FC 16-1	Comparison of a DNA methylation classifier with HPV16/18 genotyping and repeat cytology triage for detection of CIN2+ in HPV positive women with ASC-US index cytology	**Lorincz A.**	**UK**
FC 16-2	An effective 3-gene methylation classifier for direct triage on hrHPV-positive self-samples	**Verhoef L.**	**Netherlands**
FC 16-3	HPV self-testing/self-sampling will save indigenous lives	**Lawton B.**	**New Zealand**
FC 16-4	Comparison of different self-sampling devices for sexually transmitted infections (STI) and human papillomavirus (HPV) detection using molecular methods	**Sechi I.**	**Italy**
FC 16-5	Urinary HPV DNA testing as a tool for cervical cancer screening in France: an update of the CAPU-3 study	**Lefeuvre C.**	**France**
FC 16-6	Temperature and time stability of self-collecting samples in Japan where the temperature sometime reaches over 35-40 degrees Celsius in summer	**Ito M.**	**Japan**
FC 16-8	Utility of urine oncogenic HPV testing for diagnosis of CIN 2+	**Rahangdale L.**	**USA**
FC 16-9	Evaluation of self-sampling for HPV and STI testing as an alternative tool for women's participation to prevention programs	**Martinelli M.**	**Italy**
FC 16-10	Vaginal self-collection versus cervical clinician-collected samples for cervical cancer screening: what would you choose? Results from self sampling satisfaction questionnaire.	**Cellai F.**	**Italy**

FC 17 Methylation 2

Chair: A. Lorincz (UK) • R. Steenbergen (Netherlands)

Auditorium II
9:45 - 11:25

FC 17-1	Detection of hypermethylated genes as markers for cervical screening in women living with HIV	**Kremer W.**	**Netherlands**
FC 17-2	Genome-wide DNA methylation profiling identifies two novel methylated genes to predict progression of cervical intraepithelial neoplasia	**El-Zein M.**	**Canada**
FC 17-3	Comparison of two methylation based diagnostic assays on a cohort of CA 130 HPV positive cervical scrapes: GYNTECT and QIASURE	**Dippmann C.**	**Germany**
FC 17-4	Is human papillomavirus DNA methylation an accurate diagnostic marker for detection of women with abnormalities at cervical cancer screening? A systematic review and meta-analysis	**Kalliala I.**	**UK**
FC 17-5	Six methylation markers, known as GYNTECT assay, show a very good performance in a triage setting on HPV positive women	**Schmitz M.**	**Germany**
FC 17-6	Performance of GYNTECT®, a DNA methylation marker panel-based diagnostic test, on a widely used PCR diagnostics platform	**Eichelkraut K.**	**Germany**
FC 17-7	Methylation in HPV16 E2 binding sites 3/4 is independent of global host genome methylation and related to survival in a cohort of OPSCC patients	**Kalteis M. S.**	**Germany**
FC 17-8	A panel of six DNA methylation markers, comprising the GYNTECT cervical cancer triage test, display excellent sensitivity for cervical carcinomas	**Hansel A.**	**Germany**
FC 17-9	Host-cell DNA methylation patterns during high-risk HPV-induced carcinogenesis reveal a heterogeneous nature of cervical pre-cancer	**Wisman B.**	**Netherlands**
FC 17-10	Host DNA methylation panel vs cytology for HR-HPV positive cases triage	**Sousa C.**	**Portugal**
FC 17-11	Validation of a DNA methylation classifier for prediction of cervical pre-cancer in the Mexican frida population-based HPV screening study	**Reuter C.**	**UK**
FC 17-12	DNA methylation test to detect cervical pre-cancer in self-collected vaginal and urine specimens	**Nedjai B.**	**UK**
FC 17-13	HR-HPV infection and the methylation of p16INK4A in women with HSIL in cervix before and after treatment	**Grinceviciene S.**	**Lithuania**

FREE COMMUNICATIONS

FC 18 Vaccines 5

Chair: P. Judlin (France) • P. Sparen (Sweden)

Auditorium II
11:25 - 12:45

FC 18-1	Impact of a single-cohort HPV vaccination strategy with quadrivalent vaccine in northeast Spain: population-based analysis of genital warts in men and women	**Brotons M.**	**Spain**
FC 18-2	What is the difference in risk between unvaccinated and vaccinated women against human papillomavirus	**Naslazi E.**	**Netherlands**
FC 18-3	Type-specific human papillomavirus prevalence in the north of Mexico, a 10 year study and relation with HPV vaccine coverage	**Tiran Saucedo J.**	**Mexico**
FC 18-4	Public health and economic impact of HPV vaccination in the portuguese national immunization program	**Brandão A.**	**Portugal**
FC 18-5	HPV seroprevalence and genital HPV infections in a cohort of young women in the Netherlands seven years post-vaccination	**Hoes J.**	**Netherlands**
FC 18-6	Extinction of HPV 6 and genital warts in a population with suboptimal HPV vaccine coverage	**Denecke A.**	**Germany**
FC 18-7	Declines in anogenital warts diagnoses since the change in 2012 to use the quadrivalent HPV vaccine in England: data to end 2017	**Checchi M.**	**UK**

SS - SCIENTIFIC SESSIONS

SS 9 Screening strategies for developing countries: what works and what doesn't work

Chair: Je. Smith (USA)

Aud III / IV
8:15 - 9:45

Low and middle-income countries (LMICs) with poor screening coverage experience a particularly high burden of invasive cervical cancer (ICC). ICC is almost entirely preventable by cervical cancer screening, treatment of precancers, and vaccination against high-risk HPV. However, population-based HPV vaccination is not yet widely available in most LMICs. Moreover, even after rolling out, most reproductive aged women will remain unvaccinated since they are not age-eligible for vaccination. Thus, screening and treatment of pre-cancers will remain an essential component for prevention of ICC for the foreseeable future in most LMICs. Speakers in this session will present novel data on the effectiveness of population-based screening programs with visual inspection with acetic acid, primary HPV screening with referral of HPV-positives to treatment, options for HPV primary testing, as well as screening policies in LMICs and novel screening technologies being studied to optimize scalability.

SS 9-1	Visual inspection with acetic acid (VIA): a critical review	**Petignat P.**	**Switzerland**
SS 9-2	HPV detection systems in developing countries	**Bogers J-P.**	**Belgium**
SS 9-3	Screening policy in low income countries	**Smith Je.**	**USA**
SS 9-4	Self-sampling acceptability in a community-based cervical cancer screening initiative: a mixed methods analysis	**Behnke A-L.**	**Germany**
	Discussion		

Abstracts are available for download at: www.eurogin.com/2018

FREE COMMUNICATIONS

FC 22 HPV testing + genotyping

Chair: M. Goodman (USA) • J. Andrews (USA)

Aud III / IV
9:45 - 11:15

FC 22-1	Identifying the causal HPV genotypes in high-grade cervical lesions using HPV genotyping of cervical screening samples	**Lissenberg-Witte B.**	**Netherlands**
FC 22-2	Assessment of attribution algorithms for resolving CIN3-related HPV genotype prevalence in mixed-genotype biopsy specimens using laser capture microdissection as the reference standard	**Garland S.**	**Australia**
FC 22-4	Clinical validation of the full genotyping CLART4S HPV assay on SurePath collected screening samples according to the international guidelines for human papillomavirus test requirements for cervical screening	**Ejegod D. M.**	**Denmark**
FC 22-5	Systematic literature review on triage strategies for HPV positive and ASCUS/LSIL patients: role of extended HPV genotyping vs other triage methods	**Malinowski D.**	**USA**
FC 22-6	The role of HPV genotyping in post-treatment follow-up of cervical intraepithelial neoplasia	**Iacobone A. D.**	**Italy**
FC 22-7	Prevalence and genotype distribution of non HPV-HR types in women with high grade cervical lesions in Northern area in Israel	**Mackuli L.**	**Israel**
FC 22-8	Comparison of partial HPV genotyping using the Cobas 4800 HPV test and the Aptima HPV 16 18/45 genotype assay	**White C.**	**Ireland**

FC 23 Molecular markers 2

Chair: M. Yeager (USA) • M. von Knebel Doeberitz (Germany)

Aud III / IV
11:15 - 12:45

FC 23-1	Identification of productive and transforming cervical and anal intraepithelial neoplasia using immunohistochemical markers p16INK4a and HPV E4	**Leeman A.**	**Netherlands**
FC 23-2	Growth potential and apoptosis is inhibited by localised topical microwave energy in HPV16-positive cervical tumour cells in 3D tissue culture models	**Graham S.**	**UK**
FC 23-3	Human papillomavirus (HPV) DNA detection in plasma and in peripheral blood mononuclear cells (PBMC) samples of women with a recent history of cervical dysplasia	**Brenna G.**	**Italy**
FC 23-4	K14-HPV16 mouse model: a journey towards early HPV-induced head and neck vs anal and uterine carcinogenesis	**Estêvão D.**	**Portugal**
FC 23-5	mRNA biomarker detection in liquid-based cytology: a new approach in the prevention of anal cancer	**Rodriguez Trujillo A.**	**Spain**

FC 19 Diagnostics & management 2

Chair: O. Reich (Austria)

Room 5B
8:15 - 10:00

FC 19-1	Human papillomavirus and medically assisted reproduction: a multicenter prospective study	**Bourlet T.**	**France**
FC 19-2	Sexual function of women is not impared by HPV related lesions	**Fornage S.**	**Switzerland**
FC 19-3	Evidence for clinical utility of extended HPV Genotyping in persistence tracking and follow-up after abnormal results and colposcopy and test-of-cure	**Andrews J.**	**USA**
FC 19-4	Risk factors for positive margins in transformation zone excision specimens	**Aguiar T.**	**Portugal**
FC 19-5	The added value of rescreening cytology normal samples with positive HPV mRNA test for the detection of CIN2+ in primary screening	**Skjeldestad F. E.**	**Norway**
FC 19-6	Low proportion of unreported cervical treatments in the cancer registry of Norway	**Skare G. B.**	**Norway**
FC 19-7	Assisted Digital Cervicography (ADC): a new tool for clinical screening of the cervix	**Djaoui R.**	**Israel**
FC 19-8	Accuracy of colposcopy and p16/Ki67 in the detection of high grade lesions in HPV-positive women	**Medeiros R.**	**Portugal**
FC 19-9	Can thin HSIL of the cervix progress to invasion?	**Reich O.**	**Austria**
FC 19-10	Conservative approach in the management of young women with CIN2	**Malheiro F.**	**Portugal**
FC 19-11	New therapeutic removal approach of heavy forms of condyloma with HIV, hepatitis and immuno compromised patients, with additional protection from professional hazard to the doctor pending procedure	**Jeremic I.**	**Serbia**
FC 19-12	A novel patch sampling approach for grading & locating cervical lesions	**Shiraz M. A.**	**UK**

SS - SCIENTIFIC SESSIONS

SS 10 HPV FASTER projects worldwide

Chair: X. Bosch (Spain) • I.Baussano (France)

Room 5B
10:00 - 11:30

Screen and treat strategies are required in many developing countries to address the lack of adequate follow-up of screened positive women. The combination of screening with HPV vaccination in the HPV-FASTER strategy aims at reducing the future risk of disease and therefore maximize the impact in a potential single screening visit. Session speakers will inform on current and planned studies using combinations of screen, treat and vaccinate strategies, provide results on modelled effectiveness of such strategies and explore new ideas and concepts towards a single preventive visit.

SS 10-1	HPV FASTER in Mexico: the FASTER-Tlalpan study	**Salmeron J.**	**Mexico**
SS 10-2	The COHEAHR-WP4 feasibility study: Would European adult women get HPV vaccinated?	**Robles C.**	**Spain**
SS 10-3	Merging opportunities; the ESTAMPA and the HPV-FASTER studies	**Bruni L.**	**Spain**
SS 10-4	HPV-FASTER: modeling population-level effectiveness and cost-effectiveness in low and high-resource settings	**Simms K.**	**Australia**
SS 10-5	Falsifiable modelling for cervical cancer control: an open-source option	**Baussano I.**	**France**
SS 10-6	Towards one visit intervention programs	**Bosch X.**	**Spain**
	Discussion		

FREE COMMUNICATIONS

FC 20 Low income countries

Chair: P. Petignat (Switzerland) • C. Charpentier (France)

Room 5B
11:30 - 13:00

FC 20-1	HPV viral test in primary screening of uterus cervical cancer at the Nabil Choucair Health center in Senegalese women between 30 and 65 years old	**Gassama O.**	**Senegal**
FC 20-2	Low-cost diagnostic for the identification and typing of human papillomavirus to support cervical cancer screening in low-resource settings	**Ortega C.**	**USA**
FC 20-3	Prevalence and risk factors of HPV and other sexually transmitted infections among 2000 women in rural Ghana - final results from the Accessing study	**Krings A.**	**Germany**
FC 20-4	Prevalence of human papillomavirus and other sexual transmitted infection in women from Lake Turkana area, Kenya	**Nicolas-Parraga S.**	**Spain**
FC 20-5	Introduction and evaluation of a simplest and fastest cervical cancer screening technology for resources limited area	**Wang Y.**	**USA**
FC 20-6	High prevalence of human papillomavirus, HIV and other STI among men who have sex with men in Togo in 2017	**Ferré V. M.**	**France**
FC 20-7	Cervical and anal human papillomavirus, HIV and other STI prevalence among female sex workers in Togo in 2017	**Charpentier C.**	**France**
FC 20-8	Results of a cervical cancer screening pilot study in Morocco comparing HPV oncoprotein E6 expression testing and VIA	**Bendahhou K.**	**Morocco**

FC 21 Economics & modeling

Chair: M. Jit (UK)

Room 5B
13:00 - 14:15

FC 21-1	Cost-effectiveness evaluation of HPV self-sampling offered to non-attendees in cervical cancer screening in Switzerland	**Catarino R.**	**Switzerland**
FC 21-2	Cost-effectiveness of primary HPV screening with or without dual stain cytology for cervical cancer	**Termrungruanglert W.**	**Thailand**
FC 21-3	A simplified model of the cost-effectiveness of screening in the R programming language: a teaching and research tool	**O'Mahony J.**	**Ireland**
FC 21-4	Health impact of the nine-valent HPV vaccine in the Netherlands	**Genugten M.**	**Netherlands**
FC 21-5	A model-based analysis for the potential elimination of HPV-related cervical cancer	**Pillsbury M.**	**USA**
FC 21-6	Public health and economic impact of Quebec HPV vaccine mixed dose scheduling: a modeling exercise	**Roberts C.**	**USA**

WORKSHOPS

W 4 COLPOSCOPY COURSE

Room 5C
8:30 - 12:30

Coordinators: A. Singer (UK), A. Khan (UK)

Registration and Welcome • 8.30 - 8.45

W 4-2 Update on the role of HPV testing in cervical screening programs

Žodžika J. (Latvia) • 9.15 - 9.45

Discussion points: HPV in triaging ASCUS, HPV test of cure. What is the best HPV test as screening tool?
HPV is the major cause of cervical and lower genital tract neoplasia. It has three major roles in clinical practice, the most important being in relation to screening for cervical precancer. Although cytology has served clinicians well for the last 70 years its sensitivity is a problem when used as a screening test. Sensitivity ranges from 40 to 85%. When compared to the HPV screening we find that sensitivities average around 90%. In many countries HPV is now replacing cytology in screening. HPV screening has a positive predictive value of approximately 8 to16%. It is therefore necessary that positive HPV women must be further triaged by using other techniques such as colposcopy, cytology (using its high specificity in this case) or other bio markers such as methylation to identify those with CIN.
Its other two usages are as a result of the triage of those women presenting with an ASCUS smear in whom it is important to identify those 15% of women who have an underlying high grade CIN lesion. A positive HPV test in these women will necessitate a mandatory colposcopy.
The final usage is in respect of the follow-up of women who have had treatment for CIN. A number of studies have shown that if the HPV is negative in association with a negative smear then the chances of residual or recurrent disease is no more then 3 to 5%, in some studies even lower than these figures
During the presentation new evidence will be presented showing the introduction of new HPV methods used in screening especially those only looking at to high risk HPV types (type 16/18). Also some recent studies (Compass) showing its role in the follow up screening of vaccinated young women.

W 4-1 The normal cervix

Singer A. (UK) • 8.45 - 9.15

Discussion points: How to perform colposcopy, role of acetic acid, iodine, transformation zone, endocervix examination.
Colposcopy is the visual examination of the epithelial cervix using either uni or binocular vision. Specific abnormalities associated with both squamous and glandular precancer can be identified especially after the application of a 5% acetic acid solution. After this application the abnormalities become visible as a result to changes in the epithelium and blood vessels in the stroma. These changes occur within an area of the cervix called the transformation zone, an area bounded by the junction of vaginal epithelium and the glandular epithelium arising from the endocervix (canal). Within this area a change occurs in which the glandular epithelium changes to squamous by a process of transformation, called metaplasia. The upper border of this metaplastic change is called the new squamo-columnar junction. The inability to see this junction means that abnormality may exist higher up in the endo cervix.

A sample of any abnormality within the transformation zone can be taken by a simple punch biopsy. Abnormality extending into the endocervix above the new squamo-columnar junction will need a limited surgical excision of the endocervix.
Colposcopy is an essential part of the diagnosis and treatment of cervical precancer. It is indicated in the presence of abnormal cytology or in the finding of a positive HPV report and also when there are clinical signs on the cervix of possible malignancy. The role of the recently introduced mobile colposcope will be considered.

WORKSHOPS

W 4-3 Colposcopy of the "abnormal" cervix

Singer A. (UK) • 9.45 - 10.15

Discussion points: CIN pathology, CIN and glandular changes (CGIN), role of the biopsy, early invasive cancer (microinvasion). The epithelium containing squamous precancer within the transformation zone has certain characteristics. These reside within the epithelium or in the presence of blood vessels penetrating the epithelium and existing in the underlying stroma. The epithelium when painted with a solution of 5% acetic acid takes on a white appearance due to the obstruction of reflected light from the underlying stroma due to the cellularity of the epithelium. This epithelium is now called aceto-white epithelium and has all degrees of whiteness from a partially translucent appearance to one with extreme white denseness. The blood vessels can appear as red spots on the white epithelial background and this change is called punctuation. Likewise a mosaic appearance in the epithelium is also associated with abnormality and is called mosaic change. Both changes are as a result of increasing epithelial vascularity. An extreme form of this vascularity is called atypical vessel formation where the previous regularity in the blood vessels (punctation and mosaic) now becomes extreme in structure and adopts a marked irregularity, usually is indicative of possibly early invasive cancer (microinvasion).

Coffee Break **10.15 - 10.40**

W 4-6 HPV biomarkers: how can they help a colposcopist?

Khan A. (UK) • 11.40 - 12.10

Discussion points: Role of surrogate markers in the management of CIN2, role in screening and in cases of persistent LSIL and in ASCUS-H.
HPV biomarkers markers are playing an important part in assisting the clinician to accurately diagnose and to rationally and safely treat cervical precancer. Its role in screening has been defined in the first lecture of this course. As was pointed out it is one of the three uses of HPV in the management of the ASCUS or borderline cytological smear. Approximately 15% of these smears harbour a high-grade premalignant lesion (HSIL) which needs to be identified. A positive HPV test is taken reflexively in many screening programs as it identifies those women who have a one in six chance (positive predictive value) of processing HSIL. Its role in follow-up after treatment has also been outlined in the first lecture.

The question of dealing with a histological finding of CIN 2 is made easier by the use of the histochemical staining using p16 (INK4a) expression. This markers positivity is shown by a diffuse brownish staining of the epithelium which indicates the presence of the high risk types of HPV .
The progression rate is significantly higher for the patients showing p16(INK4a) overexpression than for those not showing p16(INK4a) overexpression with the regression rate also found to be significantly lower. In young women with small biopsy proven CIN 2 lesions there is a realistic chance of preventing or at least delaying their first treatment due to possible regression, by the usage of this marker. Other uses of HPV markers will be explained during the lectures.

WORKSHOPS

W 4-4 Treatment of CIN: Why, When and How?

Khan A. (UK) • 11.40 - 11.15

Discussion points: Ablative or excisional treatment.
There are a number of objectives in treating cervical precancer. The first of these is to prevent cancer by the monitoring of low grade disease (LSIL): secondly to treat high grade disease (HSIL) and thirdly to minimise residual disease remaining after treatment. In young women it is essential to minimise possible adverse obstetrical outcomes. There are also certain prerequisites to treatment which include valid indications as well as precise definition of the abnormality with colposcopy and pathology. There must be suitable conditions for treatment including analgesia and exposure with suitable counselling and adequate and effective follow-up also important. Deciding on who to treat is evident when there is a reasonable expectation that the untreated patient will run the risk of the subsequent development of cancer. In the non-pregnant patient this will invariably be those women with a diagnosis histologically or in some cases colposcopically of high-grade disease (HSIL). As outlined in the previous lecture some women with CIN2 will also be treated and very occasionally those with CIN1 (LSIL). How to treat these lesions demands knowledge of the cervical anatomy especially of the cervical crypts (glands). The latter extend to a depth when involved with CIN to just under 4 mm. Therefore any treatment must go below this level (ie 6-7mm).

Two main methods of treatment can be employed. Either the lesion can be destroyed by local methods such as cryo therapy, diathermy or thermal ablation. Secondly and more commonly the lesion can be removed by excision using a electro diathermy loop. Recently a diathermy needle (NETZ) can also be employed. Carbon dioxide laser can be used to either vaporise the lesion as a form of local destruction or can be employed to excise. The various methods will be discussed and the pros and cons considered.

W 4-5 Complications of treatment

Žodžika J. (Latvia) • 11.15 - 11.40

The treatment of cervical precancer as it outlined above, although conducted in most cases in the outpatients/office environment is still associated with complications. These can be divided into three groups. Firstly, immediate or short term complications which occur in no more than about 3 to 5%. These are mainly concerned with bleeding, infection, pain and discharge. Secondly long-term complications relate to cervical stenosis (2%) and the increasing problem of premature rupture of membranes and preterm labour. The third group of complications are those related to the need for further treatment which is evident in about 5 to 7% of those treated for squamous precancer and up to 15 -30% of those with previous glandular precancer (CGIN). The various presentations of all these complications and their management will be discussed. The question as to why women who have had treatment are at an increased risk for obstetrical complications will be discussed .Is it related to the actual surgical event itself, which in most cases is excision? Recent evidence suggesting there may be an intrinsic abnormality not only in relation to impaired healing and immunity but also evidence that the micro biome system may be involved in some way in women with CIN. These various mechanisms will be discussed. The effects of treatment on fertility will be also considered.

Discussion and Close

Singer A. (UK) and Khan A. (UK) • 12.10 - 12.40

WORKSHOP LUSÓFONO ROOM 5C

W 5 HPV na Mulher e no Homem: da Investigação ao Rastreio e Vacinação

Equipa Científica Lusófona: Portugal, Brasil, Moçambique, Angola, Cabo Verde, São Tomé Príncipe, Guiné, Timor-Leste e Macau

Equipa de Coordenação: Clara Bicho (Lisboa), Carla Carrilho (Maputo), Luisa Villa (São Paulo), Mauro Passos (Rio de Janeiro), Carla Barbosa (Praia), Virgínia Monteiro e Rui Medeiros (Porto)

No âmbito do EUROGIN 2018 iremos organizar mais um Workshop Lusófono com o objetivo de permitir um fórum de discussão para os diferentes colegas que queiram apresentar os seus resultados e experiências em língua portuguesa. Estão convidados todos os colegas investigadores ou clínicos com interesse em participar.
Com este Workshop Lusófono pretendemos construir um elo de união facilitando a troca de experiencias cientificas ou profissionais, a constituição de um fórum de discussão e a construção de uma rede agilizando projetos e interesses comuns com o devido enquadramento nas várias áreas de intervenção do EUROGIN.

W 5a	**Sessão de Abertura**			**8.30 - 8.45**
	Moderadores: G. Freitas (Portugal), M. Lapão (Portugal), M. Passos (Brasil),			
W 5a-1	Fundação da ACL-Associação Científica Lusófona: Portugal, Brasil, Moçambique, Angola, Cabo Verde, São Tomé Príncipe, Guiné, Timor-Leste e Macau.	**Bicho M. C.**	**Portugal**	
W 5b	**Palestra Científica I**			**8.45 - 9.00**
	Moderadores: M. Bicho (Portugal), J. Eleutério (Brasil)			
W 5b-1	HPV na Mulher e no Homem: Desde a Biologia, à História e à Medicina Legal	**Medeiros R.**	**Portugal**	
W 5c	**Sessão Científica I**			**9.00 - 10.00**
	Atualidade Epidemiológica do HPV e Vacinas : Portugal, Brasil, Moçambique, Angola, St Tomé e Príncipe, Cabo Verde, Guiné, Timor-Leste e Macau. **Moderadores: M. C. Bicho (Portugal), M. Passos (Brasil)**			
W 5c-1	Atualidades: HPV e Vacina em Portugal	**Pedro A.**	**Portugal**	
W 5c-2	Estudo da Prevalência de HPV no Brasil (Estudo POP)	**Wendland E.**	**Brasil**	
W 5c-3	Atualidades: HPV e Vacina em Moçambique	**Lorenzoni C.**	**Moçambique**	
W 5c-4	Atualidades: HPV e Vacina em Angola	**Guilherme M.**	**Angola**	
W 5c-5	Atualidades: HPV e Vacina em Cabo Verde	**Barbosa C.**	**Cabo Verde**	
W 5c-6	Atualidades: HPV e Vacina em Timor Leste	**Martins J.**	**Timor-Leste**	
Café		**10.10-10.30**		
W 5d	**Palestra Científica II**			**10.30 - 10.45**
	Moderadores : A. Félix (Portugal), J. Martins (Timor-Leste)			
W 5d-1	História Natural das Infecções por HPV em Mulheres e em Homens: implicações para a vacinção no Brasil	**Goretti A.**	**Brasil**	
W 5e	**Sessão Científica II**			**10.50 - 12.00**
	O Impacto do HPV na Mulher e no Homem Moderadores: **E. Fedrizzi (Brasil), A. Pedro (Portugal)**			
W 5e-1	Futuro: O Impacto da Distribuição Genótipica do HPV, no Rastreio do Cancro e na Vacinação	**Sousa H.**	**Portugal**	
W 5e-2	Futuro: Equilíbrio do Ecossistema Vaginal: Imunidade, Microbioma e HPV	**Bicho M. C.**	**Portugal**	
W 5e-3	Casos Clínicos e de Diagnóstico Diferencial das lesões Induzidas pelo HPV	**Passos M.**	**Brasil**	
W 5e-4	Neoplasia Intraepitelial da Vagina: Diagnóstico e tratamento	**Tacla M.**	**Brasil**	
W 5e-5	Tratamento das Lesões de Alto Grau com o termocoagulador	**Naud P.**	**Brasil**	
W 5e-6	Tratamento de Lesão de alto Grau da Vulva com Imiquimode	**Chulvis Do Val I.**	**Brasil**	
	Discussão			

W 5f	**Palestra Científica III**		**14.15 - 14.30**
	Moderadores: R. Medeiros (Portugal), J. Marques (Portugal)		
W 5f-1	A imunologia e as vacinas	**Pinto L.**	**USA**
W 5g	**Palestra Cientifica IV**		**14.30 - 15-00**
	Moderadores: M. C. Bicho (Portugal), I. Macedo Pinto (Portugal), M. Guilherme (Angola)		
W 5g-1	Distribuição do vírus HPV no cancro do colo do útero em Portugal desde 1928	**Félix A.**	**Portugal**
Café		**15.10-15.30**	
W 5h	**Sessão Científica III**		**15.30 - 16.40**
	O impacto do HPV na Mulher e no Homem, para além do Colo do Útero		
	Moderadores: P. Giraldo (Brasil)		
W 5h-1	Avaliação Endoscópica de Lesões de HPV em Otorrinolaringologia	**Dias Ó.**	**Portugal**
W 5h-2	HPV e a Cavidade Oral	**Medeiros R.**	**Portugal**
W 5h-3	HPV e o Cancro do Pénis	**Rabaca C.**	**Portugal**
W 5h-4	O HPV e o Rastreio e Tratamento das lesões pré-cancerosas anais	**Albuquerque A.**	**Portugal**
W 5h-5	HPV e Tumores Cutâneos	**Costa J.**	**Portugal**
W 5h-6	HPV e Cancro da Mama	**Porto Pinheiro L.**	**Brasil**
W 5h-7	Introdução ao Diagnóstico Diferencial das Metástases do Cancro do Colo do Útero: O Papel do HPV	**Bartosh C.**	**Portugal**
W 5i	**Palestra Cientifica V**		**16.40 - 17.00**
	Moderadores: M. Bicho (Portugal), F. Borruto (Monaco), R. Medeiros (Portugal)		
W 5i-1	Conferência: O Perigo das Revistas e Conferências Pseudocientíficas Predatórias: Um Sério Risco para a Ciência e para o Público	**Franco E.**	**Canada**
W 5j	**Sessão Científica IV**		**17.00 - 18.00**
	O Impacto do HPV na Sociedade		
	Moderadores: H. Sousa (Portugal), C. Barbosa (Cabo Verde)		
W 5j-1	Modelo de um Centro de Diagnóstico e de Terapêutica para Locais de Baixos Recursos	**Bicho M. C.**	**Portugal**
W 5j-2	A Epidemiologia eo Controlo do Cancro do Colo do Útero no Brasil: O Papel da Genotipagem do HPV	**Levi J.E.**	**Brasil**
W 5j-3	Prevenção das Doenças Infecciosas. Diagnóstico do Ecossistema Vaginal em Ginecologia	**Matos A.**	**Portugal**
W 5j-4	Sifilis, Sifilis Congénita e Doenças associadas ao HPV	**Passos M.**	**Portugal**
W 5j-5	Genotipagem do HPV no Pénis e na urina	**Cardoso C.**	
W 5j-6	Implementação da Revisão Rápida de 100% no Rastreio dos resultados falsos Negativos, como monitorização Interna de Qualidade em Serviços de Citopatologia Ginecológica	**Queiroz J.**	**Brasil**
W 5k	**Sessão Científica V (Comunicações selecionadas) FC - Lusofono 1**		**18.00 - 18.40**
	Chair: R. Medeiros (Portugal), M. Guilherme (Angola), J.E. Levi (Brasil)		
W 5k-1	Prevalence of cytology results at a private laboratory in Sao Paulo, Brazil	**Campaner A. B.**	**Brasil**
W 5k-2	Determinants of infection by high-risk HPV in women: population-Brazil study	**Horvath J. D. R C.**	**Brasil**
W 5k-3	HPV infection among sexually active young adults in Brazil	**Wendland E. M.**	**Brasil**
W 5k-4	Pattern of sexually transmitted infections in human papillomavirus positive women of childbearing age	**Silva J.**	**Portugal**

WORKSHOP LUSÓFONO

W 5l	**Sessão Científica VI** **Moderadores: C. Lorenzoni (Moçambique), M. J. Brito (Portugal), F. Antunes (Portugal)**		**8.15 - 9.00**
W 5l-1	Prevalência do HPV em mulheres positivas para o HIV	**Brito M. J.**	**Portugal**
W 5l-2	Caracterização Epidemiológica da Infeção por HPV no colo do útero em São Tome e Príncipe	**Nabais H.**	**Portugal**
W 5l-3	Caracterização da Infeção por HPV em mulheres adolescentes e universitárias em Maputo, Moçambique	**Bule Y.**	**Moçambique**
W 5m	**Palestra Cientifica VI** **Moderador: M. Lapão (Portugal), M. de Belém Roseira (Portugal)**		**9.00 - 9.20**
W 5m-1	ACL - Associação Científica Lusófona: Objectivos, Estratégia e Futuro	**Bicho M. C.**	**Portugal**
W 5n	**Sessão Científica VII** **A Investigação e o Mundo Lusófono** **Moderadores: M. Passos (Brasil), A. Vaz Carneiro (Portugal)**		**9.30 - 10.15**
W 5n-1	As Instituições Lusófonas e a Investigação: O Caso do Instituto Bento da Rocha Cabral	**Bicho M.**	**Portugal**
W 5n-2	As Instituições Lusófonas e a Investigação: O Caso do Hospital de Cancer de Barretos	**Oliveira C.**	**Brasil**
W 5n-3	Ações da MAssALA e o Plano Nacional Moçambicano de Rastreio e Tratamento de Crianças com Papilomatose Laringea	**Ramalhão C.**	**Portugal**
Café		**10.15-10.30**	
W 5o	**Sessão Científica VIII** **Moderadores: P. Naud (Brasil), C. Sousa (Portugal), H. Nabais (Portugal), N. Gois Speck (Brasil)**		**10.30 - 11.20**
W 5o-1	O HPV e a Mulher Jovem: Detecção de HPV, Clamidia e outros agentes microbianos por sistema de autocolheita	**Silva J.**	**Portugal**
W 5o-2	Prevalência do vírus HPV em indivíduos do sexo masculino seropositivos para o HIV	**Gonçalves H.**	**Portugal**
W 5o-3	Efeito dos micro RNAs na carcinogénese induzida pelo HPV	**Santos J.**	**Portugal**
W 5o-4	O impacto dos polimorfismos genéticos na evolução clinica do cancro do colo do útero	**Nogueira A.**	**Portugal**
W 5p	**Palestra Cientifica VII** **Moderadores: C. Carrilho (Moçambique), N. Miranda (Portugal), R. Medeiros (Portugal)**		**11.20 - 11.40**
W 5p-1	O Modelo de Organização do Rastreio na Região Norte de Portugal	**Henrique R.**	**Portugal**
W 5q	**Sessão Científica Especial I:** **10 anos de Vacinação contra o HPV em Portugal** **Moderadores: M. C. Bicho (Portugal), M. de Belém Roseira (Portugal), A. Goretti (Brasil)**		**14.15 - 15.00**
W 5q-1	O Sucesso da Vacinação em Portugal e a Direção Geral da Saúde	**Freitas G.**	**Portugal**
W 5q-2	A Liga Portuguesa Contra o Cancro e a Educação para a Saúde na implementação da vacinação das populações	**Veloso V.**	**Portugal**
W 5q-3	Investigação Científica em Portugal: O paradigma da Vacinação e das doenças associadas ao HPV	**Medeiros R.**	**Portugal**
Café		**15.45 - 16h15**	

W 5r Sessão Científica Especial II: O rastreio do cancro do colo do útero no mundo lusófono 16.15 - 17.30

Moderadores: V. Monteiro (Portugal), H. Sousa (Portugal), J. F. Moutinho (Portugal)

W 5r-1	Tendencias nos Programas de Rastreio do Cancro do Colo do Útero no Brazil	**Speck N.**	**Brasil**
W 5r-2	O Modelo de Organização do Rastreio na Região Centro de Portugal	**Moutinho J. F.**	**Portugal**
W 5r-3	O Modelo de Organização do Rastreio na Região de Lisboa e Vale do Tejo de Portugal	**Quintas A.**	**Portugal**
W 5r-4	O Modelo de Organização do Rastreio na Região Sul de Portugal	**Pacheco A.**	**Portugal**
W 5r-5	Alteração da Legislação Portuguesa no Modelo de Organização Nacional do Rastreio do Cancro do Colo do Útero: Um resumo	**Miranda N.**	**Portugal**

W 5s Sessão Científica IX (Comunicações seleccionadas) FC - Lusofono 2 18.00-19.15

Chair: C. Sousa (Portugal), A. Goretti (Brasil), M. C. Bicho (Portugal)

W 5s-1	Risk factors for HPV infection and dual stain for triage to colposcopy. A comparative preliminary study	**Pimenta M.**	**Portugal**
W 5s-2	HPV testing for cervical cancer screening: experience in centro medicina laboratorial germano de sousa/hospital cuf descobertas	**Albuquerque M.**	**Portugal**
W 5s-3	Reevaluation of HPV infection in women with normal cervical cytology with negative HPV test after 5 years	**Neves J.**	**Portugal**
W 5s-4	High-risk human papillomavirus others than 16 and 18 cervical infection among women with normal cervical cytology: re-evaluation at least after one year	**Vargas S.**	**Portugal**
W 5s-5	Hiperceratose epidermodítica como diagnóstico deferencial de manifestações cutâneas causadas pelo humano papiloma vírus: relato de caso	**Belmino-Chaves JH.**	**Brasil**
W 5s-6	HPV screening: are old women demanding new strategies?	**Simões-Costa N.**	**Portugal**
W 5s-7	What is the role of HPV screening in women between the ages of 25 and 29	**Rodrigues-Pereira S.**	**Portugal**
W 5s-8	Prevalence and risk factors for HPV injection, cervical cytology anomalies and sensitivity of DNA HPV-HR test to detect high-grade lesions in biopsies	**Meira A.**	**Portugal**
W 5s-9	HPV prevalence, changes on cytology and HSIL prevalence on biopsies in HPV positive women	**Cal M.**	

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WORKSHOP FRANCOPHONE

W 6 HPV ET MALADIES ASSOCIEES - DE LA PATHOLOGIE À LA PREVENTION LA FRANCE, EN EUROPE ET DANS LE MONDE: LE POINT 15 ANS APRES

Coordination : J. Monsonego (France)

Certains types de papillomavirus sont responsables de tous les cancers du col utérin et de l'anus, et de plus de 50% des cancers de l'oropharynx chez l'homme et la femme. Ces cancers, aux conséquences graves, peuvent être éradiqués si une politique de prévention vigoureuse est mise en place, en particulier en optimisant le dépistage du cancer du col utérin associé à un programme de vaccination volontariste chez la fille et le garçon.
Conscients de leurs responsabilités et engageant une politique de santé publique sur le long terme, beaucoup de pays ont pris ce tournant, en particulier le Royaume-Uni dont les décisions sont toujours fondées sur des données médico-économiques rigoureuses.
Les femmes adultes qui n'ont pas bénéficié de la vaccination pourraient tirer profit d'un dépistage performant basé sur le test HPV dont les programmes sont déjà mis en œuvre avec succès dans un certain nombre de pays.
Les pays avant-gardistes dans la lutte contre les inégalités ne peuvent pas continuer à ignorer en toute indifférence cette situation. La communauté scientifique se doit d'alerter les décideurs sur les pertes de chances qui se poursuivent une année après l'autre pour beaucoup d'individus.
C'est l'objectif de ce séminaire francophone.

W 6-1 Etat des lieux et épidémiologie : HPV pré cancers et cancers en France 8h00 - 09h00

Col utérin	**Monsonego J.**	**France**
Vulve / Pénis	**Chanal J.**	**France**
Anus	**Abramowitz L.**	**France**
Oropharynx	**Lacau St Guily J.**	**France**

W 6-2 Vaccination HPV France : les interrogations, comment agir ? 9h00 - 11h00

Vaccination des garçons : pourquoi faut-il s'y engager ?	**Judlin P.**	**France**
	Palefsky J.	**USA**
Discussion	**Abramowitz L.**	**France**
	Mirghani H.	**France**
	Cohen R.	**France**
Vaccins de première génération : efficacité, profil de sécurité, population et couverture et hésitation vaccinale, pourquoi ce décalage français ?	**Launay O.**	**France**
	Brotherton J.	**Australie**
Vaccins de deuxième génération : Résultats des essais cliniques, modélisations et perspectives	**Cohen R.**	**France**
	Brisson M.	**Canada**
Vaccinations des populations adultes à risque	**Bosch X.**	**Spain**
TABLE RONDE: Lever les freins : nouveaux moyens de communication. Médecins, politiques, en population (table ronde)	**Vie le Sage F.**	**France**
	Karafillakis E.	**UK**
	Smith Je.	**USA**

Pause café **11h00 - 11h20**

W 6-3 Médecine de précision et pathologie cervicale à HPV : l'évaluation du risque 11h20 - 11h50

Intervenants : N. Wentzensen (USA) • J. Monsonego (France)

Génotypage
p16
Méthylation
E6-E7
Séquençage
Télémédecine
Systèmes experts

W 6-4 Dépistage HPV, pourquoi la France doit rattraper son retard 11h50 - 12h30

Intervenants : C. Clavel (France) • M. Arbyn (Belgique) • E. Franco (Canada)

Options et stratégies actuelles
Impact attendu
L'aspect organisationnel
L'auto-prélèvement
Vaccination et dépistage : quelles stratégies ?

Abstracts are available for download at: www.eurogin.com/2018

P 1 VIRAL AND MOLECULAR BIOLOGY

P 1-1	The development of a primary cell model for the investigation of double strand DNA repair in HPV-associated gynaecological cancers	**Cossar L.**	**UK**
P 1-2	Analysis of human papillomavirus and DNA ploidy in cervical lesions	**Pogere A.**	**Brazil**
P 1-3	High throughput molecular testing for HPV: performance of the Onclarity™ HPV assay on a new high throughput system versus the Viper™ LT system	**Shah R.**	**USA**

P 2 EPIDEMIOLOGY AND NATURAL HISTORY

P 2-1	Human papillomavirus infection in gynecological cancers in Latvia: from the epidemiological data to clinical impact	**Borruto F.**	**Monaco**
P 2-2	Breast cancer associated to HPV and concomitant partner with a history of penile cancer	**Sales V.**	**Brazil**
P 2-3	A cohort study on the cervical precancerous lesion demographic character, prevalence and practice onits association with Human Papillomavirus Virus subtypes between Iranian populations	**Hasanzadefimofrad M.**	**Iran**
P 2-4	High risk human papillomavirus in a group of Portuguese women	**Verdasca N.**	**Portugal**
P 2-5	Cervical adenocarcinomas, human papillomavirus types and association with age; an association study	**Rabelo-Santos S.**	**Brazil**
P 2-6	Human papillomavirus (HPV) cytology and genotype distribution in vaccinated women from East-Flanders, Belgium	**Vallaeys J.**	**Belgium**
P 2-7	Prevalence of human papillomavirus among adolescents after introduction of school-based HPV vaccination in Norway	**Campbell S.**	**Norway**
P 2-8	A clinical audit on HPV prevalence amongst cervical lesions in Malta	**Spiteri M.**	**Malta**
P 2-9	Analysis of HPV 18 diversity among women with different morphology diagnosis in Russian Federation	**Dmitryukova M.**	**Russia**
P 2-10	Prevalence of high-risk HPV in a region of Portugal: analysis of data from patients referred from cervical cancer screening	**Pereira J.**	**Portugal**
P 2-11	Significant disparity in the prevalence of low-risk but not high-risk HPV genotypes among HIV positive MSMs as compared to healthy women	**Borena W.**	**Austria**
P 2-12	Phylogenetic characterisation of high risk human papillomavirus genotypes isolated from Gambian women	**Bah Camara H.**	**UK**
P 2-13	Deciphering the kinetics and ecology of human papillomavirus (HPV) genital infections in young women	**Rahmoun M.**	**France**
P 2-14	Identifying bias caused by multi-type HPV infections in type-specific progression parameter estimates	**Suomenrinne-Nordvik A.**	**Finland**
P 2-15	Incidence of cervical lesions associated with human papillomavirus infection in women living in tributary communities of Amazonas river - Brazil	**Zonta M.**	**Brazil**
P 2-16	Epidemiology of oral HPV injection in transit tissue	**Williams R.**	**UK**

P 5 HPV PROPHYLACTIC VACCINES

P 5-1	Prevalence and genotyping of HPV in a Portuguese vaccinated population	**Teresa R.**	**Portugal**
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