

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 Discussion	Wentzensen N.	USA

Coffee break 10:00 - 10:30

MTC2 Cervical cancer control: update on current practice **Auditorium I**
Chair: X. Bosch (Spain) 10:30 - 12:00

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 Discussion	Smith Je.	USA

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

Chair: G. Clifford (France)

Auditorium I

13:45 - 15:15

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

Chair: L. Mirabello (USA)

Auditorium I

16:00 - 18:00

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**
 Coordinator: P. L. Lopalco 9:00 - 12:00

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 programmes	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	Odono 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**
 Coordinators: J. Paavonen (Finland) • G. Donders (Belgium)

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

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** **Auditorium II**
(European Schools of Screening Management network) 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	Nowakowski A.	Poland
	Presentations by participants:		
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

Chair: Je. Smith (USA)

Aud III / IV
13:30 - 15:30

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?**

Chair: G. Zimet (USA)

Aud III / IV
16:00 - 17:45

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. Osazuwa-Peters N.	USA USA
WACC 2-3	HPV testing	Saraiya M. Daley E.	USA USA
WACC 2-4	Discussion	Waller J.	UK
	Audience questions		

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 Litwin T. USA
FC 2-4	Biomarker discovery for in vivo imaging of cervical precancers	Mahé F. France
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	Lagström S. Norway
FC 2-6	TAME-SEQ: an efficient sequencing approach to characterise HPV genomic variability and chromosomal integration	Wissing M. Canada Francisco B. USA
FC 2-7	Concordance of HPV16 variants between heterosexual partners in the hitch cohort study	Guo Q. China
FC 2-8	Co-expression of HPV E6, E7 mRNA and PD-L1 in cervical cytology samples	Paaso A. Finland
FC 2-9	CKAP2 expression serves as a novel poor prognostic factor in cervical carcinoma	Benevolo M. Italy
FC 2-10	Characterization of T-cell surface markers in persistent HPV infected mothers and their children	
FC 2-11	Inter-laboratory reproducibility of the P16INK4A/KI-67 dual staining in HPV positive women from the NTCC2 study	

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 Thuijs N. Netherlands
FC 3-3	DNA methylation markers for risk stratification of vulvar intraepithelial neoplasia	Reis I. Portugal
FC 3-4	Why is it important to keep follow-up a case-report of HPV 16 infection	
FC 3-5	Nipple dermoscopy findings possibly associated with human papilloma virus (HPV) and breast cancer	Pinheiro L. Brazil Stary A. Austria
FC 3-6	Men, the forgotten victims for HPV diagnosis	Kristiansen S. Sweden
FC 3-7	Prevalence of HPV in fresh tissue of penile cancer	
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

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

Chair: A. Giuliano (USA)

Room 5B

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 Discussion	Mirghani H.	France

HN 2 Recurrent metastatic HPV related cancer

Chair: P. Bossi (Italy)

Room 5B

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	Wendon 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 Discussion	Mesía R.	Spain

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 Discussion	Allen C.	USA

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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HPV AND HEAD & NECK FORUM

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	Aleman 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	Aleman 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) Discussion	Husain Z.	USA

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 Debate and questions	Franceschi S.	France

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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?
Discussion

Saraiya M.

USA

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
Discussion

Vorstors A.

Belgium

SS - SCIENTIFIC SESSIONS

SS 1 Changing minds about HPV latency

Chair: P. Gravitt (USA)

Auditorium II

8:15 - 9:45

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

Chair: M. Stoler (USA)

Auditorium II

9:45 - 11:15

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 will 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

Chair: P. Nieminen (Finland)

Aud III / IV

8:15 - 9:45

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

Co-organized with ISSVD

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

Aud III / IV

9:45 - 11:15

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

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

Auditorium I

14:15 - 15:45

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

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

Auditorium II

14:15 - 15:45

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 immunogenicity 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 Latvia in 1993-2016	Kojalo V.	Latvia

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?)	Dijkers 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	Laryngeal papillomatosis	Best S.	USA
SS 4-7	Impact of HPV vaccine on population level Discussion	Lacey C.	UK

FREE COMMUNICATIONS**FC 6 Screening 2: New screening strategies
country experiences****Aud III / IV**
17:45 -19:45

Chair: P. Giorgi Rossi (Italy) • E. Lyng (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	Lyng 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	Engesaeter 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 Discussion	Bosch X.	Spain

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 than 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) Discussion	Peeters E.	Belgium

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 Discussion	Mitra A.	UK

FREE COMMUNICATIONS

FC 7	HPV Testing Chair: C. Eklund (Sweden)		Room 5B 8:15 - 9:45
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? Chair: A. Nyitray (USA) • E. Chiao (USA)		Room 5B 10:15 - 11:45
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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 Discussion	Clifford G.	France

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. Mirabello L.	Netherlands USA
MSS 7-2	Deep sequencing of HPV and human genome: what next?	Giuliano A.	USA
MSS 7-4	Oral gargle HPV16 and EPB41L3 methylation: associations with oropharyngeal cancer tumor levels and detection	Patterson B.	USA
MSS 7-5	Staging precancerous lesions using combined E6-E7 mRNA quantification and cell cycle in single cells 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. Van den Brule A.	Denmark Netherlands
MSS 8-6	First experiences from the Dutch national screening program	Haguenoer K.	France
MSS 8-7	Efficacy, effectiveness and perception of vaginal self-sampling strategies in a cervical cancer screening program in France: the APACHE studies		
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 Discussion	Carozzi F.	Italy

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

Chair: J. Dillner (Sweden)

Auditorium I

17:15 - 18:30

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 Discussion	Sparen P.	Sweden

SS - SCIENTIFIC SESSIONS

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

Chair: G. Zimet (USA)

Auditorium II

13:30 - 15:00

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?

Chair: A. Moscicki (USA)

Auditorium II

15:30 - 17:15

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 through-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

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

Auditorium II

17:15 -18:45

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**
Chair: J. Brotherton (Australia) • M. Saraiya (USA) 15:30 -17:00

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 intraepithelial 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 **Room 5B**
Chair: J. Palefsky (USA) 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 **Room 5B**
Chair: C. Meijer (Netherlands) • E. Franco (Canada) 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. Paraskevaïdis (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	Paraskevaïdis 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**
 Chair: F. Carozzi (Italy) 17h15 - 18:45

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	Lefevre 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	Brotos 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
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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 Discussion	Behnke A-L.	Germany

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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 impaired 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
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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 Discussion	Bosch X.	Spain

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

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

Room 5C
8:30 - 12:30

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 to 16%. 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 biomarkers 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 than 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 (punctuation 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 experiências científicas 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 vacinação 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 Ecosistema 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 Científica 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 Científica 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 Infeciosas. Diagnóstico do Ecosistema Vaginal em Ginecologia	Matos A.	Portugal
W 5j-4	Sífilis, Sífilis 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 seleccionadas) 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 Infecção por HPV no colo do útero em São Tome e Príncipe	Nabais H.	Portugal
W 5l-3	Caracterização da Infecção por HPV em mulheres adolescentes e universitárias em Maputo, Moçambique	Bule Y.	Moçambique
W 5m	Palestra Científica 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 Rastreo 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 Científica VII Moderadores: C. Carrilho (Moçambique), N. Miranda (Portugal), R. Medeiros (Portugal)		11.20 - 11.40
W 5p-1	O Modelo de Organização do Rastreo 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	Tendências nos Programas de Rastreio do Cancro do Colo do Útero no Brasil	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	Hiperkeratose epidermoítica como diagnóstico diferencial 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 infection, 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.	

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. Monsonogo (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	Monsonogo 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. Palefsky J.	France USA
Discussion	Abramowitz L. Mirghani H. Cohen R.	France France France
Vaccins de première génération : efficacité, profil de sécurité, population et couverture et hésitation vaccinale, pourquoi ce décalage français ?	Launay O. Brotherton J.	France Australie
Vaccins de deuxième génération : Résultats des essais cliniques, modélisations et perspectives	Cohen R. Brisson M.	France 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. Karafillakis E. Smith Je.	France UK 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 ?