



Preliminary Program of main congress

April 10-13, 2022

List of Sessions (subject to change)

For sessions without agenda details: this information will be added in due time

FDW - Full Day Workshop

Revisiting high-grade intraepithelial neoplasia – molecular biology, risk management and prevention

Sunday, April 10

Coordinator: J. Monsonego (France)

1. Cervix

A. The global picture of CIN3-ADC in situ
Chair: S. Franceschi (Italy)

8:30 - 9:30

- Epidemiology L. Alemany (Spain)
- Natural history and carcinogenesis E. Franco (Canada)
- HPV related prevalence and score of risk N. Wentzensen (USA)

Coffee Break

9:30 - 10:00

B. HPV primary screening of CIN3-ADC in situ: new insights and long-term performance
Chair: C. Meijer (Netherlands)

10:00 - 11:45

- Triage of HPV+ women M. Arbyn (Belgium)
- Role of genotyping J. Dillner (Sweden)
- Epigenetics and methylation R. Steenbergen (Netherlands)
- Can biomarkers for diagnosis and grading of CIN help to prevent overtreatment? C. Meijer (Netherlands)
- Performance of self-sampling H. Berkhof (Netherlands)
- Screening of vaccinated women K. Canfell (Australia)

Lunch Break

11:45 - 13:30

C. HPV vaccines: protection against CIN3-ADC in situ

13:30 - 15:00

Chair: E. Joura (Austria)

- Focus on randomized clinical trials
- Long-term impact on public health
- Defining populations at risk and individual benefits of HPV vaccines
- Residual risks of CIN-ADC in situ in HPV screening and vaccinated women

E. Joura (Austria)
J. Brotherton (Australia)
A. Moscicki (USA)
M. Lehtinen (Sweden)

Coffee Break

15:00 - 15:30

D. Management and follow-up of women with CIN3-ADC in situ

15:30 - 17:00

Chair: J. Bornstein (Israel) - J. Paavonen (Finland)

- New risk management
- The colposcopic approach
- Current treatment options
- Optimising follow-up after treatment for CIN3 - vaccination after treatment

J. Cuzick (UK)
C. Bouchard (Canada)
G. Donders (Belgium)
M. Kyrgiou (UK)

2. New insights in high-grade intraepithelial neoplasia of anus, vulva and oropharynx

17:00 - 18:30

Chair: A. Nyitray (USA)

- AIN3
- VuIN3
- PIN3
- Does oropharyngeal precancer exist?

A. Nyitray (USA)
M. Bleeker (Netherlands)
K. D'Hauwers (Netherlands)
A. D'Souza (USA)

A. HPV diseases and SARS-Cov-2 – Impact and lessons from the pandemic

• **Keynote lecture:***Applying a pandemic-like response to cancer prevention*

P. Castle (USA)

1. COVID-19 and HPV vaccination

Chair: S. Franceschi (Italy) - S. Hanley (Japan)

8:00 - 9:30

2. COVID-19 and cervical cancer screening

Chair: F. Carozzi (Italy) - E. Franco (Canada)

9:30 - 11:00

Coffee Break

11:00 - 11:30

New evidence on the effectiveness of HPV vaccination against invasive cervical cancer: a global view

Chair: A. Kreimer (USA) - J. Z. Shing (USA)

15:45 - 17:15

This session highlights the recent and novel global findings of HPV vaccine effectiveness against cervical cancer, a long-awaited research endpoint. The session will begin with an overview of why studying vaccine prevention against cancer is important and then go into a series of country-specific examples and plans for future HPV vaccine effectiveness studies against cervical cancer. Importantly, the session will conclude with a presentation on methodologic considerations in these study designs.

B. HPV related cancer control by age: current perspectives

1. Routine HPV screening: how to modulate and manage HPV screening by age

Chair: G. Ogilvie (Canada) - G. Ronco (Italy)

8:00 - 9:30

2. HPV vaccination strategies, impact and safety by age, current knowledge

Chair: J. Dillner (Sweden) - A. Giuliano (USA)

10:00 - 11:30

Assessing risk of cervical cancer in the post vaccination era

14:15 - 15:45

Chair: J. Dillner (Sweden) - M. Lehtinen (Sweden)

Coffee Break

15:45 - 16:15

HPV screening: first experiences and assessment

1. HPV screening in the real life, the first experiences

Chair: K. Canfell (Australia) - S. Van Dijk (Netherlands)

2. HPV self-sampling – Real life implementation experiences

Chair: J. Bonde (Denmark)

This session highlights the recent and novel global findings of HPV vaccine effectiveness against cervical cancer, a long-awaited research endpoint. The session will begin with an overview of why studying vaccine prevention against cancer is important and then go into a series of country-specific examples and plans for future HPV vaccine effectiveness studies against cervical cancer. Importantly, the session will conclude with a presentation on methodologic considerations in these study designs.

SS - Scientific Sessions

Sunday, April 10

Is HPV genotyping transforming primary HPV screening?

13:30 - 15:00

Chair: J. Bonde (Denmark)

Anal cancer screening

13:30 - 15:00

Chair: A. Nyitray (USA)

Quality assurance of self-sampling for cervical screening and disease management

15:30 - 17:00

Chair: C. Cocuzza (Italy)

Targeting high risk populations for control of HPV related cancer**Part 1: Screening**

Chair: H. Berkhof (Netherlands) - N. Wentzensen (USA)

13:45 - 14 :45

Part 2: Vaccination

Chair: P. Bonanni (Italy)

14:45 - 15:35

Screening in special situations: from evidence to practical guidance

Chair: B. Moscicki (USA)

15:45 - 17:15

HPV latency and clinical implications

Chair: B. Moscicki (USA)

8:00 - 9:30

Gaps in Knowledge and promising research directions in HPV and cancer

Chair: E. Franco (Canada)

8:00 - 9:30

Innovative SARS-CoV-2 diagnostic devices: opportunity for worldwide HPV screening

Chair: M. Poljak (Slovenia)

10:00 - 11:30

Significant recent COVID-19-related investments in manufacturing capacity, innovations in molecular and antigen-based COVID-19 portable testing devices, and reuse of neglected technologies can be readily transformed to advance HPV point-of-care and field testing. In addition, fully integrated, automated sample-to-result molecular analyzers and platforms initially installed for COVID-19 testing can be successfully applied to HPV-based cervical cancer screening on a large scale. Well-trained laboratory personnel who support the delivery of COVID -19 testing can also apply their skills to HPV testing. Massive COVID-19 self-sampling and self-testing showed that is worth exploring if we can duplicate these efforts also in the HPV world. The HPV community should be alert to the opportunities for innovation and capacity if the goals of cervical cancer elimination are to be achieved.

Digital projects

Chair: N. Wentzensen (USA)

16:15 - 17:45

The role of HPV circulating DNA for the surveillance of cancer recurrence in HPV-associated cancer

Chair: H. Mirghani (France)

16:15 - 17:45

VALHUDES / VALGENT

Chair: M. Arbyn (Belgium)

17:45 - 19:15

CS - Clinical Sessions

Monday, April 11

New strategies for monitoring disease in the test of cure population

Chair: K. Cuschieri (UK) - Tim Palmer (UK)

8:00 - 9:30

Women treated for high grade lesions represent an at-risk population compared to the routinely screened population. HPV testing as an adjunct to cytology can support women as a test of cure (TOC) following treatment. However, women on a TOC pathway can nevertheless find themselves followed up for several years post treatment. Balancing the benefits of robust monitoring with the harms of over-scrutiny and procedures is particularly challenging. In this session we will review the international evidence base for HPV based TOC, hearing from real-life program experience and reflecting on prevailing knowledge "gaps". We will consider modalities that may improve risk stratification and thereby optimize management in the future.

Cervical adenocarcinoma in situ: a review

Chair: C. Bouchard (Canada)

9:30 - 11:00

Adenocarcinoma in situ (AIS) of the uterine cervix is an intraepithelial lesion containing malignant appearing glandular epithelium that carries a significant risk of invasive adenocarcinoma if not treated. Most cases of AIS are associated with high-risk types human papillomaviruses but some are not. Declined incidence rates in young women (21 - 24 years of age) have been demonstrated in US since introduction of HPV vaccine. Clinicians are still confronted to deal with the difficulty of identifying these infrequent lesions in colposcopy to offer the optimal management to their patients. This clinical session will review the updated science from epidemiology, histology, pathology, colposcopic features to treatment according to new clinical guidelines.

Applying methylation assays for clinical use

8:00 - 9:30

Chair: D. Heideman (Netherlands) - C. Meijer (Netherlands)

Disruption of DNA methylation patterns is one of the hallmarks of cancer. Host cell DNA methylation has shown to contribute to the development and progression of HPV-induced cervical cancer. Furthermore, the HPV genome itself becomes a target of the cellular DNA methylation machinery. These findings are now increasingly being used as morphology-independent biomarkers in cervical cancer prevention and diagnostics. This session will highlight clinical applications of methylation assays, including treatment guidance and prevention of overtreatment of CIN, reassurance test, primary triage of HPV-positive women, and secondary triage for women with minor cytological abnormalities.

New developments in colposcopy practice

10:00 - 11:30

Chair: P. Hillemanns (Germany) - E. Paraskevidis (Greece)

Clinical applications of emerging sequencing technologies

14:15 - 15:45

Chair: K. Cuschieri (UK) - K. Sundström (Sweden)

HN - HPV and Head & Neck Forum

Monday, April 11

Tuesday, April 12

The EUROGIN HPV and Head & Neck Cancer Forum highlights recent advances and areas of active research in the field of HPV-related head and neck cancers.

This year's Forum features the emerging role of biomarkers in screening and management of HPV-related oropharyngeal cancer, updates epidemiological data, emphasizes survivorship and surveillance, highlights deintensification trials and other therapeutic innovations, and a dedicated session focusing on molecular & immunologic considerations.

SW - Specialized Workshops

The Feasibility of Personalized Screening in Organized Programs

Sunday, April 10

Coordinators: S. Van Dijk (Netherlands), P. Giorgi Rossi (Italy), M. Elfström (Sweden)

Introduction

P. Giorgi Rossi (Italy)

13:30 - 13:45

Over the last 5 years more and more countries worldwide have introduced primary HPV screening into their cervical cancer screenings programs or intend to do in the short term. We are moving more and more towards the implementation of science for advancing screening instead of longer RCTs. Ideas are being tested in practice and then monitored using existing infrastructures. This lifts the importance of organized programs that can adapt to new strategies and track individuals through the process. With the introduction of primary HPV screening, it also appears that the concept of "one size fit all" no longer applies, and women should be approached and treated according to the risk they run. This risk stratification will result in a more personalized screening, both in terms of reaching the unreached population and in managing the reached population. Then the question remains what the implications of risk-based screening will be on organized screening programs.

1. Reaching the unreached population

13:45 - 15:00

People who don't attend screening programs at a regular basis are at the highest risk of developing cervical cancer. Several barriers to attend Cervical Cancer Screening have been identified, like social cultural and social economical barriers, lack of understanding (the importance of CCS), embarrassment and shame, discomfort and pain. By stratifying the unreached population in sub-populations relating to these barriers, it might be possible by means of more personalized communication strategies or sampling methods to increase accessibility to (and the participation rate of) cervical cancer screening programs.

- Personalized communication strategies
- Personalized sampling methods
- Cervical screening among extraordinary groups, like transgender men
- Discussion

M. Bardou (France)*

A. Vorsters (Belgium)

S. Weyers (Belgium)

**To be confirmed*

Coffee Break

15:00 - 15:30

2. Managing the screened population

15:30 - 17:00

Risk-based screening should allow better precancer detection in high-risk women, and fewer procedures in low-risk women. Currently we have adopted protocols based upon trials conducted on women at their first HPV-test in, most cases, an unvaccinated population. The influx of HPV-vaccinated women in screening programs and the effect of the HPV screening results from successive rounds may have an impact on the incidence of disease in the screen population. From a screening efficacy perspective, this may lead to increasing personalized invitation strategies and personalized management of HPV-positive women.

- Personalized invitation strategies H. Berkhof (Netherlands)
- Personalized management: HPV+ / triage+ M. Elfström (Sweden)
- Personalized management: HPV+ / triage- N. Wentzensen (USA)
- Personalized Screening in an Organized Program: the Dutch experience S. Van Dijk (Netherlands)
- Discussion

SW - Specialized Workshops HPV Infection and Anal Diseases

Sunday, April 10

Coordinator: J. Palefsky (USA)

Prevention of anal cancer post-ANCHOR

15:30 - 18:30

- Update on epidemiology of anal cancer G. Clifford (France)
- Results of the ANCHOR Study-implications for screening and treatment J. Palefsky (USA)
- Can the results of ANCHOR be applied to populations at risk for anal cancer other than those living with HIV? B. Stier (USA)
- Should screening for and treating anal HSIL be included in standard of care guidelines? What additional information is needed? A. Deshmukh (USA)
- Methylation of anal cancer and pre-cancerous lesions- implications for understanding of and biomarker identification R. Steenbergen (Netherlands)
- Novel treatments for anal HSIL M. Einstein (USA)
- Roundtable - What is the next set of questions for the field to focus on?

SW - Specialized Workshops

Vulvar Diseases

Tuesday, April 12

Coordinators: J. Bornstein (Israel), M. Preti (Italy), P. Vieira-Baptista (Portugal), J. Paavonen (Finland), G. Donders (Belgium)

Part 1

Chair: G. Donders (Belgium) - J. Paavonen (Finland)

14:15 - 15:45

Coffee Break

15:45 - 16:15

Part 2

Chair: J. Bornstein (Israel) - M. Preti (Italy) - P. Baptista-Vieira (Portugal)

16:15 - 18:15

In this session the expert's diagnosis and management will be questioned by the panel members and the audience. We will go through the approach to diagnosing, classifying, and treating various vulvar conditions.

Colposcopy Course

Sunday, April 10

Coordinators: A. Singer (UK), J. Bornstein (Israel)

Welcome to the EUROGIN Colposcopy course. Taking care of cervical precancer has evolved significantly in recent years. However, the basis remains – Colposcopy. Performing colposcopy necessitates knowledge and experience. In this course you will learn the fundamentals of the use of the colposcope and essentials of diagnosing and treating precancerous cervical lesions.

The EUROGIN course has traditionally been led by Professor Albert Singer, and we have the great pleasure of having him with us again this year, co-sharing the leadership of this course with Professor Jacob Bornstein, who headed the IFPC Nomenclature committee that produced the contemporary colposcopy terminology.

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 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.

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 certain types of HPV and also when there are clinical symptoms and signs of the early invasive cancer.

Educational Objectives:

- Upon completion of this educational activity, participants should be able to:
- Describe the anatomy, cytology, histology, and colposcopic findings of the normal and abnormal cervix.
- Define the pathophysiology of lower genital tract neoplasia, including the role of HPV in preinvasive and invasive diseases of the cervix.
- Define the IFCCPC colposcopy terminology.
- Recognize the diagnostic characteristics of cervical abnormalities (minor-grade and major-grade cervical lesions as well as glandular lesions and cervical cancer) on cytologic, colposcopic, and histologic exam;
- Interpret and correlate cytologic, colposcopic, and histologic results.
- Describe treatment options to include cryosurgery and large loop excision of the transformation zone (LLETZ) of the cervix.
- Provide appropriate patient education and support.

Welcome / Registration	8:15 - 8:30
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Part 1	8:30 - 9:55
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• Opening	A. Singer (UK)
• The normal cervix and the colposcopy examination	A. Singer (UK)
• Pathology, cytology and dual staining for colposcopists	C. Bergeron (France)
• Colposcopy of “abnormal” cervix, colposcopic terminology, risk-based management consensus guidelines	J. Bornstein (Israel)

Coffee Break	9:55 - 10:05
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Part 2	10:05 - 11:45
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• Better management of abnormal screening findings - the value of biomarkers in screening algorithms	J. Bonde (Denmark)
• Treatment of cervical precancer, complications	J. Bornstein (Israel)
• Interactive session (what is your diagnosis)	A. Singer (UK)
• Summary	J. Bornstein (Israel)

LW - Local Workshop

HPV 2022 - Von Der Wissenschaft Zur Praxis

Dienstag, 12. April

Mittwoch, 13. April

Leitung: P. Hillemanns, DGGG, DKG, Studiengruppe Kolposkopie

Programmkommission:

- Peter Hillemanns, DGGG, DKG, Studiengruppe Kolposkopie
- Volkmar Küppers, AG-CPC D'dorf
- Magnus von Knebel Doeberitz
- Thomas Iftner
- Elmar Joura, Wien
- Clemens Tempfer, AGO Uterus

Dienstag, 12. April

1. HPV-Impfung 14:15 - 15:55

Kaffeepause 15:55 - 16:15

2. Gesundheitspolitik und Prävention 16:15 - 18:15

Mittwoch, 13. April

3. Zervixkarzinomscreening in Deutschland 8:00 - 9:30

Kaffeepause 9:30 - 9:50

4. Zervixkarzinomscreening / HPV-Impfung - internationale Entwicklungen 9:50 - 11:20

5. Differenzialdiagnostik bei auffälligem Screeningbefund 11:20 - 12:50

6. Plattform für junge Forscher 13:00 - 14:00