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
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
MTC 1-2 Last trends in different HPV-related sites
MTC 1-3 The susceptibility and the difference by sites: natural history and carcinogenesis
MTC 1-4 Emerging issues on HPV transmission (genital, anal, oral)
MTC 1-5 Risk markers of HPV-associated pre-cancers and cancers by sites and gender
Discussion

Coffee break

MTC 2-1 Introduction of HPV-based screening in Belgium
MTC 2-2 Self-sampling
MTC 2-3 Triage of HPV-positive women
MTC 2-4 Vaccine programs
MTC 2-5 Cervical cancer control in low income countries
Discussion

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.
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  Discussion  Fakhry C.  USA

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 HPV: 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
Coordinator: P. L. Lopalco

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

W 1-1  Introduction  Lopalco P. L.  Italy
W 1-2  Progress of HPV vaccination programs  Bosch X.  Spain
W 1-3  HPV vaccination of boys: all we need to know!  Bonanni P.  Italy

Coffee Break

W 1-4  HPV vaccination of women not primarily targeted by vaccination  Franco E.  Canada
W 1-5  Review on HPV vaccine safety  Odone A.  Italy
W 1-6  Vaccine trust and HPV vaccines: the need for monitoring vaccine confidence
   Discussion and closing remarks  Karafillakis E.  UK

W 3  Workshop on vulvar diseases

W 3a  PART I: Vulvovaginal syndromes
Coordinator: J. Paavonen (Finland) • G. Donders (Belgium)

W 3a-1  Vulvar vestibulitis syndrome: conservative management or surgery?  Tommola P.  Finland
Paavonen J.  Finland

W 3a-2  Abnormal vaginal microbiome: bacterial vaginosis and aerobic vaginitis  Donders G.  Belgium

W 3a-3  Vulvar dermatoses: natural history of lichen sclerosus and lichen planus; risk for malignancy
   Discussion  Jakobsson M.  Finland

W 3b  PART II: What is your diagnosis - stump the expert
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)
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.  Finland
  - Segnan N.  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 1 Understanding public attitudes to improve education
Chair: Je. Smith (USA)

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

WACC 1-1 Psychological implications of routine HPV primary testing in cervical screening: a cross-sectional survey assessing anxiety and distress
Waller J. UK

WACC 1-2 Awareness of risk factors for cervical cancer among screening non-participants in Great Britain
Ryan M. UK

WACC 1-3 Psychosexual implications of routine primary human papillomavirus testing in the English cervical screening programme
Bennett K. UK

WACC 1-4 Unanswered questions among women participating in the English primary HPV testing pilot: a content analysis
Marlow L. UK

WACC 1-5 Do new media channels reach the target screening audience. A snapshot of social media campaigns in Norway for cervical cancer screening participation
Waage R. Norway

WACC 1-6 Feelings, perceptions and experience of point of care HPV-DNA cervical screening in Papua New Guinea
Camara H. Australia

WACC 1-7 Leveraging elearning, experiences from a course entitled: human papilloma virus - from molecular biology to global health
Elfström M. Sweden

WACC 1-8 Sense and sensibility: sources of information in mothers who reject HPV-vaccination of their adolescent daughters
Baumann A. Denmark

WACC 1-9 Increasing uptake of HPV vaccination using an adolescent incentive intervention: a cluster randomised feasibility trial
Forster A. UK

WACC 1-10 Survey on attitude of HPV vaccination for cervical cancer prevention among female migrant population in Shenzhen area
Wei L. China

WACC 1-11 What UK healthcare practitioners know about HPV and implications for training
Sherman S. UK

WACC 1-12 Immunization campaigns against HPV: the results of a survey to regional and local health units representatives
Trucchi C. Italy

WACC 1-13 Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in mainland China
Zhang X. China

WACC 1-14 Testimony
Discussion
WACC 2  Communication on sexually transmitted HPV: what should the clinician and patient know?
Chair: G. Zimet (USA)

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

WACC 2-1  Introduction  
Zimet G.  USA

WACC 2-2  Oral HPV infection  
D’Souza A.  USA
Osazuwa-Peters N.  USA

WACC 2-3  HPV testing  
Saraiya M.  USA
Daley E.  USA

WACC 2-4  Discussion  
Waller J.  UK

Audience questions

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

EUROGIN 2018 - From Control to Elimination of HPV Induced Cancers - Time to Match Visions with Actions
## FREE COMMUNICATIONS

### FC 1  Screening 1
Chair: S. Hanley (Japan) • H. Ikenberg (Germany)

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<td>Screening of cervical cancer in women aged 30 to 64 years screened</td>
<td>Mendoza Torres L. P. Paraguay</td>
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<td>with human papillomavirus tests (ESTAMPA* study). Experience in Paraguay</td>
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<td>FC 1-2</td>
<td>Accuracy of high-risk HPV testing and HPV16/18 genotyping to triage</td>
<td>Xu L. Belgium</td>
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<td>women with LSIL: a pooled analysis of VALGENT studies</td>
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<td>FC 1-3</td>
<td>HPV- DNA primary screening in Israel decreased colposcopy referrals.</td>
<td>Schejter E. Israel</td>
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<td>The experience of Maccabi Health Medical Organization</td>
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<td>FC 1-4</td>
<td>Risk of CIN2+ after a negative 1-yr recall HPV test in HPV-positive</td>
<td>Del Mistro A. Italy</td>
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<td>women with normal cytology attending HPV cervical screening</td>
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<td>FC 1-5</td>
<td>Implementation of primary HPV mRNA screening for cervical cancer:</td>
<td>Forslund O. Sweden</td>
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<td>FC 1-6</td>
<td>A risk-based approach: co-testing 34 612 women with cytology and</td>
<td>Sorbye S. W. Norway</td>
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<td>3-type HPV mRNA test</td>
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<td>FC 1-7</td>
<td>Primary cervical cancer screening with a 5-type HPV E6/E7 mRNA test:</td>
<td>Hovland S. Norway</td>
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<td>results of 10 years follow-up</td>
<td>Hanley S. Japan</td>
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<td>FC 1-8</td>
<td>Absolute and relative risk of CIN2/3+ in women ascus HPV16/18+ versus</td>
<td>Granados R. Spain</td>
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<td>ascus 12other HRHPV+: baseline results of the compact study</td>
<td>Xhaja A. Germany</td>
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<td>FC 1-9</td>
<td>mRNA HPV E6/E7 screening: a 3-year longitudinal cotest study in</td>
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<td>Madrid. Preliminary results</td>
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<td>FC 1-10</td>
<td>p16/Ki-67 and HPV as triage tests in routine screening:</td>
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<td>correlation with histology</td>
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<td>FC 1-11</td>
<td>Much lower rate of limited and insufficient smears with LBC (THINPREP™)</td>
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<td>than with conventional cytology. Experience in routine</td>
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<td>FC 1-12</td>
<td>CERVIVA HPV Primary Screening Pilot Study: evaluation of triage</td>
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<td>3-type HPV mRNA test in detection of CIN2+ in young women with normal</td>
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<td>FC 1-14</td>
<td>Online platform for monitoring of cervical screening programmes in</td>
<td>Partanen V. M. Finland</td>
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Sunday, December 2, 2018
**FC2**  Molecular markers 1  
Chair: D. Jenkins (Netherlands)  
Auditorium II  
10:30 - 12:00

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

**FC3**  Vulvar and penile HPV diseases  
Chair: C. Lacey (UK) • M. Preti (Italy)  
Room 3A  
9:30 - 11:15

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

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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)

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

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

### HN 2 Recurrent metastatic HPV related cancer

Chair: P. Bossi (Italy)

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

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

Coffee Break 15:00 - 15:30
Recurrent Respiratory Papilloma (RRP) is a benign disease affecting the larynx of children and adults caused by infection with low-risk HPV 6 or 11. The need for recurrent surgery and its devastating effects on voice and breathing make treating this disease a great challenge. This session highlights recent developments in the epidemiology of RRP in the era of vaccination, the psychosocial impact of the disease, modern surgical treatment options, and the ongoing search for effective immunologic therapies.

**HN 3-1** Epidemiology, incidence, and the impact of vaccination  
Friedman A. USA

**HN 3-2** Quality of life and psychosocial effects in patients with RRP  
San Giorgi M. Netherlands

**HN 3-3** Office-based and operating room treatment of papillomatosis  
Burns J. USA

**HN 3-4** Immune polarization in RRP  
Best S. USA

**HN 3-5** Immunotherapy trials in RRP  
Allen C. USA

**HN 4 Free Communications 1**  
Chair: Osazuwa-Peters N. (USA), Reuschenbach M. (Germany)

**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 4-4** 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 4-5** The incidence of oral human papillomavirus infection within the healthy young adult UK population  
Whitton A. UK

**HN 4-6** Prevalence of oral and cervical human papillomavirus infections in women attending colposcopy clinics in Ireland  
Tewari P. Ireland

**HN 4-7** Prevalence of biologically active HPV infection in tumor-free oropharyngeal tissue of OPSCC-patients  
Guarda V. Switzerland

**HN 4-8** Vaccination in recurrent respiratory papillomatosis  
Chirila M. Romania

**HN 4-10** 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 4-11** 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 4-12** Epidemiology of oropharyngeal cancer related to human papillomavirus in a classically low burden region  
Mena M. Spain

**HN 4-13** Incidence trends in human papillomavirus (HPV)-associated oropharyngeal squamous cell carcinoma subsites in the United States and Canada, 1995-2015 Osazuwa-Peters N. USA

Abstracts are available for download at: www.eurogin.com/2018
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**  
**HPV and non-oropharynx cancers**  
Chair: L. Mell (USA)  
Room 5B  
9:45 - 11:15

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<td>HN 6-1</td>
<td>Etiologic role of HPV in larynx and oral cavity squamous cell carcinoma</td>
<td>Taberna M.</td>
<td>Spain</td>
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<tr>
<td>HN 6-2</td>
<td>HPV and sinonasal cancers</td>
<td>Rooper L.</td>
<td>USA</td>
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<tr>
<td>HN 6-3</td>
<td>Global perspective on HPV in non-oropharynx cancers</td>
<td>Alemany L.</td>
<td>Spain</td>
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<tr>
<td>HN 6-4</td>
<td>P16 as a biomarker in non-oropharyngeal cancer independent of HPV</td>
<td>Fenton T.</td>
<td>UK</td>
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**HN 5**  
**Free Communications 2**  
Chair: V. Mehta (USA)  
Room 5B  
8:15 - 9:45

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

HN 7  New perspectives on the clinical care of oropharyngeal cancer  Room 5B  
Chair: C. Fakhry (USA)  
14:15 - 15:45

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

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

Discussion

Coffee Break  
15:45 - 16:15

HN 8  Risk communication and screening for oral HPV  
mini-presentations and debate  Room 5B  
Chair: A. D’Souza (USA)  
16:15 - 17:45

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

How to screen?

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

Debate and questions

Abstracts are available for download at: www.eurogin.com/2018
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<th>Free Communications 3</th>
<th>Room 5B</th>
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<td>Chair: J. Lacau St Guily (France)</td>
<td>17:45 - 19:15</td>
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<tr>
<td>HN 9-1</td>
<td>Does smoking alter the mutation profile of human papillomavirus driven head and neck cancers?</td>
<td>Mirghani H.  France</td>
</tr>
<tr>
<td>HN 9-2</td>
<td>Association between oropharyngeal cancers with known HPV and p16 status and cervical intraepithelial neoplasia: a Danish population-based study</td>
<td>Christensen J. T.  Denmark</td>
</tr>
<tr>
<td>HN 9-3</td>
<td>Comorbidity in HPV+ and HPV- oropharyngeal cancer patients: a population-based, case-control study</td>
<td>Jakobsen K. K.  Denmark</td>
</tr>
<tr>
<td>HN 9-4</td>
<td>Views on, and experiences of discussing HPV with head and neck cancer patients: a qualitative study among health professionals</td>
<td>O’Connor M.  Ireland</td>
</tr>
<tr>
<td>HN 9-5</td>
<td>Impact of tobacco smoking for patients with oropharyngeal squamous cell carcinoma and known HPV and p16-status: a multicenter study</td>
<td>Schmidt Jensen J.  Denmark</td>
</tr>
<tr>
<td>HN 9-7</td>
<td>Enigmatic relation of human papilloma virus and head and neck cancer</td>
<td>Sobti A.  Sweden</td>
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<tr>
<td>HN 9-8</td>
<td>The fraction and number of head and neck cancers attributable to HPV in Canada</td>
<td>Volesky K.  Canada</td>
</tr>
<tr>
<td>HN 9-9</td>
<td>Plasma HPV cell-free DNA and HPV-related HNSCC</td>
<td>Tanaka H.  Japan</td>
</tr>
<tr>
<td>HN 9-10</td>
<td>HPV prevalence and overall survival in a cohort of patients with tonsillar cancer treated with radiation therapy</td>
<td>Oldaeus Almerén A.  Sweden</td>
</tr>
<tr>
<td>HN 4-11</td>
<td>Head and neck cancer with “ambiguous” HPV status: a case report</td>
<td>Ilardi G.  Italy</td>
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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 - Eliminating HPV-related diseases: lessons learned from immunization of other infectious diseases**

Chair: A. Giuliano (USA)

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

**Discussion**

**MSS 1 - HPV vaccine efficacy and perspectives**

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 K. | Australia |
| MSS 1b-4 | When will the UK start to see declines in cervical cancer due to vaccination? | Jit M. | UK |
| MSS 1b-5 | Is the US starting to see declines in cervical cancer due to vaccination? | Saraiya M. | USA |

**Discussion**

**MSS - MAIN SCIENTIFIC SESSIONS**

**MSS 1 8:15 - 9:45**

**MSS 2 9:45 - 11:15**

**EUROGIN 2018 - From Control to Elimination of HPV Induced Cancers - Time to Match Visions with Actions**

Monday, December 3, 2018
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. 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.

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 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 1 - Challenging clinical topics
Chair: P. Nieminen (Finland)

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

CS 1-1 Colposcopic terminologies, why are they different in Europe and North America?
Bornstein J.  Israel

CS 1-2 How to manage CIN1 and CIN2 lesions
Nieminne 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)

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)

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

Coffee Break  15:45 - 16:15

FREE COMMUNICATIONS

FC4  Vaccines 1: Male vaccines
Chair: J. Palefsky (USA) • E. Joura (Austria)

FC 4-1  Introduction: HPV in males: rationale for gender neutral vaccination  Giuliano A.  USA
FC 4-2  Long-term effectiveness and immunogenicity of quadrivalent HPV vaccine in young men: 10-year end-of study analysis  Goldstone S.  USA
FC 4-3  Efficacy, immunogenicity and safety of the quadrivalent HPV L1 Virus-Like Particle (VLP) vaccine in 16- to 26-year-old Japanese men  Luxembourg A.  USA
FC 4-4  Long-term follow-up study of immunogenicity and effectiveness of the 9-Valent HPV (9cHPV) vaccine in preadolescents and adolescents (9-15 y.o.)  Joura E.  Austria
FC 4-5  Comparison of 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
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**
Chair: M. Brisson (Canada) • M. Jit (UK)

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.

**FREE COMMUNICATIONS**

**FC 5  Epidemiology**
Chair: C. Gilham (UK)

**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
- Ozburn 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

**Coffee Break**  
16:05 - 16:15
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?)
SS 4-2 Is sequencing of clinical utility?
SS 4-3 Genital and anal warts in known immune-compromised recipients (men versus women)
SS 4-4 Management of immuno-compromised patients
SS 4-5 Child abuse
SS 4-6 Laryngal papillomatosis
SS 4-7 Impact of HPV vaccine on population level Discussion

Dikkers F. Netherlands
Yeager M. USA
Palefsky J. USA
Abramowitz J. France
Moscicki A. USA
Best S. USA
Lacey C. UK

FREE COMMUNICATIONS

FC 6 Screening 2: New screening strategies country experiences
Chair: P. Giorgi Rossi (Italy) • E. Lynge (Denmark)

FC 6-1 Current status of cervical cancer screening programs and HPV vaccination in southeast European countries
Poljak M. Slovenia
Lynge E. Denmark

FC 6-2 Screening outcome after HPV-vaccination in Denmark
Wentzensen N. USA

FC 6-3 Five-year risk of cervical precancer following p16/Ki-67 dual stain triage of HPV-positive women
Giorgi Rossi P. Italy
Carozzi F. Italy

FC 6-4 Sensitivity and positive predictive value of HPV E6/E7 mRNA overexpression assay as triage test for HPV positive women

FC 6-5 Cytological triage and molecular triage with partial genotyping in HPV primary screening: comparison of data from an Italian Region (Tuscany)
Waldstrom M. Denmark
Oncins R. Spain

FC 6-6 HPV as the primary screening test for cervical cancer: initial results from a Danish implementation study
Rebolj M. UK
Smith L. Canada

FC 6-7 Primary HPV DNA screening: two years experience after 5y of co-testing
Engesæter B. Norway
Aitken C. Netherlands

FC 6-8 16/18 genotyping of persistent HR-HPV infections with negative cytology: results from the English cervical screening pilot

FC 6-9 HPV focal 48 month exit survey: women’s real world experiences surrounding primary HPV testing

FC 6-10 Cancer cases identified in a randomized implementation of HPV-screening in the Norwegian cervical cancer screening programme

FC 6-11 First results of high-risk HPV screening in the cervical cancer screening programme in the Netherlands: participation, referral and detection

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

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

MSS 6-5  Challenges in validation: sample collection media
Xu L. Belgium

Discussion

Bonde J. Denmark
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.
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 3  Revisiting the objectives: risk markers for cervical cancers (excluding HPV triage)

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

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

CS 4  Oncological safety and reproductive morbidity after treatment for CIN

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.
FREE COMMUNICATIONS

FC 7  HPV Testing
Chair: C. Eklund (Sweden)

FC 7-1  International quality assurance of HPV DNA genotyping services: the 2017 global HPV DNA proficiency study
Eklund C. Sweden

FC 7-2  Clinical validation of the COBAS 6800 HPV test for cervical screening
Dillner J. Sweden

FC 7-3  Clinical validation of the Liferiver Harmonia HPV assay using the VALGENT-4 framework
Xu L. Belgium

FC 7-4  HPV type-specific agreement between linear array HPV genotyping test, ANYPLEX II HPV28 and 21 HPV genoarray within the VALGENT-3 framework
Ostrenk A. Slovenia

FC 7-5  Performance of the ONCLARITY™, COBAS® and Hybrid CAPTURE II HPV assays on PRESERVYT® 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  Oncclarity 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)

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 7  Molecular signatures of precancerous lesions: changing paradigm of early detection  
Chair: A. Lorincz (UK)

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

MSS 7-1 DNA methylation: clinical study results  
Lorincz A.  UK

MSS 7-3 DNA methylation markers for the detection of CIN3 and cervical cancer in self-samples and urine  
Steenbergen R.  Netherlands

MSS 7-2 Deep sequencing of HPV and human genome: what next?  
Mirabello L.  USA

MSS 7-4 Oral gargle HPV16 and EPB41L3 methylation: associations with oropharyngeal cancer tumor levels and detection  
Giuliano A.  USA

MSS 7-5 Staging precancerous lesions using combined E6-E7 mRNA quantification and cell cycle in single cells  
Patterson B.  USA

Discussion  
Auditorium I  
13:30 - 15:00

Coffee Break  
15:00 - 15:30

MSS 8  Self-sampling: operational experiences under HPV self-sampling in an organized cervical cancer screening program  
Chair: Jo. Smith (UK) • D. Heideman (Netherlands)

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

MSS 8-1 Introduction: HPV detection in self-samples: an updated meta-analysis on test accuracy and potential to reach under-screened women  
Arbyn M.  Belgium

MSS 8-2 Increasing cervical screening participation among long-term non-attenders: A randomized health services study in Sweden using e-Health  
Elfström M.  Sweden

MSS 8-3 Importance of validated collection and analytic methods: self-sampling experiences from Norway  
Leinonen M.  Norway

MSS 8-4 Self-sampling: potential of HPV self-sampling in organized cervical cancer screening programs  
Botha H.  South Africa

MSS 8-5 Offering HPV self-sampling to all screening non-attenders; operational experiences from the capital region of Denmark  
Bonde J.  Denmark

MSS 8-6 First experiences from the Dutch national screening program  
Van den Brule A.  Netherlands

MSS 8-7 Efficacy, effectiveness and perception of vaginal self-sampling strategies in a cervical cancer screening program in France: the APACHE studies  
Haguenoer K.  France

MSS 8-8 Evaluation of clinical sensitivity in dry and wet vaginal self-collection compared to conventional sampling and molecular triage of HPV positive women in a screening setting  
Carozzi F.  Italy

Discussion  
Auditorium I  
15:30 - 17:15
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 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**  
**Screening in HPV vaccinated cohorts: do we know how?**  
Chair: J. Dillner (Sweden)  
Auditorium I  
17:15 - 18:30

**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 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 throught-out with extreme changes only during the menstrual cycle. Several studies now link the microbiome and its metabolic products with HPV persistence and CIN development. These rich data sets are moving into more translational science towards identifying signatures (whether microbiome, or metabonomics) that are associated with CIN development and into therapies aimed at restoring a more protective vaginal microbiome preventing and/or clearance of HPV. This session will examine aspects of these complex associations and potential biomarkers and therapies.

SS 7-1 Variation of vaginal microbiome in women  
Nieminen P.  Finland

SS 7-2 HPV persistence and clearance related to microbiota  
Moscicki A.  USA

SS 7-3 Role of vaginal microbiome in women with CIN  
Kyrgiou M.  UK

SS 7-4 Temporal correlations of microbiome and cervical immune microenvironment  
Gravitt P.  USA

SS 7-5 Vaginal microbiome, metabonomics and biomarkers  
Mitra A.  UK

SS 7-6 Effect of a coriolus versicolor-based vaginal gel in high-risk HPV infected patients. Results of different studies  
Dexeus D.  Spain

Discussion

(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  
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

Coffee Break  
15:00 - 15:30

FREE COMMUNICATIONS

FC 11  Vaccines 3  
Chair: J. Brotherton (Australia) • M. Saraiya (USA)

FC 11-1  One dose of human papillomavirus vaccine is as effective as three for prevention of high-grade cervical lesions: national cohort study  
Brotherton J.  Australia

FC 11-2  Reduction in HPV16/18 positive high-grade cervical lesions in a population offered catch-up vaccination  
Garland S.  Australia

FC 11-3  Comparable vaccine effectiveness against cervical intraepithelial neoplasia after vaccination with two or three doses of the quadrivalent human papillomavirus vaccine  
Donken R.  Canada

FC 11-4  Protective efficacy of the AS04-human papillomavirus (HPV)-16/18 vaccine against non-vaccine HPV types among young women with current HPV exposure: post-HOC analysis from a randomized controlled trial  
Zhao FH.  China

FC 11-5  Bivalent HPV vaccine effectiveness in a Japanese population  
Kudo R.  Japan

FC 11-6  Long-term antibody response to human papillomavirus vaccines: up to 12 years follow-up in the Finnish maternity cohort  
Faust H.  Sweden

FC 11-7  Impact of HPV vaccination with GARDASIL® in Switzerland  
Jacot-Guillarmod M.  Switzerland

FC 11-8  HPV vaccine for women undergoing excisional treatment for HSIL/CIN2-3: role in the reduction of the risk of persistent/recurrent intraepitelial lesions  
Del Pino M.  Spain
**FREE COMMUNICATIONS**

**FC 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
CS 7  HIV coinfection and anal infection / disease
Chair: J. Palefsky (USA)  
Room 5B  
15:30 - 17:00

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

CS 7-1  Meta-analysis of HPV types in HIV-infected individuals from infection to cancer  
Clifford G.  
France

CS 7-2  Testing beyond cytology for screening for anal squamous intraepithelial lesions  
Stier E.  
USA

CS 7-3  Immunotherapeutic approaches to treatment of anal squamous intraepithelial lesions  
Palefsky J.  
USA

CS 7-4  Spontaneous regression of anal HSIL  
how common is it and how long does it last?  
Discussion  
Hillman R.  
USA

FREE COMMUNICATIONS

FC 14  Methylation 1: From risk to triage  
Chair: C. Meijer (Netherlands) • E. Franco (Canada)  
Room 5B  
17h15 - 18:45

FC 14-1  HPV E4 expression and DNA hypermethylation of CADM1, MAL, and MIR124-2 genes in cervical cancer and precursor lesions  
Meijer C.  
Netherlands

FC 14-2  FAM19A4/MIR124-2 methylation analysis in the pobascam trial with long-term follow-up  
Dick S.  
Netherlands

FC 14-3  Evaluation of a validated methylation triage signature for human papillomavirus positive women in the HPV focal cervical cancer screening trial  
Lorincz A.  
UK

FC 14-4  DNA methylation panel for the triage of HPV positive women in a primary screening population  
Reynolds S.  
Ireland

FC 14-5  The performance of FAM19A4/MIR124-2 methylation analysis as a triage test for HPV-screen positive women and as a rule out test for cervical cancer  
Heideman D.  
Netherlands

FC 14-6  Methylation can predict progression of CIN2  
Louvant K.  
Finland

FC 14-7  Methylation biomarkers for triage of women below the age of 30 with HPV positive SurePath collected samples  
Pedersen H.  
Denmark

FC 14-8  Methylation analysis of host cell genes in first-void urine to detect cervical precancer lesions in a referral population  
Van Keer S.  
Belgium

FC 14-9  Differentiating cervical pre-cancer from invasive cancer with the S5 DNA methylation classifier  
Banila C.  
UK

FC 14-10  DNA methylation analysis in urine to detect cervical cancer and precancer  
Van Den Helder R.  
Netherlands
FREE COMMUNICATIONS

**FC 10 Diagnostics & management 1**

Room 5C

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

**13:30 - 15:05**

**FC 10-1** Incidence of cervical cancer and other cancers after treatment of CIN: a systematic review and meta-analysis

- **Paraskevaidis E.** Greece

**FC 10-2** Is high risk human papillomavirus (HR-HPV) testing reliable for the follow-up of women treated for glandular neoplasia and micro-invasive cancer

- **Cuschieri K.** UK

**FC 10-3** High correlation between clearance of high-risk HPV strains after LLETZ and absence of residual disease in patients with early stage cervical cancer

- **Siegler E.** Israel

**FC 10-4** Test of cure after leep for cervical intraepithelial neoplasia

- **Heinonen A.** Finland

**FC 10-5** Role of DNA HPV test in the follow-up of women undergoing excisional surgical procedures of cervical cancer precursor lesions

- **Tacla M.** Brazil

**FC 10-6** The role of colposcopy at twelve months after excision of the transformation zone

- **De Castro Coelho F.** Portugal

**FC 10-7** Colposcopic and histopathologic evaluation of women aged 56-64 with HPV-persistence 1 and 3 years, respectively, from the organized primary HPV screening in Sweden

- **Elfgren K.** Sweden

**FC 10-8** Colposcopy evaluation at the time of LEEP may avoid unnecessary treatment

- **Torné A.** Spain

**FC 10-9** HSIL in pregnancy –observation or LLETZ in the first 15 weeks the safety of LLETZ in the first 15 weeks of pregnancy

- **Siegler E.** Israel

**FC 10-10** The role of SWEDE score and modified REID colposcopic index in the prediction of CIN3+ lesions

- **Kudela E.** Slovakia

**FC 10-11** Colpoconnect: user-centered development for a healthcare app to decrease barriers to colposcopy attendance in a rural Canadian setting

- **Mitchell-Foster S.** Canada

**FC 10-12** Outcomes of conservative management in women with transformation zone excision (TZE) specimens with positive margins

- **Lyra J.** Portugal

**FC 10-13** Justifying conservative management of CIN2 in women <25 years a population-based study

- **Loopik D.** Netherlands

**Coffee Break**

15:00 - 15:30
SS - SCIENTIFIC SESSIONS

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

FREE COMMUNICATIONS

FC 15  Self-sampling 1
Chair: F. Carozzi (Italy)

FC 15-1  Optimizing a protocol for the evolution of vaginal self-collected samples using COPAN FLOQSWAB® device for HPV detection
Castriciano S.  Italy

FC 15-2  For high-risk HPV testing the sensitivity and specificity of a urine sample equals that of a self-collected vaginal sample
Augustenas J.  Denmark

FC 15-3  Self-sampling of vaginal fluid and urine for high-risk human papillomavirus testing: an option for women previously treated for high-grade cervical intraepithelial neoplasia?
Andersson S.  Sweden

FC 15-4  Evaluation of ONCLARITY™ HPV assay performed on self-collected vaginal and first-void urine samples as compared to clinician-collected cervical samples
Cocuzza C.  Italy

FC 15-5  Cervicovaginal self sampling acceptance among underserved Greek women. A survey conducted within the framework of the grecoself study
Tsertanidou A.  Greece

FC 15-6  Primary HPV-based screening with the COBAS® HPV test on self-collected cervicovaginal samples from underserved Greek women. Preliminary results of the grecoself study
Chatzistamatiou K.  Greece

FC 15-7  Acceptability of cervicovaginal self-sampling in cervical cancer screening
Lorenzi N.  Brazil

FC 15-8  Non-speculum clinician sampling for HPV testing to increase cervical screening uptake in women aged 50 and above
Lim A.  UK
### FREE COMMUNICATIONS

#### FC 16  Self-sampling 2
Chair: M. Leinonen (Finland) • M. Elfström (Sweden)

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Auditorium II</th>
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<tbody>
<tr>
<td><strong>FC 16-1</strong></td>
<td>8:15 - 9:45</td>
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<tr>
<td>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</td>
<td>Lorincz A. • UK</td>
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<tr>
<td><strong>FC 16-2</strong></td>
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<tr>
<td>An effective 3-gene methylation classifier for direct triage on hrHPV-positive self-samples</td>
<td>Verhoef L. • Netherlands</td>
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<tr>
<td><strong>FC 16-3</strong></td>
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<tr>
<td>HPV self-testing/self-sampling will save indigenous lives</td>
<td>Lawton B. • New Zealand</td>
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<tr>
<td><strong>FC 16-4</strong></td>
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<tr>
<td>Comparison of different self-sampling devices for sexually transmitted infections (STI) and human papillomavirus (HPV) detection using molecular methods</td>
<td>Sechi I. • Italy</td>
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<tr>
<td><strong>FC 16-5</strong></td>
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<tr>
<td>Urinary HPV DNA testing as a tool for cervical cancer screening in France: an update of the CAPU-3 study</td>
<td>Lefeuvre C. • France</td>
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<td><strong>FC 16-6</strong></td>
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<tr>
<td>Temperature and time stability of self-collecting samples in Japan where the temperature sometime reaches over 35-40 degrees Celsius in summer</td>
<td>Ito M. • Japan</td>
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<tr>
<td><strong>FC 16-8</strong></td>
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<tr>
<td>Utility of urine oncocytic HPV testing for diagnosis of CIN 2+</td>
<td>Rahangdale L. • USA</td>
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<tr>
<td><strong>FC 16-9</strong></td>
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<tr>
<td>Evaluation of self-sampling for HPV and STI testing as an alternative tool for women's participation to prevention programs</td>
<td>Martinelli M. • Italy</td>
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<tr>
<td><strong>FC 16-10</strong></td>
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<tr>
<td>Vaginal self-collection versus cervical clinician-collected samples for cervical cancer screening: what would you choose? Results from self sampling satisfaction questionnaire.</td>
<td>Cellai F. • Italy</td>
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#### FC 17  Methylation 2
Chair: A. Lorincz (UK) • R. Steenbergen (Netherlands)

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<tr>
<th>Presentation</th>
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<tbody>
<tr>
<td><strong>FC 17-1</strong></td>
<td>9:45 - 11:25</td>
</tr>
<tr>
<td>Detection of hypermethylated genes as markers for cervical screening in women living with HIV</td>
<td>Kremer W. • Netherlands</td>
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<tr>
<td><strong>FC 17-2</strong></td>
<td></td>
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<tr>
<td>Genome-wide DNA methylation profiling identifies two novel methylated genes to predict progression of cervical intraepithelial neoplasia</td>
<td>El-Zein M. • Canada</td>
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<tr>
<td><strong>FC 17-3</strong></td>
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<tr>
<td>Comparison of two methylation based diagnostic assays on a cohort of CA 130 HPV positive cervical scrapes: GYNTECT and QIASURE</td>
<td>Dippmann C. • Germany</td>
</tr>
<tr>
<td><strong>FC 17-4</strong></td>
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<tr>
<td>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</td>
<td>Kalliala I. • UK</td>
</tr>
<tr>
<td><strong>FC 17-5</strong></td>
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<tr>
<td>Six methylation markers, known as GYNTECT assay, show a very good performance in a triage setting on HPV positive women</td>
<td>Schmitz M. • Germany</td>
</tr>
<tr>
<td><strong>FC 17-6</strong></td>
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<tr>
<td>Performance of GYNTECT®, a DNA methylation marker panel-based diagnostic test, on a widely used PCR diagnostics platform</td>
<td>Eichelkraut K. • Germany</td>
</tr>
<tr>
<td><strong>FC 17-7</strong></td>
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<tr>
<td>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</td>
<td>Kalteis M. S. • Germany</td>
</tr>
<tr>
<td><strong>FC 17-8</strong></td>
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<tr>
<td>A panel of six DNA methylation markers, comprising the GYNTECT cervical cancer triage test, display excellent sensitivity for cervical carcinomas</td>
<td>Hansel A. • Germany</td>
</tr>
<tr>
<td><strong>FC 17-9</strong></td>
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<tr>
<td>Host-cell DNA methylation patterns during high-risk HPV-induced carcinogenesis reveal a heterogeneous nature of cervical pre-cancer</td>
<td>Wisman B. • Netherlands</td>
</tr>
<tr>
<td><strong>FC 17-10</strong></td>
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<tr>
<td>Host DNA methylation panel vs cytology for HR-HPV positive cases triage</td>
<td>Sousa C. • Portugal</td>
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<tr>
<td><strong>FC 17-11</strong></td>
<td></td>
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<tr>
<td>Validation of a DNA methylation classifier for prediction of cervical pre-cancer in the Mexican frida population-based HPV screening study</td>
<td>Reuter C. • UK</td>
</tr>
<tr>
<td><strong>FC 17-12</strong></td>
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<tr>
<td>DNA methylation test to detect cervical pre-cancer in self-collected vaginal and urine specimens</td>
<td>Nedjai B. • UK</td>
</tr>
<tr>
<td><strong>FC 17-13</strong></td>
<td></td>
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<tr>
<td>HR-HPV infection and the methylation of p16INK4A in women with HSIL in cervix before and after treatment</td>
<td>Grinceviciene S. • Lithuania</td>
</tr>
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FREE COMMUNICATIONS

FC 18 Vaccines 5
Chair: P. Judlin (France) • P. Sparen (Sweden)

Auditorium II
11:25 - 12:45

FC 18-1 Impact of a single-cohort HPV vaccination strategy with quadrivalent vaccine in northeast Spain: population-based analysis of genital warts in men and women
Brotons M. Spain

FC 18-2 What is the difference in risk between unvaccinated and vaccinated women against human papillomavirus
Naslazi E. Netherlands

FC 18-3 Type-specific human papillomavirus prevalence in the north of Mexico, a 10 year study and relation with HPV vaccine coverage
Tiran Saucedo J. Mexico

FC 18-4 Public health and economic impact of HPV vaccination in the portuguese national immunization program
Brandão A. Portugal

FC 18-5 HPV seroprevalence and genital HPV infections in a cohort of young women in the Netherlands seven years post-vaccination
Hoes J. Netherlands

FC 18-6 Extinction of HPV 6 and genital warts in a population with suboptimal HPV vaccine coverage
Denecke A. Germany

FC 18-7 Declines in anogenital warts diagnoses since the change in 2012 to use the quadrivalent HPV vaccine in England: data to end 2017
Checchi M. UK

SS - SCIENTIFIC SESSIONS

SS 9 Screening strategies for developing countries: what works and what doesn’t work
Chair: Je. Smith (USA)

Aud III / IV
8:15 - 9:45

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

SS 9-1 Visual inspection with acetic acid (VIA): a critical review
Petignat P. Switzerland

SS 9-2 HPV detection systems in developing countries
Bogers J-P. Belgium

SS 9-3 Screening policy in low income countries
Smith Je. USA

SS 9-4 Self-sampling acceptability in a community-based cervical cancer screening initiative: a mixed methods analysis
Behnke A-L. Germany

Discussion

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

### FC 22  HPV testing + genotyping  
Chair: M. Goodman (USA) • J. Andrews (USA)  
**Aud III / IV**  
9:45 - 11:15

<table>
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<tr>
<td>FC 22-1</td>
<td>Identifying the causal HPV genotypes in high-grade cervical lesions using HPV genotyping of cervical screening samples</td>
<td>Lissenberg-Witte B.</td>
<td>Netherlands</td>
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<tr>
<td>FC 22-2</td>
<td>Assessment of attribution algorithms for resolving CIN3-related HPV genotype prevalence in mixed-genotype biopsy specimens using laser capture microdissection as the reference standard</td>
<td>Garland S.</td>
<td>Australia</td>
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<tr>
<td>FC 22-4</td>
<td>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</td>
<td>Ejegod D. M.</td>
<td>Denmark</td>
</tr>
<tr>
<td>FC 22-5</td>
<td>Systematic literature review on triage strategies for HPV positive and ASCUS/LSIL patients: role of extended HPV genotyping vs other triage methods</td>
<td>Malinowski D.</td>
<td>USA</td>
</tr>
<tr>
<td>FC 22-6</td>
<td>The role of HPV genotyping in post-treatment follow-up of cervical intraepithelial neoplasia</td>
<td>Iacobone A. D.</td>
<td>Italy</td>
</tr>
<tr>
<td>FC 22-7</td>
<td>Prevalence and genotype distribution of non HPV-HR types in women with high grade cervical lesions in Northern area in Israel</td>
<td>Mackuli L.</td>
<td>Israel</td>
</tr>
<tr>
<td>FC 22-8</td>
<td>Comparison of partial HPV genotyping using the Cobas 4800 HPV test and the Aptima HPV 16 18/45 genotype assay</td>
<td>White C.</td>
<td>Ireland</td>
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### FC 23  Molecular markers 2  
Chair: M. Yeager (USA) • M. von Knebel Doeberitz (Germany)  
**Aud III / IV**  
11:15 - 12:45

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<tbody>
<tr>
<td>FC 23-1</td>
<td>Identification of productive and transforming cervical and anal intraepithelial neoplasia using immunohistochemical markers p16INK4a and HPV E4</td>
<td>Leeman A.</td>
<td>Netherlands</td>
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<tr>
<td>FC 23-2</td>
<td>Growth potential and apoptosis is inhibited by localised topical microwave energy in HPV16-positive cervical tumour cells in 3D tissue culture models</td>
<td>Graham S.</td>
<td>UK</td>
</tr>
<tr>
<td>FC 23-3</td>
<td>Human papillomavirus (HPV) DNA detection in plasma and in peripheral blood mononuclear cells (PBMC) samples of women with a recent history of cervical dysplasia</td>
<td>Brenna G.</td>
<td>Italy</td>
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<tr>
<td>FC 23-4</td>
<td>K14-HPV16 mouse model: a journey towards early HPV-induced head and neck vs anal and uterine carcinogenesis</td>
<td>Estêvão D.</td>
<td>Portugal</td>
</tr>
<tr>
<td>FC 23-5</td>
<td>mRNA biomarker detection in liquid-based cytology: a new approach in the prevention of anal cancer</td>
<td>Rodriguez Trujillo A.</td>
<td>Spain</td>
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</table>
### SS 10  **HPV FASTER projects worldwide**  
**Chair: X. Bosch (Spain) • I.Baussano (France)**  
**Room 5B**  
**10:00 - 11:30**

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

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

Discussion
## FREE COMMUNICATIONS

### FC 20  
**Low income countries**  
Chair: P. Petignat (Switzerland) • C. Charpentier (France)  

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<th>Country</th>
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<tbody>
<tr>
<td></td>
<td>11:30 - 13:00</td>
<td>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</td>
<td>Gassama O.</td>
<td>Senegal</td>
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<td>Low-cost diagnostic for the identification and typing of human papillomavirus to support cervical cancer screening in low-resource settings</td>
<td>Ortega C.</td>
<td>USA</td>
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<td>Prevalence and risk factors of HPV and other sexually transmitted infections among 2000 women in rural Ghana - final results from the Accessing study</td>
<td>Krings A.</td>
<td>Germany</td>
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<td>Prevalence of human papillomavirus and other sexual transmitted infection in women from Lake Turkana area, Kenya</td>
<td>Nicolas-Parraga S.</td>
<td>Spain</td>
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<td></td>
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<td>Introduction and evaluation of a simplest and fastest cervical cancer screening technology for resources limited area</td>
<td>Wang Y.</td>
<td>USA</td>
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<td>High prevalence of human papillomavirus, HIV and other STI among men who have sex with men in Togo in 2017</td>
<td>Ferré V. M.</td>
<td>France</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cervical and anal human papillomavirus, HIV and other STI prevalence among female sex workers in Togo in 2017</td>
<td>Charpentier C.</td>
<td>France</td>
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<tr>
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<td>Results of a cervical cancer screening pilot study in Morocco comparing HPV oncoprotein E6 expression testing and VIA</td>
<td>Bendahhou K.</td>
<td>Morocco</td>
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</table>

### FC 21  
**Economics & modeling**  
Chair: M. Jit (UK)  

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<thead>
<tr>
<th>Room 5B</th>
<th>Time</th>
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<tbody>
<tr>
<td></td>
<td>13:00 - 14:15</td>
<td>Cost-effectiveness evaluation of HPV self-sampling offered to non-attendees in cervical cancer screening in Switzerland</td>
<td>Catarino R.</td>
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<td>Cost-effectiveness of primary HPV screening with or without dual stain cytology for cervical cancer</td>
<td>Termrungruanglert W.</td>
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<td>A simplified model of the cost-effectiveness of screening in the R programming language: a teaching and research tool</td>
<td>O’Mahony J.</td>
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<td>Health impact of the nine-valent HPV vaccine in the Netherlands</td>
<td>Genugten M.</td>
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<td>A model-based analysis for the potential elimination of HPV-related cervical cancer</td>
<td>Pillsbury M.</td>
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<td>Public health and economic impact of Quebec HPV vaccine mixed dose scheduling: a modeling exercise</td>
<td>Roberts C.</td>
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EUROGIN 2018  
Wednesday, December 5, 2018
**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 high-risk HPV types (type 16/18). Also some recent studies (Compass) showing its role in the follow-up screening of vaccinated young women.

**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 endocervix.

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 marker 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.
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 anaesthesia 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

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

**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.

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**W 5a Sessão de Abertura**  
8.30 - 8.45  
**Moderadores:** G. Freitas (Portugal), M. Lapão (Portugal), M. Passos (Brasil),  
**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)  
**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  
**Lorenzonzi 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)  
**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)

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**W 5e-1**  
Futuro: O Impacto da Distribuição Genotípica do HPV, no Rastreio do Cancro e na Vacinação  
**Sousa H.**  
Portugal

**W 5e-2**  
Futuro: Equilíbrio do Ecossistema Vaginal: Imunidade, Microbioma e HPV  
**Bicho M. C.**  
Portugal

**W 5e-3**  
Casos Clínicos e de Diagnóstico Diferencial das lesões Induzidas pelo HPV  
**Passos M.**  
Brasil

**W 5e-4**  
Neoplasia Intraepitelial da Vagina: Diagnóstico e tratamento  
**Tacla M.**  
Brasil

**W 5e-5**  
Tratamento das Lesões de Alto Grau com o termocoagulador  
**Naud P.**  
Brasil

**W 5e-6**  
Tratamento de Lesão de alto Grau da Vulva com Imiquimode  
**Chulvis Do Val I.**  
Brasil

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

### W 5l Sessão Científica VI

<table>
<thead>
<tr>
<th>Moderadores: C. Lorenzoni (Moçambique), M. J. Brito (Portugal), F. Antunes (Portugal)</th>
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<tbody>
<tr>
<td><strong>W 5l-1</strong> Prevalência do HPV em mulheres positivas para o HIV</td>
</tr>
<tr>
<td><strong>W 5l-2</strong> Caracterização Epidemiológica da Infeção por HPV no colo do útero em São Tome e Príncipe</td>
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<tr>
<td><strong>W 5l-3</strong> Caracterização da Infeção por HPV em mulheres adolescentes e universitárias em Maputo, Moçambique</td>
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### W 5m Palestra Científica VI

<table>
<thead>
<tr>
<th>Moderadores: M. Lapão (Portugal), M. de Belém Roseira (Portugal)</th>
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<tbody>
<tr>
<td><strong>W 5m-1</strong> ACL - Associação Científica Lusófona: Objectivos, Estratégia e Futuro</td>
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### W 5n Sessão Científica VII

<table>
<thead>
<tr>
<th>Moderadores: M. Passos (Brasil), A. Vaz Carneiro (Portugal)</th>
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<tbody>
<tr>
<td><strong>W 5n-1</strong> As Instituições Lusófonas e a Investigação: O Caso do Instituto Bento da Rocha Cabral</td>
</tr>
<tr>
<td><strong>W 5n-2</strong> As Instituições Lusófonas e a Investigação: O Caso do Hospital de Cancer de Barretos</td>
</tr>
<tr>
<td><strong>W 5n-3</strong> Ações da MAssALA e o Plano Nacional Moçambicano de Rastreio e Tratamento de Crianças com Papilomatose Laringea</td>
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| Café | 10.15-10.30 |

### W 5o Sessão Científica VIII

<table>
<thead>
<tr>
<th>Moderadores: P. Naud (Brasil), C. Sousa (Portugal), H. Nabais (Portugal), N. Gois Speck (Brasil)</th>
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<tbody>
<tr>
<td><strong>W 5o-1</strong> O HPV e a Mulher Jovem: Detecção de HPV, Clamidia e outros agentes microbianos por sistema de autocolheita</td>
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<tr>
<td><strong>W 5o-2</strong> Prevalência do vírus HPV em indivíduos do sexo masculino seropositivos para o HIV</td>
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<td><strong>W 5o-3</strong> Efeito dos micro RNAs na carcinogênese induzida pelo HPV</td>
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<tr>
<td><strong>W 5o-4</strong> O impacto dos polimorfismos genéticos na evolução clínica do cancro do colo do útero</td>
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### W 5p Palestra Científica VII

<table>
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<tr>
<th>Moderadores: C. Carrilho (Moçambique), N. Miranda (Portugal), R. Medeiros (Portugal)</th>
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<tr>
<td><strong>W 5p-1</strong> O Modelo de Organização do Rastreio na Região Norte de Portugal</td>
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### W 5q Sessão Científica Especial I: 10 anos de Vacinação contra o HPV em Portugal

<table>
<thead>
<tr>
<th>Moderadores: M. C. Bicho (Portugal), M. de Belém Roseira (Portugal), A. Goretti (Brasil)</th>
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<tr>
<td><strong>W 5q-1</strong> O Sucesso da Vacinação em Portugal e a Direção Geral da Saúde</td>
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<tr>
<td><strong>W 5q-2</strong> A Liga Portuguesa Contra o Cancro e a Educação para a Saúde na implementação da vacinação das populações</td>
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<tr>
<td><strong>W 5q-3</strong> Investigação Científica em Portugal: O paradigma da Vacinação e das doenças associadas ao HPV</td>
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| Café | 15.45 - 16h15 |
### Sessão Científica Especial II:
O rastreio do cancro do colo do útero no mundo lusófono

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

### Sessão Científica IX (Comunicações seleccionadas) FC - Lusofono 2

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

<table>
<thead>
<tr>
<th>Titre</th>
<th>Prénom</th>
<th>Nationalité</th>
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<tbody>
<tr>
<td>Col utérin</td>
<td>Monsonego J.</td>
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<td>Vulve / Pénis</td>
<td>Chanal J.</td>
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<td>Anus</td>
<td>Abramowitz L.</td>
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<td>Oropharynx</td>
<td>Lacau St Guily J.</td>
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</table>

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

**Vaccination des garçons : pourquoi faut-il s'y engager ?**

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<thead>
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<tr>
<td>Judlin P.</td>
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<td>Palefsky J.</td>
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<td>Abramowitz L.</td>
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<td>Mirghani H.</td>
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<td>Cohen R.</td>
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**Discussion**

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<td>Abramowitz L.</td>
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<td>Mirghani H.</td>
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<tr>
<td>Cohen R.</td>
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**Vaccins de première génération : efficacité, profil de sécurité, population et couverture et hésitation vaccinale, pourquoi ce décalage français ?**

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<tr>
<td>Launay O.</td>
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<td>Brotherton J.</td>
<td>Australie</td>
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<td>Cohen R.</td>
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<td>Brisson M.</td>
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<td>Bosch X.</td>
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**Vaccins de deuxième génération :**

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<tr>
<td>Vie le Sage F.</td>
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<tr>
<td>Karafillakis E.</td>
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<td>Smith Je.</td>
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**TABLE RONDE:**

Lever les freins : nouveaux moyens de communication.  
 Médecins, politiques, en population (table ronde)

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Pause café  
11h00 - 11h20
W 6-3  Médecine de précision et pathologie cervicale à HPV : l’évaluation du risque
11h20 - 11h50
Intervenants : N. Wentzensen (USA) • J. Monsonego (France)

Génotypage
p16
Méthylation
E6-E7
Séquençage
Télémédecine
Systèmes experts

W 6-4  Dépistage HPV, pourquoi la France doit rattraper son retard
11h50 - 12h30
Intervenants : C. Clavel (France) • M. Arbyn (Belgique) • E. Franco (Canada)

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

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