### MTC - MAIN TRAINING COURSE

#### MTC 01

**Trends and specific aspects of HPV driven cancer (cervix, anus, vulva, penile, oropharynx)**

Chair: S. Franceschi (Italy), A. Giuliano (USA)

8:15 - 9:45

The Opening Session will set the pace of what is happening to cancer types related to HPV infection in an era of big changes in prevention strategies for these tumours. Presentations will tackle the evolution of burden of cases and deaths from HPV-related cancers and highlight substantial differences by world region and cancer site. There will be room to compare cancer trends with changes in sexual behaviour and to revisit the natural history of HPV carcinogenesis, that is exquisitely dependent from the type of epithelium infected.

- International trends in incidence and survival of HPV-related cancers
- Epidemiology of HPV infection
- Current knowledge on HPV transmission, sexual behaviour messages
- Carcinogenesis according to epithelial sites
- Discussion

M. Shieles (USA)
A. Giuliano (USA)
A. D’Souza (USA)
J. Doorbar (UK)

#### MTC 02

**Revisiting the progress, practices and implementation of HPV based screening**

Chair: J. Cuzick (UK), W. Kinney (USA)

10:15 - 11:45

Implementation of HPV based screening programs comes with its own set of problems and opportunities. Experts will share their experience and recommendations in this session.

- HPV based screening strategies
- Developing useful biomarkers for screening and triage
- Implementation experiences of HPV based screening
- Screening in vaccinated women
- Self-screening programs – current experience
- Discussion

J. Cuzick (UK)
D. Jenkins (UK)
S. Van Dijk (Netherlands)
J. Dillner (Sweden)
H. Berkhof (Netherlands)

#### MTC 03

**Updating HPV immunization worldwide, the state of the art and new challenges**

Chair: P. Bonanni (Italy), J. Brotherton (Australia)

13:30 - 15:00

Prophylactic HPV vaccines have proven to be remarkably safe and effective in population use. In this course, we review the impacts so far, and examine future possibilities in considering the evidence relating to extension of vaccine programs to males, to women post treatment, to immunosuppressed populations, and to adults.

- Public health impact of HPV vaccines
- Vaccination of boys: the rationale
- Individual impact of HPV immunization in adults – new developments
  - Post-conization
  - Immunosuppression
  - Adult protection
- Discussion

J. Brotherton (Australia)
P. Bonanni (Italy)
E. Joura (Austria)
J. Palefsky (USA)
X. Bosch (Spain)
MTC 04  Recent acquisitions in HPV research  15:30 - 17:00
Chair: T. Broker (USA), M. Goodman (USA)

• HPV transmission
• HPV variants
• Polymeric nanoparticles for cancer vaccination and targeted drug delivery
• New insights in cervical carcinogenesis and implications for screening
• The diversification of HPV16 is driven by ongoing immune avoidance-related positive selection
• Discussion

E. Franco (Canada)  
L. Mirabello (USA)  
W. Hennink (Netherlands)  
J. Peto (UK)  
M. Yeager (USA)

MSS - MAIN SCIENTIFIC SESSIONS  THURSDAY, DEC. 5

MSS 01  Ecology of HPV in post vaccination era  8:00 - 9:30
Chair: E. Franco (Canada), M. Lehtinen (Finland)

This session seeks to help understand the new population biology between oncogenic human papillomaviruses and their human hosts following the strong selective pressure of prophylactic HPV vaccination. The plenary lecture of Melanie Drolet on the prerequisites of anticipated changes in HPV ecology is followed by presentations by David Mesher, Joe Tota and Penelope Gray of respectively observational, individually randomized and community-randomized studies on HPV type-replacement in vaccinated populations, vaccinated individuals and unvaccinated individuals, who are under substantial herd effect. The empirical data will be compared for modeling predictions of Irene Man and Ville Pimenoff about estimating changes in the HPV type and subtype distributions in the post vaccination era.

• Population-level impact of HPV vaccination programs on vaccine and non-vaccine HPV type sets the stage for changes in HPV ecosystem
• Systematic and country-wise analyses of HPV type-replacement following vaccination programs
• Evaluation of HPV type-replacement in HPV vaccination trials
• HPV type-replacement in populations following girls-only and gender-neutral vaccination
• Mathematical modelling of HPV type-replacement
• Differential HPV diversity and distribution in the pre- and post-vaccination era
• Discussion

M. Drolet (Canada)  
D. Mesher (UK)  
J. Tota (USA)  
P. Gray (Finland)  
I. Man (Netherlands)  
V. Pimenoff (Spain)

MSS 02  New triage approaches for HPV-positive women - what is the evidence?  9:30 - 11:00
Chair: J. Dillner (Sweden), N. Wentzensen (USA)

Primary HPV screening is being widely introduced worldwide. While a negative HPV test provides great reassurance against cervical precancer and cancer, a positive HPV test requires additional triage to decide who needs to be referred for diagnostic evaluation and treatment. Current triage strategies include genotyping for HPV16/18 and cytology, but several new technologies are being evaluated that can improve the clinical performance compared to current standards. This session will summarize the most important novel triage strategies and show the latest data and developments.

• Extended HPV genotyping
• Viral methylation
• Host methylation and miRNA
• Automated Dual Stain
• Individual risk assessment for CIN3 in clinical practice
• Discussion

T. Wright (USA)  
M. Clarke (USA)  
H. D. Heideman (Netherlands)  
N. Wentzensen (USA)  
W. Kinney (USA)
### MSS 03  PRO / CON Session - Hot topics

**Chair:** E. Franco (Canada), T. Wright (USA)  
**14:00 - 15:30**

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 opposing 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 2019 will showcase debates between camps on five key areas: (I) elimination of cervical cancer, (II) the future of cytology, (III) the meaning of HPV-negative cervical cancers, (IV) age to exit cervical cancer screening, and (V) earliest observation of the impact of vaccination on cervical cancer incidence.

- Can we eliminate cervical cancer?  
  - Yes - No
- Will cytology eventually go to the dustbin of cervical cancer history?  
  - Yes - No
- HPV-negative cervical cancers: are they worse clinically?  
  - Yes - No
- Should women over 65 exit cervical cancer screening?  
  - Yes - No
- Has vaccination already reduced cervical cancer incidence?  
  - Yes - No
- Discussion

- A. Giuliano (USA) - J. Tota (USA)  
- C. Meijer (Netherlands) - T. Wright (USA)  
- D. Jenkins (UK) - L. Alemany (Spain)  
- T. Malagon (Canada) - A. Rositch (USA)  
- X. Bosch (Spain) - M. Lehtinen (Finland)

### MSS 04  Vaccinating adult women and men - a new challenge for populations at risk

**Chair:** X. Bosch (Spain), P. Gravitt (USA)  
**16:00 - 17:30**

Primary HPV screening is being widely introduced world-wide. While a negative HPV test provides great reassurance against cervical precancer and cancer, a positive HPV test requires additional triage to decide who needs to be referred for diagnostic evaluation and treatment. Current triage strategies include genotyping for HPV16/18 and cytology, but several new technologies are being evaluated that can improve the clinical performance compared to current standards. This session will summarize the most important novel triage strategies and show the latest data and developments.

- Review evidence from clinical efficacy trials
- Review evidence from population effectiveness studies of CIN2+ incidence by age at vaccination
- Review evidence of effectiveness of post-CIN treatment vaccination
- Review evidence from modeling
- New HPV detection in adult women and men: evidence for new acquisition VS recurrence
- Trends in sexual behaviour and HPV infection in the British population: insights from the National Surveys of Sexual Attitudes and Lifestyles (NATSAL)
- Discussion

- S. Garland (Australia)  
- M. Silverberg (USA)  
- E. Joura (Austria)  
- C. Van Schalkwyk (South Africa)  
- P. Gravitt (USA)  
- P. Sonnenberg (UK)
**MSS 05**  
*Methylation: from molecular biology to clinical practice*  
**17:30 - 19:00**

**Part A: The role of viral genome methylation in the normal life cycle control and the pathogenesis of HPV**  
Chair: J. Doorbar (UK), M. Von Knebel-Döberitz (Germany)

- Epigenetics in HPV caused cancers similar  
- Viral epigenome and its implication in viral gene expression regulation  
- Therapeutic implications of demetylation drugs

R. Steenbergen (Netherlands)  
M. Von Knebel-Döberitz (Germany)  
E. Prigge (Australia)

**Part B: DNA methylation for screening and triage of ano-genital cancers**  
Chair: A. Lorincz (UK)

A general characteristic of progressing epithelial precancers is increasingly diverse and large changes in methylation. DNA methylation biomarker panels are highly reproducible and easy to measure from biopsies, exfoliated cells and body fluids. For HPV-related diseases methylation tests show very good performance and have many advantages versus other triage methods, providing simultaneous information on both diagnosis and prognosis. This session will explore progress in the biology of DNA methylation, the growing impetus for methylation-based triage algorithms and prospects for routine commercial methylation tests.

- Performance of a cocktail HPV DNA methylation test with 12 or more types  
- Routine DNA methylation testing in Colombia, is it feasible?  
- Results of the Qiasure DNA methylation test in routine use  
- Performance of the GYNTECT methylation assay in triage of HPV positive women  
- Is the S5 DNA methylation test useful as a predictor of CIN3 and cancer in HPV-infected women?  
- HPV triage – longitudinal studies  
- Discussion

M. Clarke (USA)  
G. Sanchez (Colombia)  
C. Meijer (Netherlands)  
M. Dürst (Germany)  
A. Lorincz (UK)  
D. Heideman (Netherlands)

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**MSS 06**  
*Towards cervical cancer elimination: what do we need to know?*  
**8:00 - 9:30**

Chair: M. Brisson (Canada), M. Jit (UK)

The Director-General of the World Health Organization has issued a call for action to eliminate cervical cancer as a public health problem. Since then, there has been widespread consultation, debate and analysis around the topic. This session brings together speakers who are at the heart of the discussion around cervical cancer elimination about the rationale, feasibility, action required and timeline to achieve elimination.

- Elimination of HPV related cancers: ambitious but achievable, examples of success  
- Why did WHO call for cervical cancer elimination? The motivation and the evidence  
- Elimination and eradication: do the differences matter?  
- How soon can we eliminate cervical cancer: Comparative modelling of vaccine and screening options  
- What do we know about cervical cancer incidence in the world today?  
- Which will be the first country to eliminate cervical cancer?  
- Discussion

A. Giuliano (USA)  
N. Broutet (Switzerland)  
M. Jit (UK)  
M. Brisson (Canada)  
F. Bray (France)  
K. Canfell (Australia)
### MSS 07
**Artificial intelligence: digital pathology and machine learning applications for precision prevention of cervical cancer**
Chair: J. Monsonego (France), N. Wentzensen (USA)

- Digital pathology
- Machine learning
- Radiology / other imaging
- AI applications for cervical cancer screening
- Discussion

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<td>N. Grabe (Germany)</td>
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<td>S. Antani (UK)</td>
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<td>N. Wentzensen (USA)</td>
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### MSS 08
**Challenges for HPV self-sampling as primary screening tool in organized cervical screening**
Chair: M. Elfström (Sweden), S. Van Dijk (Netherlands)

HPV-tests on self-samples were introduced for non-responders of the national screening program. Now, the Netherlands are exploring options of a wider use of self-sampling in the Dutch cervical cancer screening program. There are quite some challenges to overcome before self-sampling can be a primary screening tool, like validation of HPV-tests on self-samples and triage on self-samples. That’s what this session will be about.

- Experiences and challenges for self-sampling in Denmark
- Challenges for primary self-sampling in the Netherlands
- Clinical validation of HPV tests on self-sampling (HPVtests/brushes/medium etcetera) on his meta-analyses review publication
- Challenges for triage
- Discussion

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<td>J. Bonde (Denmark)</td>
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<td>S. Van Dijk (Netherlands)</td>
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<td>14:45</td>
<td>M. Arbyn (Belgium)</td>
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<td>D. Heideman (Netherlands)</td>
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### MSS 09
**Cervical screening programs from a flow-chart point of view**
Chair: J. Bonde (Denmark), A. Tropé (Norway)

How to best utilize HPV screening with the many new options this technology offers? In this session, screening algorithms from different countries will be presented along with the reasons for the choices made showing how HPV, genotyping, cytology and other methods are combined to provide better cervical cancer screening.

- The Swedish screening program
- The Norwegian screening program
- The Dutch screening program
- The Danish screening program
- The Scottish screening program
- The US cervical screening
- The Australian cervical screening program
- Discussion

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<td>J. Brotherton (Australia)</td>
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### MSS - MAIN SCIENTIFIC SESSIONS

**MSS 10**  
**Risk-based HPV screening: Switching from one-size-fits-all programs to personalized screening programs**  
Chair: H. Berkhof (Netherlands), G. Ogilvie (Canada)  

17:45 - 19:15  

Molecular based screening for cervical cancer is now well established as offering improved detection and greater protection for women for pre-cancerous lesions. However, significant unanswered questions remain as to how to optimize screening programs for women with different risk profiles. In this session, leaders in the field will provide reflections on the current thinking on risk based screening with molecular testing for HPV.

- E-health and M-health platforms to facilitate risk-based cervical screening  
- Towards fully molecular risk stratification  
- Risk based screening - the US experience  
- When to start screening after vaccination? Intermediate results of a Finnish randomized trial  
- Epimetheos - an open source platform for risk-based modeling  
- Discussion  

J. Dillner (Sweden)  
C. Meijer (Netherlands)  
N. Wentzensen (USA)  
M. Lehtinen (Finland)  
I. Baussano (France)

### SS - SCIENTIFIC SESSIONS

**SS**  
**Updating triage methods in HPV based screening an international experience**  
Chair: M. Arbyn (Belgium), J. Cuzick (UK)  

13:30 - 15:00

**SS**  
**HPV and molecular testing of self-collected samples**  
Chair: A. Lorincz (UK), C. Meijer (Netherlands)  

15:30 - 17:00

**SS**  
**HPV vaccination in sexually active persons (I)**  
Chair: TBD

### SS - SCIENTIFIC SESSIONS

**SS**  
**Wider use of HPV self-sampling in screening programs: current practice**  
Chair: H. Berkhof (Netherlands), D. Heideman (Netherlands)  

8:00 - 9:30

**SS**  
**Cervical cancer screening and immunization in low and middle income countries**  
Chair: JP Bogers (Belgium), J. Smith (USA)
## SS - SCIENTIFIC SESSIONS
### THURSDAY, DEC. 5

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<th>SS</th>
<th><strong>Total protection and durability of the HPV vaccines</strong> 9:30 - 11:00</th>
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<td>Chair: A. Kreimer (USA), P. Lopalco (Italy)</td>
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<td>HPV vaccines were approved and licensed more than a decade ago, typically based on four years of data on the protection of the vaccines afforded against histologic endpoints. This session aims to summarize the state of the science on the durability of HPV vaccines, with data from both trial- and implementation-settings, and expanding endpoint assessments to include virologic and immunologic endpoints.</td>
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<th>SS</th>
<th><strong>First-void urine as a potential biomarker for triage of HPV and vaccine program follow-up</strong></th>
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<td>Chair: R. Steenbergen (Netherlands), A. Vorsters (Belgium)</td>
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<th>SS</th>
<th><strong>HPV vaccination in sexually active persons (II)</strong> 14:00 - 15:30</th>
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<th>SS</th>
<th><strong>HPV vaccination update</strong> 16:00 - 17:30</th>
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<th>SS</th>
<th><strong>Effect of HIV on HPV and related cancers</strong> 17:30 - 19:00</th>
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<td>Chair: A. D’Souza (USA), M. Shiels (USA)</td>
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<td>This session focuses on HPV-related cancers among people living with HIV (PLWH). We will review the epidemiology of cervical and anal cancer among PLWH and the effect of HIV-related immunodeficiency and ART use on risk of HPV-associated cancers. Updates on optical screening for cervical and anal cancer among PLWH will be reviewed, including review of guidelines, nuances, practitioners’ view/tips, and common questions and answers.</td>
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## SS - SCIENTIFIC SESSIONS
### FRIDAY, DEC. 6

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<th>SS</th>
<th><strong>Screening for anal cancer precursors in women</strong> 8:00 - 9:30</th>
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<td>Chair: J. Palefsky (USA), L. Abramowitz (France)</td>
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<th>SS</th>
<th><strong>Cervical screening of vaccinated birth cohorts</strong> 10:00 - 11:30</th>
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<td>Chair: J. Bonde (Denmark), C. Cuschieri (UK)</td>
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<th>SS</th>
<th><strong>Control of high-risk HPV transmission - disinfection issues in clinical practice</strong> 14:15 - 15:45</th>
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<td>Chair: J. Doorbar (UK)</td>
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### SS - SCIENTIFIC SESSIONS

**Therapeutic options for low-risk HPV infection and disease**
Chair: S. Best (USA), C. Lacey (UK)  
16:15 - 17:45

Low-risk HPV viruses 6 and 11 are the causative factor in both genital warts and laryngeal papilloma, two diseases with recurring clinical courses characterized by persistent viral infection. This session focuses on recent developments in therapeutics for low-risk HPV diseases, including surgical, immunologic, and epidemiologic approaches to disease management. This session will highlight the similarities and differences between these two diseases and it brings together researchers and clinicians to discuss the entire spectrum of human disease caused by low-risk HPV.

**Immune responses to HPV infection**
Chair: M. Stanley (UK), S. Syrjänen (Finland)  
17:45 - 19:15

### SS - SCIENTIFIC SESSIONS

**HPV based screening for cervical cancer**
Chair: K. Canfell (Australia), P. Georgi Rossi (Italy)  
8:00 - 9:30

**Validation of HPV assays for primary screening**
Chair: M. Arbyn (Belgium), F. Carozzi (Italy)  
9:30 - 11:00

**Update on next generation sequencing research**
Chair: T. Iftner (USA), L. Mirabello (USA)  
11:00 - 12:30
### CS 01
**Best strategies to prevent and follow women after conization for CIN3**
**Chair:** S. Garland (Australia), J. Paavonen (Finland)

**Part A: HPV testing as a test of cure - what is the evidence**
C. Redman (UK)

Treatment for cervical pre cancer is fallible and follow-up essential. In the past cytology was the test of choice but this lacked sensitivity so FU schedules were varied according to histological factors and necessarily involved frequent and repeated testing. Recurrence of CIN is associated persistence of HR HPV subtypes. On the basis of a number of studies and metaanalyses it is recognized that the negative predictive value of a single HR HPV test at 6 months after treatment is sufficiently high to enable a return to normal screening intervals. Compared to cytology, HPV testing is less specific and further evaluation, in one form or another is required for positive tests.

**Part B: The challenge of HPV vaccination after treatment**
TBD

- Understanding the concept and definition of recurrent cervical squamous intraepithelial lesion (SIL)
- Disease burden of recurrent SIL
- HPV testing and discrimination of HPV reinfection
- Design of clinical trials of post-treatment HPV vaccination

**Participants:**
- B. Strander (Sweden)
- P. Nieminen (Finland)
- J. Dillner (Sweden)
- M. Kyrgiou (UK)

### CS 02
**Risk and prevention of cervical cancer in post-menopausal women**
**Chair:** C. Bouchard (Canada), P. Gravitt (USA)

- Review the evidence for cancer and CIN2+ risk in pre-VS post-menopausal women
- Review of screening and management guidelines of post-menopausal women
- Clinical experience in management of HPV-screened birth cohorts previously screened with cytology
- Effect of screening in post-menopause
- Strategies for prevention of cervical cancers in post-menopausal women

**Participants:**
- A. Rositch (USA)
- M. Einstein (USA)
- A. Hammer-Lauridsen (Denmark)
- TBD
- Annika Lindström (Sweden)

### CS 03
**LLETZ**
**Chair:** Pekka Nieminen (Finland), C. Redman (UK)

The session is a multi-faceted review of LLETZ that will consider how and when to perform this procedure and its place in modern colposcopy.

- Teaching LLETZ procedure
- When to treat?
- How to do a proper LLETZ? Depth, problems, etc.
- Select and treat. Indications, evidence
- Follow-up after LLETZ: post LLETZ treatment, TOC, need for colposcopy, cancer

**Participants:**
- M. Cruickshank (UK)
- I. Kalliala (Finland)
- C. Redman (UK)
- TBD
- K. Aro (Finland)
CS 04  HPV assays - from practice to research development  

**Chair:** M. Poljak (Slovenia)  
**16:00 - 17:30**

The enormous number of commercial HPV assays on the market complicates choosing the best test for different clinical applications as well as for epidemiological studies and research purposes. The session will provide a global overview of commercially available HPV tests, as well as a summary of those considered clinically validated for primary screening. Quality control requirements for HPV testing and clinical performance of HPV tests on alternative specimens will be also reviewed. Finally, next generation HPV tests currently in the pipeline or in the late phase of development shall be presented.

- Global overview of commercially available HPV tests: 2019 update  
- Validation rules for HPV tests with genotyping capacity  
- Quality control requirements for HPV testing  
- Clinical performance of HPV tests on alternative specimens  
- Next generation HPV tests: what is in pipeline and what is not (and we desperately need)?

M. Poljak (Slovenia)  
L. Xu (Belgium)  
K. Cuschieri (UK)  
A. Vorsters (Belgium)  
E. Franco (Canada)

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CS 05  Age to start and stop screening and how it will change with HPV  

**Chair:** P. Georgi Rossi (Italy)  
**17:30 - 19:00**

The introduction of HPV testing and the changing epidemiology of HPV infections due to vaccination require re-thinking the definition of the screening target age: at what age should we start screening, in vaccinated and non-vaccinated women? When should we stop screening in women who had a negative HPV test? In this session both modelling studies and insights from cancer and screening registries from different European countries will be used to answer these questions.

- When to start and stop screening with Pap and HPV: models for policy decision making  
- When to start and stop screening with HPV testing: the importance of the knowledge on the natural history of the disease  
- How data from cancer registries can help to define age to start and stop screening  
- Age to start and stop screening: the UK experience

T. Malagon (Canada)  
I. Baussano (France)  
E. Lynge (Denmark)  
P. Sasieni (UK)

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CS - CLINICAL SESSIONS  
FRIDAY, DEC. 6

CS 06  HPV vaccination and use of new technologies in women at high risk of cervical disease  

**Chair:** J. Dillner (Sweden), M. Kyrgiou (UK)  
**8:00 - 9:30**

With the widespread use of HPV vaccines, the prevalence of vaccine HPV type infections is dropping, in some populations nearing extinction. The two major vaccine types (HPV16/18) are responsible for 70% of cervical cancers and even more in younger screening populations. In highly vaccinated birth cohorts, both cytology and HPV screening will mostly detect the remaining HPV types that have no or very limited potential to cause cancer. For populations without the most oncogenic HPV types, entirely new screening strategies and new screening tests are required.

- Efficacy of HPV vaccination in the UK and beyond – Accelerating impact of HPV vaccination  
- HPV vaccination and impact on prevalence cervical disease in Scotland  
- Resource stratified approaches combining vaccination and screening  
- The use of “omics” innovative technologies to optimise management of women with abnormalities at screening  
- Genetics and epigenetics in cervical cancer

M. Kyrgiou (UK)  
M. Cruickshank (UK)  
P. Sasieni (UK)  
M. Paraskevaidi (UK)  
S. Lever (UK)
### CS 07  Cervical neoplasia - stump the expert (interactive session)  
**Chair:** J. Bornstein (Israel), E. Paraskavaidis (UK), A. Singer (UK)  
**10:00 - 11:30**

The approach to diagnosing, classifying and treating cervical intraepithelial neoplasia has changed with recent advances. This time, we will present contemporary cases to a panel of experts. The experts’ diagnosis and management will be questioned by the moderators and the audience.

- Case presentation
- Case presentation
- Case presentation
- Case presentation

- C. Redman (UK)
- A. Shiraz (UK)
- L. Sui (China)
- R. Lúa Alvarado (Mexico)

### CS 08  Management / Colposcopy  
**Chair:** J. Bornstein (Israel), D. Jenkins (UK)  
**13:00 - 14:15**

This session will critically examine the traditional approach to diagnosis and management of cervical abnormalities at the colposcopy clinic and discuss the appropriate integration of HPV genotyping and biomarkers’ use in different clinical situations, and the way they are reflected in the different guidelines.

- Can we make pathological diagnosis less subjective and variable?  
- Role of bio markers for the clinician in colposcopy: is there a place in the day to day practice?  
- Revision of different guidelines in colposcopy (France, USA, Canada, etc.)  
- Management of cervical abnormalities in pregnancy  
- The value of HPV genotyping in colposcopy practice

- D. Jenkins (UK)
- E. Paraskkevaidis (UK)
- J. Bornstein (Israel)
- C. Bouchard (Canada)
- N. Wentzensen (USA)

### CS 09  Treatment of anal cancer precursors  
**Chair:** A. Nyitray (USA), M. Einstein (USA)  
**14:15 - 15:45**

Treatment of cervical precancers is highly efficacious in preventing the development of cervical cancer. It is not known if treatment of anal precancers will prevent the development of anal cancer. This session will focus on investigation of treatment approaches for HPV infection and anal neoplasia including therapeutic vaccines, ablation, and topical approaches.

- Host cell DNA methylation markers for the detection of HGAIN and anal cancer  
- Novel therapeutic agents for anal HPV and anal squamous intraepithelial lesions  
- Ablative approaches for treatment of anal HPV and anal squamous intraepithelial lesions  
- Topical approaches for treatment of anal HPV and anal squamous intraepithelial lesions

- R. Steenbergen (Netherlands)
- M. Einstein (USA)
- TBD
- B. Stier (USA)

### CS 10  Microbiome  
**Chair:** B. Moscicki (USA)  
**16:15 - 17:45**

The microbiome plays a critical role in human health and disease. Microbial dysbiosis has been shown to be associated with inflammation which can be helpful in control of HPV. On the other hand, prolonged inflammation is associated with cancerous changes. Of the mucosal sites, the cervical-vaginal environment has been the most often studied- but mostly with cross-sectional studies. Longitudinal studies are more likely to be more informative. Few studies have attempted to examine the association between HPV outcomes and the anal or oral microbiome. This session will examine longitudinal studies of the cervical microbiome as well as anal and oral microbiomes and HPV outcomes.

- Anal microbiome  
- Oral microbiome  
- Cervico-vaginal microbiome  
- CIN2 clearance  
- HPV regression vs. progression to CIN2

- J. Palefsky (USA)
- M. Goodman (USA)
- M. Kyrgiou (UK)
- TBD
- B. Moscicki (USA)
### CS 11 How to act against fake news, anti-vaccination movements and manipulation of public opinion  
**Chair:** E. Karafillakis (UK), M. Nygard (Norway)

Cervical cancer is a preventable disease, but only if women choose to attend screening and vaccinate against HPV. The spread of misinformation around cervical cancer prevention and HPV vaccination, facilitated by digital and social media, has contributed to an amplification of public concerns about screening efforts and vaccination, particularly the safety of vaccination. This session will discuss the impact of digital and social media on cervical cancer prevention, focusing on vaccine hesitancy - one of the top ten threats to global health as declared by the WHO in 2019. We will also provide examples of strategies to improve communication for cervical cancer prevention and ways to manage and respond to misinformation online.

- Digital and social media: the importance of listening to the public  
  - E. Karafillakis (UK)
- Responding to anti-vaccination content on digital and social media: whose responsibility?  
  - C. Milne (UK)
- Messaging done right: how to communicate around HPV vaccination  
  - C. Simas (UK)
- Navigating digital and social media to reach different populations  
  - A. Tropé (Norway)
- Using digital and social media as a positive tool to respond to public concerns  
  - K. Pollock (UK)
- Round table discussion

### HN - HPV AND HEAD & NECK CANCERS  
**WEDNESDAY, DEC. 4**

The EUROGIN HPV and Head & Neck Cancer Forum highlights areas of active investigation in the field of HPV and head and neck cancers. This year’s forum will offer an extended review of screening for early cancer detection that will occupy two sessions, molecular characterization and potential biomarkers for prognosis and monitoring of HPV related oropharyngeal cancer patients, new insights on emerging treatment strategies and the role of HPV in benign disease such as recurrent respiratory papillomatosis.

### HN 01 HPV and head & neck cancer - Treatment  
**Chair:** P. Bossi (Italy)  
**8:15 - 9:45**

- Update on de-intensification strategies  
  - C. Simon (Switzerland)
- HPV-positive oropharyngeal cancers: immunological control and impact of immunotherapy  
  - M.J.P. Welters (Netherlands)
- Clinical and molecular factors modulating response and prognosis of HPV-positive cancers  
  - J.P. Klussmann (Germany)
- Improving efficacy of immunotherapy with combinations in HPV-positive cancers  
  - E. Massarelli (USA)

### HN 02 Screening for HPV (I)  
**Chair:** S. Franceschi (Italy)  
**10:30 - 12:00**

- Etiologic role in global perspective  
  - L. Alemany (Spain)
- Should there be screening for HPV-driven oropharyngeal cancer?  
  - A. Kreimer (USA)
- Biomarkers of choice: oral HPV: understanding the strength and limitations  
  - A. D’Souza (USA)
- HPV serology and screening for oropharyngeal cancers  
  - K. Anderson (USA)
- T. Waterboer (Germany)
**HN - HPV AND HEAD & NECK CANCERS**

**WEDNESDAY, DEC. 4**

**HN 03**  
**Screening for HPV (II)**  
Chair: A. D’Souza (USA)  
13:30 - 15:00

- Oral HPV vs. serology  
- Implications of high-risk biomarker seropositivity: Bridging lessons from CIN to OPC  
- Clinical consensus building for the use of systemic Avastin in RRP  
- Coordination of patient advocacy groups for the monitoring of systemic Avastin  
- RNA sequencing for target genetic markers in pediatric RRP  
- Future directions for immunotherapy trials in RRP  
- What to do with high risk biomarker positive? Lessons from unknown primary & prophylactic mucosectomy  
- Current Screening Trial Designs

A. D’Souza (USA)  
H. Robbins (France)  
P. Mudd (USA)  
S. Best (USA)  
A. de Alarcon (USA)  
C. Allen (USA)  
D. Eisele (USA)  
A. Day (USA)

**HN 04**  
**HPV and head & neck cancer - Submitted papers**  
Chair: TBD  
15:30 - 17:00

**HN - HPV AND HEAD & NECK CANCERS**

**THURSDAY, DEC. 5**

**HN 05**  
**Surveillance for recurrent HPV**  
Chair: H. Mirghani (France)  
8:00 - 9:30

- Plasma Circulating Tumor HPV DNA for Early Detection of Cancer Recurrence in HPV-associated Oropharyngeal Cancer  
- HPV antibodies and risk of recurrence  
- Oral HPV  
- What would you do if identified high-risk individual in terms of diagnostics?

B. Chera (USA)  
K. Lang Kuhs (USA)  
E. Rettig (USA)  
C. Fakhry (USA)

**HN 06**  
**Molecular characterization / emerging biomarkers of HPV positive OPSCC**  
Chair: J. Zevallos (USA)  
9:30 - 11:00

- Single cell sequencing analysis of HPV positive OPSCC  
- HPV ctDNA quantification and characterization  
- Molecular characteristics by smoking  
- A sensitive and specific marker for HPV+ oropharyngeal cancer that occurs up to 20 years before disease onset

S. Puram (USA)  
S. Bratman (Canada)  
J. Zevallos (USA)  
P. Brennan (France)
HN 07  HPV and RRP - Confronting the challenge of a rare disease
Chair: S. Best (USA)
14:00 - 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 collaborative research efforts that attempt to overcome the challenges of treating a rare and orphan disease. Multi-institutional efforts are ongoing in the natural history of disease, genetics, immunology, and novel therapeutics in the search for effective therapies.

- RRP in the wild: tracking treatment and natural history
- Clinical consensus building for the use of systemic Avastin in RRP
- Coordination of patient advocacy groups for the monitoring of systemic Avastin
- RNA sequencing for target genetic markers in pediatric RRP

M. Amin (USA)
P. Mudd (USA)
S. Best (USA)
A. de Alarcon (USA)
C. Allen (USA)

HN 08  HPV and head & neck cancer - Submitted papers
Chair: TBD
16:00 - 17:30

WS 01  Workshop on HPV immunization
Chair: P.L. Lopalco (Italy), P. Van Damme (Belgium)
8:30 - 11:45

HPV vaccination programs are being implemented worldwide, with different degrees of success. For a number of countries the one dose HPV immunization schedule might be an interesting option, whereas other countries want to know whether sexually active women are an indication for HPV vaccination. Increasingly the policy and decision makers, as well as vaccinators and vaccinees want to understand the impact of immunization on the incidence of cervical cancer and cervical cancer elimination.

All this will be presented and discussed during the workshop along with the presentation of a few country HPV immunization examples.

- Introduction
- One-dose HPV schedule: a future option?
- Vaccination of sexually active women: an indication?
- HPV vaccine introduction in Asia
- Follow-up studies with bi-valent and quadrivalent vaccines in Europe: impact on cervical diseases and elimination
- Impact of HPV vaccination on the incidence of cervical cancer
- The HPV vaccination program in the UK: preparation and implementation
- Discussion

P. Van Damme (Belgium)
P. Stanley (UK)
E. Franco (Canada)
S. Hanley (Canada)
K. Pollock (UK)
M. Arbyn (Belgium)
J. Yarwood (UK)
WS 02  Cervical Cancer Screening Quality Assurance  13:45 - 17:30

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

TRAINING WORKSHOP FOR CERVICAL CANCER SCREENING PROGRAMME COORDINATORS AND EVALUATORS ON QUALITY ASSURANCE IN CERVICAL CANCER SCREENING

Screening and prevention of cervical cancer is undergoing major changes with the deployment of new screening methods and immunization programmes. However, screening coverage remains an important determinant for the success of population-based cancer prevention efforts. Many programmes still struggle with suboptimal attendance or adherence to the guidelines. This workshop aims to assess the recommendations from the current European guidelines and explore available strategies to improve screening coverage among hard to reach of women, discuss barriers to implementation of the quality assured screening strategies and look for possible solutions.

13:45  Part 1
15:15  Part 2: Interactive session with selected papers

• Opening - What do we mean with quality assurance and quality improvement?
• Recommended QA and organization of cervical cancer screening
• Barriers in attendance and access to quality assured screening
• Screening and importance of primary prevention
• How to enroll actively in a cohort never or inadequately screened women
• Implementation and findings of primary HPV testing based on screening statistics
• Discussion

16:00  Part 2: Interactive session with selected papers
17:30

Interactive part with presentations from conference participants. Focus: resolving barriers for effective screening, e.g. on poor coverage or attendance, problems with adherence to guidelines – also in the management of women tested positive – or lack of necessary evaluation research and monitoring. Five presentations with discussion with the faculty and audience. The interactive part can cover

• Efforts to improve organization and fail-safe
• Improving coverage and impact in hard-to-reach population by conventional or new methods, and informed participation
• Plans and results on improving equity
• Efforts to improve organization and fail-safe
• Synergies with screening and HPV vaccination
• Summary and Close

WS 03  Workshop Vulvar and Anal Diseases  13:30 - 18:00

13:30  Part 1: Vulvovaginal syndromes
15:00

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

• Localized provoked vulvodynia: conservative management or surgery?
• Vulvar dermatoses: natural history and risk for malignancy
• Bacterial vaginosis
• Aerobic vaginitis
• Selected case presentations
• Discussion

P. Tommola (Finland)  M. Jakobsson (Finland)  G. Donders (Belgium)  J. Paavonen (Finland)  G. Donders (Belgium)
Part 2: Stump the expert: Vulvovaginal and anal neoplasia - what is your diagnosis?
Chair: J. Bornstein (Israel)

The approach to diagnosing, classifying and treating a vulvar and anal condition has always been complicated. In the case of HPV-associated lesions and intraepithelial neoplasia, it may be controversial. This time, our course will discuss the approach to vulvar disease by presenting cases with vulvar lesions to a panel of experts. The expert’s diagnosis and management will be questioned by the moderators and the audience.

- Case presentations: Vulvar intraepithelial neoplasia
- Case presentations: Vaginal intraepithelial neoplasia
- Case presentations: Anal intraepithelial neoplasia
- Case presentations: Vulvodyna

Discussion and Close

Colposcopy Course - Organized in conjunction with the European Federation for Colposcopy (EFC)
Coordination: A. Singer (UK)

Welcome

Part 1: The normal cervix and the colposcopy examination
Chair: A. Singer (UK)

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 and 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 symptoms and signs of the early invasive cancer.

Discussion
Part 2: Update of pathology and cytology for colposcopists
Chair: C. Bergeron (France)

As molecular evidence increased and was carefully correlated with epidemiologic studies, it is now clear that CIN 1 (e.g. mild dysplasia, usually with koilocytes) represents the histologic correlate for productive HPV infection, while CIN2 (at least for some) but definitely CIN3/CIS are identified as a morphologic indication of HPV oncogene induced cell transformation. This understanding leads to the return of a binary risk-based managerial approach to cervical pathology: CIN1 lesions are considered low-grade squamous intraepithelial lesions (LSIL) and managed with observation, whereas CIN2/CIN3/CIS lesions are lumped together as high-grade squamous intraepithelial lesions (HSIL) and warranted resection.

This two-tiered risk schema informed the Bethesda Classification System for Cervical Cytology, first introduced in 1988 and refined 3 times, most recently in 2014. In 2012, the Lower Anogenital Squamous Terminology (LAST) project further advocated for the use of LSIL/HSIL terminology not only in the uterine cervix, but also elsewhere in the male and female genital tracts, as did the 4th edition of the World Health Organization’s text on gynaecologic neoplasia. Thus today, we have a unified, biologically based terminology for both cytology and histology that extends to the whole spectrum of cervical neoplasia and helps to guide management.

• Discussion

Part 3: Colposcopy of the “abnormal” cervix
Chair: A. Singer (UK)

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 indicative of possibly early invasive cancer (microinvasion).

• Discussion

Part 4: The accuracy of colposcopy: how can we make it better?
Chair: C. Redman (UK)

Colposcopic performance is multifactorial and very much depends on context. A variety of studies have shown variable accuracy and concerns have been expressed about its sensitivity to detect HSIL in the presence of LSIL cytology. The prevalence of HSIL is a major determinant in PPV and this will inevitably fall in primary HPV screening, especially if the population is vaccinated. In addition to high quality colposcopy based on training and quality assurance, performance might be improved using adjunctive colposcopic technologies.

• Discussion
Part 4: Towards the safe and accurate treatment of cervical precancer

Chair: C. Redman (UK)

Colposcopy decisions are inherently based on judgement, hopefully underpinned by a sound understanding of the context and disease processes. Treating cervical pre cancer involves achieving a balance between effectiveness and the avoidance of needless harm. Factors associated with colposcopic accuracy (case mix, number of biopsies, training and quality assurance) and ways of improving performance are considered.

Part 5: The value of biomarkers in colposcopy practice

Chair: C. Bergeron (France)

p16 immunohistochemistry is the most widely enlisted biomarker in the uterine cervix and in the HPV-related neoplasia in general. Biologically high grade lesions, e.g. true precancers are virtually always p16 positive. The LAST recommendations therefore advocate for p16 application in all cases of suspected CIN2 as a way of minimizing CIN2 cases as well as cases with a differential diagnosis of CIN3 vs. benign (atrophy, squamous metaplasia, etc.). Although the diagnostic value of p16 immunohistochemistry in the uterine cervix is well-established in these scenarios, p16 falters when it comes to prognostication and is not considered a reliable prognostic marker in LSIL histological cases.

Using a combination of antibodies to detect p16 and the cell cycle marker Ki67 identifies HPV-transformed cervical cells. The clinical performance of this approach has been evaluated in the triage of ASC-US and LSIL cytology results and more recently in HPV-primary screening. Cytology informed of HPV positivity is more expected to perform better than predicted by trials and could possibly allow longer intervals before retesting HPV-positive women with normal cytology. Alternative triage strategies like combining genotyping (16/18 only vs extended genotyping) with cytology, p16/Ki67 dual stain ICC or methylation analyses are all under active evaluation for optimization of the balance between immediate referral vs deferred assessment of HPV positive women.

• Discussion
**Scientific Director of the session:**
Nicolas BERRENI (France)

**Scientific Committee:**
Bernard-Jean PANIEL (France)
Pierre MARES (France)
Inna APOLIKHINA (Russia)
Massimiliano BRAMBILLA (Italy)
David ELIA (France)

**FRIDAY, DEC. 6**

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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<tr>
<td>14:00</td>
<td>General Introduction</td>
<td>Nicolas BERRENI (France), Massimiliano BRAMBILLA (Italy)</td>
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<td>14:05</td>
<td>New technologies in genital restoration – Applications to functional and plastic gynecology</td>
<td>Nicolas BERRENI (France)</td>
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<td>14:15</td>
<td>How to improve vaginal health</td>
<td>David ELIA (France)</td>
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<td>14:25</td>
<td>Vaginal health in athletic woman</td>
<td>Pierre MARES (France)</td>
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<td>14:35</td>
<td>Sexuality of women in elegant age dysfunctions and treatment</td>
<td>Oksana ROMASHCHENKO (Ukraine)</td>
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<tr>
<td>14:45</td>
<td>Regenerative medicine: How far we are!</td>
<td>Mario GOISIS (Italy)</td>
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<td>15:00</td>
<td>Immunocellular action mechanisms of HPV and clinical consequences of laser rejuvenation</td>
<td>Anna-Barbara MOSCICKI (USA)</td>
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<td>15:15</td>
<td>Microbiota, flora and HPV</td>
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<td>15:25</td>
<td>Tissue action mechanisms of lasers</td>
<td>Stefano SALVATORE (Italy)</td>
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<td>Marco GAMBACCIAI (Italy)</td>
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<td>16:15</td>
<td>Lasers and cervical dysplasia</td>
<td>Bernard-Jean PANIEL (France)</td>
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<td>Evgeny LESCHUNOV (Russia)</td>
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<td>16:35</td>
<td>Lasers and conisations</td>
<td>Michel MOULY (France)</td>
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<td>16:45</td>
<td>Lasers and genital restoration</td>
<td>Inna APOLIKHINA (Russia)</td>
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<td>• Photothermal tissue reconstruction in modern gynecological practice</td>
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<td>• My indications and my protocols</td>
<td>David ELIA (France)</td>
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<td>Michel MOULY (France)</td>
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## VULVOVAGINAL PAIN AND SEXUAL DYSFUNCTION IN THE ONCOLOGICAL THERAPEUTIC COURSE 17:15 - 18:15

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<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>17:15</td>
<td>Treatment protocols of vulvo-vaginal atrophy</td>
<td>David ELIA (France)</td>
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<td>17:25</td>
<td>Why injectables in gynecology?</td>
<td>Denis COUCHOUREL (France)</td>
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<td>Nicolas BERRENI (France)</td>
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<td>17:45</td>
<td>Why lasers and LEDs in gynecology?</td>
<td>Luc BENICHOU (France)</td>
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<td>Ana MITROVIC-JOVANOVIC (Serbia)</td>
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<td>Theodora MANTZOURANI (UK)</td>
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## CONCLUSIONS 18:15 - 18:30
### Videos Session • 8:30 - 10:45

#### Plastic Reconstruction Surgery After Vulvovaginal and Anal Cancer • 8:30 - 9:15

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<tr>
<td>8:30</td>
<td>Flap surgery and combined gestures (Video I)</td>
<td>Massimiliano Brambilla (Italy)</td>
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<td>8:45</td>
<td>Flap surgery and combined gestures (Video II)</td>
<td>Barbara Hersant (France)</td>
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<td>9:00</td>
<td>Flap surgery and combined gestures (Video III)</td>
<td>Gwenaël Feron (France)</td>
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#### Medicine and Regenerative Surgery • 9:15 - 10:45

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<th>Time</th>
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<tr>
<td>9:15</td>
<td>Videos commented by experts</td>
<td>Nicolas Berreni (France)</td>
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<tr>
<td>9:30</td>
<td>Place of Hyaluronic Acids</td>
<td>Barbara Hersant (France)</td>
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<td>9:30</td>
<td>Place of PRP</td>
<td>Massimiliano Brambilla (Italy)</td>
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<td>9:30</td>
<td>Place of fat and stem cells</td>
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<tr>
<td>9:30</td>
<td>Videos of demonstrations by Laboratories with expert comments (lasers, injectables, etc.)</td>
<td>TBA</td>
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### Round Table • 10:45 - 12:15

*With the Scientific Director, the Scientific Committee and the speakers*

**HPV and New Technologies in Genital Restoration**

Precautions, Screenings, Risks, Limits and Contraindications!

### Conclusion