MAIN TRAINING COURSE - MTC

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.

MTC 1 The current picture of HPV infection and associated cancers - Understanding the difference between the cervix and OPC

Europa Hall
8:30 – 10:00

Co-chairs: S. Franceschi, S. Syrjänen

Cervical cancer is predominant among HPV-associated cancer and women are and will be for a long time the main victim of the insufficient application of well-established interventions of primary prevention (HPV vaccination) and secondary prevention (cervical screening) against HPV. However, the welcome decline of cervical cancer in some high-risk countries have made anogenital cancers other than cervical cancer relatively more important and worth tackling. This is especially true for special populations, HIV-infected people and men having sex with men in particular. The natural history of HPV in cancer of the head and neck (mainly tonsil) is ill-understood and preferentially affect men. The prevention of HPV infection in men should not therefore be neglected, both in order to protect them and to afford additional protection in women.

MTC 1-1	- The burden of HPV associated cancers in men and women	G. Clifford	France
MTC 1-2	- The state of the art of HPV epidemiology, cervical vs oral	S. De Sanjosé	Spain
MTC 1-3	- Molecular biology and carcinogenesis: cervix vs oropharynx	J. Doorbar	UK
MTC 1-4	- Natural history: insight into the susceptibility by sites	P. Gravitt	USA
	- Discussion		

Coffee Break **10:00 – 10:30**

MTC 2 Recent progress and perspectives in the control of HPV associated cancers: women and men across the ages

Europa Hall
10:30 – 12:15

Co-chairs: E. Franco, P. Gravitt

Prevention and control of HPV-associated diseases, both malignant and benign require strategies that are tailored to specific age groups and are dependent on gender. Although universal HPV vaccination began in earnest nearly 10 years ago by targeting primarily pre-adolescent and adolescent women only, gender-neutral vaccination policies are gradually being adopted in Western countries. Likewise, adoption of molecular HPV testing as a technology in cervical cancer screening has led to a rethinking of the most appropriate ages to screen and of the screening interval. This session will cover the diversity of primary and secondary prevention strategies with a view on future directions for the control of HPV-associated cancers.

MTC 2-1	- Primary prevention: recognizing the perspective value of HPV prophylactic vaccines by sites	E. Joura	Austria
MTC 2-2	- Screening: current standards and options for HPV cervical cancer screening in non-vaccinated women	N. Wentzensen	USA
MTC 2-3	- Screening: current standards and options for HPV cervical cancer screening in the vaccinated population	K. Canfell	Australia
MTC 2-4	- OPC screening, strengths and weaknesses of the current development	A. Kreimer	USA
MTC 2-5	- HPV related cancers: new immunotherapies: ongoing trials, impact and prospects	S. Pai	USA
MTC 2-6	- Conclusion – The global view: positioning the respective interventions and role of prevention, screening and immune therapies across ages	E. Franco	Canada
	- Discussion		

MTC 3 (Part I) The value of HPV detection - Testing, biomarkers, serology and genomics: revisiting the progress and practices

Europa Hall
13:45 – 15:50

Co-chairs: J. Cuzick, W. Kinney

As HPV testing is becoming more acceptable, the methods by which testing can be performed and assayed are rapidly multiplying. As well as conventional clinician taken cervical samples HPV can now be assayed from self-sampled cervical material, urine, saliva and buccal scrapes. A range of DNA and RNA tests have been validated and immediate on-site assay procedures are now available. All of these promise to improve access to HPV testing in both affluent and medium and low income countries. Refinements and further developments of the assess to look at full and partial HPV genotyping and methylation status are also progressing. All of these developments require quality control and careful assessment of where each one can work best.

MTC 3-1 -	HPV assays for research and clinical practices: which test for which uses	L. Alemany	Spain
MTC 3-2 -	Performance by sites - Cervix vs H&N	P. Snijders	Netherlands
MTC 3-3 -	Feasibility and cost implications of increasing numbers of HPV assays in Low and Middle Income Countries (LMIC) compared with High Income Countries (HIC)	H. Cubie	UK
MTC 3-4 -	Practical uses: Lab / pathologists vs onsite outpatient clinic	J. Cuzick	UK
MTC 3-5 -	Validation methods, quality assurance and transport media	J. Dillner	Sweden
MTC 3-6 -	Molecular Markers and new approaches to stratifying disease risk in cervical screening	E. Paraskevaidis	Greece
	Repositioning the HPV assays within the evidences: HPV DNA vs mRNA vs Genotyping vs p16 in research, screening and surveillance:		
MTC 3-7 -	(1) - Which HPV assays fulfil requirements for cervical cancer screening	M. Arbyn	Belgium
MTC 3-8 -	(2) - Cytologic triage of HPV positive women	G. Ronco	Italy
MTC 3-9 -	(3) - Triage of the HPV positive woman – options others than cytology	W. Kinney	USA
MTC 3-10 -	(4) - The challenges associated with screening vaccinated women	K. Cuschieri	UK
-	Discussion		

Coffee Break **15:50 – 16:15**

MTC 3 (Part II) The value of HPV detection - Testing, biomarkers, serology and genomics: revisiting the progress and practices

Europa Hall
16:15 – 17:30

Co-chairs: P. Gravitt, F. Carozzi

The contributions of clinical laboratory to health care quality and outcomes are substantial. Innovation, demonstrated clinical benefit, and appropriate use of laboratory screening and diagnostic tests are essential for achieving the goals of health system especially in HPV disease. Scientific progress has provided a broad array of tests for identification of HPV infection. These tests vary greatly in terms of their level of complexity (i.e. the technical requirements for optimal test performance), in the costs required to perform them (both material- and labour-related), and in terms of performance. In this session we evaluate their strengths and shortcomings.

MTC 3-11 -	The role of HPV genome sequencing	L. Mirabello	USA
MTC 3-12 -	The role of HPV serology: cervical vs oral	M. Safaeian	USA
MTC 3-13 -	The role of HPV DNA testing in urine and saliva	S. Franceschi	France
MTC 3-14 -	The prospects of genomics	A. Lorincz	UK
MTC 3-15 -	The expanding role of self-collection	D. Heideman	Netherlands
MTC 3-16 -	HPV carriage: the urgent need for education of physicians and public	H. Trottier	Canada
MTC 3-17 -	Conclusion: which test for which circumstances: countries, target users, population, sites	P. Gravitt	USA
-	Discussion		

Abstracts are available for download at: www.eurogin.com/2016

SATELLITE TRAINING COURSES - STC

STC 1 Vulvar diseases - A. Vulvar neoplasia

Mozart 1-2 room
8:30 – 10:00

Chair: J. Bornstein

The approach to vulvar disease, which has been changed lately, has led to the introduction of the new terminologies for vulvar conditions. In particular, Vulvodynia is now considered to have a variety of causes rather than an idiopathic pain. The new concept will be presented and discussed in the session.
A recent controversy regarding the relative significance of the sub types of Vulvar Squamous Intraepithelial Lesions (VSILs), rose as a result of the introduction of the Lower Anogenital Squamous Terminology (LAST) in 2012. This terminology of HPV lesions ignored one important subtype of intraepithelial lesions – the Differentiated Vulvar Intraepithelial Neoplasia (DVIN), and on the other hand, reintroduced the Low Grade Squamous Intraepithelial Lesion (LG-SIL), which is regarded by the ISSVD as only an HPV effect or condyloma, without a malignant potential. These controversies have been resolved in the new ISSVD terminology of VSIL. It will also be presented and discussed.
Prevention of VLSIL by the HPV vaccine, its clinical presentation, as well as of micro-invasive and invasive vulvar cancer and the controversy of vaccinating the patient who has already been exposed to HPV will also be presented to complete the scope.

STC-1-1	- The new ISSVD and consensus terminologies of Vulvar Squamous Intraepithelial Lesions (VSIL) and Vulvodynia	J. Bornstein	Israel
STC-1-2	- Prevention of VSIL by the nonavalent HPV Vaccine	E. Joura	Austria
STC-1-3	- Should we administer the HPV vaccine in patients with HPV?	M. Steben	Canada
STC-1-4	- Multicentric lower genital tract SIL	E. Schejter	Israel
STC-1-5	- Treatment of VLSIL and Early Invasive Vulvar Center	M. Roy	Canada
STC-1-6	- Vulvar cancer- diagnosis and modern treatment	M. Preti	Italy

Coffee Break **10:00 – 10:30**

STC 1 Vulvar diseases - B. Vulvar pain syndrom (Vulvodynia)

Mozart 1-2 room
10:30 – 12:15

Chair: G. Donders

Vulvar pain syndrome, or vulvodynia, is a complex pain syndrome characterized by altered pain transmission. Vulvodynia is a chronic health problem, and has a major impact on the quality of life of increasing number of women. It is a hidden problem, and we have only seen the tip of the iceberg. Neuropathic vulvodynia, also known as generalized vulvodynia, pudendal neuralgia, or dysesthetic vulvodynia, is relatively easy to manage with tricyclic antidepressants or gabapentinoids. Vulvar vestibulitis, also known as vestibulodynia, is more difficult to manage. Emerging data of the pathogenesis suggests that vestibulitis is an autoreactive condition characterized by specific lymphoid tissue inflammation which leads to epithelial nerve fiber proliferation. Pain genetics also contributes to the allodynia characteristic to vestibulitis. Polymorphisms associated with vestibulodynia have been described in specific genes. In differential diagnosis, rule-out diagnoses include specific infections, other specific inflammatory disorders such as dermatoses, or rare neurologic conditions. Individualised multidisciplinary management is often a major challenge to health care professionals. Multiple conservative therapeutic approaches have been used with variable success. However, pragmatic algorithms developed have proven useful in clinical practice. Surgery by posterior vestibulectomy is strikingly effective in refractory cases of vestibulodynia.

STC-1-7	- Etiopathogenesis: Inflammatory aspects	P. Tommola	Finland
STC-1-8	- Etiopathogenesis: Genetic aspects	N. Bohm-Starke	Sweden
STC-1-9	- Conservative management	G. Donders	Belgium
STC-1-10	- Surgical management by vestibulectomy	P. Tommola	Finland

EDUCATIONAL SESSION - ES

ES 1 Prospects for immunotherapy in HPV associated cancer

Wolf-Dietrich room
10:30 – 12:15

Chair: P. Stern

Four integrated lectures will introduce and explain the importance of immune surveillance in HPV infection and the cutting edge research driving the use of so called checkpoint inhibitors or adoptive cellular transfer or vaccine therapeutic approaches which are beginning to impact on the treatment of different types of cancer. The goal is to provide a session which educates the audience about approaches which are likely to lead to a paradigm shift in the way we approach the therapy of HPV associated disease.

ES 1-1	- Understanding immune surveillance in cancer	P. Stern	UK
ES 1-2	- The importance of inflammatory immune responses in HPV-induced carcinogenesis	S. Smola	Germany
ES 1-3	- Progress in therapeutic cancer vaccination	C. Trimble	USA
ES 1-4	- Exploiting Cell Mediated Immunity for cancer therapy	D. Gilham	UK
	- Discussion		

STC 2 Training course for cervical cancer screening coordinators and evaluators (Part I)

Mozart 1-2 room
13:45 – 15:45

Co-chairs: A. Anttila, S. Lönnberg

Traditional screening has reached close to optimal effectiveness in many countries, but in a number of programs effective cancer prevention has not yet been achieved. Cervical cancer screening is currently undergoing major changes also with the deployment of new screening methods and working models. Audits based on the outcome are now especially important so that quality can be maintained and incrementally improved while these changes are implemented. The aim of this short course is to demonstrate the rationale and concepts of outcome-based audits, present and discuss of barriers to implementation and look for possible solutions models.

STC-2-1 - Welcome	L.	Von Karsa	France
STC-2-2 - Disparities in the cervical cancer burden	A.	Anttila	Finland
STC-2-3 - What do we mean by quality assurance?	L.	Von Karsa	France
STC-2-4 - What do we mean by quality assurance?	A.	Anttila	Finland
STC-2-5 - Current QA and organization of cervical cancer screening	S.	Lönnberg	Norway
Practical examples of clinical and cervical screening program audit			
STC-2-6 - Sweden	M.	Elfström	Sweden
STC-2-7 - UK	P.	Pearmain	UK
STC-2-8 - Italy	N.	Segnan	Italy

Round table with maximum 5 presentations by participants on status and barriers of clinical and program audit in their screening program and feedback from the audience. Status and possible barriers are briefly reported in the following areas:

- Key results, scope and frequency of active or planned audits
- Responsible institutions
- Legal framework for collecting and linking data on performance and outcome, and organize re-evaluation of potential diagnostic failures
- IT systems that support collecting and linking these data
- Quality manual describing QA and auditing
- Specific financing of QA activities including audits
- Mechanism for enforcement of quality improvements

Coffee Break **15:45 – 16:15**

STC 2 Training course for cervical cancer screening coordinators and evaluators (Part II)

Mozart 1-2 room
16:15 – 17:30

Co-chairs: A. Anttila, S. Lönnberg

STC-2-9 **Programmatic use of quality assurance when implementing new screening strategies**	J.	Dillner	Sweden

- Importance of appropriate organization
- Improve coverage by conventional and new methods, informed participation
- QA for primary HPV testing
- Synergies with HPV vaccination

General discussion and conclusion

L. Von Karsa	France
A. Anttila	Finland
S. Lönnberg	Norway
J. Dillner	Sweden
P Pearmain	UK
M. Elfström	Sweden
P. Segnan	Italy

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SATELLITE TRAINING COURSES - STC

STC 3 COLPOSCOPY COURSE (separate registration required)

Trakl room
8:30 – 12:15

Chair: A. Singer

This will be the ninth EUROGIN colposcopy course and will be conducted by Professor Albert Singer of the University of London and Mr Ashfaq Khan of the Whittington Hospital in London. They are both experienced gynaecologists and colposcopists. The course will cover the important aspects of the diagnosis and treatment of cervical precancer, be it squamous or glandular. There will be power point and video presentations, the former given at the end of the course on a PDF disc to students. Topics will cover the basics of the colposcopic examination to the role of HPV testing and biomarkers .A large section will deal with methods of treatment and its complications. There will be time for informal discussion.

- **Current role of HPV testing in cervical screening**

Discussion points: HPV in triaging ASCUS and LSIL
HPV test of Cure
HPV test as screening tool

- **Principles of colposcopy examination**

Discussion: how to perform colposcopy
Role of acetic acid, iodine, green, filter
Metaplastic change
Transformation zone

- **Colposcopy of abnormal cervix**

Discussion point: dysplastic changes
glandular changes
Changes related to Micro invasion

- **HPV biomarkers: how can they help a colposcopist**

Discussion point: role of surrogate markers
in the management of CIN2
Persistent LSIL and in ASCUS-H

- **Treatment of CIN: why, when and how?**

Discussion point: ablative treatment, excisional treatment

- **Complications of treatment**

WACC FORUM
WOMEN AGAINST CERVICAL CANCER

WACC-WOMEN AGAINST HPV DRIVEN CANCERS

KNOWING DOWN MORE BARRIERS TO KNOWLEDGE

WACC I HPV vaccine crisis and hesitancy: causes and management

Trakl room
13:45 – 15:30

Co-chairs: J. Smith, M. Steben

At the global level, different types of crisis may affect the performances of HPV vaccine programs.
Vaccine hesitancy is one important issue, but by no means the only one. For example, lack of sustainable funding or mismanagement of vaccine delivery system are also major causes of vaccination crisis in particular in low/middle income countries

WACC 1-1	- Overview of HPV vaccine program crisis with examples from other countries and modelling to support crisis management	M. Elfström	Sweden
WACC 1-2	- Vaccination crisis in Colombia	R. Murillo	France
WACC 1-3	- How to respond effectively to negative press and reassure patients on safety of HPV Immunization	H. Trottier	Canada
WACC 1-4	- Vaccination crisis in Japan	S. Hanley	Japan
WACC 1-5	- Vaccine coverage issues and crisis management	P. Lopalco	Sweden
WACC 1-6	- Analysis of influences after suspension of proactive recommendation for HPV vaccination in Japan	E. Miyagi	Japan
WACC 1-7	- Patient testimony	A. Hicks	Australia
Film	- Lady Ganga, by Frederic Lumière		

Coffee Break **15:30 – 16:00**

WACC II Understanding the public attitudes to design a higher education / Key messages regarding transmission, risk of cancer, screening and prevention: genital vs oral

Trakl room

16:00 – 19:10

Co-chair: H. Trottier, J. Smith

WACC 2-1	-Transmission of HPV: frequent patient questions	H. Trottier	Canada
WACC 2-2	- Male medical student' interest and perceptions of obstetrics and gynecology	W. Alsarhani	Saudi Arabia
WACC 2-3	- Barriers to cervical cancer screening among Roma-women in Romania: a qualitative study	T. Andreassen	Norway
WACC 2-5	- Do school requirements increase HPV vaccination coverage?	N. Brewer	USA
WACC 2-6	- Parents' views of including boys in the HPV vaccination programme	M. Gottvall	Sweden
WACC 2-7	- Pediatrician communication about HPV vaccination: an analysis of recorded conversations	A. Kulkarni	USA
WACC 2-8	- A school-based educational intervention can increase adolescents knowledge and awareness about HPV	M. Grandahl	Sweden
WACC 2-9	- HPV vaccination, surveillance and society: meeting the needs of the European influx of refugees and asylum seekers	M. Heffernan	Australia
WACC 2-10	- The effect of social media campaigns on young women's attendance rate to cervical cancer screening in Norway	E. Jakobsen	Norway
WACC 2-11	- Social mobilization, acceptability and consent during human papillomavirus vaccination in low- and middle-income countries	S. Kabakama	Tanzania
WACC 2-12	- HPV vaccination in Japan: early effectiveness and concerns	R. Konno	Japan
WACC 2-13	- The efficacy of HPV vaccine in Japanese women aged 20-21 years old	R. Kudo	Japan
WACC 2-14	- Romanian adolescents' knowledge and attitudes toward human papillomavirus infection and prophylactic vaccination	C. Maier	Romania
WACC 2-15	- HPV vaccination intention among male clients of a large STI outpatient clinic in Amsterdam, the Netherlands	M. Schim Van Der Loeff	Netherlands
WACC 2-16	- The effect of payment on the HPV vaccination intention among male clients of the STI outpatient clinic in Amsterdam, the Netherlands	E. Marra	Netherlands
WACC 2-17	- Demographic and socio-economic determinants of HPV vaccine uptake in Sweden	J. Wang	Sweden
WACC 2-18	- The influence of media coverage of adverse events on young Japanese women's thoughts and actions regarding HPV vaccination: results of a web-based survey	Y. Motoki	Japan
WACC 2-19	- Understanding attitudes to cervical cancer screening amongst young women	T. Muller	Australia
WACC 2-20	- Impact of income, race and geographic location on uptake of HPV vaccination in Ohio	E. Paskett	USA
WACC 2-21	- Survey of current knowledge and attitudes toward the HPV vaccine and cervical cancer prevention in Japan	Y. Suzuki	Japan
WACC 2-22	- The impact of cultural differences on cervical cancer screening and HPV vaccination rates	S.K. Tay	Singapore
WACC 2-23	- Acceptance of multipurpose human papillomavirus vaccines among providers and mothers of adolescent girls: a mixed-methods study in five countries	N.A. Vielot	USA
WACC 2-4	- The attitude of Hungarian male high-school students' concerning the HPV vaccine	B.C. Balla	Hungary

ORAL COMMUNICATIONS - OC

OC 1 HPV and molecular testing 1

Co-chairs: K. Cuschieri, C.Clavel

Wolf-Dietrich room
8:30 – 10:10

OC 1-1	European HPV DNA test external quality assurance scheme (EHEQAS)	P. Neophytou	Cyprus
OC 1-2	Validation of HPV DNA array genotyping assay with cervical cancer samples	A. Pesic	Germany
OC 1-3	Inter-laboratory reproducibility of the Cobas 4800 HPV test in cervical cancer screening in Norway	I. Christiansen	Norway
OC 1-4	Validation of intra- and inter-laboratory reproducibility of the Xpert HPV assay according to the international guidelines for cervical cancer screening	D. Vanden Broeck	Belgium
OC 1-5	HPV Test of Cure (TOC) for treated CIN in 14,000 women - An analysis of 3½ years' national data from Scotland	T. Palmer	UK
OC 1-6	Validity testing of cervical samples intended for oncoprotein-based cervical cancer screening	M. Thiessen	Germany
OC 1-7	Performance evaluation of Papilloplex ™ hrHPV kit- a novel multiplexing assay for genotyping all 14 HR HPV types in a single closed tube real-time PCR reaction	D. Kapadia	UK
OC 1-8	Optimizing point-of-care HPV testing for cervical cancer prevention in South Africa	L. Kuhn	USA
OC 1-9	A new Elisa-based tool for detection of hig-risk HPV A7 proteins in cervical samples	I. Koch	Germany
OC 1-10	Genome analysis of high risk HPV integration using molecular combing in cervical lesions: the IDAHO study	C. Clavel	France
OC 1-11	Combined cytology, HPV E6, E7 mRNA, and cell cycle in an automated, high throughput image cytometer	B. Patterson	USA

Coffee Break 10:00 – 10:30

OC 2 Recent advances on cancer and screening

Co-chairs: P. Sparen, D.Heideman

Wolf-Dietrich room
13:45 – 15:45

OC 2-1	Differences in mortality rate between screen-detected and clinically detected invasive cervical cancer in the Netherlands	E. Jansen	Netherlands
OC 2-2	Societal cost of human papillomavirus related cancer in Sweden 2006	E. Östensson	Sweden
OC 2-3	Standardized case-control audits of cervical cancer cases for incremental optimization of screening: an example from Sweden	B. Andrae	Sweden
OC 2-4	Distribution of cervical squamous cell- and adenocarcinoma in screen-detected versus clinically detected cases	H.M.Van Agt	Netherlands
OC 2-5	Stage distribution of cervical cancer after diagnosis of atypical glandular cells in cervical screening	P. Sparen	Sweden
OC 2-6	Implementation of a "hub and spokes" model of delivery of cervical screening in rural Malawi	H. Cubie	UK
OC 2-7	What happens when women in a country with organised cervical cancer screening are not invited as recommended? An observational study	B. Andersen	Denmark
OC 2-8	Role of biomarker testing for cervical cancer screening in a high risk population in South Africa	W. Kremer	Netherlands
OC 2-9	A model approach to assess benefit of HPV testing over cytology in screening cervical cancer precursor	T. Tantitamit	Thailand
OC 2-10	Economic analysis of a strategy to improve cervical cancer screening in Norway: Cytology with pooled HPV triage vs. HPV genotyping with reflex CINtec PLUS Cytology triage	J. Kempers	Netherlands

Coffee Break 15:45 – 16:15

OC 3 Update on HPV prophylactic vaccines

Co-chairs: P. Bonanni, T.F. Schwarz

Wolf-Dietrich room
16:15 – 17:30

OC 3-1	Long-term protection of virus-like particle (VLP) - based human papillomavirus (HPV) vaccines	A. Saah	USA
OC 3-2	Persistence of immune response 10 years after administration of the human papillomavirus (HPV)-16/18 AS04-adjuvanted vaccine to women aged 15-55 years	T.F. Schwarz	Germany
OC 3-3	A long-term effectiveness, immunogenicity, and safety study of Gardasil™ (human papillomavirus [types 6,11,16,18] recombinant vaccine) in young men (V501-020)	A. Saah	USA

OC 3-4	Immune responses after two-versus-three-dose immunization against HPV up to 4 ½ years post vaccination among Dutch routinely vaccinated girls (HPV-2D)	T. Schurink-Van't Klooster	Netherlands
OC 3-5	No evidence of type replacement following HPV16/18 vaccination: Pooled analysis of data from the Costa Rica Vaccine and PATRICIA randomized trials	J. Tota	USA
OC 3-6	Health and economic impact of vaccinating boys in addition to girls against oncogenic HPV in the Netherlands	V. Qendri	Netherlands
OC 3-7	Overall impact of HPV vaccination strategies- A randomized trial	M. Lehtinen	Finland
OC 3-8	Decline in quadrivalent human papillomavirus infection in young sexually active heterosexual men with chlamydia trachomatis 8 years following the universal Australian female vaccination programme: implications for herd protection	E.P.F. Chow	Australia

OC 4 Modern colposcopy and management

Co-chairs: X. Carcopino, J.Tidy

Wolf-Dietrich room
17:30 – 19:30

OC 4-1	Immediate referral to colposcopy vs. cytological surveillance from low-grade cervical cytological abnormalities in the absence of HPV-test: a systematic review and meta-analysis of the literature	M. Kyrgiou	UK
OC 4-2	The "improve-colpo" study on USA community-based colposcopy with dynamic spectral imaging: design and first findings	E. Papagiannakis	UK
OC 4-3	Angle-resolved low coherence interferometry (A/ LCI) as a novel optical imaging technology to detect cervical dysplasia	L. Hwang	USA
OC 4-4	Regression and progression predictors of CIN2 in women <25 years	D. Loopik	Netherlands
OC 4-5	Vaginal ecosystem changes and persistence/recurrence of the cervical precancerous lesions in patients in Latvia	I. Jermakova	Latvia
OC 4-6	Speranza study: preliminary results of HPV vaccination after loop electrosurgical excision procedure for cervical intraepithelial neoplasia	A. Ghelardi	Italy
OC 4-7	Value of partial HPV genotyping in the follow-up after conization for cervical dysplasia	M. Jentschke	Germany
OC 4-8	Performance of P16/KI-67 dual-stained cytology for monitoring women treated for high-grade CIN	N. Polman	Netherlands
OC 4-9	Ablation techniques adapted for low- and middle-income countries	M. Cremer/R. Masch	USA
OC 4-10	The accuracy of specimen dimension in determining volume: preterm labour related risk assessment	X. Carcopino	France
OC 4-11	The increased detection of CIN2+ by Zedscan (EIS) is independent of HR-HPV genotype	J. Tidy	UK
OC 4-12	Risk for premature birth after excision of cervical intraepithelial neoplasia: a population-based study of singleton pregnancies	N. Jancar	Slovenia
OC 4-13	Severe forms of condilomata (genital warts) in the genitoanal region the new radio wave technique as the most effective therapeutic and esthetic solution	I. Jeremic	Serbia

OC 5 Epidemiology 1 - Pathogenesis

Co-chairs: C. Bouchard, K. Louvanto

Mozart 1-2 room
17:30 – 18:45

OC 5-1	High-risk HPV detection in plasma samples of women with a recent history of cervical dysplasia	C. Cocuzza	Italy
OC 5-2	Aerobic vaginitis, contrarily to bacterial vaginosis, is a risk factor for major PAP smear abnormalities	P. Vieira-Baptista	Portugal
OC 5-3	Epidemiology of human papillomavirus type 67 in Belgian women	S. Nouws	Belgium
OC 5-4	Unmet medical needs for human papillomavirus infection and diagnosis	F. Alhamlan	Saudi Arabia
OC 5-5	Impact of HPV 16,18 and other HR-HPV types on invasive cervical cancer survival in Brazil	J.E. Levi	Brazil
OC 5-6	Incidence of condyloma 7 years post-vaccine availability	E. Herweijer	Sweden
OC 5-7	Prevalence of HPV types in a sample of women with abnormal cervical cytologies in Italy	R. Prato	Italy
OC 5-8	Prevalence and distribution of human papillomavirus types among Thai Hill tribe females in rural area, Nan province, Thailand	N. Kantathavorn	Thailand

MAIN SCIENTIFIC SESSIONS - MSS

MSS 1 A - HPV based screening efforts: translating data into implementation programs - A worldwide experience

Europa Hall
8:00 – 9:15

Co-chairs: J. Dillner, Y.L. Qiao

As multiple randomized clinical trials (RCTs) have shown that HPV-based screening is superior also for preventing invasive cervical cancer, this knowledge needs to be implemented into real-life screening programs. Strategies for implementation that ensure that A) the benefits shown by the RCTs are indeed realized in the real-life program and B) allow that also the real-life program can be continuously monitored for cost-effectiveness may vary between different countries, in particular depending on infrastructure and if there are pre-existing programs. The session will discuss different experiences in organized implementation of HPV-based screening and highlight efforts that could be made for furthering the progress.

MSS 1-1	- HPV based screening: prerequisits for building an effective program	A. Anttila	Finland
MSS 1-2	- Building a sustainable operational model. Target population, age to start and stop, interval, vaccine status	M. Elfström	Sweden
MSS 1-3	- How to best reach women in screening practice?	M. Leinonen	Finland
MSS 1-4	- Making the right choice of HPV options strategies	J. Cuzick	UK
MSS 1-5	- Strengths and weaknesses of the logistical implementation. Methods, protocols, assessment, barriers, access and complexity	N. Segnan	Italy

B - HPV based screening efforts: ongoing experiences Round table - Discussion

Europa Hall
9:15 – 9:45

Co-chairs: E. Lynge, T. Iftner

K. Alfaro	El Salvador	M. Zappa	Italy	M. Gultekin	Turkey
J. Dillner	Sweden	A.J. Ohrt	Denmark	Y.L. Qiao	China
N. Van der Veen	Netherlands	M. Leinonen	Norway		

MSS 2 Triaging methods after a positive HPV test for cervical cancer screening

Europa Hall
9:45–11:00

Co-chairs: G. Ronco, N. Wentzensen

Primary HPV testing provides great reassurance for women who test negative, but there is no clear strategy about how to triage HPV-positive women. The session will present different strategies with their pros and cons.

MSS 2-1	- Cytology	P. Sasieni	UK
MSS 2-2	- P16	N. Wentzensen	USA
MSS 2-3	- Host methylation	C. Meijer	Netherlands
MSS 2-4	- Viral methylation	A. Lorincz	UK
MSS 2-5	- Low and very low resource settings	J. Smith	USA
MSS 2-6	- Systematic reviews	M. Arbyn	Belgium
	- Discussion, Questions & Answers: from updating data to translating decision		

Coffee Break **11:00 – 11:30**

MSS 3 The future of screening: primary HPV testing in increasingly vaccinated populations

Europa Hall
14:15 – 15:45

Co-chairs: K. Canfell, H. Berkhof

Widespread HPV vaccination will have a substantial impact on disease prevalence and cervical screening. While most screening guidelines currently do not give specific recommendations for vaccinated women, it is important to anticipate the impact of vaccination on screening and to discuss more efficient screening approaches for vaccinated populations. The session will focus on evaluation of new approaches to screening in vaccinated populations, with a particular focus on the role of primary HPV screening.

MSS 3-1	- Update on the evidence and the transition to HPV screening	G. Ronco	Italy
MSS 3-2	- Changes in screening approaches in vaccinated populations (Compass)	K. Canfell	Australia
MSS 3-3	- Evaluation of triage markers in the Costa Rica vaccine trial	N. Wentzensen	USA
MSS 3-4	- Evidence needed to evaluate screening in vaccinated women	H. Berkhof	Netherlands
MSS 3-5	- Role of modeling to evaluate screening in vaccinated women	S. Kulasingam	USA
MSS 3-6	- Screening of women HPV-vaccinated as girls in Denmark	E. Lynge	Denmark
	- Discussion		

Coffee Break **15:45 – 16:15**

MSS 4 HPV vaccination: can scientific evidence support stronger vaccination programs?

Europa Hall
16:15 – 17:45

Co-chairs: P.L. Lopalco, M. Lehtinen

The aims of this session are:
- provide a methodological baseline for understanding how to monitor and assess a safety signal, it is fundamental for the audience to understand the difference between a safety signal, a real adverse event and a simple safety rumor.
- provide a review of the recent case reports of autoimmune/neurovegetative disorders following HPV vaccination. This is going to become an important issue that may jeopardise HPV vaccination programs.
- provide a review of the more recent evidence on HPV efficacy especially regarding the recent introduction of the 9-valent vaccine
- provide an overview of all the possible strategies to improve the final effectiveness of the HPV vaccination programs, with particular focus on male vaccination.

MSS 4-1	- How to monitor and assess HPV safety?	P.L. Lopalco	Sweden
MSS 4-2	- HPV safety: signals or rumors?	E. Cochino	UK
MSS 4-3	- What do we know on HPV vaccines efficacy and effectiveness?	P. Bonanni	Italy
MSS 4-4	- Universal HPV vaccination: which evidence so far?	X. Castellsagué	Spain
	- Discussion		

Abstracts are available for download at: www.eurogin.com/2016

SCIENTIFIC SESSIONS - SS

SS 1 Apply skills to enable the improvement, expansion and use of scientific for decision making

Mozart 1-3 room
8:00 – 9:30

Chair: P. Gravitt, T. Wright

It is becoming increasingly clear that neither the natural history of HPV at the individual tissue level nor the integrated delivery of HPV-based prevention strategies operate as linear processes, but instead operate as highly networked, and nuanced systems. Moving isolated successes to more comprehensive global eradication of HPV-associated disease will require research approaches able to evaluate these non-linear and often non-random systems, such as agent-based, multiscale models and public health implementation frameworks. This session is designed as an introduction to computational tools and conceptual frameworks that will be critical to address the more complex challenges of HPV prevention at the individual and population levels.

SS 1-1	- Willingness to "pay" and the value of information for policy and research	E. Myers	USA
SS 1-2	- Using multi-scale models and value of information analysis to bridge basic and population science and set research priorities	M. Ryser	USA
SS 1-3	- Implementation science: translating evidence-based to sustainable practice	S. Sivaram	USA
SS 1-4	- Evidence based recommendations versus real world practice	T. Wright	USA
SS 1-5	- Utility of vaccination, screening, and cancer registries: hypothesis generation and program evaluation	J. Brotherton	Australia

SS 2 Screening and vaccination interaction: the current perspective

Mozart 1-3 room
9:30 – 11:00

Co-chairs: X. Bosch, S. Kulasingam

The availability of 3 vaccines targeted at HPV types that account for 70 to 90% of cervical cancers provides an unprecedented opportunity for optimizing cervical cancer control worldwide. However, achieving predicted reductions in cancer with vaccines will require widespread coverage. Additionally, as individual and herd immunity benefits begin to accrue, a rethinking of current approaches to cervical cancer screening will need to occur. These issues will be discussed in the present session.

SS 2-1	- How to best combine vaccination and screening to optimize cervical cancer prevention: the HPV faster consortium	X. Bosch	Spain
SS 2-2	- HPV vaccination coverage: the current picture and options for improvement	L. Bruni	Spain
SS 2-3	- Based screening efforts: translating data into implementation programs The case of El Salvador	K. Alfaro	El Salvador
	Integration of vaccination and screening		
SS 2-4	- An epidemiologic perspective from Australia	S. Garland	Australia
SS 2-5	- A modeling perspective from Finland	P Nieminen	Finland
SS 2-6	- Barriers and solutions to increase prevention	M. Steben	Canada

Coffee Break **11:00 – 11:30**

SS 3 The role of modeling and economics

Co-chairs: M. Jit, M. Brisson

Mozart 1-3 room
14:15 – 15:45

The purpose of the session will be to facilitate more dialogue between modelers, epidemiologists and policy makers rather than having them in separate rooms – encouraging them to see what they can learn from and contribute to each other.

SS 3-1	- What do we need to know about HPV disease to inform reliable models of vaccination and screening?	H. Berkhof	Netherlands
SS 3-2	- What do epidemiological studies tell us about HPV disease?	E. Franco	Canada
SS 3-3	- What do we need to know about reduced dose schedules?	A Kreimer	USA
SS 3-4	- What can models tell us about reduced dose schedules?	M. Brisson	Canada
SS 3-5	- What do we need to know about cancer control in low and middle income settings?	S. Franceschi	France
SS 3-6	- What can models tell us about cancer control in low and middle income settings?	M. Jit	UK
SS 3-7	- What do we need to know about screening in the post-nonavalent vaccine era?	J. Dillner	Sweden
SS 3-8	- What can models tell us about screening in the post-nonavalent vaccine era?	K. Canfell	Australia

Coffee Break **15:45 – 16:15**

SS 4 HPV faster: an integrated proposal for women of all ages

Co-chairs: X. Bosch, S. Garland

Mozart 1-3 room
16:15 – 17:45

SS 4-1	- The concept	X. Bosch	Spain
SS 4-2	- Modelled evaluation of screen-and-vaccinate strategies in high and low resource settings	K. Canfell	Australia
SS 4-3	- Immunology of middle aged women	M. Stanley	UK
SS 4-4	- European CoheaHr	S. De Sanjosé	Spain
SS 4-5	- HPV Faster in Australia, i.e. indigenous and CALDI (culturally & linguistically diverse women, including refugees)	S. Garland	Australia
SS 4-6	- Migrants, inuit and first nations	M. Steben	Canada
SS 4-7	- HPV vaccination at the time of the first call of screening for cervical cancer: effect on HPV prevalence, seroconversion and compliance to next screening round	F. Carozzi	Italy

Abstracts are available for download at: www.eurogin.com/2016

ORAL COMMUNICATIONS - OC

OC 6 New developments in HPV prophylactic vaccines

Co-chairs: S, Kjaer, E. Joura

Mozart 4-5 room
8:00 – 10:00

OC 6-1	Analysis of immunogenicity of the 9-valent HPV vaccine based on five clinical trials	A. Luxembourg	USA
OC 6-2	Induction of immune memory following administration of the 9-valent HPV vaccine	E. Joura	Austria
OC 6-3	Comparison of immunogenicity of 2-dose and 3-dose regimens of 9-valent HPV vaccine	O.E. Iversen	Norway
OC 6-4	Use of the nonavalent HPV vaccine in previously vaccinated individuals	M. Stanley	UK
OC 6-5	Evaluation of the individual residual risk of cervical cancer after vaccination with Gardasil 9.	C. Meijer	Netherlands
OC 6-6	Sustained non-inferiority of immune response to 2-dose schedules 0,6 and 0,12 months (M) versus 3 doses 0,1,6 M of HPV-16/18 AS04-adjuvanted vaccine - End of study analysis of a randomized trial	N. Folschweiller	Belgium
OC 6-7	Description of IGA/IGG immune responses during three doses of the HPV-16/18 ASO4-adjuvanted vaccine	A.K. Gonçalves	Brazil
OC 6-8	Cross-protection & population effect of HPV vaccines from the perspective of real-world impact data	G. Perez	USA
OC 6-9	60 month follow up of a two dose HPV-4 vaccine schedule; results from a phase III post-licensure randomized trial	S. Dobson	Canada
OC 6-10	Sustained antibody responses six years following reduced dose quadrivalent HPV vaccine in adolescent Fijian girls	Z.Q.R. Toh	Australia
OC 6-11	Cost-effectiveness evaluation of the quadrivalent HPV vaccination program for females age 9-10 years in Costa Rica	M. O'Brien	USA

OC 7 HPV in non-oro-cervical cancers

Chair: K. Syrjänen

Mozart 4-5 room
10:00 – 11:00

OC 7-1	The state of the art of HPV association in non-oro-genital cancers	K. Syrjänen	Finland
OC 7-2	Genomic analysis of HPV-positive versus HPV-negative oesophageal adenocarcinoma identifies a differential mutational landscape	S. Rajendra	Australia
OC 7-3	Persistent human papillomavirus detected in breast milk	K. Louvanto	Finland
OC 7-4	Human papillomavirus 16 is an etiological factor of scrotal cancer	D. Jenkins	Netherlands
OC 7-5	Human papillomavirus synergistic association with KRAS towards promoting aberrant DNA methylation in colorectal adenocarcinoma	S. Ghosh	India
OC 7-6	HPV-related genital disease among men residing in Brazil	R.J. Carvalho da Silva	Brazil
OC 7-7	The prognostic impact of HPV infection on vulvar cancer outcome	K. Wakeham	UK
OC 7-8	Patterns of distant metastases in vulvar cancer	K. Prieske	Germany
OC 7-9	Vulvar cancer: HPV DNA and survival	M. Cunha	Portugal

Coffee Break 11:00 – 11:30

OC 8 HPV testing 2

Co-chairs: E. Paraskevaidis, A. Kaufmann

Mozart 4-5 room
14:15 – 16:00

OC 8-1	The revolution in cervical cancer detection from conventional cytology to real-time molecular detection	A. Rabaan	Saudi Arabia
OC 8-2	Performance of high-risk HPV DNA genotyping for primary cervical cancer screening and triage of HPV-positive women, compared to cytology. Results of the Pipavir study	T. Agorastos	Greece
OC 8-3	First round of co-testing in the area of hospital De Barbastro (Spain)	R. Oncins	Spain
OC 8-4	Cost-effectiveness analysis study of HPV testing as a primary cervical cancer screening in Thailand	W. Termrungruanglert	Thailand
OC 8-5	Contribution of screening cytology to the diagnosis of invasive cervical cancer in the context of cotesting every 3 years	W. Kinney	USA
OC 8-6	High-risk human papillomavirus prevalence by age after randomized implementation of HPV-test in primary screening	A. Tropé	Norway
OC 8-7	Human papillomavirus testing versus liquid-based cytology for non-attendees of cervical cancer screening: results of a randomized controlled trial	M. Viviano	Switzerland
OC 8-8	Evaluation of cervical cancer (CxCa) screening strategies (co-test, HPV, PAP) using the CRMM	C. Popadiuk	Canada
OC 8-9	When can cervical cancer be eradicated? A model for projecting cervical cancer incidence and mortality from 2016 to 2040	C.R. Cohen	UK
OC 8-10	Staging pre-cervical cancer using combined E6, E7 mRNA quantification and cell cycle analysis (OncoTect 3Dx)	P. Karakitsos	Greece
OC 8-11	HPV E7 oncoprotein-based Elisa assay for triage of HPV-positively screened women	A.M. Kaufmann	Germany

Coffee Break **16:00 – 16:15**

SCIENTIFIC SESSIONS ON IMMUNOLOGY & IMMUNOTHERAPEUTICS

SSim 1 Immunology and escape from innate immunity

Chair: S. Van der Burg

Mozart 4-5 room
16:15 – 17:45

HPV has evolved multiple mechanisms to persist by avoiding detection and clearance of infected cells by the immune system. This session discusses how HPV interferes with signaling of innate and adaptive immune pathways of the host cell to prevent the attraction of the immune system as well as how HPV protects the cells against the attack of infected cells by the immune system.

SSim 1-1	A systematic review and meta-analysis of natural acquired immunity against genital HPV infection	M. Safaeian	USA
SSim 1-2	High risk human papillomavirus targets crossroads in immune signaling	S. Van der Burg	Netherlands
SSim 1-3	HPV E6-mediated dysregulation of interleukin-1β in human keratinocytes	F. Rösl	Germany
SSim 1-4	HPV16 E7 protein causes dysfunction of MHC class I to induce carcinogenic transformation of virus-infected keratinocytes in vitro and in vivo	K.N. Zhao	Australia
SSim 1-5	Human papillomavirus (HPV) downregulates the expression of RIP3 and IFITM1 to resist cell death and cell senescence induced by IFNγ and TNFα	W. Ma	Netherlands
SSim 1-6	HLA class II antigen expression in cervical intraepithelial neoplasia and invasive cancer	M. Sauer	Germany

Abstracts are available for download at: www.eurogin.com/2016

INTERNATIONAL FORUM ON H&N HPV AND HEAD & NECK CANCER

THURSDAY, JUNE 16

Over 15 years ago, human papillomavirus (HPV) was found to be the causative agent of a subset of head and neck cancers (HNC). Since these sentinel reports, the field has rapidly evolved from utilizing HPV as a prognostic biomarker in HNC to tailoring therapies to this patient population based on this unique viral etiology and associated clinical features.
In this head and neck cancer forum, we highlight areas of active investigation in the field. We will review the current epidemiologic efforts which focus on the natural history of HPV infection, risk of transmission, screening for early cancer detection, and the potential impact of prophylactic HPV vaccines in the incidence of head and neck cancer.
Next, we will evaluate how the differing biology of HPV-HNC makes us re-assess our clinical staging and clinical prognostic characteristics. Given the viral etiology of these tumors, we review immune evasion mechanisms utilized by HPV and our understanding of these mechanisms, with the hope of leading to novel immunotherapeutic strategies to reactivate the host immune response against the virus and virally-associated cancer cells.
We discuss the clinical responses observed in immunotherapy trials in HPV-OPC patients, as well as the clinical results of other targeted therapies.
Lastly, we introduce a new topic to this forum, recurrent respiratory papillomatosis (RRP), which is 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.

HN 1 Epidemiology - The state of the art natural history - from oral HPV infection to OPC

Wolf-Dietrich room
8:00 – 9:30

Co-chairs: G. D'Souza, X. Castellsagué

HN 1-1	- Natural history of HPV in H&N region: where are we now?	S. Syrjänen	Finland
HN 1-2	- HPV related and unrelated OPC: genomical differences	R. Brakenhoff	Netherlands
HN 1-3	- Increased incidence of oropharynx cancer among the elderly: an HPV-associated trend	M. Goodman	USA
HN 1-4	- Risk of HPV-driven OPC in partners of patients with HPV related cancers (cervix, oropharynx)	H. Mirghani	France
HN 1-5	- Epithelial to mesenchymal transition and HPV infection in squamous cell oropharyngeal carcinomas: the Papillophar study	P. Birembaut	France
HN 1-6	- Implications of prophylactic HPV vaccines in HPV-HNSCC	L. Alemany	Spain
	- Discussion		

HN 2 Current knowledge on HPV-driven HNSCC

Wolf-Dietrich room
9:30 – 11:00

Co-chairs: A. Kreimer, T. Waterboer

HPV is an accepted cause of some head and neck cancers, particularly of the oropharynx. The goal of this session is to present an update on the state-of-the-science for the role of HPV infection in head and neck cancer development. The session will present recent data for oral HPV transmission, HPV as a cause of non-oropharyngeal head and neck cancers, possibilities of screening for HPV-driven cancers in the head and neck, and clinical staging opportunities.

HN 2-1	- Risk of oral HPV transmission	A. D'Souza	USA
HN 2-2	- HPV + HNSCC outside the oropharynx	A. D'Souza	USA
HN 2-3	- Human papillomavirus genotype and oropharynx cancer survival	M. Goodman	USA
HN 2-4	- Association of HPV serological markers with HNSCC	T. Waterboer	Germany
HN 2-5	- Should HPV oropharynx cancer have its own staging	S. Huang	Canada
	- Discussion		

Coffee Break 11:00 – 11:30

INTERNATIONAL FORUM ON HPV AND HEAD & NECK CANCER

HN 3 Role of molecular testing in the management of HPV H&N cancers

Wolf-Dietrich room
14:15 – 15:45

Co-chairs: P. Snijders, J. Lacau St. Guily

HPV-driven oropharyngeal squamous cell carcinoma (OPSCC) represents an entity where perspectives of treatment de-escalation are currently under discussion. At this moment, no consensus exists about what molecular testing is best to define the HPV-driven OPSCC, for research and/or clinical use. Several strategies have been proposed using Immuno Histo Chemistry (IHC) for p16INK4A, HPV DNA PCR, HPV RNA detection, or HPV in situ hybridization (ISH) either alone or in combination (such as IHC of p16INK4A and HPV PCR DNA). Clinical performance, practical feasibility and costs are all factors that can be included in the molecular strategy discussion. Besides molecular testing, the role of tobacco consumption associated with HPV infection should also be taken into account when considering treatment de-escalation.

HN 3-1	- HPV and other predictive markers for predicting response to therapy of HPV positive OSCC	A. Näsman	Sweden
HN 3-2	- Promise of early detection of HPV-OPC	T. Waterboer	Germany
HN 3-3	- Need for standardization	P. Snijders	Netherlands
HN 3-4	- Which test, and how should it be validated?	R. Brakenhoff	Netherlands
HN 3-5	- HPV status and response to Anti-PD-1 therapy	B. Burtness	USA
HN 3-6	- Clinical prognostic markers for HPV-HNSCC: ADEPT clinical trial	B. Haughey	USA
	- Discussion		

Coffee Break **15:45 – 16:15**

HN 4 Updates on immunotherapy trials in HPV-HNSCC

Wolf-Dietrich room
16:15 – 17:45

Chair: S. Pai

HPV-OPC results from the failure of the host immune system to eradicate the initial viral infection and subsequent virally-induced cancer cells. The goal of the session is to review ongoing immunotherapy trials targeting this patient population, as well as to discuss the key questions which may impact the successes of immunotherapy in the field.

HN 4-1	- Pembrolizumab in head and neck cancer: phase 1 trial results	F. Jin	UK
HN 4-2	- Intratumoral IL-12 therapy in HNSCC	R. Pierce	USA
HN 4-3	- Clinical trial capturing anti-PD1 failures	S. Pai	USA
HN 4-4	- Immune biomarkers in recurrent head and neck squamous cell carcinoma	D. Clayburgh	USA
HN 4-5	- Immune biomarkers in the primary and metastatic site	M. Patel	USA
	- Discussion		

Abstracts are available for download at: www.eurogin.com/2016

INTERNATIONAL FORUM ON H&N HPV AND HEAD & NECK CANCER

FRIDAY, JUNE 17

HN 5 Updates on recurrent respiratory papillomatosis

Chair: B. Steinberg

Wolf-Dietrich room
8:00 – 9:30

Recurrent respiratory papillomatosis (RRP) is caused by HPV infection of the upper aerodigestive tract and results in a debilitating, chronic disease. RRP is caused by infection with the low-risk human papillomavirus (HPV) types 6 and 11 and is the most common benign tumor of the airway that affects children and adults. The virus induces the proliferation of benign squamous epithelium, most commonly around the larynx, but can also involve the trachea and lungs, and this can have profound functional consequences for breathing and speech. Currently, there is no medical therapy for RRP. We will discuss the epidemiology of this disease, our understanding of the role of failed host immune responses to the virus, and novel therapies being investigated in this patient population.

HN 5-1	- The role of COX-2/PGE2 in recurrent respiratory papillomatosis (RRP)	B. Steinberg	USA
HN 5-2	- Epidemiology	F. Buchinsky	USA
HN 5-3	- Immunology of RRP	B. Steinberg	USA
HN 5-4	- Targeted therapy for RRP	R. Schlegel	USA
HN 5-5	- Management of Pediatric RRP - Update 2016	C. Derkay	USA
	- Discussion		

HN 6 Targeted therapy for HPV-HNSCC

Chair: B. Burtness

Wolf-Dietrich room
9:30 – 11:00

HPV-OPC has a unique biology and associated distinct clinical features. The goal of this session is to provide an overview of how the field is re-assessing (or challenging) therapeutic decision-making in the context of clinical trials. The session will highlight surgical trials, such as the E3311 trial, review the role of EGFR inhibitors in the newly diagnosed and recurrent/metastatic setting, as well as discuss the sensitivity of HPV-OPC to radiation therapy which may provide new perspectives on dosing and novel molecular targets.

HN 6-1	- Management of neck metastasis in HPV-related oropharynx cancer	B. Haughey	USA
HN 6-2	- TORS clinical trials	T. Thomas	USA
HN 6-3	- Role of Cexitumab in the management in HPV-HNSCC patients	B. Burtness	USA
HN 6-4	- Considerations of surgical versus non-surgical management of HPV-OPSCC	M. Patel	USA
	- Discussion		

Coffee Break **11:00 – 11:15**

HN 7 Oropharyngeal cancers and immunity

Co-chairs: E. Tartour, S. Van der Burg

Wolf-Dietrich room
14:15 – 15:15

Oropharyngeal tumors can arise via two distinct aetiologies and this provides us with the unique opportunity to study the role of the immune system, in particular the presence of HPV, in the progression and treatment response of cancer. This session will provide insight in the local immune response and how to improve this by immunotherapy.

HN 7-1	- HPV induced H&N cancer and checkpoint regulation	E. Tartour	France
HN 7-2	- Superior prediction of response to therapy by measurement of intratumoral HPV- specific immunity	M. Welters	Netherlands
HN 7-3	- A new mucosal route for therapeutic vaccines against H&N Squamous cell carcinomas	F. Lemoine	France
	- Discussion		

Coffee Break **15:15 – 15:45**

INTERNATIONAL FORUM ON HPV AND HEAD & NECK CANCER

HN 8 Oral communications

Co-chairs: J.D Combes, P. Stern

Wolf-Dietrich room
15:45 – 17:00

HN 8-1	SLPI and Annexin A2 expression in non-neoplastic tonsillar tissue specimens in correlation to smoking habit	M. Hoffmann	Germany
HN 8-2	Integration of human papillomavirus type 11 into FGFR3 gene and long non-protein coding RNA LINC00486 in a patient with sinonasal carcinoma	L. Hošnjak	Slovenia
HN 8-3	Human papillomavirus infection and head and neck cancers in Montréal, Canada: results from the hence life case-control study	C. Laprise	Canada
HN 8-4	Epithelial-to-mesenchymal transition (EMT) signature in HPV-positive and HPV-negative oropharyngeal squamous cell carcinoma	C. Mourareau	France
HN 8-5	Meta-analysis on the accuracy of P16INK4A immunohistochemistry to diagnose HPV-induced oropharyngeal squamous cell carcinomas	E.S. Prigge	Germany
HN 8-6	MiRNA-expression in tonsillar carcinomas in relation to HPV-infection and expression of the antileukoproteinase SLPI	E.S. Quabius	Germany
HN 8-7	Branchiogenic carcinoma with high-risk type human papillomavirus infection	M. Suzuki	Japan
HN 8-8	Diagnosis of HPV driven head and neck cancer: Comparing p16 based algorithms with the RNAscope HPV-test	H. Mirghani	France

HN 9 Oral communications

Co-chairs: H. Mirghani, M. Goodman

Wolf-Dietrich room
17:00 – 18:30

HN 9-1	RRP	J. Lacau St. Guily	France
HN 9-2	Oral cancer screening on oral rinse samples using quantitative E6, E7 mRNA and flow cytometry	R. Morgan	USA
HN 9-3	HPV detection in head and neck carcinomas: evaluation of in situ hybridization, P16 immunohistochemistry and genexpert HPV assay	R. Cerutti	Italy
HN 9-4	Study of HPV and precancerous lesions in the tonsils ("SPLIT"): preliminary results	J.D. Combes	France
HN 9-5	Methylation levels in HPV 16 E2 binding sites 3 and 4 are related to histological subtype and survival in a cohort of OPSCC patients	M.S. Kalteis	Germany
HN 9-6	Association of HPV infection, xenobiotic gene polymorphism, mitochondrial mutations and tobacco with oral cancer - A study from northeast India	R. Mondal	India
HN 9-7	Detection of HPV 16 and 18 oncoproteins with an ONCOE6™ oral test in fine needle aspirates of cervical lymph nodes from patients with head and neck cancers	J. Schweizer	USA
HN 9-8	Immune infiltration of oral pharyngeal squamous cell (OPSCC) and programmed cell death ligand-1 (PD-L1) expression: relationship to clinical outcome	P. Stern	UK

MAIN SCIENTIFIC SESSIONS - MSS

MSS 5 Comparative efficacy of 2, 4 and 9 valent vaccines on non 16 and 18 infection and diseases: evidences and questioning issues

Europa Hall
8:00 – 9:30

Co-chairs: M. Stanley, S. Garland

Each of the 3 licensed HPV VLP vaccines have been shown, in the randomised control trials to be highly efficacious against infection and disease caused by vaccine HPV types in the ano-genital tract particularly the cervix. Cross protection has been shown in the short term against infection and disease caused by some non-vaccine types raising the question of the effectiveness and duration of vaccine provided direct protection versus cross protection against these types. The robust immunogenicity generated by these vaccines after a prime, prime boost schedule (0,1/2 and6 months) and a modified prime boost schedule (0-6) months raises the question of how many doses are needed for disease eradication and the reduction of virus prevalence to a level where the R0<1 and the implications of this for population based cervical cancer screening programmes.

MSS 5-1	- 1. Effectiveness issues: Vaccine efficacies against HPV cancers	M. Lehtinen	Sweden
MSS 5-2	- Efficacy issues: cervical	E. Joura	Austria
MSS 5-3	- Efficacy issues: non- cervical	X. Castellsagué	Spain
MSS 5-4	- 2. Immunogenicity	S. Garland A. Luxembourg	Australia Belgium
MSS 5-5	- 3. Reduced doses schedules	A. Kreimer	USA
MSS 5-6	- 4. Alternative vaccination strategies	M. Elfström	Sweden
MSS 5-7	- 5. 2nd generation of vaccines, implications for screening	K. Canfell	Australia
	- Discussion		

MSS 6 A - What HPV vaccines have changed over the last 10 years - Long term follow up and impact of HPV vaccination

Europa Hall
9:30 – 10:40

Co-chairs: J. Paavonen, D. Mesher

MSS 6-1	- HPV vaccination in the United States - The first decade	L. Markowitz	USA
MSS 6-2	- Understanding the specificity of HPV vaccine induced cross-neutralizing antibodies	S. Beddows	UK
MSS 6-3	- Sustainability of Gardasil protective efficacy against the most stringent cervical neoplasia end-points	S. Kjaer	Denmark
MSS 6-4	- Long-term efficacy of the quadrivalent and bivalent vaccines against CIN3+	J. Paavonen	Finland
MSS 6-5	- Randomized trial data on the effectiveness and impact of gender neutral and girls-only vaccination strategies	M. Lehtinen	Sweden

B - Round table

Europa Hall
10:40 – 11:10

Co-chairs: S. Kjaer, S. De Sanjosé

MSS 6-6	- The Cochrane analysis	M. Arbyn	Belgium
	- Panel discussion	J. Brotherton	Australia
		S. Kjaer	Denmark
		D. Mesher	UK
		K. Pollock	UK

Coffee Break **11:10 – 11:30**

SCIENTIFIC SESSIONS - SS

SS 7 Update on HPV vaccine safety

Europa Hall
14:15 – 15:45

Co-chairs: J. Brotherton, K. Pollock

While there is robust evidence to suggest that both the bivalent and quadrivalent HPV vaccines are safe and effective, reports of AEFI can lead to significant public anxiety with recent events in Japan and Denmark illustrating this. However, more than 80 million girls and women worldwide have now received these vaccines, and in some European countries they have been given to 90% of the age group recommended for vaccination.
Use of these vaccines is expected to prevent many cases of cervical cancer, which is responsible for over 20,000 deaths in Europe each year.
In this session we will hear from international experts in vaccine safety assessment about the current assessment of the safety of HPV vaccines and hear from countries where safety concerns have required public health action about their experiences.

SS 7-1	- GACVS vaccine issue	M. Gold	Australia
SS 7-2	- HPV vaccine safety – the EMA point of view	E. Cochino	UK
SS 7-3	- The French experience	R. Dray-Spira	France
SS 7-4	- HPV vaccine safety concerns in Japan	S. Hanley	Japan
SS 7-5	- The Colombian experience	LM. Trujillo	Colombia
	- Discussion		

Coffee Break **15:45 – 16:15**

SCIENTIFIC SESSION ON IMMUNOLOGY & IMMUNOTHERAPEUTICS

SSim 2 Therapeutic vaccines

Europa Hall
16:15 – 17:45

Chair: C. Trimble

SSim 2-1	- Treatment of VIN3 with HPV16-VLP and Aldara	M. Van Poelgeest	Netherlands
SSim 2-2	- Intramuscular DNA vaccination for HPV16	C. Trimble	USA
SSim 2-3	- Efficacy of VLP vaccination against papillomavirus-induced skin tumors in the animal model Mastomys coucha	F. Rösl	Germany
SSim 2-4	- Analysis of phase II trial of a HPV therapeutic DNA vaccine, GX-188E, in patients with cervical intraepithelial neoplasia (CIN) 3	J.S. Park	Korea
SSim 2-5	- Development of a therapeutic cancer vaccine based on p16INK4a	K. Urban	Germany
SSim 2-6	- Preclinical proof of concept of GTL002, a multivalent candidate for the immunotherapy of human papillomavirus HPV16/18/45/31/33/52-infected women.	Y. Misseri	France
SSim 2-7	- Immunotherapy with INO-3112 (HPV16 and HPV18 plasmids+IL-12 DNA) in human papillomavirus 5HPV) associated head and neck squamous cell carcinoma (HNSCCA)	J. Bauml	USA
	- Discussion		

SSim 3 HPV 16 infection - Addressing data and future developments: cervix vs. OP

Europa Hall
17:45 – 19:15

Chair: E. Franco

SSim 3-1	- Burden and epidemiology of HPV 16 infection and related cancers in men and women	S. De Sanjosé	Spain
SSim 3-2	- Assessing the risk of HPV 16 infection in the general population, the value of HPV subtypes: cervix and OP	G. Clifford	France
SSim 3-3	- Appropriate methods of detection and clinical utility of HPV 16 identification	F. Carozzi	Italy
SSim 3-4	- Positioning the role and value of therapeutic anti HPV 16 vaccines. Preliminary results of Procervix, clinical trials, safety profile and efficacy data	S. Olivier	France
SSim 3-5	- Control strategies of HPV 16 associated cancers: the respective impact of prophylactic vaccines, therapeutic vaccines and screening	E. Franco	Canada
	- Discussion		

Clinical Sessions - CS

CS 1 What does the vaccine era change for the clinician?

Mozart 1-3 room
8:00 – 9:30

Chair: M. Cruickshank

The development of HPV immunizations has been a major advance in cervical cancer prevention, as well as in the prevention of other HPV related diseases and cancers. Phase 3 clinical trials have consistently demonstrated high clinical effectiveness. With a long natural history, it will be many years before we realize the full impact of the HPV vaccine. For those involved in cervical screening and delivery of colposcopy and treatment of cervical disease including cancer, current and future effects will impact on delivery of these services. This session will review evidence of the current effects on HPV test performance and disease detection and model future changes to screening.

CS 1-1	- HPV test performance in vaccinated women	K. Cuschieri	UK
CS 1-2	- Impact of HPV immunization in screened population and on CIN 2+	K. Pollock	UK
CS 1-3	- Modeling the impact of vaccination on alternative screening policies	K. Kavanagh	UK
CS 1-4	- The impact of HPV immunization on the performance of colposcopy and cervical disease	M. Cruickshank	UK
	- Discussion		

CS 2 Quality assessment in colposcopy

Mozart 1-3 room
9:30 – 11:00

Co-chairs: M. Roy, J. Bornstein

CS 2-1	- EFC training curriculum in colposcopy	P. Nieminen	Finland
CS 2-2	- Distance learning course for low and medium resource countries	W. Prendiville	Ireland
CS 2-3	- Assessing competency in colposcopy and training trainers in colposcopy	M. Cruickshank	UK
CS 2-4	- Developing the role of lead in colposcopy	J. Tidy	UK
CS 2-5	- The Quebec experience	M. Roy	Canada
	- Discussion		

Coffee Break **11:00 – 11:30**

CS 3 Colposcopy and management

Mozart 1-3 room
14:15 – 15:45

Chair: N.Wentzensen

Colposcopy is the central element of all cervical cancer screening programs. There have been a lot of debates about the performance of colposcopy, with very different viewpoints about how colposcopy should be performed. It becomes increasingly clear that many of the differences observed in colposcopy performance between different settings are related to differences in populations rather than proficiency of the colposcopist.

CS 3-1	- Principle of risk-based colposcopy and US perspective	N. Wentzensen	USA
CS 3-2	- UK perspective	M. Cruickshank	UK
CS 3-3	- The detection of CIN2+ after an abnormal PAP-smear and hrHPV positivity using repeat cytology, hrHPV genotyping and colposcopic impression	A. Leeman	Netherlands
CS 3-4	- A meta-analysis of the accuracy of hrHPV testing and other markers to detect cervical precancer in women with ASC-H	L. Xu	Belgium
CS 3-5	- The future of colposcopy during the HPV vaccination era	S. Tatti	Argentina
	- Discussion		

Scientific Sessions - SS

SS 9 New advances in genomics

Trakl room
16:15 – 17:45

Chair: A. Lorincz

One of the most exciting new developments in genomics is massively parallel sequencing, also called next generation sequencing or NGS. The technology is very comprehensive and flexible for deciphering entire or focused regions of genomes and is increasingly harnessed in molecular epidemiology. In HPV-related disease NGS permits extensive sequencing of the collective genomes of tissues or collections of cells and in some cases even single cells. It is also a very powerful tool to explore regional targets such as the exome, methylome, viral genome etc. at great depth, revealing the diversity of individuality. NGS is still too costly for most routine clinical applications and is also quite complex to establish due to a lack of easy to use validated bioinformatics pipelines. However, these barriers are being solved and NGS will lead to a genuine revolution in medicine over the next 10 to 15 years.

SS 9-1	Next generation sequencing (NGS)	A. Lorincz	UK
SS 9-2	HPV16 whole-genome sequencing of 2364 cervical cancers and controls in the IARC international studies	G. Clifford	France
SS 9-3	Epigenetic modification of HPV genomes	M. Von Knebel-Döberitz	Germany
SS 9-4	Detection of cervical (pre)cancer on the basis of cervicovaginal fluid: inclusion of several biomarkers for optimization of sensitivity	X. Van Ostade	Belgium
SS 9-5	Cervical intraepithelial neoplasia and spontaneous preterm birth: a genome with association study (GWAS)	I. Kalliala	UK
SS 9-6	Consecutive HPV genotyping of invasive cervical cancer in Sweden	C. Lagheden	Sweden
SS 9-7	The phylogenetic tree of L1 HPV-16 isolate from west Java, Indonesia, showed Asian and African variants	E. Sahiratmadja	Indonesia

ORAL COMMUNICATIONS - OC

OC 11 New insights in molecular biology and markers

Co-chairs: H. Péré, M. Von Knebel-Döberitz

Trakl room
17:45 – 19:40

OC 11-1	Clinical performance of gyntect-methylation markers for triage HPV-positive women	M. Schmitz	Germany
OC 11-2	Genome-wide methylome analysis uncovers new hypermethylation biomarkers for both adeno- and squamous cell cervical carcinoma	R. Van Leeuwen	Netherlands
OC 11-17	Methylation analysis of the FAM19A4 gene in cervical scrapes is highly efficient in detecting cervical carcinomas and advanced CIN2/3 lesions	D. Heideman	Netherlands
OC 11-4	Effects of HPV 16 E6 and E7 on genomic stability in HCT116 cells	L. Ganss	Germany
OC 11-5	P16INK4A immunohistochemistry / HPV DNA PCR co-testing identifies HPV-induced anal squamous cell carcinomas with high diagnostic accuracy	T. Obermueller	Germany
OC 11-6	Characterization of cervical lesions by expression analysis of p16 and Stathmin	N. Nevermann	Germany
OC 11-7	P16/Ki-67 dual-stained cytology for detecting cervical (pre)cancer in a HPV-positive gynecologic outpatient population	R. Luttmer	Netherlands
OC 11-8	16/Ki-67 as a triage test routine: correlation with histology	A. Xhaja	Germany
OC 11-9	Combined biomarker expression patterns of panHPVE4 and p16INK4a can support the diagnosis and grading of CIN	A. Molijn	Netherlands
OC 11-10	High sensitivity proteomic analysis reveals novel pathways and key regulators in the pathology of cervical cancer	K. Pappa	Greece
OC 11-11	Performance of a new HPV and biomarker assay in the management of high risk HPV positive cases	A. Kocsis	Hungary
OC 11-12	Tracing HPV DNA integration sites during the development of the pre-cancerous lesions of the cervix	K. Carow	Germany
OC 11-13	Metabolomics of cervical cancer cell lines document discrete profiles and reveal novel metabolites with HPV-specific features	N. Anagnou	Greece
OC 11-14	Beneficial effects of of a coriolus versicolor-based vaginal gel on cervical epithelization, vaginal microbiota and vaginal health: a pilot study in asymptomatic women	D. Dexeus	Spain
OC 11-15	Cervical microbiota as a possible modulator of the cytokine profile at the cervical microenvironment in cervical lesions and cervical cancer	K.J. Torres-Poveda	Mexico
OC 11-16	Cervical antimicrobial peptides are decreased following excisional treatment for cervical intraepithelial neoplasia	A. Mitra	UK
OC 11-3	Performance of CADM1/MAL- methylation analysis for monitoring women treated for high-grade CIN	M. Van Zummeren	Netherlands
OC 11-18	Tumor specific imaging in HPV16 positive cervical cancer using HPV16-E7 binding affibody molecules	L. Zhang	China

ORAL COMMUNICATIONS - OC

OC 9 Special session
New challenges on HPV and molecular screening

Co-chairs: P. Sasieni, M. Stoler

Mozart 4-5 room
8:00 – 9:45

OC 9-1	Risk stratification of high-risk human papillomavirus positive women: impact of cytology and HPV 16/18 genotyping	L. Thomsen	Denmark
OC 9-2	Bayesian analysis of baseline risk of CIN2+ and CIN3+ by HPV genotype in a screening cohort of NILM and ASCUS subjects	T. Wright	USA
OC 9-3	Determination of the 5-year longitudinal negative predictive value of the Aptima HPV test in a routine screening population in Germany	T. Iftner	Germany
OC 9-4	HPV based screening of 1.2 million women and mega HPV laboratory processing in Turkey	M. Gultekin	Turkey
OC 9-5	Prevalence of HPV and cytologic abnormalities in the BD HPV Onclarity study	M. Stoler	USA
OC 9-6	Preliminary 48 month exit results from the HPV focal cervical cancer screening trial	A. Coldman	Canada
OC 9-7	Cervical screening with an interval beyond five years requires different rescreen timing for HPV-negative and HPV-positive, triage negative women: fourteen years follow-up of the Dutch Pobascam trial	M. Van Zummeren	Netherlands
OC 9-8	Evaluation of P16/KI-67 dual stain and HPV16/18 genotyping in a large population of HPV-positive women	W. Kinney	USA
OC 9-9	Low sensitivity of HC2 for cancer detection in older women in the artistic cohort	C. Gilham	UK
OC 9-10	Introducing CAREHPV into a public sector screening program in El Salvador	K. Alfaro	El Salvador

SCIENTIFIC SESSIONS - SS

SS 6 Application of precision medicine to cervical cancer prevention

Chair: A. Giuliano

Mozart 4-5 room
9:45 – 11:00

Precision Medicine refers to the ability to classify individuals into subpopulations that differ in their susceptibility to a particular disease, in the biology and/or prognosis of those diseases they may develop. Preventive or therapeutic interventions can then be concentrated on those who will benefit, sparing expense and side effects for those who will not. In the setting of cervical cancer prevention through screening, this session will focus on viral-related and host factors in addition to HPV status that will allow us to more accurately identify women with disease that requires treatment and women at greatest risk of future disease who require more intensive follow-up procedures.

SS 6-1	HPV testing as a primary screen in the era of HPV vaccination. A numbers game	E. Franco	Canada
SS 6-2	Urine based HPV screening in low resource settings	J. Smith	USA
SS 6-3	Host and HPV methylation- adjunctive biomarkers that improve CIN III diagnosis specificity	A. Lorincz	UK
SS 6-4	Risk-based screening and triage: the example of p 16/ Ki-67 dual stain	N. Wentzensen	USA
SS 6-5	Will menopausal women become the highest risk population? Optimal methods for screening?	P. Sasieni	UK
SS 6-6	Optimal methods for cervical cancer screening among HIV positive women	T. Wilkin	USA
SS 6-7	Conclusion: applying precision medicine to screen and treat HPV associated cancers	A. Giuliano	USA
	Discussion		

Coffee Break **11:00 – 11:30**

SCIENTIFIC SESSIONS - SS

SS 8 Comparing health services interventions for the prevention of HPV-related cancers (CoheaHr)

Mozart 4-5 room
14:15 - 15:45

Co-chairs: C. Meijer, J. Dillner

Comparative Effectiveness Research (CER) is the investigation of the effectiveness of different real-life health services. These may differ greatly between each other and may differ from the effects found in studies in the research setting. A greater emphasis on CER has been emphasized as a strategic research area to ensure that the citizens of the European Union do indeed receive the optimally cost-effective care that they are entitled to. CoHeaHr is an EU excellence project in CER. Prevention of HPV-associated cancers can be achieved by several different strategies, where for each one of them the effect and real-life effectiveness may differ. A CER project in this area therefore meets extraordinary challenges that will undoubtedly foster excellence in CER. The progress so far of the CoHeaHr project will be reviewed.

SS 8-1	- Impact of vaccination strategies on screening outcomes - a comparative effectiveness trial	M. Lehtinen	Finland
SS 8-2	- Vaccinating women at screening ages – a multi-country acceptability study	X. Bosch	Spain
SS 8-3	- HPV self-sampling in cervical screening – a diagnostic study	H. Berkhof	Netherlands
SS 8-4	- Herd effects in vaccinated populations	S. Vänskä	Finland
SS 8-5	- HPV based screening – from research to practice	M. Elfström	Sweden
SS 8-6	- HPV genotype-specific CIN risks after incident and prevalent infections: long-term results from the POBASCAM study	N. Veldhuijzen	Netherlands
SS 8-7	- HPV-based screening-optimal triage strategies for HPV-positive women	G. Ronco	Italy
SS 8-8	- HPV DNA testing and cervical cancer-evidence from meta-analyses	M. Arbyn	Belgium
	- Discussion		

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

SS 10 Is HPV part of vaginal and oral microbiome?

Mozart 4-5 room
16:15 - 17:30

Chair: B. Moscicki

Although HPV is associated with anogenital and oral cancers, the high rate of their detection in the anogenital area suggest that they might be part of the microbiome. The high risk HPV types may represent pathogens, whereas the numerous other types may in fact be commensal. The microbiome may also represent a community that keeps the pathogenic HPV in check and perturbations in the microbiome result in immune escape. This session will examine the role of the microbiome in anogenitalHPV persistence, development of CIN and recurrence after treatment. In addition, its role in oral and placental microbiome perturbations will be examined.

SS 10-1	- The role of the microbiome in HPV persistence: chicken or the egg?	B. Moscicki	USA
SS 10-2	- Oropharyngeal cancers and the microbiome	M. Goodman	USA
SS 10-3	- Vaginal microbiome: how is this affected by cervical precancer and its treatment?	M. Kyrgiou	UK
SS 10-4	- The temporal association between daily cervical HPV detection and microbial CST shifts	P. Gravitt	USA
SS 10-5	- Placental microbiome: is there a role for HPV?	J. Rautava	Finland
	- Discussion		

Abstracts are available for download at: www.eurogin.com/2016

ORAL COMMUNICATIONS - OC

OC 12 Current knowledge on HPV sampling

Co-chairs: M. Leinonen, J. Smith

Mozart 4-5 room
17:30 - 19:50

OC 12-1	HPV prevalence amongst Danish HPV self-sampling women stratified by screening history and compared to women undergoing routine screening	H. Pedersen	Denmark
OC 12-2	HPV genotype distribution among women with ≥ CIN2: comparison of primary screened women and under-screened women offered self-sampling	L. De Thurah	Denmark
OC 12-3	Accessing*: self-sampling and HPV oncoprotein testing combined with genotyping for HPV epidemiology in rural settings	A. Krings	Germany
OC 12-4	Age-specific hrHPV detection using cervical, vaginal and urine samples of women attending routine cervical screening. One sample doesn't fit all?	G.A.Stanczuk	UK
OC 12-5	Cervical screening in rural Malawi using XPERT® HPV and self-taken vaginal samples	H. Cubie	UK
OC 12-6	Validation of a new HPV self-sampling device: the cervical and self-sample in screening (Cassis) study	M. El-Zein	Canada
OC 12-7	Evaluation of high risk HPV DNA detection in self-collected vaginal samples and urine from test-of-cure setting	S. Andersson	Sweden
OC 12-8	First-void urine and physician-taken smear show similar sensitivity for the detection of CIN2+ lesions	W. Quint	Netherlands
OC 12-9	The clinical value of HPV genotyping in triage of women with high-risk-HPV-positive self-samples	R. Ebisch	Netherlands
OC 12-10	Validation of the FAM19A4/MIR124-2 DNA methylation test for both lavage and brush-based self-samples to detect cervical (pre)cancer in HPV-positive women	L. De Strooper	Netherlands
OC 12-11	Validation study of self-collected vaginal dry swabs using the Xpert HPV assay for human papillomavirus detection	R. Catarino	Switzerland
OC 12-12	Agreement of vaginal self-sampling and physician-collected HPV test in women attending a colposcopy clinic in Thailand	N. Phoolcharoen	Thailand
OC 12-13	CONFIDENCE™ HPV test validation for QVINTIP self-collected vaginal sample	M. Benczik	Hungary
OC 12-14	Comparative study of the determination of HPV test: self-sampling vs urine vs liquid medium cytology	J.M.Ramon Cajal	Spain
OC 12-15	FAM19A4 methylation analysis in self-collected samples compared to physician-taken cervical scrapes for detection of cervical (pre)cancer in hrHPV-positive women	P. Snijders	Netherlands
OC 12-16	Novel DNA hypermethylation markers are feasible in both cervicovaginal lavages and cervical scrapings	E. Schuuring	Netherlands
OC 12-17	Acceptability of HPV testing using a self-sampling device in non-attendees of municipal cervical cancer screening in Japan	M. Ito	Japan
OC 12-18	Acceptability of self-sampling for cervical cancer screening by health care providers in the accessing program	A.L. Behnke	Germany
OC 12-19	Modern technology-based communication platforms are well accepted for screening participation of non-attenders through self-sampling	J. Lam	Denmark

Scientific Sessions - SS

SS 5 Anal HPV infection and anal neoplasia

Co-chairs: A. Nyitray, J. Palefsky

Papageno room
8:00 – 9:30

SS 5-1	Epidemiology of anal HSIL and anal cancer	J. Smith	USA
SS 5-2	Epidemiology of anal HPV infection among women	E. Chiao	USA
SS 5-3	Self- and partner-assisted anal exams to detect anal cancer tumors may be feasible	A. Nyitray	USA
SS 5-4	High resolution anoscopy	N. Jay	USA
SS 5-5	Management and follow-up of anal HSIL	M. Nathan	UK
SS 5-6	Role of HPV vaccine in HIV and HPV men and women	J. Palefsky	USA
	Discussion		

Oral Communications - OC

OC 10 HPV testing 3

Co-chairs: H. Cubie, P. Hillemanns

Papageno room
9:30 – 11:00

OC 10-1	The BD Onclarity™ HPV assay on Surepath collected samples meets the international guidelines for human papillomavirus test requirements for cervical screening	D.M. Ejegod	Denmark
OC 10-2	Comparison of BD onclarity HPV assay to Roche Cobas 4800 HPV tests in cervical screening in England	K. Ellis	UK
OC 10-3	Head-to-head comparison of the Abbott RealTi*me* high risk HPV test and the Roche Cobas 4800 HPV test in population-based cervical cancer screening setting	A. Oštrbenk	Slovenia
OC 10-4	Triage of women with Low-grade squamous intraepithelial lesion (LSIL) by detection of Human Papillomavirus transformed clonal populations	W. Tjalma	Belgium
OC 10-5	HPV 18 detection variability between Aptima® HPV 16 18/45 genotype and the Cobas® HPV assay	S. Beqaj	USA
OC 10-6	Performance of HPV-E7 oncoprotein detection as a triage method to colposcopy for HPV 16/18 positive women, compared to no triage, or for high-risk HPV (non 16/18) positive women, compared to cytology. Results of the Pipavir study	K. Chatzistamatiou	Greece
OC 10-7	The clinical value of HPV genotyping in triage of women with high-risk-HPV-positive self-samples	R. Ebisch	Netherlands

Coffee Break **11:00 – 11:30**

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SCIENTIFIC SESSIONS - SS

SS 12 Epidemiology (1) in vaccinated and non-vaccinated recipients

Chair: L. Kuhn

Mozart 1-3 room
8:00 - 9:45

SS 12-1	Natural history of CIN 2	P. Nieminen	Finland
SS 12-2	Long-term risk for non-cervical anogenital cancer in women with previously diagnosed high-grade cervical intraepithelial neoplasia: a Danish nationwide cohort study	F.L. Sand	Denmark
SS 12-3	Association of bacterial vaginosis with persistence of female genital human papillomavirus infection - a six-year follow-up-study	K. Kero	Finland
SS 12-4	Risk of HPV infection and cytological abnormalities by HPV vaccination history in women 21-34 years of age	T. Wright	USA
SS 12-5	High-risk HPV infection in cervical, anal and oral compartments among young HIV-negative Thai women	J. Palefsky	USA
SS 12-6	HPV unvaccinated status and HPV sexual risk behaviors are common among Canadian undergraduates	W. Fisher	Canada
SS 12-7	Low prevalence of genital human papillomavirus among young heterosexual males in Australia: evidence for the impact of herd protection from the female vaccination program	D. Machalek	Australia
SS 12-8	Country specific HPV-related genital lesions, among men residing in Brazil, Mexico and the Unites States: Him study	A. Giuliano	USA
SS 12-9	HPV clearance and persistency in young women - Five years follow up of Wolves-study	T. Schulz	Germany
-	Discussion		

SS 13 Epidemiology (2) in vaccinated and non-vaccinated recipients

Chair: C. Bouchard

Mozart 1-3 room
9:45 - 11:10

SS 13-1	Genital warts and HPV detection in children	B. Moscicki	USA
SS 13-2	Prevalence of human papillomavirus in squamous vulvar cancer and vulvar intraepithelial neoplasia: a systematic review and meta-analysis	M.T. Faber	Denmark
SS 13-3	Risk factors for high grade anal intraepithelial neoplasia in women evaluated by high resolution anoscopy	C. Bouchard	Canada
SS 13-4	Human papilloma virus 35 is an aggressive subtype in long term follow up of equivocal (ASCUS) and low grade (LSIL) HPV positive cervical smears in Western Norway	O.K. Vintermyr	Norway
SS 13-5	Are patients with a first potentially-human papillomavirus-related cancer at greater risk of second primary cancer? A French population-based study	F. Neumann	France
SS 13-6	Does a history of childhood unwanted sexual experiences inform sexual orientation and relationships with same-sex partners?	S. Garland	Australia
SS 13-7	Characterization of sexual health behaviours among young women living in Victoria, Australia	S. Garland	Australia
-	Discussion		

SS 11 Revisiting the role of HPV serology

Wolf-Dietrich room
8:00 – 9:30

Co-chairs: S. Franceschi, M. Safaeian

The antibody response to papillomaviruses is a key determinant of protective immunity. HPV serology is also an essential epidemiological tool for the detection of past and present HPV infections and the prediction of HPV-associated cancers and their precursor lesions. Despite substantial improvements in the range and quality serological assays over the last decade, the choice of an assay is still a challenge. Investigators should specify whether they aim to measure HPV cumulative infection or immune protection, consider implications for comparability to other studies (including discrepancies that may arise due to lack of calibration between assay cutoffs). Additional differences arise depending on whether the study focus is women and/or men

SS 11-1	Serology studies at NCI	L. Pinto	USA
SS 11-2	Merck HPV serology study	A. Saah	USA
SS 11-3	Assay standardization issues and CDC's multiplex assay for serology	G. Panicker	USA
SS 11-4	Serology as an endpoint in vaccine research	J. Dillner	Sweden
SS 11-5	Role of HPV serology in oropharyngeal cancer prediction	T. Waterboer	Germany
SS 11-6	Investigation of anti HPV16L1 antibody levels in dried blood spots in unvaccinated women	R. Bhatia	UK
	Discussion		

SS 14 HPV negative cervical cancer

Wolf-Dietrich room
9:30 – 11:00

Co-chairs: M. Arbyn, G. Clifford

SS 14-1	HPV negative cervical cancers: an analysis of Australian data	L. Anderson	Australia
SS 14-2	HPV negative cervical cancer at the ICO survey: interpretation and impact	S. De Sanjosé	Spain
SS 14-3	HPV-negative cervical screening test results in women developing cervical cancer, implications for cervical screening algorithms	M. Austin	USA
SS 14-4	Contribution of screening cytology to the diagnosis of invasive cervical cancer in the context of cotesting every 3 years	W. Kinney	USA
SS 14-5	Sensitivity of HPV testing vs HPV & cytology co-testing in primary screening using cervical cancer as the outcome: a meta-analysis	M. Arbyn	Belgium
SS 14-6	NGS characterization of HPV-negative cancers	N. Wentzensen	USA
	Discussion		

SS 15 The FRAME initiative

Wolf-Dietrich room
11:00 – 12:30

Chair: K. Canfell

Modelling can greatly inform our understanding of the effect of possible cancer control interventions, and enables evaluation of the effectiveness and cost-effectiveness of new strategies for HPV prevention. HPV-FRAME is an initiative to develop a consensus statement and quality framework for modelled evaluations of HPV prevention; this will ensure that models contribute to an optimal policy decision. Existing general frameworks do not address specific issues of HPV model structure or parameterization which can have a critical impact. A consensus-based itemized checklist for quality assessment will be will be developed. Reporting HPV prevention models according to an explicit quality framework will allow the end-user to appreciate how accurately the model reflects outcomes, areas of simplification and whether these are appropriate to the decision question, and the degree of uncertainty in a decision process.

SS 15-1	Introduction to HPV-FRAME and report on progress	K. Canfell	Australia
SS 15-2	HPV-FRAME and general guidelines for good modelling practice: how do the two relate?	M. Brisson	Canada
SS 15-3	Presentation of draft framework: general principles for models of universal HPV vaccination in females and/or males	M. Jit	UK
SS 15-4	Additional issues for models of targeted HPV vaccination in MSM	M. Jit	UK
SS 15-5	Models of alternative vaccine types and reduced-dose schedules	J. Kim	USA
SS 15-6	General principles for models of cervical screening	S. Kulasingam	USA
SS 15-7	Models of integrated cervical screening and vaccination approaches	H. Berkhof	Netherlands
SS 15-8	HPV-FASTER evaluations	K. Canfell	Australia
SS 15-9	Additional issues for models of HPV prevention in low and middle income countries	J. Kim	USA

CLINICAL SESSIONS - CS

CS 4 HPV, CIN and pregnancy

Co-chairs: E. Siegler, M. Kyrgiou

Mozart 4-5 room
8:00 – 9:30

Cervical carcinoma is one of the most frequently diagnosed cancers in pregnancy and the prevalence of cervical intraepithelial neoplasia (CIN) is similar to the prevalence in non-pregnant women. The diagnosis and especially the treatment of CIN 2-3 during pregnancy is not well defined and is based on expert opinions, personal experience, and old studies. Our purpose is to summarize the knowledge of investigation, diagnosis and treatments of CIN during pregnancy based on new data.

CS 4-1	- The risk of HPV vertical transmission routes	H. Trottier	Canada
CS 4-2	- The cytology in pregnancy. The importance of performing PAP in pregnancy and problems of correct diagnosis	K. Syrjänen	Finland
CS 4-3	- Colposcopy in pregnancy (problems and difficulties)	M. Roy	Canada
CS 4-4	- CIN 2-3 treatment in pregnancy	E. Siegler	Israel
CS 4-5	- CIN and reproductive morbidity: is it the treatment or is it CIN?	M. Kyrgiou	UK
CS 4-6	- Cervical cancer and pregnancy	Z. Vaknin	Israel

CS 5 IFCPC workshop: day by day colposcopy improved practice

Co-chairs: W. Prendiville, F. Girardi

Mozart 4-5 room
9:30 – 11:00

Improvement takes practice. Basic knowledge of colposcopic theory and an appreciation of cervical pathology are essential. Only by correlating colposcopic and histologic changes can the colposcopic findings be interpreted correctly. Once a working knowledge of colposcopic findings has been acquired from a textbook, atlas, or teaching slides, it is helpful to work with an experienced colposcopist who can demonstrate and explain findings step by step.

CS 5-1	- A risk based approach to colposcopy and biopsy	N. Wentzensen	USA
CS 5-2	- Excision should always be performed under direct binocular colposcopic vision	X. Carcopino	France
CS 5-3	- What is the value of colposcopy in non-cytology based screening programmes	P. Basu	France
CS 5-4	- When to biopsy, when not to biopsy in routine colposcopic practice	W. Prendiville	USA
	- Discussion		

CS 6 ESGO workshop

Co-chairs: T. Maggino, M. Gultekin

Mozart 4-5 room
11:00 – 12:30

ESGO session will introduce new technologies on cervical cancer screening which is one of the most important cancers in women. Screening with mRNA primary tests and HPV DNA will be discussed through the session with an opportunity of understanding and seeing how an HPV laboratory works via citing the HPV mega laboratory in Turkey. In this session there also will be a great opportunity to learn what is going on in science about one of the highly controversial topics which are: possible screening strategies on other female genital cancers, preinvasive diseases and fertility saving surgeries.

CS 6-1	- Population screening programme for cervical cancer screening based on HPV-mRNA primary test	T. Maggino	Italy
CS 6-2	- Mega HPV laboratories for national screening: infrastructure and processing	M. Gultekin	Turkey
CS 6-3	- Treatment modalities of preinvasive diseases and fertility saving surgeries in gynaeological cancers	A. Rodolakis	Greece
CS 6-4	- Ovarian and endometrical cancer screening	R. Manchanda	UK
	- Discussion		

ORAL COMMUNICATIONS - OC

OC 13 Effectiveness, safety and impact of HPV prophylactic vaccines

Trakl room
8:00 – 10:30

Co-chairs: M. Elfström, S. Garland

OC 13-1	Brazilian public HPV vaccination program: first two years of experience	L. Resende	Brazil
OC 13-2	Effectiveness of the quadrivalent human papillomavirus vaccine against anogenital warts in Manitoba, Canada: a population-based study	K. Willows	Canada
OC 13-3	Effectiveness, immunogenicity, and safety of Gardasil ™ in pre-adolescents and adolescents – 10 years of follow-up	O.E. Iversen	Norway
OC 13-4	Impact and effectiveness of the quadrivalent human papillomavirus vaccine: ten years of real world experience	S. Garland	Australia
OC 13-5	Cost-effectiveness evaluation of the quadrivalent HPV vaccine in South Korea using a dynamic transmission model	M. Pillsbury	USA
OC 13-6	Public health benefits of routine human papillomavirus vaccination for adults in the Netherlands: a mathematical modeling study	S. Matthijsse	Netherlands
OC 13-7	Public health impact of a nine-valent HPV vaccination program for females in Hungary using a dynamic transmission model	L. Nagy	Hungary
OC 13-8	WOLVES-study – Impact of HPV vaccination in Wolfsburg (Germany)	S. Strehlke	Germany
OC 13-9	Public health impact of a nine-valent HPV vaccination program for females and males in Hungary using a dynamic transmission model	J. Kalmar	Hungary
OC 13-10	Long-term safety of the HPV-16/18 AS04-adjuvanted vaccine	W. Tjalma	Belgium
OC 13-11	Safety and immunogenicity of the HPV -16/18 AS04-adjuvanted vaccine in adolescents: final analysis of a large community-randomized trial in Finland	D. Bi F. Struyf	Belgium Belgium
OC 13-12	Safety profile of the 9-valent HPV vaccine: a combined analysis of seven phase III clinical studies	E. Moreira	Brazil
OC 13-13	End of study efficacy for vulvovaginal disease of a novel 9-valent HPV L1 virus-like particle vaccine in 16-26 year old women	E. Joura	Austria
OC 13-14	Estimating the cost-effectiveness of a universal vaccination programme with a nonavalent HPV vaccine in Italy	C. De Waure	Italy
OC 13-15	Human papillomavirus (HPV) vaccine coverage achievements in thirty low and middle-income countries between 2007-2015	K. Gallagher	UK
OC 13-16	HPV vaccination coverage at 2 years of initiating the national vaccination programe for Chilean girls	A. Schilling	Chile
OC 13-17	Cost-effectiveness evaluation of the quadrivalent HPV vaccination program for females age 11-12 years in Thailand	N. Khemapech	Thailand

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ORAL COMMUNICATIONS - OC

OC 14 Screening methods and implementation

Co-chairs: E. Lynge, S.Lönnberg

Trakl room
10:30 – 12:30

OC 14-1	Risk of cervical cancer after a negative smear by age	I.M. De Kok	Netherlands
OC 14-2	Cervical cancer mortality in un(der)screened women in the Netherlands	S. Naber	Netherlands
OC 14-3	Effect of organized screening and opportunistic testing in cervical cancer in Finland among young women	P. Makkonen	Finland
OC 14-4	Impact of cytology lab service delivery on the cervical health screening algorithm	K. Valentine	Belgium
OC 14-5	Cumulative probability of abnormalities in organized cervical cancer screening	M. Pankakoski	Finland
OC 14-6	Audit of screening histories and effectiveness of screening	S. Lönnberg	Norway
OC 14-7	Nine years experience in 412 000 cases: liquid based cytology and computer assistance compared to conventional cytology	H. Ikenberg	Germany
OC 14-8	Liquid-based cytology and human papillomavirus testing in the cervical screening programme in Luxembourg	A. Latsuzbaia	Luxembourg
OC 14-9	Evaluation of organised primary HPV screening of women aged 30-64 in Sweden	C. Eklund	Sweden
OC 14-10	Parallel testing for high-risk HPV and liquid based cytology in primary screening for cervical cancer	J.E. Levi	Brazil
OC 14-11	Implementation of HPV-test in primary screening has not decreased the attendance rate in the Norwegian cervical cancer screening programme	B. Engesæter	Norway
OC 14-12	Randomized implementation of primary high risk human papillomavirus testing for cervical cancer screening in Norway	M. Nygård	Norway
OC 14-13	Quality indicators for primary HRHPV screening for cervical cancer	W. Rodenburg	Netherlands
OC 14-14	Evaluation of colposcopy as a diagnostic triage for single visit screen and treat strategy in via based cervical cancer screening programs in India	S. Pimple	India
OC 14-15	Balancing benefits and harms in cervical cancer screening – a decision analysis for the Austrian health care context	G. Sroczynski	Austria
OC 14-16	An analytical quality assessment programme for primary HRHPV screening in the Netherlands	A. Van Loon	Netherlands
OC 14-17	HPV self-sampling response rate in randomised study among Slovenian non-responders to the organised cervical cancer screening program	U. Ivanus	Slovenia

OC 15 Epidemiology - Pathogenesis

Co-chairs: F. Borruto, M. Steben

Mozart 1-3 room
11:10 – 13:00

OC 15-1	Condylomatosis recurrence after surgical treatment: HPV quadrivalent vaccination could reduce clinical relapse?	A. Ghelardi	Italy
OC 15-2	Clinical relevance and tissue tropism of the mupapillomavirus genus types HPV1, HPV63 and HPV204	A. Šterbenc	Slovenia
OC 15-3	Human papillomavirus (HPV) associated with body mass index (BMI) in 4487 Thai women under cervical screening program	U. Chatchotikawong	Thailand
OC 15-4	Cervical cancer screening in the Netherlands: determination of HPV prevalence using three different systems	C. Huijsmans	Netherlands
OC 15-5	Identification HPV integration sites of CIN and cervical cancer patients in Shanghai women	F. Li	China
OC 15-6	Biotinyl-tyramide-based in situ hybridization signal patterns in the detection of high-risk human papillomavirus in cervical samples from women in Baghdad province	T.J.M. Al Khishali	Iraq
OC 15-7	Analysis of human papillomavirus type -16 and -18 lineages in Iranian women based on long control gene region	S.A Nadji	Iran