# MTC - MAIN TRAINING COURSE

The main training course is designed to provide summaries of the most relevant knowledge on HPV infection and associated diseases with the aim of assisting physicians and educators.

The topics covered range from the basic science fundamentals to emerging issues and the clinical uses of screening technologies, prophylactic HPV vaccines, the value of HPV detection and extending to HPV-related diseases in external genitalia and head & neck. Speakers will present only accepted evidence-based scientific information that has been published in the peer-reviewed medical literature.

## MTC 1 Global focus on HPV infection to diseases The rising knowledge by sites and gender

**Auditorium**
8:30 - 10:00

Chair: S. Franceschi (France)

Cervical cancer is one of the most preventable cancers and yet progress towards prevention is often frustrating, with relatively low access to vaccination and limited use of cervical cancer screening, particularly in less developed countries. The session will provide updated estimates of the burden of cancer attributable to HPV by gender at country and regional level for three groups of HPV-related malignancies: cervical cancer, other anogenital cancers, and head and neck cancers, which together are responsible for 630,000 new cases of cancer per year worldwide, i.e. 4.5% of all cancers. This fraction is, however, approximately 10 times higher in women than men. The geographical variation will highlight the contrast between cervical cancer (occurring predominantly in less developed countries) and HPV-attributable head and neck cancer (occurring mostly in North America and Northern Europe).

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| **MTC 1-1** | The burden of cancer caused by HPV infection: women and men | **Franceschi S.** | **France** |
| **MTC 1-2** | Understanding epidemiology of HPV infection: the global view | **Giuliano A.** | **USA** |
| **MTC 1-3** | Emerging issues on HPV transmission, focus on differences by sex | **D'Souza A.** | **USA** |
| **MTC 1-4** | Pathways to carcinogenesis, genetics and molecular biology fluctuations, genital vs oral | **Doorbar J.** | **UK** |
| **MTC 1-5** | Immunity and HPV related cancers, specifications by sites and gender | **Kenter G.** | **Netherlands** |
| | Discussion | | |

**Coffee break** 10:00 - 10:30

## MTC 2 Cervical cancer control in high income countries Current standards and challenges

**Auditorium**
10:30 - 12:10

Chair: E. Franco (Canada)

The last decade has witnessed substantial progress on the two fronts for cervical cancer control: screening and vaccination. Experience with the latter has just reached 10 years; most high-income countries were early adopters of universal, publicly funded HPV vaccination, now expanded to include boys. Likewise, there has been a paradigm change in screening programs, with molecular HPV testing graduating from a test of triage for equivocal Pap smears to the actual primary technology guiding all management options. Notwithstanding the enormous progress on both fronts, much policymaking and advocacy remains to be done for society to derive the full benefits of the new science on cervical cancer control.

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| | **Part 1 - Screening** | | |
| **MTC 2-1** | The growing national HPV based screening strategies | **Meijer C.** | **Netherlands** |
| **MTC 2-2** | HPV triage options in different settings | **Franco E.** | **Canada** |
| **MTC 2-3** | Barriers and obstacles of HPV screening: addressing the solutions | **Smith J.** | **USA** |
| | Discussion | | |
| | **Part 2 - Vaccination** | | |
| **MTC 2-4** | Barriers and obstacles for vaccination: addressing the solutions | **Steben M.** | **Canada** |
| **MTC 2-5** | The transition era of HPV vaccination, from the previous to the new generation of HPV vaccines | **Joura E.** | **Austria** |
| **MTC 2-6** | Screening of immunized women, current and future directions | **Dillner J.** | **Sweden** |
| | Discussion | | |

## MTC 3 Cervical cancer control in low and middle resource countries Experiences and perspectives

**Auditorium**
13:45 - 15:30

Chair: S. De Sanjosé (Spain), H. Cubie (UK)

Incidence and mortality from cervical cancer varies widely from country to country, but are significantly higher in low and middle income countries, being highest in Sub-Saharan Africa followed by South-Central Asia and South America.
There are many challenges to be overcome, not necessarily the same in each region but ranging from lack of knowledge and understanding about the disease and its precursors to inevitable cost restraints. In additions, interventions to reduce the burden of cervical cancer and which work well in high income countries may be completely unattainable or impractical for LMIC and difficult to put in place for poor and/or indigenous populations within high income countries.

In recent years we have seen many LMIC countries start to introduce new approaches to cervical cancer screening, some of which are still in pilot phase, others integrated into national programmes. In this session, we will cover submissions from people working to overcome the varied challenges and provide insight on each country's data and foreseen needs.

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| **MTC 3-1** | What have we learnt from population-wide HPV vaccination programs and how can it guide future vaccination policy? | **Franceschi S.** | **France** |
| **MTC 3-2** | Expanding the impact of HPV vaccines: updated WHO recommendations | **Restrepo A.M.** | **Switzerland** |
| **MTC 3-3** | Perspective and strategy from the Gates Foundation | **Dull P.** | **USA** |
| **MTC 3-4** | Moving towards HPV testing in low income settings - real-life experience with careHPV and Xpert HPV | **Clifford G.** | **France** |
| **MTC 3-5** | Self-sampling experience from Scotland to Malawi and back | **Stanczuk G.** | **UK** |
| **MTC 3-6** | Data suggesting a single dose of the prophylactic HPV vaccines may be sufficient | **Kreimer A.** | **USA** |
| | Discussion | | |

**Coffee break** 15:30 - 16:00

## MTC 4 New horizons in translational research

**Auditorium**
16:00 - 17:30

Chair: J. Dillner (Sweden), P. Gravitt (USA)

HPV DNA testing is rapidly replacing cytology-based cervical screening technologies in both high and low resource settings. This change is driven by the higher negative predictive value of HPV-negativity, allowing for a higher degree of assurance and/or much less frequent screening over a woman's lifetime.

However, the high prevalence of HPV particularly at younger ages, necessitates a triaging strategy before referral of HPV-positive women. Most trials have used cytology for triaging of HPV-positive women, but new translational research efforts aim at identification of more specific biomarkers of HPV-induced cellular transformation.

This session will provide updates on novel molecular targets to use in conjunction with HPV testing and the use of biomarker-based risk stratification for optimization of screening intervals and/or management strategies. We will also explore the potential for more convenient and non-invasive sampling which can be amenable to molecular testing and increase the implementation feasibility of HPV-based screening programs.

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| **MTC 4-1** | Epigenetics and cancer risk | **Widschwendter M.** | **UK** |
| **MTC 4-2** | Next generation sequencing and HPV: opportunities for diagnosis, epidemiology and research | **Mirabello L.** | **USA** |
| **MTC 4-3** | The clinical value of extended HPV typing | **Wentzensen N.** | **USA** |
| **MTC 4-4** | Molecular markers for risk-stratification of HPV-positive women | **Steenbergen R.** | **Netherlands** |
| **MTC 4-5** | Exploring the status of urine, saliva, oral fluid and serum for HPV testing | **Syrjänen S.** | **Finland** |
| | Discussion | | |

**Abstracts are available for download at: www.eurogin.com/2017**

# WORKSHOPS

## W 1 Colposcopy course

**G 104**
8:30 - 12:00

*Not included with congress registration / Separate registration required*

Professor Albert Singer, University of London, UK
Mr Ahfaq Khan, Director Dysplasia and Vulvar Clinic,
Whittington Hospital, London, UK

**Registration • 8:30 - 9:00**

### W 1-1 Current role of HPV testing in Cervical screening

**A. Khan**

**9:00 - 9:30**

Discussion points: HPV in triaging ASCUS, HPV test of Cure
What is the best HPV test as screening tool?

HPV is the major cause of cervical and lower genital tract neoplasia. It has three major roles in clinical practice. The most important being in relation to screening for cervical precancer. Although cytology has served clinicians well for the last 70 years its sensitivity is a problem when used as a screening test. Sensitivity ranges from 40 to 85%. When compared to the HPV screening we find that sensitivities average around 90%. In many countries HPV is now replacing cytology in screening. HPV screening has a positive predictive value of approximately 16% so therefore when it is employed the positive HPV women must be further triaged by using other techniques such as colposcopy, cytology(using its high specificity in this case) or other bio markers such as methylation to identify those with CIN. Its other two usages are as a result of the triage of those women presenting with an ASCUS smear in whom it is important to identify those 15% of women who have an underlying high great CIN lesion. A positive HPV test in these women will necessitate a mandatory colposcopy
The final usage is in respect of the follow-up of women who have had treatment for CIN. A number of studies have shown that if the HPV is negative in association with a negative smear then the chances of residual or recurrent disease is no more then 3 to 5%: in some studies been lower than these figures. During the presentation new evidence will be presented showing the introduction of new HPV methods used in screening especially those only looking at to high risk HPV types(type 16/18).

### W 1-2 The colposcopy examination

**A. Singer**

**9:30 - 10:00**

Discussion points: How to perform colposcopy, role of acetic acid, iodine,
transformation zone, endocervix examination

Colposcopy is the visual examination of the epithelial cervix using either uni or binocular vision . Specific abnormalities associated with both squamous and glandular precancer can be identified especially after the application of a 5% acetic acid solution. After this application the abnormalities become visible as a result to changes in the epithelium and blood vessels in the stroma. These changes occur within an area of the cervix called the transformation zone an area bounded by the junction of vaginal epithelium and the glandular epithelium arising from the endocervix (canal). Within this area a change occurs in which and glandular epithelium changes to squamous by a process of transformation, called metaplasia . The upper border of this metaplastic change is called the new squamo columnar junction. The inability to see this junction means that abnormality may exist higher up in the endo cervix.
A sample of any abnormality within the transformation zone can be taken by a simple punch biopsy. Abnormality extending into the endocervix above the new squamo columnar junction will need a limited surgical excision of the endocervix. Colposcopy is an essential part of the diagnosis and treatment of cervical precancer. It is indicated in the presence of abnormal cytology or in the finding of a positive HPV report and also when there is clinical signs on the cervix of possible malignancy.

### W 1-3 Colposcopy of abnormal cervix

**A. Singer**

**10:00 - 10:30**

Discussion point: CIN/AIN pathology, CIN and glandular changes,
role of the biopsy, early invasive cancer (microinvasion)

The epithelium containing squamous precancer within the transformation zone has certain characteristics. These reside within the epithelium or in the presence of blood vessels penetrating the epithelium and existing in the underlying stroma. The epithelium when painted with a solution of 5% acetic acid takes on a white appearance due to the obstruction of reflected light from the underlying stroma due to the cellularity of the epithelium.This epithelium is now called aceto-white epithelium and has all degrees of whiteness from a partially translucent appearance to one with extreme white denseness. The blood vessels can appear as red spots on the white epithelial background and this change is called punctuation.Likewise a mosaic appearance in the epithelium is also associated with abnormality and is called mosaic change. Both changes are as a result of increasing epithelial vascularity. An extreme form of this vascularity is called atypical vessel formation where the previous regularity in the blood vessels (punctation and mosaic) now becomes extreme in structure and adopts a marked irregularity, usually is indicative of possibly early invasive cancer(microinvasion).

# WORKSHOPS

**Interval 15 minutes • 10:30 - 10:45**

**W 1-4** **HPV biomarkers: how can they help a colposcopist?** **A. Khan**
**10:45 - 11:15**
Discussion point: Role of surrogate markers in the management of CIN2, role in screening and in cases of persistent LSIL and in ASCUS-H

HPV biomarkers markers are playing an important part in assisting the clinician to accurately diagnose and to rationally and safely treat cervical precancer. Its role in screening has been defined in the first lecture of this course. As was pointed it out it is one of the three uses of HPV in the management of the ASCUS or borderline cytological smear. Approximately 15% of these smears harbour a high-grade premalignant lesion (HSIL) which needs to be identified. A positive HPV test is taken reflexively in many screening programs as it identifies those women who have a one in six chance (positive predictive value) of processing HSIL. Its role in follow-up after treatment has also been outlined in the first lecture.
The question of dealing with a histological finding of CIN 2 is made easier by the use of the histochemical staining using p16(INK4a) expression. This markers positivity is shown by a diffuse brownish staining of the epithelium which indicates the presence of the high risk types of HPV . The progression rate is significantly higher for the patients showing p16(INK4a) overexpression than for those not showing p16(INK4a) overexpression with the the regression rate also found to be significantly lower. In young women with small biopsy proven CIN 2 lesions there is a realistic chance of preventing or at least delaying their first treatment due to possible regression, by the usage of this marker. Other uses of HPV markers would it will be given during the lectures

**W 1-5** **Treatment of CIN: Why, When and How?** **A. Khan / A. Singer**
**11:15 - 11:50**
Discussion points: Ablative or excisional treatment

There are a number of objectives in treating cervical. precancer .The first of these is to prevent cancer by the monitoring of low grade disease(LSIL):secondly to treat high grade disease(HSIL) and thirdly to minimise residual disease remaining after treatment. In young women it is essential to minimise possible adverse obstetrical outcomes. There are also certain prerequisites to treatment which include valid indications as well as precise definition of the abnormality with colposcopy and pathology. There must be suitable conditions for treatment including analgesia and exposure with suitable counselling and adequate and effective follow-up also important . **Deciding on who to treat** is evident when there is a reasonable expectation that the untreated patient will run the risk of the subsequent development of cancer. In the non-pregnant patient this will invariably be those women with a diagnosis histologically or in some cases colposcopically of high-grade disease (HSIL). As outlined in the previous lecture some women with CIN2 will also be treated and very occasionally those with CIN1(LSIL). **How to treat** these lesions demands a knowledge of the cervical anatomy especially of the cervical crypts(glands). The latter extend to a depth when involved with CIN to just under 4 mm. Therefore any treatment must go below this level(ie 6-7mm).
Two main methods of treatment can be employed. Either the lesion can be destroyed by local methods such as cryo therapy, diathermy or thermal ablation. Secondly and more commonly the lesion can be removed by excision using a electro diathermy loop. Recently a diathermy needle can also be employed. Carbon dioxide laser can be used to either vaporise the lesion as a form of local destruction or can be employed to excise. The various methods will be discussed and the pros and cons considered.

**W 1-6** **Complications of treatment** **A. Singer**
**11:50 - 12:15**

The treatment of cervical precancer as it outlined above, although conducted in most cases in the outpatients/office environment is still associated with complications. These can be divided into three groups. Firstly immediate or short term complications which occur in no more than about 3 to 5%. These are mainly concerned with bleeding, infection, pain and discharge. Secondly long-term complications relate to cervical stenosis (2%) and the increasing problem of premature rupture of membranes and preterm labour. The third group of complications are those related to the need for further treatment which is evident in about 5 to 7% of those treated for squamous precancer and up to 15 -30% of those with previous glandular precancer (CGIN) . The various presentations of all these complications and their management will be discussed. The question as to why women who have had treatment are at an increase risk for obstetrical complications will be discussed .Is it related to the actual surgical event itself, which in most cases is excision ? Recent evidence suggesting there may be an intrinsic abnormality not only in relation to impaired healing and immunity but also evidence that the micro biome system may be involved in some way in women with CIN. These various mechanisms will be discussed. The effects of treatment on fertility will be also considered

**Summary and close**

# WORKSHOPS

## W 2 Workshop on HPV immunization: global progress, local challenges

**G 102**

Coordinator: P. Van Damme

8:30 - 12:00

This workshop addresses frequently asked question related to vaccine effectiveness, schedules and safety aspects. It allows to understand the rationale for vaccination of boys, offers an update on the HPV-9 vaccine, appreciates the impact of immunization on screening policies, and gives guidance on how to inform parents about vaccination to continue trust in HPV vaccines and HPV programs.

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| **W 2-1** | Introduction | **Van Damme P.** | **Belgium** |
| **W 2-2** | Impact of vaccination on screening programs: what can we say today? | **Franco E.** | **Canada** |
| **W 2-3** | HPV-9 vaccine: all we need to know! | **Joura E.** | **Austria** |

**Coffee break** 10:00 - 10:30

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| **W 2-4** | Review on HPV vaccine safety | | |
| **W 2-5** | One dose HPV vaccination programs: for tomorrow? | **Stanley M.** | **UK** |
| **W 2-6** | Vaccination of boys: universally accepted? | **Smith M.** | **Australia** |
| **W 2-7** | Vaccine trust and HPV vaccines: where are we and what do we need to do? | **Karafillakis E.** | **UK** |
| | Discussion | | |

# VULVAR DISEASES COURSE

## W 4 Part I: Vulvar Diseases

**G 104**

Coordinator: J. Bornstein (Israel)

13:45 - 15:30

What is new with vulvar disease? A lot. This year this popular course will focus on the recent developments in the field: The new paradigm of vulvar pain and vulvodynia and the new ISSVD terminology including Differentiated Vulvar Intraepithelial Neoplasia (DVIN), as well as Low and High Grade Squamous Intraepithelial Lesion.

High resolution anoscopy (HRA) has emerged as an essential examination in many patients. It will be introduced and explained.

Finally, the next generation treatment approach of Vulvar Squamous Intraepithelial Lesions, by immunotherapy, will be presented. This is a non-invasive management that may replace a mutilating excision of the lesions.

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| **W 4-1** | What is new with the vulvar terminology? | **Bornstein J.** | **Israel** |
| **W 4-2** | How to perform high resolution anoscopy | **Palefsky J.** | **USA** |
| **W 4-3** | A new era of DNA immunotherapy for vulvar HSIL | **Bhuyan P.** | **USA** |
| | Discussion | | |

## W 3 Quality assurance in cervical cancer screening. Workshop for cervical cancer screening coordinators and evaluators

**G 102**
13:45 - 17:30

Coordinators: A. Anttila (Finland), N. Segnan (Italy)

Cervical cancer screening is currently undergoing major changes with the deployment of new screening methods and working models. At the same time, in a number of programs effective cancer prevention has not yet been achieved with conventional cervical cancer screening. Appropriate quality assurance and process and outcome evaluations are therefore now especially important so that quality can be maintained and incrementally improved while changes are implemented. The aim of this short course is to demonstrate the rationale and concepts of quality assurance in modern cervical cancer screening, present and discuss of barriers to implementation and look for possible solutions models.

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| **W 3-1** | Welcome | **Anttila A.** | **Finland** |
| **W 3-2** | EU recommendations on quality assurance in cervical cancer screening (EU Guidelines, Guidelines Supplements, ECAC, and Cancon) | **Anttila A.** | **Finland** |
| **W 3-3** | Current concepts and situation of quality assurance in cervical cancer screening in Europe | **Elfström M.** | **Sweden** |
| **W 3-4** | Challenges in quality assurance when adopting novel test systems: clinical validation and quality assurance of HPV tests in routine screening programmes. | **De Kok I.** | **Netherlands** |
| **W 3-5** | Updated information on clinically validated HPV tests. | **Ronco G.** | **Italy** |

**Coffee break** 15:30 - 16:00

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| **W 3-6** | Designs in the evaluation of screening policies in HPV vaccinated women. | **Segnan N.** | **Italy** |

**Round table**

**W 3-7** Part A.
Practical examples of clinical and program QA with new methods. Presentations to be held by selected conference participants based on their structured abstracts, plus discussion

**W 3-8** Part B.
Practical examples of evaluation of screening policies in HPV vaccinated women
Discussion

## W 4 Part II: Vulvar Pain Syndrome (Vulvodynia)

**G 104**
16:00 - 17:30

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

Vulvar pain syndrome, or vulvodynia, is a chronic health problem affecting the quality of life of many women, and a challenge to health care professionals. Although increasingly recognized, 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 or localized provoked vulvodynia (LPV), is more common and 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. In differential diagnostics, specific infections, other specific inflammatory disorders such as dermatoses, or rare neurologic conditions should be considered. Individualised multidisciplinary management is often necessary. Multiple conservative therapeutic approaches have been used with variable or poor success. However, a pragmatic management algorithm has proven useful in clinical practice. Surgery by posterior vestibulectomy is strikingly effective in refractory cases of LPV.

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| **W 4-4** | Vulvodynia: definition and classification | **Tommola P.** | **Finland** |
| **W 4-5** | Vulvar pain syndrome: topographical classification of introital dyapareunia | **Donders G.** | **Belgium** |
| **W 4-6** | Localised provoked vulvodynia: pathogenesis and pain mechanisms | **Tommola P.** | **Finland** |
| **W 4-7** | Conservative management | **Damsted-Petersen C.** | **Denmark** |
| **W 4-8** | Surgical management by vestibulectomy | **Paavonen J.** | **Finland** |

Discussion

# FREE COMMUNICATIONS

## FC 1 Cervical cancer screening in Europe: an update - Screening methods 1

**Auditorium**
17:30 - 19:00

Chair: M. Elfström (Sweden), N. Van der Veen (Netherlands)

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| **FC 1-1** | Socio-economic and demographic determinants of participation in the Swedish cervical screening program: a population-based case-control study | **Strander B.** | **Sweden** |
| **FC 1-2** | Screening history in cervical cancer patients ≥ 55 years diagnosed during 1990-2013 in Denmark | **Hammer A.** | **Denmark** |
| **FC 1-3** | Inviting women to cervical cancer screening at the age of 65 | **Pankakoski M.** | **Finland** |
| **FC 1-4** | Evaluation of the cervical cancer screening program in the Flemish region by the Belgian Cancer Registry | **Haelens A.** | **Belgium** |
| **FC 1-5** | Cervical screening in Sweden in 2015 | **Hortlund M.** | **Sweden** |
| **FC 1-6** | Nordscreen - an interactive tool for presenting cervical cancer screening indicators in Nordic countries | **Partanen V.M.** | **Finland** |
| **FC 1-7** | Ten years experience in 541,000 cases: liquid based cytology and computer-assistance compared to conventional cytology | **Ikenberg H.** | **Germany** |
| **FC 1-8** | The value of "diagnostic cytology" with p16/Ki-67 dual-staining | **Tjalma W.A.A.** | **Belgium** |
| **FC 1-9** | Cervical cancer tumor histopathology classification in the Swedish national audit of cases from 2002- 2011 | **Nordqvist Kleppe S.** | **Sweden** |

## FC 2 Cervical cancer screening in low resource settings: new challenges

**G 102**
17:30 - 19:00

Chair: J. Smith (USA), H. Cubie (UK)

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| **FC 2-1** | HPV testing in routine cervical screening in rural Malawi - prevalence, link to clinical findings and challenges | **Cubie H.** | **UK** |
| **FC 2-2** | Cervical cancer screening in the remote island of Principe | **Vieira-Baptista P.** | **Portugal** |
| **FC 2-3** | Cervical cancer screening in low resource settings | **Manoli N.** | **India** |
| **FC 2-4** | Prevalence of sexually transmitted infections among 2000 women in rural Ghana - the accessing study | **Kaufmann A.** | **Germany** |
| **FC 2-5** | The study of folate receptor-mediated staining solution (FRD™) used for detecting high grade cervical lesions and invasive cancer | **Xue M.** | **China** |
| **FC 2-6** | Comparison of three HPV assays in detection of cervical cancer | **Chen W.** | **China** |
| **FC 2-7** | Comparison of VIA with molecular testing using HPV-DNA and the biomarker p16INK4a/Ki-67 for cervical cancer screening in a high-prevalent cervical cancer setting | **Orang'o E.O.** | **Kenya** |

## FC 3 Genital neoplasia

**G 104**

Chair: J. Bornstein (Israel), P. Hillemanns (Germany)

17:30 - 19:00

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| **FC 3-1** | Vulvar cancer: two pathways with different localization and prognosis | **Hinten F.** | **Netherlands** |
| **FC 3-2** | The role of the antileukoprotease secretory leukocyte protease inhibitor (SLPI) in squamous cell carcinoma of the vulva in relation to HPV-infection and smoking habit of the patients | **Quabius E.S.** | **Germany** |
| **FC 3-3** | DNA copy number aberrations associated with HPV-dependent and -independent vulvar carcinogenesis | **Swarts D.** | **Netherlands** |
| **FC 3-4** | Does HPV genotype affect the grade and the risk of recurrence of vaginal intraepithelial neoplasia? | **Lacobone A.D.** | **Italy** |
| **FC 3-5** | Distribution of high-risk HPV types in women with invasive cervical carcinoma in Kazakhstan | **Šterbenc A.** | **Slovenia** |
| **FC 3-6** | Physical activity, obesity and cervical cancer in Germany | **Liang L.** | **Germany** |
| **FC 3-7** | Ten years study of invasive cervical cancer: microinvasive cases increase in co-testing period | **Oncins R.** | **Spain** |
| **FC 3-8** | What is the impact of the HPV vaccination program on the natural history of high grade squamous intraepithelial cervical lesions in New Zealand? | **Sykes P.** | **New Zealand** |
| **FC 3-9** | Preterm delivery and perinatal outcome after conization: a retrospective analysis of the national inpatient quality survey data in Germany: 2009 - 2014. | **Dannecker C.** | **Germany** |
| **FC 3-10** | Correlation of isotope count with sentinel node positivity in vulvar cancer | **Prieske K.** | **Germany** |

## FC 4 HPV negative cancers

**G 106 - 107**

Chair: M. Gultekin (Turkey), J.J. Baldauf (France)

17:30 - 19:00

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| **FC 4-1** | Prevalent and incident cancers in HPV negative women | **Peto J.** | **UK** |
| **FC 4-2** | Reinvestigation of a proportion of HPV-negative tumors in a Swedish cohort of cervical cancer | **Kaliff M.** | **Sweden** |
| **FC 4-3** | Human papillomavirus negativity: worse prognosis in invasive cervical cancer | **Lei J.** | **Sweden** |
| **FC 4-4** | The relation between hrHPV-negative high-grade cytological lesions and histology: a systematic review | **Zarowska A.** | **Belgium** |
| **FC 4-5** | HPV negative carcinoma of the uterine cervix: a distinct type of cervical cancer? | **Del Pino M.** | **Spain** |

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# HPV AND HEAD & NECK FORUM

**HPV AND OROPHARYNGEAL CANCER: THE CHANGING FACE OF DISEASE**

Worldwide, HNSCC (Head and Neck Squamous Cell Carcinoma) represents the sixth most common cancer, resulting in approximately 550,000 diagnoses and 300,000 deaths per year. More than 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.

**The EUROGIN HPV and Head and Neck Cancer Forum** highlights areas of active investigation in the field. It offers a review of the current epidemiologic efforts which focus on the natural history of HPV infection, risk of transmission, screening for early cancer detection, and the potential impact of prophylactic HPV vaccines in the incidence of head and neck cancer. The event evaluates how the differing biology of HPV-HNC leads to a re-assessment of clinical staging and clinical prognostic characteristics. Given the viral etiology of these tumors, sessions address to review immune evasion mechanisms utilized by HPV and the understanding of these mechanisms, with the hope of opening the path to novel immunotherapeutic strategies to reactivate the host immune response against the virus and virally-associated cancer cells.
A dedicated debate session will focus on the controversies regarding the impact of HPV infection on oro-pharyngeal cancer, including diagnosis, management and decision making.
A special session deals with recurrent respiratory papillomatosis, a benign head and neck tumor caused by HPV infection but which can have a devastating and at times life threatening impact on patients. Taking the lessons learned from HPV-OPC, there is the potential of applying similar therapeutic approaches to this HPV-associated disease.
The relatively poor overall survival for HNSCC patients despite advances in surgical techniques, chemotherapy, and radiation therapy results has led to significant efforts directed towards stimulating the immune response against HNSCC to improve survival and reduce morbidity. Immunotherapy represents a promising avenue for the treatment of head and neck cancers, with several treatment regimens showing significant promise in clinical trials. When combined with traditional approaches including chemotherapy, radiation therapy and surgery, these immunotherapies have the potential to reduce the morbidity associated with HNSCC and improve survival. Recent clinical responses observed in immunotherapy trials in HPV-OPC patients, as well as clinical results of other targeted therapies will be presented.

## HN 1 Natural history and molecular biology of HNSCC (Head and Neck Squamous Cell Carcinoma)

**G 105**
8:30 - 10:00

Chair: R. Brakenhoff

HPV-induced oropharyngeal cancers have a favorable prognosis, which led to an adaptation in the TNM8 staging system and to clinical treatment de-escalation trials of which the results are now awaited. The likely reason for the more favorable prognosis is reflected by the differences in molecular changes both at the genetic and expression level between HPV+ve and HPV-ve tumors. Remaining issues are the involvement of the immune system in the relation to prognosis, and the largest open question is the natural history of infection to malignant transformation. Until today, premalignant changes have not been identified in the mucosal lining of the head and neck, and the natural history remains an enigma.

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| **HN 1-1** | Immunology of HPV driven OPC | **Van der Burg S.** | **Netherlands** |
| **HN 1-2** | Paradigm of oral HPV natural history: from infection to cancer | **Rettig E.** | **USA** |
| **HN 1-3** | Pathway to carcinogenesis | **Syrjänen S.** | **Finland** |
| **HN 1-4** | Molecular patterns and biology of HPV OPC | **Brakenhoff R.** | **Netherlands** |
| **HN 1-5** | Conditions for succesful immunotherapy of HPV-16 positive + squamous cell cancer of the head and neck | **Melief K.** | **Netherlands** |
| | Discussion | | |

**Coffee break** 10:00 - 10:30

## HN 2 Epidemiology of HPV driven head and neck squamous cell carcinoma (HNSCC)

**G 105**
10:30 - 12:00

Chair: C. Fakhry (USA)

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|---|---|---|---|
| **HN 2-1** | Epidemiology of oral infection | **Fakhry C.** | **USA** |
| **HN 2-2** | Epidemiology of HPV+ tumors by region | **Alemany L.** | **Spain** |
| **HN 2-3** | Tobacco and HPV as a risk marker for squamous cancer, understanding the difference between OP and Cervix | **Franceschi S.** | **France** |
| **HN 2-4** | HPV 16 variants distribution in HNSCC | **Combes J.D.** | **France** |
| | Discussion | | |

# HPV AND HEAD & NECK FORUM

## HN 3 Free communications on HPV and Head & Neck cancer (1)

**G 105**
12:15 - 13:30

Chair: A. Psyrri (Greece), H. Mirghani (France)

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|---|---|---|---|
| **HN 3-1** | Prevalence of human papillomavirus in tonsillar/adenoid tissue. A study of paraffin-embedded archival material from diagnostic biobanks in Norway | **Hansen M.** | **Norway** |
| **HN 3-2** | Time to change perspectives on HPV in oropharyngeal cancer<br>A systematic review of HPV prevalence per oropharyngeal sub-site | **Haeggblom L.** | **Sweden** |
| **HN 3-3** | Increasing prevalence of HPV-positive tumor status among older adults with oropharyngeal cancer, 1995 - 2013 | **Benson M.** | **USA** |
| **HN 3-4** | HPV 16 and EPB41L3 methylation: concordance between measures in oropharyngeal (OPC) tumor and oral gargle specimens and case control differences | **Giuliano A.** | **USA** |
| **HN 3-5** | P16INK4A expression patterns predict clinical outcome of patients with oral dysplasia irrespective of HPV infection status | **Rosin M.** | **Canada** |
| **HN 3-6** | High-risk human papillomaviruses and p16 in oral cancer | **Lamaroon A.** | **Thailand** |
| **HN 3-7** | Targeted sequencing of tonsillar and base of tongue cancer and human papillomavirus positive unknown primary of the head and neck reveals prognostic effects of mutated FGFR3 | **Bersani C.** | **Sweden** |
| **HN 3-8** | Continuing rise in oropharyngeal cancer in a high HPV prevalence area: A Danish population-based study from 2011-2014 | **Carlander A.L.** | **Denmark** |
| **HN 3-9** | Efficacy of AS04-adjuvanted HPV-16/18 vaccine in reducing oropharyngeal HPV infections in adolescent girls - results from a community-randomized trial | **Struyf F.** | **Belgium** |
| **HN 3-10** | Four-parameter model for predicting outcome in patients with HPV-positive tonsillar and base of tongue squamous cell carcinoma | **Mints M.** | **Sweden** |

Discussion

## HN 4 Evidence and controversies on impact of HPV on oropharyngeal cancer (OPC)

**G 105**
13:45 - 15:30

Chair: S. Syrjänen (Finland), T. Dalianis (Sweden)

In this session, some controversies on the impact of HPV infection on OPC are dealt with. More specifically, several topics will be discussed. The influence of HPV on transformation and how to detect HPV, including the use of e.g. p16 are some of these topics. Other topics include studies of the influence of the microbiote, or studies of different types of biomarkers within the tumor or in the blood and their use for therapeutic decisions and/or detection of recurrences.

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| | **Influence of HPV on transformation:** | | |
| **HN 4-1** | Pro | **Syrjänen S.** | **Finland** |
| **HN 4-2** | Con | **Götz C.** | **Germany** |
| | **Detection of HPV, a criterion for therapeutic decision?** | | |
| **HN 4-3** | Pro | **Psyrri A.** | **USA** |
| **HN 4-4** | Con | **Götz C.** | **Germany** |
| | **Use of oral HPV infection or blood bio-markers for early identification of recurrence** | | |
| **HN 4-5** | Pro | **Mirghani H.** | **France** |
| **HN 4-6** | Con | **Von Knebel Doeberitz M.** | **Germany** |
| **HN 4-7** | Microbiote associate with oral cancer, a diagnostic-prognostic marker? | **Rautava J.** | **Finland** |
| **HN 4-8** | The value of p16ink4a as a surrogate marker | **Brakenhoff R.** | **Netherlands** |
| **HN 4-9** | The role of serological markers | **Waterboer T.** | **Germany** |

Discussion

# HPV AND HEAD & NECK FORUM

## HN 5 Management and decision making in HPV driven OPC

**G 105**
Chair: C. Fakhry (USA)
16:00 - 17:30

In this session, the broad clinical considerations for HPV-related oropharynx cancers will be reviewed in a multidisciplinary fashion. Treatment and quality of life considerations for this patient population will be presented from surgical, radiation oncology, medical oncology points of view. Additionally, the research questions which are subject of current clinical trials will be discussed.

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| **HN 5-1** | Molecular and immune markers that have an impact on treatment | | |
| **HN 5-2** | Treatment of HPV OPC systemic treatment | **Psyrri A.** | **USA** |
| **HN 5-3** | Potential advantages of robotic surgery | **Fakhry C.** | **USA** |
| **HN 5-4** | The value of radiotherapy | **Quon H.** | **USA** |
| **HN 5-5** | The use of different biomarkers for predicting clinical outcome in tonsillar and base of tongue cancer | **Dalianis T.** | **Sweden** |
| **HN 5-7** | Risk groups for recurrences, metastasis and survival | **Pai S.** | **USA** |
| **HN 5-8** | Treatment for recurrent/ metastatic HPV+ OPC tumors | **Fakhry C.** | **USA** |
| **HN 5-9** | Quality of life following HPV driven OPC | **D'Souza A.** | **USA** |
| | Discussion | | |

## HN 6 Free communications on HPV and Head & Neck cancer (2)

**G 105**
Chair: J.D. Combes (France), C. Badoual (France)
17:30 - 19:00

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| **HN 6-1** | Trends in oropharyngeal cancer survival in the United States, 1975-2009 | **Osazuwa-Peters N.** | **USA** |
| **HN 6-2** | What is the ideal HPV screening method in the oropharyngeal region? SHIO Study | **Szabó E.** | **Hungary** |
| **HN 6-3** | Molecular targeting of the DNA damage response as a novel approach to deintensify the therapy of HPV-positive HNSCC | **Rieckmann T.** | **Germany** |
| **HN 6-4** | Simultaneous quantification of HPV oncogene (E6,E7) mRNA and PD-L1 protein expression in oral cancer samples using flow cytometry | **Mirghani H.** | **France** |
| **HN 6-5** | Influence of HPV-status on survival of patients with tonsillar squamous cell carcinomas (TSCC) treated by surgery - a 10 year retrospective single centre study | **Hoffmann M.** | **Germany** |
| **HN 6-6** | Sexual risk, HPV and oral hygiene assessment of general dental patients | **Rumaniek B.** | **Australia** |
| **HN 6-7** | Juvenile-Onset Recurrent Respiratory Papillomatosis: a French 43 cases series | **Carlevan M.** | **France** |
| **HN 6-8** | Prospective and retrospective monitoring for Juvenile Onset Recurrent Respiratory Papillomatosis (JORRP) in the United States | **Meites E.** | **USA** |
| **HN 6-9** | Human papillomavirus diagnosis in adult laryngeal papillomatosis | **Verdasca N.** | **Portugal** |
| **HN 6-10** | Quality of life in survivors of oropharyngeal cancer: a systematic review and meta-analysis of 1366 patients | **Hoexbroe Michaelsen S.** | **Denmark** |

# HPV AND HEAD & NECK FORUM

## HN 7 Update on immunotherapy trials in HNSCC

**G 105**
Chair: S. Pai (USA)
8:00 - 9:30

HPV-associated head and neck cancers (HPV-HNC) are caused by a failure of the host immune system to eradicate the initial viral infection and subsequent virally-induced cancer cells. Immune checkpoint pathway activation is a common mechanism of immune evasion utilized by HPV. Correspondingly, HPV-HNC patients demonstrate superior response rates to immune checkpoint blockade therapy. The goal of the session is to review the results of key immunotherapy head and neck cancer trials over the past year, discuss where the field is going with combinatorial immunotherapeutic strategies, as well as examine the key questions which may impact the successes of immunotherapy in the field.

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| **HN 7-1** | Immunotherapy of OPC: the state of the art | **Mehra R.** | **USA** |
| **HN 7-2** | Mapping the immune suppressive microenvironment in sentinel lymph nodes draining HPV-negative head and neck squamous cell carcinomas | **Van de Ven R.** | **Netherlands** |
| **HN 7-3** | Intratumoral HPV immunity as a predictor of response to therapy | **Welters M.** | **Netherlands** |
| **HN 7-4** | HPV therapeutic vaccine for head and neck cancer: role of resident memory T cells | **Blanc C.** | **France** |
| **HN 7-5** | In situ detection of immunocheckpoint and relation with HPV expression in head and neck cancers | **Badoual C.** | **France** |
| | Discussion | | |

## HN 8 The role of early antigen HPV serology in Head & Neck cancer

**G 105**
Chair: T. Waterboer (Germany)
9:30 - 11:00

Antibodies to the E6 oncoprotein and other early proteins of HPV are predictive biomarkers for the development of HPV-driven head and neck cancer, especially oropharyngeal cancer (OPC). Thus, HPV serology may be an important tool for risk stratification. While early antigen HPV serology and its use in OPC prediction is still undergoing lab-based assay development, it is closer to being ready for clinical application than HPV serology in cervical cancer ever was. The session will bring together the current experts in this field, from basic sciences to public health, including assay developers, epidemiologists, and clinicians to discuss recent epidemiologic and clinical data based on different assays, and future directions for research.

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| **HN 8-1** | Multiplex HPV serology and HNSCC - what we (don't) know | **Waterboer T.** | **Germany** |
| **HN 8-2** | Programmable protein arrays for immunoprofiling of HPV-associated cancers | **Anderson K.** | **USA** |
| **HN 8-3** | Considerations in screening for OPC with HPV serology | **Kreimer A.** | **USA** |
| **HN 8-4** | Well powered HPV serology sub analyses in the Head & Neck 5000 study | **Ness A.** | **UK** |
| **HN 8-5** | Using HPV serology for predicting recurrence - summary of available evidence | **Lang Kuhs K.A** | **USA** |
| **HN 8-6** | Clinical work-up of HPV seropositive cancer-free individuals | **Fakhry C.** | **USA** |
| | Discussion | | |

**Coffee break** 11:00 - 11:30

**Abstracts are available for download at: www.eurogin.com/2017**

# HPV AND HEAD & NECK FORUM

## HN 9 Screening and prevention: considerations in prevention of HPV-driven oropharyngeal cancer

**G 105**
14:15 - 15:45

Chair: A. Kreimer (USA)

The incidence of HPV-driven oropharyngeal cancer continues to increase in many countries. This session aims to discuss opportunities for prevention of these cancers. Specifically, data will be reviewed on primary prevention through prophylactic HPV vaccination, as well as secondary prevention by considering the critical steps in cancer screening. The session will end with an open discussion focused on next steps in the prevention of this cancer.

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| **HN 9-1** | Considerations in primary and secondary prevention of HPV-driven OPC | **Kreimer A.** | **USA** |
| **HN 9-2** | Primary prevention: expectation of HPV vaccination | **Alemany L.** | **Spain** |
| **HN 9-3** | Modeling the impact of gender neutral vaccination | **Berkhof H.** | **Netherlands** |
| **HN 9-4** | What should the test profile look like' | **Snijders P.** | **Netherlands** |
| **HN 9-5** | Diagnostic work up and management of early-stage oropharyngeal cancers | **Fakhry C.** | **USA** |
| **HN 9-6** | Discussion: challenges of OPC prevention: evidence, expectations, and research opportunities | | |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

## HN 10 Recurrent Respiratory Papillomatosis: the changing landscape for prevention and treatment

**G 105**
16:15 - 17:45

Chair: C. Derkay (USA)

Recurrent Respiratory Papilloma (RRP) is a benign disease affecting the larynx of children and adults nearly always caused by infection with HPV 6 or 11 that is frustrating to treat. The advent of widespread HPV vaccination before exposure to the virus holds great promise for prevention. Innovations in treatment of patients with refractory disease include the early use of anti-virals and approaches to personalized «precision» care based upon susceptibility of the patient's HPV to various adjuvant medications. The establishment of registries to track the changing incidence and prevalence of this disorder can help us better understand the impact and value of national vaccination programs.

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| **HN 10-1** | The status of Recurrent Respiratory Papilloma disease in the era of HPV vaccination | **Campisi P.** | **Canada** |
| **HN 10-2** | Occupational exposure to HPV: how can we best protect ourselves | **Derkay C.** | **USA** |
| **HN 10-3** | An evaluation of risk factors: is it age of diagnosis or HPV type? | **Buchinsky F.** | **USA** |
| **HN 10-4** | Precision medicine in the treatment of RRP resistant to surgical intervention | **Schlegel R.** | **USA** |
| **HN 10-5** | Prospective and retrospective monitoring for Juvenile Onset Recurrent Respiratory Papillomatosis (JORRP) in the United States | **Meites E.** | **USA** |
| **HN 10-6** | The role of Cidofovir in treatment of RRP in children | **Pransky S.** | **USA** |
| | Discussion | | |

# MSS - MAIN SCIENTIFIC SESSIONS

## MSS 1 Gender-neutral HPV vaccination, challenging elimination of HPV and HPV-associated cancers

**Auditorium**
8:00 - 9:30

Chair: J. Paavonen (Finland)

In global epidemiology of STIs, understanding basic reproductive number (Ro) of any specific infection is fundamental. Ro of specific high risk HPV types varies significantly, and Ro largely determines how the infection is able to spread in the population. HPV vaccination is not just a women's issue. HPV disease burden in men is increasingly emphasized. The protective efficacy of HPV vaccination on HPV-related disease burden in men is likely to be significant, although the real life impact still remains to be fully established. Population level impact of HPV vaccination depends on vaccination coverage, herd effect, and cross-protection. New transmission dynamic models can be used to better estimate the real-life population impact of gender-neutral or girls only vaccination strategies. Randomised trials play a key role in the evaluation of different vaccination strategies, and in defining the overall protective effectiveness, including vaccine efficacy and herd effect. Overall effectiveness of current HPV vaccination programs both in high income and low income countries needs to be critically evaluated.

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|---|---|---|---|
| **MSS 1-1** | The theoretical basis of STI elimination | **Garnett G.** | **USA** |
| **MSS 1-2** | Epidemiology and burden of HPV-related diseases in males | **Giuliano A.** | **USA** |
| **MSS 1-3** | Herd effect and overall protective effectiveness of HPV vaccination, new models | **Baussano I.** | **France** |
| **MSS 1-4** | Herd effect and overall effectiveness based on randomized trials: real life evidence | **Lehtinen M.** | **Finland** |
| **MSS 1-5** | Overall effectiveness of HPV vaccination programs: an update | **Dillner J.** | **Sweden** |
| **MSS 1-6** | Gender–neutral vaccination: the role of tender pricing | **Berkhof H.** | **Netherlands** |
| **MSS 1-7** | Gender–neutral vaccination program: real life example | **Joura E.** | **Austria** |
| | Discussion | | |

## MSS 2 The long-term protection of screening and vaccination programs

**Auditorium**
9:30 - 11:00

Chair: H. Berkhof (Netherlands)

Policy makers will evaluate screening and vaccination programs with respect to the impact on the number of colposcopies and treatments and the cervical cancer rate. Early evidence on cancer risk can be obtained by pooling cancer incidences from several cohorts and from mathematical disease models. In this session, speakers will give interesting examples of how cohorts and models can be used to provide early predictions of long-term effects of vaccination and screening regimes. The protective effects of HPV and cytology screening and two-, four- and nine-valent vaccination will be discussed.

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| **MSS 2-1** | Cytology contribution | **Ronco G.** | **Italy** |
| **MSS 2-2** | HPV screening including cotesting | **Dillner J.** | **Sweden** |
| **MSS 2-3** | HPV triage | **Berkhof H.** | **Netherlands** |
| **MSS 2-4** | Protection of 4- & 2-valent HPV vaccine | **Paavonen J.** | **Finland** |
| **MSS 2-5** | Expected impact of 9-valent HPV vaccine | **Jit M.** | **UK** |
| **MSS 2-6** | Residual life time risk of cervical cancer following screening and vaccination | **Giorgi Rossi P.** | **Italy** |
| | Discussion | | |

**Coffee break** 11:00 - 11:30

**Abstracts are available for download at: www.eurogin.com/2017**

# SS - SCIENTIFIC SESSIONS

## SS 1 HPV assays: from available HPV tests to the next generation of testing

**G 102 - 103**
8:00 - 9:30

Chair: M. Poljak (Slovenia), K. Cuschieri (UK)

The application of HPV testing for cervical screening and associated disease management has increased dramatically in the last 10 years. As a consequence the choice of HPV assays and platforms can appear overwhelming. Comprehensive clinical validation and appropriate longitudinal quality control is essential to ensure that assays are technically robust and demonstrably fit for purpose. This session will cover
(i) the existing "state of the art" regarding HPV technologies
(ii) key developments in assay-chemistry and bio-specimen collection.

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| **SS 1-1** | Update on validated HPV DNA assays for primary screening ASCUS triage and post treatment follow up | **Arbyn M.** | **Belgium** |
| **SS 1-2** | Global overview of HPV tests | **Poljak M.** | **Slovenia** |
| **SS 1-3** | Quality control requirements in the near future of primary HPV screening | **Bonde J.** | **Denmark** |
| **SS 1-4** | HPV testing requirements for organized cervical cancer screening programmes | **Iftner T.** | **Germany** |
| **SS 1-5** | Next generation of HPV testing: from genotyping to molecular markers | **Quint W.** | **Netherlands** |
| **SS 1-6** | HPV testing in urine and the possible applications | **Vorsters A.** | **Belgium** |
| | Discussion | | |

## SS 2 Identifying and overcoming HPV communication challenges

**G 102 - 103**
9:30 - 11:00

Chair: G. Zimet (USA)

Communication failures about HPV testing and HPV vaccination have real-world health consequences. These consequences can range from heightened anxiety and stigma at the individual level to destructive public health policies that will lead to unnecessary morbidity and mortality at the population level. In this session we will discuss several significant HPV-related communication problems and propose ways of improving communication about HPV testing and vaccination directed toward individuals, communities, and policy makers.

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| **SS 2-1** | Understanding and mitigating the psychological impact of HPV DNA testing on women | **Waller J.** | **UK** |
| **SS 2-2** | Communication about HPV vaccination by health care providers: a summary of research and good clinical practice | **Zimet G.** | **USA** |
| **SS 2-3** | Approaches for minimizing and responding to negative public health policy changes related to HPV vaccination | **Meyerson B.** | **USA** |
| **SS 2-4** | Discussant | **Hanley S.** | **Japan** |

**Coffee break** 11:00 - 11:30

# CS - CLINICAL SESSIONS

## CS 1 Primary HPV- vs. co-testing - a debate

**G 106 - 107**
8:00 - 9:30

Chair: P. Snijders, W. Kinney

There is an ongoing debate about the introduction of HPV screening alone vs. HPV-cytology co-testing. At the 2016 Eurogin conference, we had a session on HPV-negative cancers, addressing parts of the controversy. However, there was not enough room for discussion and to specifically address some of the points made by discussants from both sides. This session will be set up as a series of debates on primary HPV vs. co-testing, with responses from the debating speakers and with participation of the audience. There will be no chairs, all speakers will be on a panel to engage more discussion among the panel and with the audience.

**CS 1-1** **Debate**
**Arbyn M. (Belgium), Austin M. (USA), Bogers J.P. (Belgium), Kinney W. (USA), Ronco G. (Italy), Sasieni P. (UK), Wentzensen N. (USA)**

## CS 2 Cervical cancer screening guidelines, global view

**G 106 - 107**
9:30 - 11:00

Chair: T. Wright (USA), P. Sasieni (UK)

Cervical cancer screening is at an important transition phase, due to introduction of primary HPV screening, evaluation of new triage tests and increasingly vaccinated populations. This session will showcase how different countries and healthcare settings address the challenge of adapting cervical cancer screening to the new realities. In preparation for the session, we will develop a set of questions that each speaker should address.

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|---|---|---|---|
| **CS 2-1** | What the models tell us | **Kim J.** | **USA** |
| **CS 2-2** | Netherlands | **Van der Veen N.** | **Netherlands** |
| **CS 2-3** | Italy | **Giorgi Rossi P.** | **Italy** |
| **CS 2-4** | Belgium | **Arbyn M.** | **Belgium** |
| **CS 2-5** | France | **Barré S.** | **France** |
| **CS 2-6** | Sweden | **Elfström M.** | **Sweden** |
| **CS 2-7** | United Kingdom | **Rebolj M.** | **UK** |
| **CS 2-8** | Germany | **Hillemanns P.** | **Germany** |
| **CS 2-9** | Australia | **Canfell K.** | **Australia** |
| **CS 2-10** | Canada | **Franco E.** | **Canada** |
| **CS 2-11** | USA: cervical cancer screening guidelines in the US. Current status and future directions | **Wentzensen N.** | **USA** |
| **CS 2-12** | Turkey: story of a screening legend: HPV DNA results of 2 million ladies | **Gultekin M.** | **Turkey** |
| | Discussion | | |

**Coffee break** 11:00 - 11:30

**Abstracts are available for download at: www.eurogin.com/2017**

# FREE COMMUNICATIONS

## FC 5 HPV testing 1

Chair: J. Bonde (Denmark), J.P. Bogers (Belgium)

**G 104**
8:00 - 9:30

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|---|---|---|---|
| **FC 5-1** | Implementation validation of the PapilloCheck® kit for genotyping human papillomaviruses (HPV) in PreservCyt liquid medium | **Vanmassenhove B.** | **Belgium** |
| **FC 5-2** | A comparison of the performance of PapType using Cytoflex and Attune flow cytometer platforms on cervical screening samples collected from PreservCyt | **Cuzick J.** | **UK** |
| **FC 5-3** | The transition from HC2® test to Cobas® 4800 test in the HPV primary screening of the Florentine area | **Carozzi F.** | **Italy** |
| **FC 5-4** | Comparison of validated molecular methods for HPV primary screening test: HC2 ® test vs. Cobas® 4800 test | **Carozzi F.** | **Italy** |
| **FC 5-5** | Comparison of three different systems to test for the presence of a hr-HPV infection in symptomatic and follow-up patients | **Van den Brule A.J.C.** | **Netherlands** |
| **FC 5-6** | The concordance of HPV DNA and HPV oncogenes mRNA in adenocarcinoma and squamous carcinoma of cervix | **Song Y.** | **China** |
| **FC 5-7** | An update on the international HPV reference center | **Eklund C.** | **Sweden** |
| **FC 5-8** | Detection of HPV mRNA and HPV DNA up to 8 years before diagnosis of CIN3+ | **Forslund O.** | **Sweden** |
| **FC 5-9** | HPV DNA genotype agreement and clinical performance in first-void urine and cervical samples in a referral population in Belgium | **Van Keer S.** | **Belgium** |

## FC 6 Epidemiology 1

Chair: J.L. Prétet (France)

**G 104**
9:30 - 11:00

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|---|---|---|---|
| **FC 6-1** | Antiretroviral therapy, high-risk human papillomavirus and cervical intraepithelial neoplasia: a systematic review and meta-analysis | **De Sanjosé S.** | **Spain** |
| **FC 6-3** | Incidence trends in HPV-related cancers in Norway, and cases preventable by HPV vaccination | **Hansen B.T.** | **Norway** |
| **FC 6-4** | A comprehensive landscape of 27 HPV viruses' prevalence and multi-infection patterns, high consistency between the HPV16/18 co-infection preference pattern and the cross-protective efficacy of HPV16/18 vaccine against non-vaccine HPV types. | **She B.** | **China** |
| **FC 6-5** | Estimation of the overall burden of cancers, precancerous lesions, and genital warts attributable to 9-valent HPV vaccine types in women and men in Europe | **Hartwig S.** | **France** |
| **FC 6-6** | Declines in genital warts diagnoses since change in 2012 to use the quadrivalent HPV vaccine in England: data to end 2016 | **Checchi M.** | **UK** |
| **FC 6-7** | Burden of genital warts in Peru, Argentina and Ecuador: an observational study | **Cashat M.** | **Mexico** |
| **FC 6-8** | Characterization of genotype-specific HPV prevalence in cutaneous warts biopsies | **Jonckheere J.** | **Belgium** |
| **FC 6-9** | An overview of cervical cancer epidemiology and prevention in Scandinavia | **Pedersen K.** | **Norway** |
| **FC 6-10** | Type-specific human papillomavirus profile, absolute risk and attributable fraction to cervical cancer and precancerous lesions - a population-based study of 3,083 women in Inner Mongolia, China. | **Li L.** | **China** |
| **FC 6-11** | Sex differences in prevalence, incidence and clearance of anogenital human papillomavirus infection in China: a population-based prospective study | **Wei F.** | **China** |

# MSS - MAIN SCIENTIFIC SESSIONS

## MSS 3 Triaging of HPV positive women - finding the best strategies

**Auditorium**
14:15 - 15:45

Chair: G. Ronco (Italy), N. Wentzensen (USA)

Worldwide, there is a shift towards primary HPV testing in cervical cancer screening, both in high and low-middle income countries. HPV testing provides great reassurance for HPV-negative women that risk of cancer is very low. However, the challenge is to discriminate harmless transient HPV infections from prevalent precancers. HPV screening trials have typically used cytology for triage of HPV-positive women.

There is now an increasing number of options for triage of HPV-positive women, but many assays have not been thoroughly evaluated and there is currently no clear winning strategy. It is likely that there will be multiple options. This session will highlight the efforts underway to evaluate new triage approaches and discuss methods to assess the emerging evidence for medical practice guidelines.

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| **MSS 3-1** | Evaluating triage strategies: risk stratification and thresholds, comparison of candidates | **Wentzensen N.** | **USA** |
| **MSS 3-2** | Immediate triage and retesting | **Ronco G.** | **Italy** |
| **MSS 3-3** | Microscopic triage | **Austin M.** | **USA** |
| **MSS 3-4** | Molecular triage | **Cuzick J.** | **UK** |
| **MSS 3-5** | Low resource settings | **Cubie H .** | **UK** |
| **MSS 3-6** | Vaccinated populations | **Canfell K.** | **Australia** |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

## MSS 4 Consequences of implementation of HPV screening for cervical cancer

**Auditorium**
16:15 - 17:45

Chair: W. Quint (Netherlands), P. Giorgi Rossi (Italy)

There is good evidence from clinical trials and other studies that HPV-based primary screening is more effective than cytology screening in preventing cervical cancer, has a satisfactory specificity in women over 30 and has a high negative predictive value enabling potential extension of screening intervals. It also offers the opportunity for automation in the laboratory and for self-sampling.
Cytology would play a role in the first instance as a secondary triage rather than a primary screen, and this would result in a substantial reduction in the workload of cytology laboratories. The practical implementation of HPV screening involves major changes in the role of pathologists, cytologists and gynecologists. Also self-sampling affects the role of physicians and nurses in taking smears.
The move to HPV screening involves setting up HPV detection laboratories on a large scale with appropriate quality control and standardization, and the development of new molecular-based triage techniques. Introducing a change in screening practice on a national and international scale implies building new multidisciplinary skills belonging to different professions and raises important questions in how to manage such big impact on the health system organization. This session examines the experiences of different countries in approaching these changes and the issues and problems that must be faced.

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| **MSS 4-1** | Impact of change from cytology to molecular biology | **Franco E.** | **Canada** |
| **MSS 4-2** | The European experiences of implementation of HPV screening for cervical cancer: performance of triage cytology and implications for the management of HPV positive women | **Van der Veen N.** | **Netherlands** |
| **MSS 4-3** | Implementation of HPV screening: situation in Germany | **Hillemanns P.** | **Germany** |
| **MSS 4-4** | What's happening in the second round? | **Carozzi F.** | **Italy** |
| **MSS 4-5** | Quality assurance programs for HPV and cytology related screening and the implication for laboratory organization | **Poljak M.** | **Slovenia** |
| **MSS 4-6** | Development and evaluation of new triage markers | **Wentzensen N.** | **USA** |
| | Discussion | | |

# SS - SCIENTIFIC SESSIONS

## SS 3 HPV related cancers in immunocompromised recipients

**G 102 - 103**
Chair: P. Stern (UK)
14:15 - 15:45

Investigation of immunocompromised patients with HPV related cancers offers unique opportunities to further advance our knowledge of the key components that contribute to persistent infection and derivative disease. Indeed, even in immune competent individuals the action of high risk HPV infection can sometimes lead to immune deviation which can lead to persistent HPV infection.
Identifying those at risk and developing successful treatment options based on immunotherapeutic approaches is a key goal. Optimism is provided by recent advances in the understanding of some of the mechanisms of immune regulation which have directly led to new and efficacious treatments options for some human cancers.

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|---|---|---|---|
| **SS 3-1** | Burden of HPV associated diseases and natural history | **Clifford G.** | **France** |
| **SS 3-2** | Suppressive conditions in cervix and vulvar lymph nodes | **De Gruijl T.** | **Netherlands** |
| **SS 3-3** | HPV vaccine in immunocompromised individuals | **Goodman M.** | **USA** |
| **SS 3-4** | Cervical cancer screening in HIV-infected women | **D'Souza A.** | **USA** |
| **SS 3-5** | Cervical cancer treatment in setting of HIV | **Einstein M.** | **USA** |
| **SS 3-6** | Anal cancer screening in immunocompromised patients | **Palefsky J.** | **USA** |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

## SS 4 Therapeutics against HPV infections and related diseases

**G 102 - 103**
Chair: K. Melief (Netherlands)
16:15 - 17:45

There is a huge burden of HPV caused anogenital and cutaneous disease for which no therapeutic interventions are available. Over the past 2 to 3 decades significant effort has been made to generate therapeutic vaccines targeting the early proteins of the high risk papilloma viruses. Recently some progress has been made and candidate vaccines are in clinical trial. However no effective therapies for the cutaneous and low risk HPV infections which are clinically significant, particularly in immunosuppressed patients, are available. Novel approaches to these problems are being made. In this session progress both in immunotherapy and targeted anti-viral therapies will be discussed.

| | | | |
|---|---|---|---|
| **SS 4-1** | Overview | **Melief K.** | **Netherlands** |
| **SS 4-2** | Combination immunotherapy of cancer caused by high risk HPV | **Melief K.** | **Netherlands** |
| **SS 4-3** | Efficacy of a carrageenan-based lubricant gel against HPV infection in women: interim analysis of a double-blind, randomized, placebo-controlled trial | **Magnan S.** | **Canada** |
| **SS 4-4** | Demethylating treatment induces a dose-and time-dependent reversal of the malignant phenotype and anti-proliferative effects in two-and three-dimensional HPV tumor models | **Prigge E.S.** | **Germany** |
| **SS 4-5** | CRISPR/Cas9 treatments to eliminate HPV and other persistent viral infections | **Hubby B.** | **USA** |
| **SS 4-6** | Immunogenicity of human papillomavirus (HPV) specific DNA vaccine, INO-3112 (HPV16/HPV18 plasmids +IL-12) in HPV+ head and neck squamous cell carcinoma (HNSCCA) | **Aggarwal C.** | **USA** |
| **SS 4-7** | Development of therapeutic cancer vaccine based on p16INK4a | **Urban K.** | **Germany** |
| **SS 4-8** | Persistent high-risk (HR) HPV infection and vaginal microbiota) | **Carozzi F.** | **Italy** |
| | Discussion | | |

# SS - SCIENTIFIC SESSIONS

## SS 5 Challenges in identifying a causal role for HPV in non-genital, non-oral cancers

**G 102 - 103**
17:45 - 19:15

Chair: K. Syrjänen (Finland)

Of the non-genital cancers, HPV association is firmly established for carcinomas of the head and neck (HNC). For a number of benign, premalignant and malignant lesions at other anatomic sites, the evidence on HPV association is emerging, and for some others, the data are more controversial. On the basis of the strength of evidence, three categories of HPV lesions can be distinguished: 1) established, 2) emerging, and 3) controversial. This session is devoted to discussing the recent progress and challenges in confirming the HPV involvement in selected non-genital, non-oral carcinomas, excluding those of the head and neck. The topics to be addressed include carcinomas of the larynx, esophagus, lung, breast, and non-melanoma skin cancer.

| | | | |
|---|---|---|---|
| **SS 5-1** | Overview | **Syrjänen K.** | **Finland** |
| **SS 5-2** | Challenges in detecting and in assuming a causative role of HPV in larynx cancers | **De Carvalho Peters A.C.** | **Brazil** |
| **SS 5-3** | Esophageal carcinoma: any role for HPV? | **Poljak M.** | **Slovenia** |
| **SS 5-4** | Active human papillomavirus involvement in Barrett's dysplasia and oesophageal adenocarcinoma is characterized by wild-type p53 and aberrations of the retinoblastoma protein pathway | **Rajendra S.** | **Australia** |
| **SS 5-5** | HPV transcription in non-melanoma skin cancer and cervical cancer | **Hultin E.** | **Sweden** |
| **SS 5-6** | Development of a patient friendly sampling method for skin disorders: cutaneous warts as a case-study | **Redzic N.** | **Belgium** |
| **SS 5-7** | Lung cancer | **Da Costa Silva Neto J.** | **Brazil** |
| **SS 5-8** | Breast cancer | **Syrjänen K.** | **Finland** |
| | Discussion | | |

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# WORKSHOP FRANCOPHONE

**Interactivité par application smartphone (Wooclap)**

## W 5 Vaccination HPV à l'ère de l'organisation du dépistage : dix années d'expérience française dans le contexte international. Un plan d'action

**G 104**
14:15 - 19:00

Coordination : O. Launay (France), C. Clavel (France)

L'objectif de ce séminaire est de faire le point sur les 10 années d'expérience du dépistage du cancer du col de l'utérus et de la vaccination HPV en France, d'analyser les efforts et les difficultés rencontrées, d'examiner les perspectives aux fins d'optimiser les actions et leur mise en œuvre.
A l'ère de la généralisation du dépistage du cancer du col en France, il nous a semblé opportun de réunir les acteurs impliqués dans ce domaine, d'échanger avec les experts nationaux et internationaux et de définir les actions opportunes à mettre en place tant au niveau organisationnel qu'au niveau stratégique, et en termes de santé publique.
Le format de ce séminaire d'une demi-journée consiste à aborder 6 thèmes cardinaux. Chacun d'eux est présenté par un expert pour une durée d'une vingtaine de minutes, suivi d'un échange avec 3 ou 4 experts dont 1 international et francophone. Chaque orateur conclura sa présentation par 8 points clefs et un « call for action » qui sera soumis à une discussion interactive avec l'audience. Nous souhaitons, à cette occasion, réunir les autorités de santé responsables de ces programmes et les experts impliqués dans ce domaine, afin d'en tirer les meilleurs enseignements et les stratégies à mettre en œuvre.
Cet événement s'inscrit avec la volonté de partager les expériences internationales dans ce domaine qui seront abordées dans d'autres sessions durant la conférence EUROGIN.

**Introduction • 14:15 - 14:30**

### W 5-1 ETAT DES LIEUX DU CANCER DU COL EN FRANCE ET STRATÉGIES DE CONTRÔLE DE LA MALADIE
**14.30 - 15.10**
**Hamers F. (Santé Publique, France)**

Données disponibles: âge, incidences, mortalité, prise en charge (pré cancers vs cancers), coût, qualité de vie, suivi...
Populations à risque
Dépistage cytologique
La France dans le contexte international
Débatteurs **Leveque J. (France), Mougin C. (France), Franceschi S. (IARC, France)**

### W 5-2 GÉNÉRALISATION DU DÉPISTAGE : RÉSULTATS DES EXPÉRIENCES PILOTES, ÉVALUATION ET MISE EN OEUVRE
**15.10 - 15.50**
**Barré S. (InCA, France)**

Résultats des études pilotes
Modélisation économique
Mise en œuvre et systèmes d'évaluation
Gestion du frottis anormal
Dépistage HPV
Débatteurs **Bergeron C. (France), Prétet J.L. (France), Baldauf J.J. (France), Gondry J. (France), Arbyn M. (Belgium)**

**Pause café** 15:50 - 16:20

### W 5-3 DIX ANNÉES D'EXPÉRIENCE DE VACCINATION HPV EN FRANCE
**16.20 - 17.00**
**Gilberg S. (France)**

Les acquis et les rôles des différents acteurs: recommandations, éducation, remboursement, communication, implication de professionnels
Les crises et leur gestion
La recherche française: modélisations, outils d'évaluation et de mesure d'impact...
Profil de sécurité: outils et analyse des données
Les expériences
Débatteurs **Cohen R. (France), Leveque J. (France), Riethmuller D. (France), Brisson M. (Canada)**

# WORKSHOP FRANCOPHONE

## W 5 — Vaccination HPV à l'ère de l'organisation du dépistage : dix années d'expérience française dans le contexte international. Un plan d'action

**G 104**
14:15 - 19:00

Coordination : O. Launay (France), C. Clavel (France)

### W 5-4 — L'HÉSITATION VACCINALE: QUELLES SOLUTIONS ?

**17.00 - 17.40**
**Karafillakis E. (UK)**

Pourquoi autant de défiance
Comment rétablir la confiance et améliorer la couverture
Message à délivrer aux professionnels, aux médias, aux jeunes filles et leurs mamans
Quels engagements des institutions
Gestion des crises
Les réponses de nos voisins
Débatteurs **Vie le Sage F. (France)**, **Descamps P. (France)**, **Steben M. (Canada)**

### W 5-5 — COORDONNER DÉPISTAGE ET VACCINATION: STRATÉGIES ET PERSPECTIVES

**17.40 - 18.10**
**Viguier J. (InCA, France)**

Pourquoi les 2 approches ne sont-elles pas dissociables?
Quelles stratégies?
Qu'est-ce qui va changer?
Que nous enseignent les modèles: impact, coût, risque résiduel
Expériences internationales
Débatteurs **Riethmuller D. (France)**, **Garnier A. (France)**, **Bosch X. (Spain)**

### W 5-6 — NOUVEAU VACCIN MULTIVALENT: QUE FAUT-IL SAVOIR? QUE FAUT-IL EN ATTENDRE DANS LE PAYSAGE DU DÉPISTAGE ORGANISÉ DU CANCER DU COL ?

**18.10 - 18.35**
**Launay O. (CIC Vaccinologie, France)**

Résultats des essais cliniques
Profil de sécurité
AMM recommandations
Impact attendu, coût d'une stratégie intégrée
Modélisations
Débatteurs **Cohen R. (France)**, **Baldauf J.J. (France)**, **Smith J. (USA)**

### W 5-7 — QUELLE MISE EN ŒUVRE, COMMENT AGIR, MESURES À PRENDRE: SYNTHÈSE DES DÉBATS ET RÉSULTATS DE L'ENQUÊTE AUDIENCE

**18.35 - 18.55**
**Launay O. (France), Clavel C. (France)**

**Conclusion • 18:55 - 19:00**

# FREE COMMUNICATIONS

## FC 7 Vaccines 1

Chair: D. Mesher (UK), M.H. Mayrand (Canada)

G 106 - 107
14:15 - 15:45

| | | | |
|---|---|---|---|
| FC 7-1 | Evaluation of mucosal and systemic immunoglobulin A/G responses one year after 3 doses of the human papillomavirus- 16/18 ASO4 - adjuvanted vaccine | Goncalves A.K. | Brazil |
| FC 7-2 | Advancing HPV vaccine delivery: 12 priority research gaps | Brewer N.T. | USA |
| FC 7-3 | Trends in prevalence of human papillomavirus types and the impact of nonavalent vaccination: analysis on 13,665 patients over a 18-year study period | Bogani G. | Italy |
| FC 7-4 | Design, baseline findings and HPV genotypes from a randomized controlled trial with the quadrivalent HPV vaccine comparing a 2-dose (0,6 months) to an extended (0,6,60 months) schedule: ICI-VPH study | Mayrand M.H. | Canada |
| FC 7-5 | Efficacy of HPV vaccine in young women in Colombia after five years of its introduction | Combita Rojas A.L. | Colombia |
| FC 7-6 | Quantifying the impact of HPV vaccination of 12 year old girls on cervical disease and cytology performance | Palmer T. | UK |
| FC 7-7 | Cellular immune responses six years following reduced-dose quadrivalent HPV vaccine in adolescent Fijian girls | Toh Z.Q. | Australia |
| FC 7-8 | The efficacy of vaccine prophylaxis of HPV-associated diseases in the Moscow region | Zarochentseva N.T. | Russia |
| FC 7-9 | Hazard of complex regional pain syndrome (CRPS) following HPV vaccination among adolescents in the United States | Vielot N. | USA |
| FC 7-10 | Systematic causality assessment of adverse events following HPV vaccination in Italy | Martinelli D. | Italy |

## FC 8 Self sampling

Chair: E. Franco (Canada), P. Gravitt (USA)

G 106 - 107
16:15 - 17:45

| | | | |
|---|---|---|---|
| FC 8-1 | Draw up a protocol for the use of vaginal self collections in 'non-responder' women in Tuscany HPV primary screening program | Carozzi F. | Italy |
| FC 8-2 | Time and temperature stability of self-taken samples for HPV self-sampling | Ejegod D.M. | Denmark |
| FC 8-3 | Increasing screening attendance among long-term screening non-attenders: randomized healthcare policy | Elfström K.M. | Sweden |
| FC 8-4 | The CHOiCE trial: a randomized, controlled effectiveness trial of HPV self-sampling for non-participants in an organized cervical cancer screening program | Tranberg M. | Denmark |
| FC 8-5 | Home-based HPV self-sampling to increase cervical cancer screening participation: a pragmatic randomized trial in a U.S. healthcare delivery system | Winer R. | USA |
| FC 8-6 | Comparative evaluation of two cervicovaginal self-collection methods to detect the presence of clinically significant human papillomavirus infection | Leinonen M.K. | Norway |
| FC 8-7 | High-grade cervical intraepithelial neoplasia in human papillomavirus self-sampling of screening non-attenders versus routinely screened women | Pedersen H. | Denmark |
| FC 8-8 | HPV test using self-sampling device is useful and effective in non-attendees of cervical cancer screening in Japan: in municipal population based screening in Izumo city | Ito M. | Japan |
| FC 8-9 | HPV testing using Xpert HPV on self-collected vaginal swabs vs. clinician-collected cervical samples | Kuhn L. | USA |
| FC 8-10 | Primary HPV screening using the Cobas ® HPV test on self-collected dry cervicovaginal samples from underserved Greek women. Preliminary results of the Grecoself study | Tsertanidou A. | Greece |

# MSS - MAIN SCIENTIFIC SESSIONS

## MSS 5 Targeting high risk populations for HPV associated cancers (cervix, anus, OP): from risk assessment to control of diseases

**Auditorium**
8:00 - 9:30

Chair: M. Stoler (USA)

HPV associated cancers are very common in both men and women in the anogenital tract and increasingly in the oropharynx. In virtually all sites they are a subset of the total cancers and the other portion of which are not HPV related but may have similar histology. This session will survey the epidemiologic, pathologic, virologic and immunologic correlates within this disease spectrum. The discussion will focus on how these factors impact clinical care from screening and diagnosis to potential treatment and primary prevention.

| | | | |
|---|---|---|---|
| **MSS 5-1** | Defining the population at risk: epidemiological, geographical and societal markers | **Franceschi S.** | **France** |
| **MSS 5-2** | Cytohistologic indicators | **Stoler M.** | **USA** |
| **MSS 5-3** | Virological markers | **Gravitt P.** | **USA** |
| **MSS 5-4** | HPV genetic variation | **Mirabello L.** | **USA** |
| **MSS 5-5** | Cervical and penile immune profiling data from (matched) primary tumors and lymph nodes | **Jordanova K.** | **Netherlands** |
| **MSS 5-6** | Which screening is the best approach? | **Wentzensen N.** | **USA** |
| **MSS 5-7** | Expected impact of immunization in high risk population at all ages | **Bosch X.** | **Spain** |
| | Discussion | | |

## MSS 6 Discovery of new biomarkers, the clinical value of the predictors as a signature of precancers

**Auditorium**
9:30 - 11:00

Chair: C. Meijer (Netherlands)

At present the conversion from cytology to HPV testing takes place in several Western countries in ano-genital cancer prevention.

The higher sensitivity of HPV testing for CIN3+ has as drawback a lower specificity due to the detection of transient HPV infections, resulting in many unnecessary colposcopy referrals. The challenge is to keep the high sensitivity of HPV testing and increasing the specificity for CIN3+ by additional biomarker testing, thereby decreasing the burden of medical interventions. In this session the detection of several biomarkers are presented to address this question. Biomarkers include viral – and host methylation markers, p16/ki-67 staining, next generation sequencing and onco E6 protein expression.

Detection of precursor lesions (CIN2 or CIN3) is often the primary outcome parameter in biomarker evaluation, but the reproducibility of grading CIN is moderate, influencing biomarker effectivity. The usefulness of some immunohistochemical biomarkers for a more reproducible grading of CIN lesions is discussed.

| | | | |
|---|---|---|---|
| **MSS 6-1** | Viral methylation in predicting risk of ano-genital cancer | **Lorincz A.** | **UK** |
| **MSS 6-2** | Host methylation for management of women with screen positive test | **Snijders P.** | **Netherlands** |
| **MSS 6-3** | The value of P16 /Ki 67 dual staining | **Jenkins D.** | **UK** |
| **MSS 6-4** | Role and clinical expectations of HPV sequencing | **Mirabello L.** | **USA** |
| **MSS 6-5** | The Onco E6 accuracy | **Schweizer J.** | **USA** |
| **MSS 6-6** | Simplifying histologic CIN grading based on the biomarker profile | **Meijer C.** | **Netherlands** |
| | Discussion | | |

**Coffee break** 11:00 - 11:30

# CS - CLINICAL SESSIONS

## CS 3 Building consensus for the adoption of self-sampling in cervical cancer screening (technical & public health aspects)

**G 104 - 105**
8:00 - 9:30

Chair: E. Franco (Canada), D. Heideman (Netherlands)

The use of self-collected cervico-vaginal or urine specimens is a plausible alternative for clinician-collected cervical scrapes for cervical cancer screening. This session will discuss different experiences with self-sampling and highlight efforts in implementing this strategy to improve the coverage and equity of cervical cancer screening.

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|---|---|---|---|
| **CS 3-1** | The Dutch self-sampling (IMPROVE) trial | **Heideman D.** | **Netherlands** |
| **CS 3-2** | Self-samples or urines samples: different settings, differents opportunities | **Bonde J.** | **Denmark** |
| **CS 3-3** | The Stockholm randomized trial-extremely successful 8000 women trial | **Elfström M.** | **Sweden** |
| **CS 3-4** | Self-samples and urine samples, selective population vs opportunitites for all | **Smith J.** | **USA** |
| **CS 3-5** | LMIC: experience in Bhutan | **Franceschi S.** | **France** |
| **CS 3-6** | Getting women to opt-in for HPV self-sampling: the Copenhagen self sampling initiative | **Ejegod D.** | **Denmark** |
| | Discussion | | |

## CS 4 Reproductive morbidity after treatment for CIN

**G 104 - 105**
9:30 - 11:00

Chair: M. Kyrgiou (UK), E. Paraskevaidis (Greece)

Local treatment with conisation has been associated with increased morbidity in subsequent pregnancies that includes increased risk of preterm birth and mid-rimester loss. The frequency and severity of adverse outcomes depends on the depth of the treatment and is higher after repeat conisations. Although most obstetricians think that this is due to lack of mechanical support, the mechanism may be more complex and may involve several complex interactions between the host, the immune system, the micro biome and the virus. In this session, we will review the evidence on the reproductive risk after treatment, we will discuss possible mechanisms. We will expand on the clinical implications that affect the decision on who and how to treat and how to manage these patients antenatally.

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|---|---|---|---|
| **CS 4-1** | Reproductive morbidity in women with CIN and local treatment: what have we learned from the epidemiological data? | **Kyrgiou M.** | **UK** |
| **CS 4-2** | Efficacy of treatment techniques | **Martin-Hirsch P.** | |
| **CS 4-3** | Risk of invasive cervical cancer after treatment | **Kalliala I.** | **UK** |
| **CS 4-4** | How can we use HPV biomarkers and decision support scoring systems to choose who to treat? | **Paraskevaidis E.** | **Greece** |
| **CS 4-5** | How can we explore the mechanisms leading to preterm birth after treatment? | **Mitra A.** | **UK** |
| **CS 4-6** | How should women be managed antenatally after treatment for CIN? | **Bennett P.** | **UK** |
| | Discussion | | |

**Coffee break** 11:00 - 11:30

# SS - SCIENTIFIC SESSIONS

## SS 6 — 20 years of HPV research with 4 and 9 valent HPV vaccine: long term follow-up

**G 102 - 103**
9:30 - 11:00

Chair: A. Giuliano (USA)

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| **SS 6-1** | QHPV and 9VHPV vaccines : 20 years of clinical research & development | **Giuliano A.** | **USA** |
| **SS 6-2** | Long-term effectiveness and immunogenicity of Gardasil™ in the Nordic countries | **Kjaer S.** | **Denmark** |
| **SS 6-3** | Effectiveness, immunogenicity, and safety of Gardasil in pre-adolescents and adolescents: 10 years follow-up | **Iversen O.E.** | **Norway** |
| **SS 6-4** | Long-term effectiveness of Gardasil™ among adult women in Colombia | **Das R.** | **USA** |
| **SS 6-5** | A long-term effectiveness, immunogenicity, and safety study of Gardasil™ (human papillomavirus [ types 6,11,16,18] recombinant vaccine) in young men V 501-020) | **Palefsky J.** | **USA** |
| **SS 6-6** | Efficacy and immunogenicity of the 9-valent HPV vaccine: final analyses of a randomized, double-blind trial with up to 6 years of follow-up | **Joura E.** | **Austria** |
| **SS 6-7** | Design a long-term follow-up effectiveness, immunogenicity and safety study of women who received the 9-valent human papillomavirus vaccine | **Nygard M.** | **Norway** |
| **SS 6-8** | V503-002-2 LTFU M&F adolescents (6 year) | **Olsson S.E.** | **Sweden** |
| **SS 6-9** | Comparison of immunogenicity of 2-dose and 3-dose regimens of 9-valent (9v) HPV vaccine | **Bornstein J.** | **Israel** |

Discussion

**Coffee break** 11:00 - 11:30

# FREE COMMUNICATIONS

## FC 9 — Vaccines 2

**G 102 - 103**
8:00 - 9:30

Chair: M. Stanley (UK), L. Markowitz (USA)

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|---|---|---|---|
| **FC 9-1** | Three-year efficacy of the quadrivalent HPV vaccine in a cohort of HIV-positive women | **Money D.** | **Canada** |
| **FC 9-2** | Impact of baseline covariates on the immunogenicity of 9-valent HPV vaccine in men aged 16-26 years | **Luxembourg A.** | **USA** |
| **FC 9-3** | Preventing HPV related diseases: an health technology assessment of the nine-valent vaccine in Italy | **De Waure C.** | **Italy** |
| **FC 9-4** | Safety of human papillomavirus 9-valent vaccine: a systematic review and meta-analysis | **Costa A.P.** | **Brazil** |
| **FC 9-5** | 9-valent vaccine efficacy against related diseases and definitive therapy: comparison to historic placebo population | **Giuliano A.** | **USA** |
| **FC 9-6** | High vaccine effectiveness against persistent HPV infections up to six years post-vaccination with the bivalent vaccine in a cohort of young Dutch females | **Donken R.** | **Netherlands** |
| **FC 9-7** | The health economic impact of cross protection due to HPV vaccine | **Saah A.** | **USA** |
| **FC 9-8** | Deconstructing efficacy against high-grade disease irrespective of type of AS04- HPV-16/18 vaccine and HPV - 6/11/16/18 vaccine: a post-hoc analysis from phase III trials | **Ryser M.** | **Belgium** |
| **FC 9-9** | Bivalent vaccine effectiveness against type-specific HPV DNA positivity: evidence for cross-protection against oncogenic types | **Woestenberg P.** | **Netherlands** |

# FREE COMMUNICATIONS

## FC 10 HPV testing 2

Chair: T. Iftner (Germany), C.Gilham (UK)

**G 106**
8:00 - 9:30

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|---|---|---|---|
| **FC 10-1** | Pilot study on use of INNO-LiPA® HPV Genotyping Extra II with Colli-Pee collected UCM preserved urine | **Pattyn J.** | **Belgium** |
| **FC 10-2** | Evaluation of BD onclarity in detection of cancer and pre-cancer in women with ASCUS/LSIL in China | **Jiang M.** | **China** |
| **FC 10-3** | Analytical stability of SurePath collected cervical smear samples for HPV testing | **Said Al-Fattal A.H.** | **Denmark** |
| **FC 10-4** | Valgent-4 clinical validation of three HPV Genotyping Tests on SurePath screening samples from the Danish carvical screening program | **Vik Hessner Jochumsen M.** | **Denmark** |
| **FC 10-5** | Optimization of the RIATOL qPCR HPV genotyping assay by choosing a threshold assuring satisfactory accuracy to detect high grade cervical intraepithelial neoplasia | **Xu L.** | **Belgium** |
| **FC 10-6** | Evaluation of Xpert® HPV in cervical specimens collected in SurePath preservative fluid: an interim analysis | **Vanden Broeck D.** | **Belgium** |
| **FC 10-7** | Reproducibility of human papilloma virus typing with Xpert Real-Time PCR on archival cytology samples | **Tauber M.** | **Italy** |
| **FC 10-8** | Development of a novel multiplex type-specific quantitative real-time PCR for detection and differentiation of infections with HPV2, HPV27, and HPV57 | **Hosnjak L.** | **Slovenia** |
| **FC 10-9** | The 5-year incidence and clearance of type-specific HPV in a screening cohort in China | **Rezhake R.** | **China** |

## FC 11 Screening 1

Chair: Y. Qiao (China), M. Leinonen (Norway)

**G 106**
9:30 - 11:00

| | | | |
|---|---|---|---|
| **FC 11-1** | High-risk human papillomavirus screening roll-out in Norway | **Nygård M.** | **Norway** |
| **FC 11-2** | Extended screening intervals: evidence from the artistic trial cohort | **Gilham C.** | **UK** |
| **FC 11-3** | 4-year exit results for women with no CIN2 or worse detected in earlier screening rounds in the HPV focal trial | **Coldman A.** | **Canada** |
| **FC 11-4** | Cancer cases identified in a randomized implementation of primary HPV-testing in the Norwegian cervical cancer screening programme | **Engesæter B.** | **Norway** |
| **FC 11-5** | Detection of CIN2+ in women with normal cytology using a 3-type HPV mRNA test | **Sorbye S.** | **Norway** |
| **FC 11-6** | The clinical and economic impact of HPV extended genotyping for the individualized risk management of patients: results of an economic model | **Thomsen L.T.** | **Denmark** |
| **FC 11-7** | HPV primary screening pilot study: molecular testing of potential triage strategies for HPV-positive women | **White C.** | **Ireland** |
| **FC 11-8** | Genotyping and cytologic triage of HPV positive women for the detection of cervical high-grade lesions | **El-Zein M.** | **Canada** |
| **FC 11-9** | 5-type HPV mRNA negative women in triage of ASC-US/LSIL may return to screening at 3- year interval - an historical prospective cohort study | **Skjekdestad F.E.** | **Norway** |
| **FC 11-10** | Validation and implementation of a next-generation qPCR diagnostic tool for human papillomavirus type 67 screening | **Bogers J.P.** | **Belgium** |
| **FC 11-11** | Presence of koilocytosis in low-grade cytology of hrHPV-positive women is a negative predictor for CIN3+ | **Siebers A.G.** | **Netherlands** |
| **FC 11-12** | Measuring cytology reproducibility in the new Dutch cervical screening program | **Uyterlinde A.** | **Netherlands** |

## FC 12 Methylation

Chair: A. Lorincz (UK), D. Jenkins (UK)

**G 107**
8:00 - 9:45

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|---|---|---|---|
| **FC 12-1** | Inter-laboratory agreement of the FAM19A4/miR 124-2 methylation test A valid-screen (H2020) sub-study | **Floore A.** | **Netherlands** |
| **FC 12-2** | The Scottish HPV archive - a resource for basic and translational research | **Cuschieri K.** | **UK** |
| **FC 12-3** | Methylation biomarkers to triage HPV positive SurePath collected screening samples | **Bonde J.** | **Denmark** |
| **FC 12-4** | Methylation pattern switch between low and high grade cervical intraepithelial neoplasia: implications for progression models, robust triage and cancer risk | **Kleeman M.** | **UK** |
| **FC 12-5** | Diagnostic value of methylation markers in cervical cancer screening | **Wisman G.B.** | **Netherlands** |
| **FC 12-6** | FAM19A4/MIR 124-2 methylation analysis for cervical cancer screening in women living with HIV | **Kremer W.** | **Netherlands** |
| **FC 12-7** | HPV DNA methylation as a biomarker for improving risk stratification and clinical management of HPV-positive women | **Clarke M.** | **USA** |
| **FC 12-8** | Clinical validation of POU4F3 methylation as a new biomarker of cervical precancer and cancer in a triage of hrHPV positive women | **Benczik M.** | **Hungary** |
| **FC 12-9** | Associations of EPB41L3 DNA methylation with cervical intraepithelial neoplasia in women living with HIV-1 in Burkina Faso and South Africa | **Kelly H.** | **UK** |
| **FC 12-10** | Cervical cancer detection by DNA methylation analysis in urine | **Van Trommel N.** | **Netherlands** |
| **FC 12-11** | Gyntect®, a DNA methylation marker panel-based diagnostic test shows very high specificity in the triage of cervical cancer screening samples | **Schmitz M.** | **Germany** |
| **FC 12-12** | Beta-globin cycle threshold value as a predictor of sufficient DNA yield for HPV methylation analysis | **Ostrbenk A.** | **Slovenia** |
| **FC 12-13** | Longitudinal performance of HPV 16 methylation predicting cervical precancer and cancer: a 10-year cohort study in China | **Zhang L.** | **China** |
| **FC 12-14** | Development of a new highly accurate DNA methylation classifier for prevalent and incident cervical precancer | **Nedjai B.** | **UK** |
| **FC 12-15** | Risk allelic load in TH2 and TH3 cytokines genes as biomarker of susceptibility to HPV-16 positive cervical cancer: a case control study | **Torres-Poveda K.** | **Mexico** |

## FC 13 Modelling

Chair: J. Kim (USA), M. Jit (UK)

**G 107**
9:45 - 11:00

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|---|---|---|---|
| **FC 13-1** | Compressed compartmental multi-type HPV models Can they be used to inform cervical cancer screening? | **Vänskä S.** | **Finland** |
| **FC 13-2** | The cost-effectiveness of national HPV immunization programmes in six European tender-based settings | **Qendri V.** | **Netherlands** |
| **FC 13-3** | Cost-effectiveness of expanding the HPV vaccination program to include preadolescent boys in Sweden | **Wolff E.** | **Sweden** |
| **FC 13-4** | Optimal improvements to cervical cancer prevention: example from Australia | **Smith M.** | **Australia** |
| **FC 13-5** | Public health and economic impact of gender neutral vaccination program with a nine-valent HPV vaccine in Sweden | **Morais E.** | **USA** |
| **FC 13-6** | New evidence with regard to test characteristics from a modelling study | **Jansen E.** | **Netherlands** |
| **FC 13-7** | Health and economic impact of HPV testing compared to cytology: what is the optimal primary cervical cancer screening strategy for Canada ? | **Laprise J.F.** | **Canada** |
| **FC 13-8** | Health-related quality of life in the prevention, screening and management of cervical disease: a systematic review | **Ó Céilleachair A.** | **Ireland** |
| **FC 13-9** | Clinical & cost-effectiveness of HPV primary screening & dual-stain cytology in Thailand | **Termrungruanglert W.** | **Thailand** |
| **FC 13-10** | Exploring the association between HPV and HIV in Kwazulu-Natal, South Africa: a microsimulation study | **Matthijsse S.** | **Netherlands** |
| **FC 13-11** | Cost analysis of human papillomavirus related cervical diseases and genital warts in Swaziland | **Ginindza T.** | **South Africa** |

# CS - CLINICAL SESSIONS

## CS 5 Risk of HPV transmission among males and females

**G 104 - 105**
Chair: A. Giuliano (USA)
14:15 - 15:45

HPV is common to both males and females and infects multiple anatomic sites where the infection can progress to cancer. While the natural history of HPV at the cervix is well characterized, infection natural history at other anatomic sites is not as thoroughly understood. Less is known about HPV transmission between sexual partners and across anatomic sites. Factors associated with HPV transmission among males and females at the genitals, oral and anal epithelia, and methods to prevent transmission will be presented.

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| **CS 5-1** | Genital HPV transmission among heterosexual couples | **Goodman M.** | **USA** |
| **CS 5-2** | Role of penetrative sex and other factors associated with HPV transmission to the anal canal | **Nyitray A.** | **USA** |
| **CS 5-3** | Effect of sex on oral HPV acquisition and persistence | **D'Souza A.** | **USA** |
| **CS 5-4** | Practical tips when counseling HPV discordant couples | **Steben M.** | **Canada** |
| **CS 5-5** | Primary and secondary prevention of HPV transmission | **Franco E.** | **Canada** |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

## CS 6 Colposcopy - Advanced topics in practice

**G 104 - 105**
Chair: W. Kinney (USA), M. Cruickshank (UK)
16:15 - 17:45

With the advent of very sensitive screening modalities, colposcopy has come to be recognized as the weakest link in the chain. In response to this recognition efforts have been made on both sides of the Atlantic to improve and standardize colposcopic practice, and to identify and remedy the gaps in the evidence base underlying these recommendations. In addition, historical factors and molecular techniques may help assess individual patient risk and guide clinical management.

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| **CS 6-1** | Training and QA of colposcopy in Europe | **Nieminen P.** | **Finland** |
| **CS 6-2** | Colposcopy performance in screening and referral population | **Cruickshank M.** | **UK** |
| **CS 6-3** | Managing HPV + patient following normal colposcopy | **Kinney W.** | **USA** |
| **CS 6-4** | ASCUS LSIL normal colposcopy: the age factor | **Bekkers R.** | **Netherlands** |
| **CS 6-5** | US colposcopy standardization efforts | **Einstein M.** | **USA** |
| | Discussion | | |

# MSS - MAIN SCIENTIFIC SESSIONS

## MSS 7 Impact of national HPV vaccine programs, a decade on

**Auditorium**
14:15 - 15:45

Chair: M. Lehtinen (Sweden), K. Soldan (UK)

Clinical trials of HPV vaccines provided excellent evidence of the vaccines' efficacy (and safety) under trial conditions. Effectiveness in practice and other potentially important outcomes of HPV vaccination can be discovered through monitoring and surveillance of vaccination programmes. Data on the impact of different vaccination strategies is also now available from large, long-running, randomised phase IV trials.

The impact on health at the population level can be affected by variations in vaccine uptake, herd effects, interactions with other interventions (particularly cervical screening), and any changes in the occurrence of non-vaccine HPV types. In this session we will consider the evolving evidence-base regarding the impact of HPV vaccination programmes, with particular attention to outcomes that were not reported by the earlier clinical trials.

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| **MSS 7-1** | Impact of the Scottish HPV vaccine programme on infection and cervical disease - a changing landscape | **Pollock K.** | **UK** |
| **MSS 7-2** | Vaccination cohorts and health registers in Northern countries | **Lehtinen M.** | **Sweden** |
| **MSS 7-3** | Herd immunity effect | **Brisson M.** | **Canada** |
| **MSS 7-4** | Surveillance to monitor the impact on genital sites in females and males | **Soldan K.** | **UK** |
| **MSS 7-5** | Understanding changes in non vaccine types | **Mesher D.** | **UK** |
| **MSS 7-6** | Impact on screening outcomes | **Dillner J.** | **Sweden** |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

# SS - SCIENTIFIC SESSIONS

## SS 7 Renewed population screening for cervical cancer in the Netherlands, from start to first results

**G 102 - 103**
14:15 - 15:45

**Session followed by excursion to screening laboratories - upon reservation only**

Chair: P. Snijders

After years of preparation, the renewed Dutch population screening for cervical cancer started in January 2017. There is a switch from cytological screening towards primary hrHPV screening with cytology triage. Additionally, a self-sampling device for non-responders has been introduced. All screening tests from the population screening are sent to five laboratories instead of more than 40. In this session, we will provide an overview of the process towards the introduction of the program. Success factors, dilemmas, and lessons learned concerning the organization, the validation of the HPV-systems, the processing of the self-sampling, and the HPV-bias in cytology-triage will be discussed. Also, the structural quality control program of HPV and cytology and the first results of the renewed screening program are presented.

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| **SS 7-1** | Welcome and an introduction into the renewed Dutch screening: changes, organisation and the need of (inter)national collaboration | **Van der Veen N.** | **Netherlands** |
| **SS 7-2** | Implementation of HPV screening of clinical and self-sampling Verification: design and results | **Van den Brule A.** | **Netherlands** |
| **SS 7-3** | Quality control of HPV test performance: inter- and intra laboratory | **Schuurman R.** | **Netherlands** |
| **SS 7-4** | Quality control of cytology: cytology classifications and the dilemmas | **Uyterlinde A.M.** | **Netherlands** |
| **SS 7-5** | Cytology triage: an indication of the HPV-bias in primary HPV screening | **Van Kemenade F.J.** | **Netherlands** |
| **SS 7-6** | Monitoring and first results of the screening program | **De Kok I.** | **Netherlands** |
| | Discussion | | |

# SS - SCIENTIFIC SESSIONS

## SS 8 Screening regimens in vaccinated women (previous and new generation of vaccines)

**G 102 - 103**
16:15 - 17:30

Chair: K. Canfell (Australia)

HPV vaccination has now been available for a decade, and most developed countries have implemented vaccination initiatives. Cohorts offered HPV vaccination are now ageing, and in many countries, women who have been offered HPV vaccination have now reached the target age for cervical screening. Because vaccinated women are at lower lifetime risk of ever developing cervical cancer, this situation has profound implications for screening programs. In many countries, this is prompting a re-evaluation of the technology for cervical screening, the target age range, and interval. Primary HPV screening is of particular interest in vaccinated populations since women can be risk stratified based on the HPV test result. The introduction of next generation nonavalent vaccinates will reduce lifetime risk in vaccinated cohorts even further, and further re-evaluation of screening will be required when these cohorts reach the age for cervical screening.

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| **SS 8-1** | How and when to screen a vaccinated cohort for the first time | **Berkhof H.** | **Netherlands** |
| **SS 8-2** | Changes in screening approaches in vaccinated populations | **Canfell K.** | **Australia** |
| **SS 8-3** | Screening options and challenges in women immunised with bivalent or quadrivalent vaccines | **Cuschieri K.** | **UK** |
| **SS 8-4** | Optimal cervical cancer screening in women vaccinated against 9-valent vaccine | **Kim J.** | **USA** |
| | Discussion | | |

## SS 9 Vaginal microbiome in women

**G 106**
14:15 - 15:45

Chair: A.B. Moscicki (USA)

Next generation sequencing has drastically changed our understanding of the human microbiome in human health and disease. More recent progress has also emphasized the complexity between microbials communities and actual function. It appears that many communities have overlapping function making the interpretation of microbial data difficult. The other challenge is performing 3-dimensional data analysis that integrates microbiome, metabolome and proteomics data. Recent studies indicate that vaginal microbiome is involved in maintaining vaginal health and that dysbiosis is associated with inflammation and decreased epithelial integrity. The interaction with HPV remains confusing but several studies show that HPV persistence and CIN 2,3 are both associated with certain community states. There is also interest in the potential infection of the placenta with HPV and whether the vaginal microbiome influences ascending infections. This session will review associations with HPV persistence and clearance, CIN 2,3 development, and the microbiomes of the vagina as well as the placenta.

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| **SS 9-1** | Variation of vaginal microbiome in women | **Gravitt P.** | **USA** |
| **SS 9-2** | The role of HPV and microbiome dysbiosis and dysfunctional immune states | **Moscicki A.B.** | **USA** |
| **SS 9-3** | The role of vaginal microbiome in women with CIN | **Kyrgiou M.** | **UK** |
| **SS 9-4** | Vaginal microbiome, metabonomics and biomarkers | **Mitra A.** | **UK** |
| **SS 9-5** | Microbiome of HPV positive and negative placenta | **Rautava J.** | **Finland** |
| **SS 9-6** | Would the restoration of the vaginal microbiota help the HPV regression? | **Serrano Cogollor L.** | **Spain** |
| | Discussion | | |

**Coffee break** 15:45 - 16:15

## SS 10 Pathogenesis and prevention of HPV-induced anal cancer

**G 106**
16:15 - 17:45

Chair: J. Palefsky (USA), A. Nyitray (USA)

Anal squamous cell carcinoma is an HPV-associated cancer with increasing incidence in western countries. Meanwhile, there is no uniform standard for screening for this cancer given knowledge gaps in pathogenesis of its putative precancer, anal intraepithelial neoplasia (AIN), stratification of populations at increased risk for AIN, and management of AIN.
The current session will address these issues in addition to vaccination to prevent anal HPV infection.

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| **SS 10-1** | Epidemiology of anal HPV infection, AIN and anal cancer | **Schim van der Loeff M.** | **Netherlands** |
| **SS 10-2** | Molecular markers for HPV-induced anal lesions | **Steenbergen R.** | **Netherlands** |
| **SS 10-3** | Vaccination to prevent anal HPV infection | **Hillman R.** | **Australia** |
| **SS 10-4** | High resolution anoscopy and management of AIN | **Nathan M.** | **UK** |
| **SS 10-5** | Novel therapies for AIN | **Palefsky J.** | **USA** |
| | Discussion | | |

## SS 11 Vaccine surveillance: monitoring adverse events and safety program evaluation

**Auditorium**
16:15 - 17:45

Chair: K. Pollock (UK), S. Hanley (Japan)

As millions of doses of the HPV vaccines have been administered globally, post-marketing data are available to robustly assess adverse events and the safety of the programs. Post-marketing surveillance can be performed in many ways, including spontaneous reporting databases, electronic health records, patient registries, and record linkage between health databases. Since licensure of the HPV vaccines, the Global Advisory Committee on Vaccine Safety (GACVS) has investigated a number of events, issues and allegations. GACVS concluded that the safety profile of the HPV vaccines remained reassuring throughout the reviews, and that the benefit-risk assessment remains favourable. Nevertheless, continued pharmacovigilance remains important to ensure that concerns can be addressed in a timely way and with the best possible evidence. This session aims to introduce contemporary issues faced by countries with established HPV vaccine programs and what is being done to address concerns using high quality evidence.

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|---|---|---|---|
| **SS 11-1** | Epidemiological assessment of HPV safety - distinguishing cause from coincidence | **Andrews N.** | **UK** |
| **SS 11-2** | Monitoring 9-valent human papillomavirus vaccine safety, United States | **Markowitz L.** | **USA** |
| **SS 11-3** | HPV vaccine concerns in Ireland | **Corcoran B.** | **Ireland** |
| **SS 11-4** | The rise and the fall of the Danish HPV vaccination program and the way ahead | **Mølbak K.** | **Denmark** |
| **SS 11-5** | Japan: update on HPV vaccine situation | **Hanley S.** | **Japan** |
| **SS 11-6** | Country responses to vaccine hesitancy and barriers to implementation | **Yarwood J.** | **UK** |
| **SS 11-7** | Monitoring HPV vaccination in the Netherlands: data on vaccine effectiveness and safety up to 7 years post-introduction | **De Melker H.** | **Netherlands** |
| | Discussion | | |

## SS 12 What have we learnt from population-wide HPV vaccination programs and how can it guide future vaccination policy?

**Auditorium**
17:45 - 19:15

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

A decade has passed since the first national introduction of HPV vaccination in Australia. Since then we have accumulated a tremendous amount of information from vaccine introductions in over 50 countries. In this session, we aim to bring epidemiologists, modellers and policy makers together to discuss how insights from post-introduction studies and mathematical models can provide answers to the next generation of questions around optimal HPV vaccination strategies.

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| **SS 12-1** | Evidence from post-vaccination studies in high-income countries | **Drolet M.** | **Canada** |
| **SS 12-2** | Evidence from post-vaccination studies in low-income countries | **Franceschi S.** | **France** |
| **SS 12-3** | Are mathematical models reproducing observed results? | **Brisson M.** | **Canada** |
| **SS 12-4** | Informing strategy about vaccines choice: 2, 4 or 9-valent vaccines | **Canfell K.** | **Australia** |
| **SS 12-5** | Informing strategy about vaccine doses: 1, 2 or 3 doses | **Jit M.** | **UK** |
| **SS 12-6** | Informing strategy about target groups: girls-only, gender-neutral and catch-up vaccination | **Bogaards J.** | **Netherlands** |
| | Discussion | | |

# FREE COMMUNICATIONS

## FC 14/15 WACC (Women Against Cervical Cancer) Health education

**G 107**
14:15 - 17:45

Chair: S. Hanley (Japan), B. Meyerson (USA), R. Lúa-Alvarado (Mexico)

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|---|---|---|---|
| **FC 14-1** | Positive social media campaign effect on young women's attendance rate to cervical cancer screening in Norway | **Tropé A.T.** | **Norway** |
| **FC 14-2** | A national survey of Canadians on HPV: comparing knowledge, barriers and preventive practices of physicians to those of consumers | **Durand N.** | **Canada** |
| **FC 14-3** | Vaccinating against human papillomavirus is not associated with risky sexual behaviours among men who have sex with men in Australia | **Chow E.P.F** | **Australia** |
| **FC 14-4** | Safety messages increase mothers' willingness to vaccinate against HPV: a randomized trial | **Zimet G.** | **USA** |
| **Coffee break** | | | 15:45 - 16:15 |
| **FC 14-5** | Try this at home: rapid response coalition building and evidence-based advocacy. Case from Indiana, USA | **Meyerson B.E.** | **USA** |
| **FC 14-6** | School nurses' attitudes towards and experiences of an HPV vaccination programme | **Grandahl M.** | **Sweden** |
| **FC 14-7** | The New Zealand HPV vaccination programme - the road to comprehensive access. | **Page K.** | **New Zealand** |
| **FC 14-8** | Knowledge, attitude, practice and behavior of women attending gynecological clinic towards cervical cancer and Pap smear screening in Eastern India | **Athwal A.** | **India** |

## FC 16 Molecular and biological markers 1

**G 107**
17:45 - 19:15

Chair: J. Doorbar (UK), L. Mirabello (USA)

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|---|---|---|---|
| **FC 16-1** | Determinants of HPV E6-E7 mRNA overexpression in women HPV DNA positive-preliminary results from NTCC2 study | **Giorgi Rossi P.** | **Italy** |
| **FC 16-2** | A three-tiered score format for Ki-67 P16INK4A improves consistency and validity of grading CIN lesions | **Van Zummeren M.** | **Netherlands** |
| **FC 16-3** | P16/KI67-based triage for histologic HSIL-risk women in 12-18 follow-up: P16/Ki67 twice-positivity and colposcopy first-negativity | **Mazurec M.** | **Poland** |
| **FC 16-4** | A novel whole genome sequencing method to achieve a comprehensive map of all HPV16 integration sites across the human genome | **Boland J.** | **USA** |
| **FC 16-5** | Whole exome sequencing to find new biomarkers for detection of CIN3 | **Reuter C.** | **UK** |
| **FC 16-6** | MicroRNA detection in cervical scrapes allows for the triage of HPV-positive women in cervical screening | **Babion I.** | **Netherlands** |
| **FC 16-7** | Co-expression of HPV E6, mRNA and PD-L1 in Cervical cytology samples: prognostic implications | **Chargin A.** | **USA** |
| **FC 16-8** | Association between PD-L1 mRNA expression and HPV infection in cervical adenocarcinoma and squamous cell carcinoma | **Song Y.** | **China** |
| **FC 16-9** | Keratin 17 (K17) is a prognostic biomarker of cervical cancer: endocervical glandular neoplasia | **Escobar-Hoyos L.** | **USA** |
| **FC 16-10** | The role of functional polymorphisms as possible modulators of reactive oxygen species in cervical cancer | **Matos A.** | **Portugal** |

# FREE COMMUNICATIONS

## FC 17 Screening 2

Chair: L. Kuhn (USA), J.P. Taar (France)

**G 102 - 103**
17:45 - 19:15

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|---|---|---|---|
| **FC 17-1** | Inter- and intra laboratory quality monitoring of HPV test-performance in the Dutch cervical cancer screening program | **Schuurman R.** | **Netherlands** |
| **FC 17-2** | P16/KI67 double staining for triage positive results in primary cervical cancer screening based on DNA HPV testing | **Trzeszcz M.** | **Poland** |
| **FC 17-3** | HPV-positive women with normal cytology remain at increased risk of CIN3 after a negative repeat HPV test | **Polman N.J.** | **Netherlands** |
| **FC 17-4** | Non-inferiority of Onclarity HPV genotyping compared with HC2 in a German HPV-screening pilot project (WOLPHSCREEN) | **Denecke A.** | **Germany** |
| **FC 17-5** | Significant reduction of cervical cancer incidence within a primary HPV screening pilot project in Wolfsburg, Germany (WOLPHSCREEN) | **Luyten A.** | **Germany** |
| **FC 17-6** | Effectiveness of screening in HPV vaccinated women | **Louvanto K.** | **Finland** |
| **FC 17-7** | First results of the EU-TOPIA project: towards improved cervical cancer prevention in Europe | **De Kok I.** | **Netherlands** |
| **FC 17-8** | HPV infection among elderly women- results from a population based cohort study | **Bergengren L.** | **Sweden** |
| **FC 17-9** | If persistent HPV infection causes disease, why are we not measuring it? | **Vaughan L.** | **USA** |
| **FC 17-10** | Long term screening performance of cytology, HPV 16/18 genotyping, and E6 oncoprotein in triaging women with positive high-risk HPV test in China | **Zhao X.L.** | **China** |
| **FC 17-11** | Comparative performance evaluation of screening tools for point of care cervical cancer screening and pre-cancer treatment among women living with HIV: case for integrating cervical cancer screening with HIV testing and counseling centers in resource limited settings | **Pimple S.** | **India** |
| **FC 17-12** | A new technique of DNA isothermal amplification techniques in cervical cancer screening | **Wang L.** | **China** |

**Abstracts are available for download at: www.eurogin.com/2017**

# FREE COMMUNICATIONS

## FC 18 Diagnostic procedures

**G 104 - 105**
17:45 - 19:15

Chair: W. Tjalma (Belgium), C. Bouchard (Canada)

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|---|---|---|---|
| **FC 18-1** | Effectiveness of HPV testing in ASC-US to predict HSIL | **De Sanjose S.** | **Spain** |
| **FC 18-2** | Colposcopic and histopathologic evaluation in women aged 56-64 with HPV-persistence 1 and 3 years, respectively, from the organized primary HPV screening in Sweden. | **Elfgren K.** | **Sweden** |
| **FC 18-3** | Evidence for clinical application of extended HPV genotyping in persistence tracking and test-of-cure: a systematic review | **Sammy Y.** | **Switzerland** |
| **FC 18-4** | Risk of cervical cancer after atypical glandular cells found at screening in the Netherlands | **Aitken C.** | **Netherlands** |
| **FC 18-5** | Risk factor analysis of residual HSIL after LEEP: a clinical study of 1511 LEEP cases at Ob&Gyn hospital of Fudan university | **Chen L.** | **China** |
| **FC 18-6** | HPV cell-free DNA in plasma as an useful marker for monitoring relapse of cervical cancer | **Levi J.E.** | **Brazil** |
| **FC 18-7** | Prevalence and risk factors for mutizonal neoplasia in a cohort of high-risk women | **Godfrey M.** | **UK** |
| **FC 18-8** | Is p16/ki67 dual-stained cytology essential at a colposcopy department? | **Santos F.** | **Portugal** |
| **FC 18-9** | Clinical-pathological variables associated with cervical conizations specimens without high-grade intraepithelial lesion: a study of 221 cases. | **Queipo Gutierrez F.J.** | **Spain** |
| **FC 18-10** | Comparison of pain control by Lidocaine spray and paracervical block during loop electrosurgical procedure: a randomized control trial | **Limwatanapan N.** | **Thailand** |
| **FC 18-11** | Crosswalking European guidelines on the management of vaginal discharge and the management of STI | **Kodsi S.** | **USA** |
| **FC 18-12** | Rapid Evaporative Ionization Mass Spectrometry (REIMS) iknife and its cervical application in the treatment of cervical abnormalities | **Tzafetas M.** | **UK** |

## FC 19 Epidemiology 2

**G 106**
17:45 - 19:15

Chair: F. Borruto (Monaco), L. Villa (Brazil)

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|---|---|---|---|
| **FC 19-1** | Age distribution and probability of hysterectomy in Germany | **Klug S.** | **Germany** |
| **FC 19-3** | Type-specific human papillomavirus DNA Load in association with prospective risk of cervical intraepithelial neoplasia: a useful triage tool | **Wang M.** | **USA** |
| **FC 19-4** | Whole-genome sequencing analysis of HPV18 diversity in the Netherlands | **King A.** | **Netherlands** |
| **FC 19-5** | Nationwide and comprehensive human papillomavirus genotyping of invasive cervical cancers | **Lagheden C.** | **Sweden** |
| **FC 19-6** | HPV prevalence and risk factors associated with high risk types in a low income population | **Wendland E.M.** | **Brazil** |
| **FC 19-7** | Detection of HPV-ZIKV co-infections in Ecuadorian women using two real-time PCR-based methods in cervical cytology samples | **Zambrano H.** | **Belgium** |
| **FC 19-8** | HPV16/18 E6 oncoprotein expression in infections with single and multiple HPV genotypes and associated the risk of cervical disease | **Wu Z.** | **China** |
| **FC 19-9** | Effects of vaccination on the epidemiology of HPV67 in a Belgian routine setting | **Hutse V.** | **Belgium** |
| **FC 19-10** | Human papillomavirus prevalence in Portugal and its association to other microbial pathogens | **Bicho M.** | **Portugal** |
| **FC 19-11** | Population-based study on distribution of HPV infection and its risk factors among women in Inner Mongolia, China | **Zhang A.** | **China** |

# CS - CLINICAL SESSIONS

## CS 7 Post treatment follow-up, science helping the clinician to improve practice

**G 105**
8:00 - 9:30

Chair: E. Siegler (Israel), M. Einstein (USA)

Prevention of cervical cancer is based on excision or destruction of the transformation zone. Following surgery 4-14% of women have residual disease or recurrence of CIN2+. Risk factors for residual disease are large lesion, positive margins, positive ECC and HPV detection after surgery.
It is not clear which is the best way to follow up women after surgery. We will summarize and update the information regarding follow up women after treatment for cervical neoplasia.

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| **CS 7-1** | Risk of CIN3 and cancer following conization for HG CIN, how to recognize patients at risk of recurrence | **Stoler M.** | **USA** |
| **CS 7-2** | The value of cytology and viral marker as test of cure of CIN3 | **Arbyn M.** | **Belgium** |
| **CS 7-3** | Should negative HPV typing result after LLETZ diagnosis of early stage invasive cancer lead to a more conservative treatment of cervical carcinoma? | **Siegler E.** | **Israel** |
| **CS 7-4** | Accuracy of molecular markers | **Snijders P.** | **Netherlands** |
| **CS 7-5** | Invasive cervical cancer post treatment of CIN: how that happens & how that could possibly be prevented | **Paraskevaidis E.** | **Greece** |
| | Discussion | | |

## CS 8 Anal HPV infection and diseases in women

**G 105**
9:30 - 11:00

Chair: E. Stier (USA), A.B. Moscicki (USA)

HPV associated anal cancers are on the rise in both men and women. This increase is not well understood but may be due to the increase of certain sexual behaviors such as more lifetime sexual partners and increased rates of anal intercourse. Risks also include immunocompromised situations such as HIV or organ transplants. Understanding the role of sexual behavior is limited since most studies do not include finger anal sex as a source of infection which is more common than anal intercourse. It is important to understand factors associated with anal cancer since the natural history of anal HPV is different than cervical infections since the incidence of cervical cancer with screening is around 13 per 100,000 in the US compared to 2 per 100,000 without screening. This session will examine the risk factors for anal HPV infection and disease in women, the natural history of anal HPV infections in women, and the role of HIV infection in men and women. In addition, this session will examine screening options and treatment for anal HPV infection and anal HSIL in women.

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|---|---|---|---|
| **CS 8-1** | Prevalence and risk factors for anal HPV infection and disease in women | **Nyitray A.** | **USA** |
| **CS 8-2** | Natural history of anal HPV infection and AIN in young women | **Moscicki A.B.** | **USA** |
| **CS 8-3** | Anal cancer in HIV-positive and HIV-negative men and women | **Clifford G.** | **France** |
| **CS 8-4** | Optimal diagnostic algorithms for detection of anal HSIL in women | **Stier E.** | **USA** |
| **CS 8-5** | Screening and treatment for anal HPV infection and anal HSIL in women: who and why | **Palefsky J.** | **USA** |
| | Discussion | | |

**Abstracts are available for download at: www.eurogin.com/2017**

# SS - SCIENTIFIC SESSIONS

## SS 13 Vaccines 3 - beyond the scope, targeting populations at risk

**G 102 - 103**
8:00 - 9:30

Chair: X. Bosch (Spain), E. Joura (Austria)

Phase III trials provide the basis for licensing a vaccine and for establishing the first guides of use. These are highly controlled by the manufacturers of the product and details of the protocols and analyses are agreed with the regulatory agencies. As the vaccine is used, some clinical indications arise that may or may not have an independent RCT to establish the licensing and adoption. Clinical studies must then get organized, largely as investigator's initiated projects, so that the full benefit of the vaccines can be offered to the population. For HPV vaccines these refer to enlarging the age groups in which vaccination can be of use, including gender neutral vaccination in the routine vaccination programs, special efforts in vaccinating high risk groups (immunosuppressed, transplant patients) and using the vaccines as adjuvants to conventional treatments of some HPV related conditions such as cervical lesions and Recurrent Respiratory Papillomatosis to prevent recurrences due to auto reinfections.

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| **SS 13-1** | Prophylactic vaccination following treatment of GW and CIN | **Joura E.** | **Austria** |
| **SS 13-2** | Vaccination of adult women at screening ages: HPV Faster | **Bosch X.** | **Spain** |
| **SS 13-3** | Vaccination of males, evidence from the field | **Qendri V.** | **Netherlands** |
| **SS 13-4** | RRP | **Derkay C.** | **USA** |
| **SS 13-5** | Vaccination for populations at higher risk of cancer | **Bekkers R.** | **Netherlands** |
| **SS 13-6** | Vaccination of immunocompromised recipients : HIV | **Palefsky J.** | **USA** |
| **SS 13-7** | Vaccination for sexually abused children | **Moscicki A.B.** | **USA** |
| | Discussion | | |

## SS 14 CoheaHr: Comparing health services interventions for the prevention of HPV-related cancers

**G 102 - 103**
9:30 - 11:00

Chair: J. Dillner (Sweden), C. Meijer (Netherlands)

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.

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| **SS 14-1** | Impact of vaccination strategies on screening outcomes a comparative effectiveness trial | **Lehtinen M.** | **Finland** |
| **SS 14-2** | Vaccinating women at screening ages - a multi-country acceptability study | **Bosch X.** | **Spain** |
| **SS 14-3** | HPV self-sampling in cervical screening - a diagnostic sutdy | **Polman N.** | **Netherlands** |
| **SS 14-4** | Herd effects in vaccinated populations | **Baussano I.** | **France** |
| **SS 14-5** | HPV based screening - from research to practice | **Elfström M.** | **Sweden** |
| **SS 14-6** | HPV genotype-specific CIN risks after incident and prevalent infections Long-term results from the POBASCAM study | **Veldhuijzen N.** | **Netherlands** |
| **SS 14-7** | HPV-based screening-optimal triage strategies for HPV-positive women | **Ronco G.** | **Italy** |
| **SS 14-8** | HPV DNA testing and cervical cancer-evidence from meta-analyses | **Arbyn M.** | **Belgium** |
| | Discussion | | |

# SS - SCIENTIFIC SESSIONS

## SS 15 HPV Faster

**G 102 - 103**
11:00 - 12:30

Chair: X. Bosch (Spain), K.Canfell (Australia)

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| **SS 15-1** | Introduction: how the concept is evolving | **Bosch X.** | **Spain** |
| **SS 15-2** | The European perspective; CoheaHr study (almost final results on compliance) | **De Sanjosé S.** | **Spain** |
| **SS 15-3** | The Australian perspective: final study design aborigene<br>Design of the evaluation of the vaccinated cohorts entering HPV screening | **Cornall A.** | **Australia** |
| **SS 15-4** | Vaccination of women in screening ages in Italy: update of the results of the study. Relevant issues on invitation/compliance in Europe | **Carozzi F.** | **Italy** |
| **SS 15-5** | Vaccinating males under a faster protocol: impact of a gender neutral vaccination campaign | **Baussano I.** | **France** |
| **SS 15-6** | Modeling time to cervical cancer reduction: update on the analysis resented in Vienna | **Canfell K.** | **Australia** |
| | Discussion | | |

## SS 16 CISNET - Cervical: modelling to guide public health research and priorities

**G 104**
8:00 - 9:30

Chair: K. Canfell (Australia), J. Kim (USA)

CISNET is a consortium of NCI USA-sponsored investigators who use statistical modelling to improve our understanding of cancer control interventions in prevention, screening, and treatment and their effects on population trends in incidence and mortality. These models can be used to guide public health research and priorities, and they can aid in the development of optimal cancer control strategies. The CISNET-Cervical program involves leading groups from Harvard, The University of Minnesota, The University of Washington, Erasmus University in the Netherlands and CCNSW Australia. The CISNET-Cervical models are focusing on the natural history of the HPV-related disease, the impact of screening, the comparative effectiveness of HPV vaccination and screening strategies, HPV vaccination and screening in HIV-positive women, and approaches to reducing cervical cancer disparities.

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| **SS 16-1** | Overview of the structure and aims of CISNET-Cervical | **Kim J.** | **USA** |
| **SS 16-2** | Comparative modelling - how do the outputs from current state-of-the-art models compare? | **Van Ballegooijen M.** | **Netherlands** |
| **SS 16-3** | Modelling the natural history of cervical cancer<br>What can models tell us about dwell time for infections that lead to cancer? | **Burger E.** | **USA** |
| **SS 16-4** | The hysterectomy effect - understanding the influence of hysterectomy trends on cervical cancer and impact on evaluation of new strategies for cancer prevention | **Smith M.** | **Australia** |
| **SS 16-5** | Exploring the association between HPV and HIV in Kwazulu-Natal, South Africa: a microsimulation study | **Matthijsse S.** | **Netherlands** |
| **SS 16-6** | The challenges in modelling cervical screening participation in US context | **Kim J.** | **USA** |
| **SS 16-7** | The interface between HPV-FRAME and CISNET-Cervical<br>Discussion | **Canfell K.** | **Australia** |

# SS - SCIENTIFIC SESSIONS

## SS 17 Epidemiology - natural history

**G 104**

Chair: M. Goodman (USA)

9:30 - 11:00

The epidemiology of HPV-associated malignancy has changed over the past decade with the emergence of the prophylactic vaccine, improvements in cancer screening, and changes in sexual practice. We know that oncogenic HPVs have different tissue tropism displayed at both the anatomic and histologic level. The prevalence of HPV16 variants in tumor tissue varies by histology and geographic origin. This session will focus on the changing epidemiology of HPV-associated disease with respect to person, place and time.

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| **SS 17-1** | Increase in cervical cancer incidence in Sweden during 2005-2015 | **Sparen P.** | **Sweden** |
| **SS 17-2** | HPV 16 variants distribution in anogenital cancers | **Pavon M.A.** | **Spain** |
| **SS 17-3** | HPV16 isolate diversity within a woman, between women, and over time of the infection | **Yeager M.** | **USA** |
| **SS 17-4** | New insights into the natural history of anal HPV infection: long term data from the SPANC study | **Hillman R.** | **Australia** |
| **SS 17-5** | The distribution of human papillomavirus genotypes among cervical cancer cases in Europe | **Kothari S.** | **USA** |
| **SS 17-6** | Estimating the population attributable fraction of all HPV DNA detections due to partner deposition: hitch cohort study | **Malagón T.** | **Canada** |
| **SS 17-7** | Bivalent vaccination leads to reduced vaccine type viral load in incident infections | **Van der Weele P.** | **Netherlands** |
| **SS 17-8** | Vaginal and vulvar intra-epithelial neoplasia in young women | **Steben M.** | **Canada** |
| | Discussion | | |

## SS 18 Immunology and serology

**G 104**

Chair: S. Van Der Burg (Netherlands)

11:00 - 12:30

The composition of the local immune microenvironment of (pre-)malignant lesions and their draining lymph nodes can vary enormously between patients. Based on the type of immune contexture present in these sites patients may respond very well to therapy or perform poorly. In this era where new and successful immune-based therapies are rapidly evolving, proper assessment of the immune cell composition and interrogation of the function of the immune cells detected is needed for the definition of biomarkers that predict therapy success.

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| **SS 18-1** | The immunological microenvironment of the primary tumor and the draining lymphnode in HPV induced cervical, vulvar and penile cancer | **Jordanova E.** | **Netherlands** |
| **SS 18-2** | Deciphering local immunity with CyTOF in HPV- and HPV+ tumors | **Santegoets S.** | **Netherlands** |
| **SS 18-3** | Antibody response to human papillomavirus vaccine (HPV) among Alaska native children | **Bruce M.** | **USA** |
| **SS 18-4** | Presence of antibodies to HPV is highly correlated with presence of HPV DNA | **Artemchuk H.** | **Sweden** |
| **SS 18-5** | Seropositivity to multiple HPV types as a surrogate marker for current infection | **Faust H.** | **Sweden** |
| **SS 18-6** | HLA class II antigen expression in cervical intraepithelial neoplasia and invasive cancer | **Von Knebel Doeberitz M.** | **Germany** |
| **SS 18-7** | Understanding transcriptomics of toll like receptor(TLR) signaling in HPV-16 infected cervical carcinoma | **Guleria C.** | **India** |
| | Discussion | | |

# FREE COMMUNICATIONS

## FC 20 Self, urine and plasma sampling 2

Chair: F. Carozzi (Italy), D. Ejegod (Denmark)

**G 106**
8:00 - 9:30

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|---|---|---|---|
| **FC 20-1** | Acceptability of self-sampling in New Zealand: a pilot study | **Brewer N.** | **New Zealand** |
| **FC 20-2** | Evaluation of high risk HPV DNA detection in self-collected vaginal samples and urine in a test-of-cure setting | **Andersson S.** | **Sweden** |
| **FC 20-3** | Understanding women's perspectives and information needs following a positive HPV self-screening test result | **Tiro J.** | **USA** |
| **FC 20-4** | Detection of cervical (pre)cancer on the basis of cervicovaginal fluid: possibilities for development of a selftest. | **Verswijvel D.** | **Belgium** |
| **FC 20-5** | Performance evaluation of a new self-sampling device for HPV detection and genotyping in routine cervical cancer screening | **Cobo V.** | **Spain** |
| **FC 20-6** | Urine human papillomavirus home self-sampling, a promising strategy for enhancement of uterine cervical cancer screening in a large rural French cohort with a 5-year clinical follow-up (the PAPU29 study) | **Payan C.** | **France** |
| **FC 20-7** | Urinary HPV DNA testing as a tool for cervical cancer screening in France | **Ducancelle A.** | **France** |
| **FC 20-8** | Is HPV E6 oncoprotein detectable in urine among women with invasive cervical cancer? | **Oliveira C.** | **Brazil** |
| **FC 20-9** | He tapu te whare tangata (the sacred house of mankind): research to inform cervical screening strategies for indigenous Maori women in New Zealand | **Lawton B.** | **New Zealand** |
| **FC 20-10** | Self-cervical collection for HPV, HHV-2 and HIV-1 detection in women from lower Amazon | **Nicol A.F.** | **Brazil** |
| **FC 20-11** | Utility and factor evaluation of HPV detection based on urine samples in general Chinese women | **Xu H.** | **China** |
| **FC 20-12** | Longitudinal study of HPV detection in plasma of women with a recent history of cervical dysplasia | **Martinelli M.** | **Italy** |

## FC 21 Screening methods 2

Chair: P. Giorgi Rossi (Italy), M. Rebolj (UK)

**G 106**
9:30 - 11:00

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|---|---|---|---|
| **FC 21-1** | Suggesting ideal strategy of cervical cancer screening in Japan based on Fukui cervical cancer screening study | **Kurokawa T.** | **Japan** |
| **FC 21-2** | Emerging technologies in cervical cancer screening, the ETiCCS initiative | **Bussmann H.** | **Germany** |
| **FC 21-3** | An electronic data system for an organized cervical cancer screening program in a rural setting in Ethiopia | **Jede F.** | **Germany** |
| **FC 21-4** | The impact of migration on cervical screening behaviour | **Patel H.** | **UK** |
| **FC 21-5** | Evidence for clinical application of extended HPV genotyping in cervical cancer screening paradigms: a systematic review | **Andrews J.** | **USA** |
| **FC 21-6** | Higher rate of histologically confirmed CIN 2+ with increasing use of HPV, liquid base cytology and p16/Ki-67 in routine | **Xhaja A.** | **Germany** |
| **FC 21-7** | The study of folate receptor-mediated staining solution (FRD™) used for cervical cancer screening | **Zhao Y.** | **China** |
| **FC 21-8** | Cervical cancer screening participation in Belgium 2006-2012 | **Fabri V.** | **Belgium** |
| **FC 21-9** | Cervical cancer screening in Flanders | **Kellen E.** | **Belgium** |
| **FC 21-10** | Cervical cancer screening in Iran: developing a new method | **Moshiri F.** | **Iran** |

# FREE COMMUNICATIONS

## FC 22 Molecular and biological markers 2

Chair: M. Von Knebel Doeberitz (Germany), M. Yeager (USA)

**G 106**
11:00 - 12:30

| | | | |
|---|---|---|---|
| **FC 22-1** | Association between integration of high-risk HPV genomes detected by molecular combing and the severity and/or clinical outcome of cervical lesions | **Jacquet A.** | **France** |
| **FC 22-2** | HPV-16 variant´s and IGF1R overexpression induces resistance to radiotherapy in uterine cervical cancer | **Moreno-Acosta P.M.A.** | **Colombia** |
| **FC 22-3** | Effects of HPV 16 E6 and E7 oncogenes on genomic stability in HCT116 cells | **Ganss L.** | **Germany** |
| **FC 22-4** | Staging of cervical pre-cancer using single cell mRNA E6/E7 and cell cycle | **Patterson B.** | **USA** |
| **FC 22-5** | Cell adhesion and cell-cell signalling are affected by HPV integration, while deregulation of specific pathways occur during the CIN3 to cervical cancer transition | **Pappa K.** | **Greece** |
| **FC 22-6** | Discovery of biomarkers for in vivo imaging of cervical precancers in the study to understand cervical cancer early endoints and determinants | **Litwin T.** | **USA** |
| **FC 22-7** | Detecting cervical cancer via elevated HPV oncoproteins E6/E7- accuracy of the ONCOE6™ cervical test | **Schweizer J.** | **USA** |
| **FC 22-8** | Genome-wide microRNA profiling of hrHPV-positive self-samples: Promising triage markers for early detection of cervical cancer | **Snoek B.** | **Netherlands** |
| **FC 22-9** | Prognosis of donor patients according to the characteristics of Patients Derived Xenograft (PDX) tumor in gynecological cancer | **Sohn G.S.** | **Korea** |

## FC 23 Males and anus

Chair: M. Nathan (UK), L. Abramowitz (France)

**G 105**
11:00 - 12:30

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| **FC 23-1** | Meta-analysis on the prognostic significance of P16INK4A and HPV DNA in anal squamous cell carcinomas | **Obermueller T.** | **Germany** |
| **FC 23-2** | Vaginal and anal hrHPV infection among female sex workers in Amsterdam, the Netherlands: prevalence and concordance | **Marra E.** | **Netherlands** |
| **FC 23-3** | Reduction in sexual activity following a diagnosis of anal high-grade intraepithelial lesion (HSIL) among gay and bisexual men (GBM) | **Templeton D.** | **Australia** |
| **FC 23-4** | Predictors of 12-month persistent high-grade squamous intraepithelial lesions (HSIL) in a cohort of gay and bisexual men | **Poynten I.M.** | **Australia** |
| **FC 23-5** | Baseline low- and high-risk HPV prevalence in rectal swabs from men prior to selective immunisation with the quadrivalent HPV vaccine in Scotland | **Pollock K.** | **UK** |
| **FC 23-6** | Increased risk of high-grade anal intraepithelial neoplasia (HGAIN) in patients with anal warts associated with herpes simplex type 2, gonorrhoea and other STI's | **Mccloskey J.** | **Australia** |
| **FC 23-7** | Predictive value of methylation markers in anal swab samples for persistent anal HSIL | **Cornall A.** | **Australia** |
| **FC 23-8** | Is the persisting HPV genotype on anal swab the causative genotype in HGAIN lesions? | **Leeman A.** | **Netherlands** |

## LOCAL WORKSHOP
# HPV 2017: Preventie en behandeling van anogenitale tumoren
**Workshop voor Nederlandstalige deelnemers • Zondag 8 oktober 2017 - 10:00 - 17:00**
**Coordinators: P. Snijders, M. Arbyn**

Met groot genoegen heten we U welkom bij de Nederlandstalige workshop dat onderdeel vormt van het EUROGIN 2017 Congres in Amsterdam. EUROGIN 2017 biedt U de mogelijkheid getuige te zijn van wat recent fundamenteel en klinisch onderzoek heeft opgeleverd bij de bestrijding van baarmoederhalskanker, met HPV vaccinatie en HPV screening als hoogtepunten. Daarnaast is dit een uitstekend platform om te horen over de wetenschappelijke vooruitgang die is geboekt op het brede gebied van andere HPV gerelateerde ziekten. In deze workshop zullen Nederlandse en Vlaamse experts de huidige stand van zaken en toekomst-perspectieven uiteenzetten met betrekking tot preventie en behandeling van anogenitale tumoren. De onderwerpen bestrijken het hele traject van 'bench-to-bedside', en omvatten ondermeer een update van de pathogenese en de immunologie van HPV-geinduceerde tumoren, en translationeel/klinisch onderzoek op het gebied van de diagnostiek van intraepitheliale neoplasieën, screening ('risk stratified' screening, self-sampling, triage biomarkers), prophylactische vaccinatie (2 vs 3 doseringen, 'gender neutral' vaccinatie), en therapie van voorloper stadia van anogenitale kankers. Tot slot wordt een overzicht gegeven van de huidige stand van zaken en perspectieven op het gebied van vaccinatie en (HPV) screening in Nederland en België.
Wij wensen alle deelnemers een boeiende en leerzame tijd tijdens EUROGIN 2017 in Amsterdam.
**Peter Snijders, VU medisch centrum, Amsterdam - Marc Arbyn, Wetenschappelijk Instituut Volksgezondheid, Brussel**

Chair: Peter Snijders (Netherlands), John-Paul Bogers (Belgium)
Introductie

| | | | |
|---|---|---|---|
| **LW 1** | **Pathogenese en immunologie** | | 10:00 - 11:10 |
| **LW 1-1** | Nieuwe inzichten in de pathogenese van HPV-geïnduceerde Tumoren | **R. Steenbergen** | **Netherlands** |
| **LW 1-2** | Kunnen immuun checkpoint remmers bijdragen aan de behandeling van HPV-geïnduceerde carcinomen? | **K. Jordanova** | **Netherlands** |
| **LW 1-3** | HPV en fertiliteit, de andere zijde van de medaille? | **C. Depuydt** | **Belgium** |
| **LW 2** | **Huidige situatie en ontwikkelingen m.b.t. prophylactische vaccinatie** | | 11:10 - 12:10 |
| **LW 2-1** | Huidige stand van zaken België | **C. Vandermeulen** | **Netherlands** |
| **LW 2-2** | Huidige stand van zaken Nederland | **H. de Melker** | **Netherlands** |
| **LW 2-3** | Keuze vaccin en aantal doseringen: ontwikkelingen, specifieke risicogroepen | **G. Donders** | **Belgium** |
| **LW 2-4** | 'Gender neutral' vaccinatie: zin of onzin | **H. Berkhof** | **Netherlands** |
| **Break** | | | 12:10 - 13:10 |

Chair: Chris Meijer (Netherlands), Marc Arbyn (Belgium)

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| **LW 3** | **Huidige situatie en ontwikkelingen m.b.t. secundaire preventie baarmoederhalskanker** | | 13:10 - 15:10 |
| **LW 3-1** | Huidige stand van zaken en perspectieven Nederland | **N. van der Veen** | **Netherlands** |
| **LW 3-2** | Huidige stand van zaken en perspectieven Vlaanderen | **E. Kellen** | **Netherlands** |
| **LW 3-3** | HPV screening, ja, maar met welke test? | **M. Arbyn** | **Belgium** |
| **LW 3-4** | Gaat self-sampling het reguliere uitstrijkje vervangen? | **D. Heideman** | **Netherlands** |
| **LW 3-5** | Kan de triage van HPV positieve vrouwen verbeterd worden? | **C.Meijer** | **Netherlands** |
| **Break** | | | 15:10 - 15:40 |

| | | | |
|---|---|---|---|
| | Chair: Mireille Merckx (Belgium), Folkert van Kemenade (Netherlands) | | 15:40 - 16:20 |
| **LW 3-6** | Waarom moet CIN gradering geobjectiveerd worden? | **M. van Zummeren** | **Netherlands** |
| **LW 3-7** | Is HPV screening een blijvertje? | **P. Snijders** | **Netherlands** |
| **LW 4** | **Andere HPV-geassocieerde tumoren** | | 16:20 - 17:00 |
| **LW 4-1** | Kan de incidentie van anuscarcinoom omlaag? | **M. Schim van der Loeff** | **Netherlands** |
| **LW 4-2** | Kan progressie van VIN beter voorspeld worden? | **M. Bleeker** | **Netherlands** |

# SIMPOSIO EN HABLA HISPANA

## W 6 Puntos clave en la prevención, detección y manejo de la patología genital en países de habla hispana

**G 107**
8:00 - 10:30

Coordinator: R. Lúa-Alvarado

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|---|---|---|---|
| **W 6-1** | Introducción al Simposio | **Lúa-Alvarado R.** | **Mexico** |
| | **MÓDULO 1 : Actualidades en la prevención primaria y secundaria** | | |
| **W 6-2** | Estado actual de la vacuna en Latinoamérica | **Tatti S.** | **Argentina** |
| **W 6-3** | La crisis de vacunacíon en Colombia | **Trujillo L.** | **Colombia** |
| **W 6-4** | La vacuna nonavalente, ¿ A quién, con qué esquama y cuando aplicaela? | **Bosch X.** | **España** |
| **W 6-5** | Nuevos métodos de tamizaje y diagnóstico para cáncer cervical | **Lúa-Alvarado R.** | **Mexico** |
| **W 6-6** | Curso On Line en castellano sobre prevención de cáncer cervical | **Bosch X.** | **España** |
| **W 6-7** | Preguntas y respuestas | **Todos** | |
| | **MÓDULO 2 : Puntos críticos para el diagnóstico de lesión intraepitelial** | | |
| **W 6-8** | Tips para el diagnóstico colposcópico temprano del carcinoma cervical | **Cantón J.C.** | **Mexico** |
| **W 6-9** | La colposcopía en situaciones especiales | **Trujillo L.** | **Colombia** |
| **W 6-10** | Preguntas y respuestas | **Todos** | |
| | **MÓDULO 3 : Tendencias en manejo de lesiones intraepiteliales** | | |
| **W 6-11** | Actualidades en el manejo de las lesiones intraepiteliales en mujeres adolescentes | **Tatti S.** | **Argentina** |
| **W 6-12** | Sobretratamiento en la pràctica colposcópica | **Cantón J.C.** | **Mexico** |
| **W 6-13** | Preguntas y respuestas | **Todos** | |

# WORKSHOP LUSÓFONO

## W 7 WORKSHOP LUSOFONO

**G 107**
10:30 - 13:30

**EQUIPA CIENTÍFICA LUSÓFONA: Portugal, Brasil, Moçambique, Angola, Cabo Verde, São Tomé Príncipe, Guiné, Timor-Leste e Macau.**

Chairs: M. Clara Bicho e Rui Medeiros - Portugal
Mauro Passos e Luisa Villa - Brasil

| | | |
|---|---|---|
| **W 7-1** | Da Biologia do HPV à Vacinação: Historia Natural, Marcadores Epigenéticos e Expressão de Genes. | **Rui Medeiros** |
| **W 7-2** | Actualidade Epidemiológica do HPV e Vacinas : Portugal, Brasil, Moçambique,Angola, St Tomé e Principe, Cabo Verde, Guiné, Timor-Leste e Macau | **Vírginia Monteiro, Luísa Villa, Cesaltina Ferreira, M. Guilherme, Nelson Bandeira,** |
| **W 7-3** | Perspectivas de Rastreamento do Cancro do Colo do Útero com Testes de HPV | **Luísa Villa** |
| **W 7-4** | Autocolheita, Testes de HPV e Biomarcadores de Diagnóstico | **Rui Medeiros** |
| **W 7-5** | O HPV e as Infecções Sexualmente Transmissíveis (DTS) | **Mauro Passos** |
| **W 7-6** | Ecossistema Vaginal: Imunidade, Microbioma e HPV | **Maria Clara Bicho** |
| **W 7-7** | Prevenção das Doenças Infecciosas : Orientações do Ecossistema Vaginal e a Saúde Ginecológica | **Paulo Giraldo** |
| **W 7-8** | Meios de Diagnóstico e Condutas das Lesões Pré-Neoplásicas | **Paulo Naud** |
| **W 7-9** | Modelo de um Centro de Diagnóstico e de Terapêutica para Locais de Baixos Recursos | **Maria Clara Bicho** |
| **W 7-10** | Discussão e Conclusões: Prémio Melhor Trabalho Científico Lusófono Eurogin 2017 | **Rui Medeiros** **Edison Fedrizzi** |

## P 1 VIRAL AND MOLECULAR BIOLOGY

| | | | |
|---|---|---|---|
| **P 1-1** | HPV16 minority variants among cervical and anal samples with single HPV16 or multiple HPV types infections | **Charpentier C.** | **France** |
| **P 1-2** | Detection of cervical human papillomavirus in women attending cervical cancer screening by visual inspection in Côte d'Ivoire | **Ouattara A.** | **Denmark** |

## P 2 EPIDEMIOLOGY AND NATURAL HISTORY

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| **P 2-1** | Detection of high-risk HPV DNA in chagasic megaesophagus with and without cancer | **Munari F. F.** | **Brazil** |
| **P 2-2** | Comparative study of HPV prevalence in glans and urine between the patients with prostate cancer and benign prostatic hyperplasia | **Shigehara K.** | **Japan** |
| **P 2-3** | HPV prevalence 10 years after vaccine introduction in Germany- design of a population-based study in 20-25 year-old women | **Takla A.** | **Germany** |
| **P 2-4** | Trends in rates of treated RRP before and after HPV vaccination among New York children | **Cass L.** | **USA** |
| **P 2-5** | Epidemiology of cervical cancer in a region of Southern Algeria | **Benlahrech Z. B.** | **Algeria** |
| **P 2-6** | Increasing trends in the incidence of potentially human papillomavirus-associated head and neck cancer in Italy (1988-2012) | **Boscolo-Rizzo P.** | **Italy** |
| **P 2-7** | Cervical cancer in situ among women aged above 60 who was adequately screened at 50s, and the potential of progressing to invasive cervical cancer | **Wang J.** | **Sweden** |
| **P 2-8** | Age-specific additional impact of a nonavalent HPV vaccine on precancerous squamous cervical lesions in Spain | **Perez S.** | **Spain** |
| **P 2-9** | HPV viral load correlations among young, recently-formed heterosexual couples | **Wissing M.** | **Canada** |
| **P 2-10** | The onset of oral sex, human papillomavirus and oropharyngeal cancers | **Laprise C.** | **Canada** |
| **P 2-11** | The prognostic role of detection and genotyping of HPV in penile carcinoma | **Carneiro Megmar A.S.** | **Brazil** |
| **P 2-12** | Recent increase in cervical cancer incidence in Sweden 2014-2015 | **Andrae B.** | **Sweden** |
| **P 2-13** | Screening history and the risk of invasive cervical cancer in women aged 66 and older | **Jian-Jhih L.** | **USA** |
| **P 2-14** | Pilot prevalence of incidence of 12 genotype of high risk HPV and 2 genotype of low risk HPV in Khorasan Razavi Stateç | **Hasanzadeh M.** | **Iran** |

## P 3 PATHOGENESIS

| | | | |
|---|---|---|---|
| **P 3-1** | Presence of HPV in Inverted Papilloma | **Elliot A.** | **Sweden** |

## P 4 IMMUNOLOGY

| | | | |
|---|---|---|---|
| **P 4-1** | HPV-specific B and T-cell responses in vaccinated and non-vaccinated young women | **Pasmans H.** | **Belgium** |
| **P 4-2** | Hr-HPV L1,E1, E2, E6, E7 seropositivity does not predict anal HSIL among HIV-positive men who have sex with men | **Schim Van Der Loeff M.** | **Netherlands** |
| **P 4-3** | Serotype and genetic diversity of human papillomavirus 58 in Italian women with low-grade cytology | **Godi A.** | **UK** |

## P 5 HPV PROPHYLACTIC VACCINES

| | | | |
|---|---|---|---|
| **P 5-1** | Human papillomavirus prevalence and genotype distribution in urine samples from vaccinated as compared to non-vaccinated females in Norway | **Trogstad L.** | **Norway** |
| **P 5-2** | Potential impact of the 9vHPV vaccine in South Korea: an overview | **Kim Y.** | **Korea** |
| **P 5-3** | Safety and efficacy of a quadrivalent human papillomavirus vaccine against persistent infection and genital diseases in Chinese women during a 78-month follow-up | **Wei L.** | **China** |
| **P 5-4** | Potential of HPV vaccination in cancer control | **Thamsborg L. H.** | **Denmark** |
| **P 5-5** | HPV vaccination and risk of chronic fatigue syndrome/myalgic encephalomyelitis: A nationwide register-based study from Norway | **Feiring B.** | **Norway** |
| **P 5-6** | HPV vaccination of adolescent girls is not associated with sexual activity initiation and risky sexual behaviours | **Sauvageau C.** | **Canada** |
| **P 5-7** | Cross-protective effectiveness of AS04-HPV-16/18 vaccination in reducing cervical HPV infections in adolescent girls- results from a community-randomized trial | **Struyf F.** | **Belgium** |
| **P 5-8** | HPV | **Bah Camara H.** | **UK** |
| **P 5-9** | Mother to infant transfer of anti HPV 6 and 11 antibodies upon immunization with the 9VHPV vaccine. | **Joshi A.** | **USA** |

## P 7 IMMUNOTHERAPY - IMMUNO-ONCOLOGY - NEW TREATMENTS

| | | | |
|---|---|---|---|
| **P 7-1** | Efficacy of a coriolus versicolor-based vaginal gel to repair cervical mucosa with HPV lesions. Interim analysis results | **Serrano L.** | **Spain** |
| **P 7-2** | Efficacy of a coriolus versicolor- based vaginal gel to clear HPV. Interim analysis results | **Gaslain Y.** | **Spain** |
| **P 7-3** | Use of coriolus versicolor-based vaginal gel in patients with precancerous HPV lesions. Interim analysis results | **Combalia J.** | **Spain** |
| **P 7-4** | Effect of a non-hormonal coriolus versicolor vaginal gel among positive-HPV women with no colposcopy cervical lesions. A pilot study | **Emsellem C.** | **Spain** |

## P 8 HPV TESTING

| | | | |
|---|---|---|---|
| **P 8-1** | Papilloplex ™ Hr HPV – a novel multiplex assay for detection and genotyping of all 14 Hr HPV types in a single closed-tube real-time PCR reaction | **Fu G.** | **UK** |
| **P 8-2** | Development and validation of HPV test intended for use in cervical cancer screening “AmpliSens HPV HCR screen-titr-14-FL | **Dmitryukova M.** | **Russia** |
| **P 8-3** | Mass spectrometry as a reliable high throughput technology for routine HPV diagnostics | **Wandernoth P.** | **Germany** |
| **P 8-4** | Comparison of mRNA and DNA HPV levels in hrHPV-positive primary screening samples using digital droplet PCR | **Lillsunde Larsson G.** | **Sweden** |
| **P 8-5** | Population-based HPV Testing Performance: Comparison HC2 and Cervista HPV Testing Assays | **Guo M.** | **USA** |
| **P 8-6** | Significantly higher risk for high-grade cervical lesions in follow-up biopsy associated with positive Aptima HPV tests than Cobas tests | **Ge Y.** | **USA** |
| **P 8-7** | HPV test in cytology laboratory practice- a ten year experience | **Versa Ostojic D.** | **Croatia** |
| **P 8-8** | A highly efficient assay for detection of high-risk HPV E7 proteins in cervical samples | **Koch I.** | **Germany** |
| **P 8-9** | Xpert®HPV testing on BD-Surepath® medium fixed liquid based cytology specimen: performance evaluation compared to HC2 tests results | **Le Van Quyen P.** | **France** |

| | | | |
|---|---|---|---|
| **P 8-10** | Hr-HPV testing on formalin fixed paraffin embedded (FFPE) samples: performance evaluation of Xpert®HPV versus PCR Inno-lipa ® extra II genotyping and P16 IHC on 28 head and neck carcinomas | **Fasquelle F.** | **France** |
| **P 8-11** | HPV testing for cervical cancer screening: experience in Centro Medicina Laboratorial Germano de Sousa/ Hospital Cuf Descobertas | **Albuquerque A.** | **Portugal** |
| **P 8-12** | In-house liquid based medium validation for hrHPV detection with Hybrid Capture 2 (HC2), QIAGEN | **Nolde N.** | **USA** |
| **P 8-13** | Onclarity in the diagnosis of patients with cervical lesion: comparison with HC2 and linear array | **Bottari F.** | **Italy** |
| **P 8-14** | Comparison of Seegene Anyplex II HPV 28 detection and Abbott Realtime High Risk HPV test on NOVAprep liquid-based cytology media | **Hantz S.** | **France** |
| **P 8-15** | Methylation of WIF1 gene and microRNA expression in diagnosis of HPV-associated squamous intraepithelial lesions and squamous cervical cancer | **Bayramova G.** | **Russia** |
| **P 8-16** | Diagnostic excision of cervix in women with persistent HPV infection with no former evidence of CIN in cytology | **Aarnio R.** | **Sweden** |
| **P 8-17** | Are non-vaccine replacing vaccine genotypes in young women targeted by vaccination programs? A trend analysis from opportunistic screening in Luxembourg | **Latsuzbaia A.** | **Luxembourg** |

## P 9 HPV SCREENING

| | | | |
|---|---|---|---|
| **P 9-1** | New scenarios of HPV screening - Georgian experience | **Kldiashvili E.** | **Georgia** |
| **P 9-3** | Accurate detection of human papillomaviruses by PNA mediated real time PCR using melting curve analysis | **Choi B.** | **Korea** |
| **P 9-4** | Comparison of p16/Ki67 dual immunocytochemical staining, HPV testing and cytology results obtained in three cytopathology laboratories participating in Slovenian cervical cancer screening program ZORA | **Kloboves Prevodnik V.** | **Slovenia** |
| **P 9-5** | HPV focal: 48 month colposcopy compliance and time to colposcopy based on referral screen result | **Smith L.** | **Canada** |
| **P 9-6** | Positive predictive value of HPV screen tests and HPV 16/18 genotyping at baseline and 48 months in the HPV focal trial | **Cook D.** | **Canada** |
| **P 9-7** | High-grade squamous intraepithelial lesions with negative HPV testing | **Duran Arbonés E.** | **Spain** |
| **P 9-8** | Randomized health care policy evaluation of organised primary HPV screening of women aged 56-60 | **Lamin H.** | **Sweden** |
| **P 9-9** | Evaluation of the impact of the hr-HPV based cervical cancer screening: results of a four-years experience in a single screening center of Italy | **Di Cristofano C.** | **Italy** |
| **P 9-10** | Organized cervical cancer-screening program in Brazil: Barretos experience in 18 municipality of São Paulo state | **Vazquez F. L.** | **Brazil** |
| **P 9-11** | Cervical screening and risk assessment using multiplexed protein assay | **Gombrich P.** | **USA** |

## P 10 SELF-SAMPLING

| | | | |
|---|---|---|---|
| **P 10-1** | Cervical cancer and precancerous lesions screening in rural area's women by HPV detection using self-sampled tests | **De Paula Pantano N.** | **Brazil** |
| **P 10-2** | HPV DNA self-sampling offers a valid tool for cervical cancer screening in Kinshasa, the Democratic Republic of Congo | **Ali-Risasi C.** | **Congo** |
| **P 10-3** | For high-risk HPV testing the sensitivity of a urine sample equals that of a self-collected vaginal sample | **Waldstrøm M.** | **Denmark** |
| **P 10-4** | A pilot study of community based self sampling for high risk human papillomavirus test in Chinese population | **Chung M. K.** | **Hong Kong** |
| **P 10-5** | The cost-effectiveness of HPV self-sampling for non-attenders in a Danish cervical cancer screening program | **Asjes C.** | **USA** |
| **P10-6** | Evaluation of the Roche Cobas® 6800 HPV assay with Colli-Pee® collected, UCM preserved urine | **Vankerckhoven V.** | **Belgium** |

## P 11 GENOTYPING

| | | | |
|---|---|---|---|
| **P 11-1** | The 5-year incidence and clearance of type-specific HPV in a screening cohort in China | **Rezhake R.** | **China** |
| **P 11-2** | HPV genotyping in ASC-US cytology at Rio de Janeiro, Brazil | **Silveira F.** | **Brazil** |
| **P 11-3** | A comparison study of the INNO-LiPA and the Linear Array HPV genotyping tests | **Ovestad I. T.** | **Norway** |
| **P 11-4** | Evaluation of the persistence of HPV genotypes in women treated for CIN2+ lesions | **Sandri M. T.** | **Italy** |
| **P 11-5** | HPV type specific distribution in women attending routine cervical screening in rural Malawi | **Cubie H.** | **UK** |
| **P 11-6** | Burden of cervical HPV infection and genotype distribution among women attending two rural health centers in the Gondar region of Ethiopia | **Wubneh S. B.** | **Ethiopia** |
| **P 11-7** | Genotyping of human papillomavirus in triaging of low-grade cervical cytology | **Lecumberri C.** | **Spain** |
| **P 11-8** | HPV L1 genetic diversity variants in strains from Northeastern Mexican patients and the discrepancy results obtained by real time PCR | **Oyervides-Munoz M.** | **Norway** |

## P12 MOLECULAR MARKERS

| | | | |
|---|---|---|---|
| **P 12-1** | Diagnostic value of HPV16 and HPV18 viral load and integration status among African women infected with HIV | **Didelot-Rousseau M. N.** | **France** |
| **P 12-2** | The use of p16/Ki-67 dual staining technology on cervical cytology of patients undergoing a LLETZ procedure | **Packet B.** | **Belgium** |
| **P 12-3** | Analysis of the influence of p16 in the inter and intra observer concordance in the diagnosis of intraepithelial neoplasia of cervix grade 2 (CIN2) | **Forteza A.** | **Spain** |
| **P 12-4** | Proteomic composition of cervicovaginal fluid in HPV-associated cervical lesions | **Prilepskaya V.** | **Russia** |
| **P 12-5** | Detection of cervical (pre)cancer on the basis of cervicovaginal fluid: possibilities for development of a selftest | **Verswijvel D.** | **Belgium** |
| **P 12-6** | Clinical utility of p16INK4a as a diagnostic adjunct for underlying CIN2+ cervical lesions | **Ferrera Boza A.** | **Honduras** |
| **P 12-7** | Modern multidisciplinary monitoring of cervical cancer risk | **Bohiltea R. E.** | **Romania** |
| **P 12-8** | Methylation of inhibitors WNT signaling pathway and HPV types in cervical cancer | **Rabelo-Santos S. H.** | **Brazil** |
| **P 12-9** | An MRNA panel for triage of HPV positive women with high specificity for detection of clinically relevant cervical disease | **Howie S.** | **UK** |

## P 13 SCREENING METHODS

| | | | |
|---|---|---|---|
| **P 13-1** | What is the positive predictive value of high-grade squamous intraepithelial lesion (HSIL) on cytology for the histological diagnosis of cervical intraepithelial neoplasia 2 (CIN2) or more? A systematic review | **Bogers J.** | **Belgium** |
| **P 13-2** | Comparison of HPV positivity of vaginal samples harvested by gynecologist and patient herself in Japan | **Nakashima K.** | **Japan** |
| **P 13-3** | Discordant results between oncogenic human papillomavirus RNA and DNA tests in a contesting cervical cancer screening program | **Sáez A.** | **Spain** |
| **P 13-4** | Upgrading of information system for management and monitoring of Slovenian cervical cancer screening programme | **Ivanus U.** | **Poland** |
| **P 13-5** | Economic analysis of a strategy to improve cervical cancer screening in Denmark: Cytology with HPV triage vs. primary HPV screening with cytology and CINtec PLUS cytology triage | **Kofod M.** | **Sweden** |
| **P 13-6** | Role of HPV viral loads in guiding biopsy under colposcopy for ASC-US and HPV positive women | **Xu X. Q.** | **China** |
| **P 13-7** | Evolution of the cervical cancer screening program in the Western half of the province of Huesca (Spain) between 2010-16 | **Ramon y Cajal J. M.** | **Spain** |
| **P 13-8** | The implementation of HPV based screening in Australia: sustainable workforce implications | **Williams V.** | **Australia** |
| **P 13-9** | Is a three-year cytological screening cervical cancer safe and is it important for possible early treatment of premalignant intraepithelial lesions? | **Živadinovic R.** | **Serbia** |
| **P 13-10** | Compare Two Different Usages of the FRD™ for Detecting High Grade Cervical Lesions and Invasive Cancer | **Li D.** | **China** |
| **P 13-11** | The Significance of the Epithelium Staining Applicator in Cervical Staining with the FRD™ | **Li D.** | **China** |
| **P 13-12** | The diagnostic value of lugol solution, acetic acid, and Pap smear compared to biopsy regarding premalignant and malignant cervical lesions diagnosis in patients in need of colposcopy | **Karimi-Zachi M.** | **Iran** |

## P14 LIQUID BASED CYTOLOGY

| | | | |
|---|---|---|---|
| **P 14-1** | HPV analysis improves the PPV of Atypical Glandular Cells | **Norman I.** | **Sweden** |

## P 16 METHYLATION

| | | | |
|---|---|---|---|
| **P 16-1** | Evaluation of a host DNA methylation panel in a high HPV prevalence cohort | **Sousa C.** | **Portugal** |
| **P 16-2** | Biological risk factors associated with methylation positive and negative high-grade cervical lesions – clinical study | **Cerna K.** | **Czech Republic** |

## P17 MICROBIOME

| | | | |
|---|---|---|---|
| **P 17-1** | The interaction between HPV infection and bacterial microbiota in placenta, cervix and oral mucosa | **Tuominen H.** | **Finland** |
| **P 17-2** | Vaginal microbiota and PAP smear | **Virtanen A.** | **Finland** |

## P18 SEROLOGY

| | | | |
|---|---|---|---|
| P 18-1 | Development and validation of an optimized HPV competitive Luminex immunoassay (9-PLEX) and HPV IgG antibody detection Luminex immunoassay (9-PLEX) supporting clinical serology testing for Gardasil-9 | **Nolan K.** | **USA** |

## P19 NEW TECHNOLOGIES

| | | | |
|---|---|---|---|
| **P 19-1** | A new generation of validity testing for oncoprotein-based cervical cancer screening | **Reichhuber C.** | **Germany** |
| **P 19-2** | Establishment of three-dimensional organotypic raft cultures closely mimicking HPV-transformed cervical lesions in an epithelial context | **Koehler R.** | **USA** |

## P 20 DIAGNOSTIC PROCEDURES / MANAGEMENT

| | | | |
|---|---|---|---|
| **P 20-1** | Retrospective study of sensitivity, specificity, positive predictive value of cytology in liquid medium, HPV DNA test and genotyping for HPV16, in different cervical cancer screening scenes | **Queipo Gutierrez F. J.** | **Spain** |
| **P 20-2** | Conization using electrosurgical conization with cold coagulation for cervical intraepithelial neoplasia: a feasible treatment with a low risk of residual disease | **Kim S.-Y.** | **Korea** |
| **P 20-3** | Evaluation and correlation of primary histopathological diagnosis of targeted biopsy till the final histopathological diagnosis following diagnostic and therapeutic process of leep conization | **Pruski D.** | **Poland** |
| **P 20-4** | What's behind LSILs? | **Rodrigues C.** | **Portugal** |
| **P 20-5** | Cytological changes in women under 25 years | **Rodrigues C.** | **Portugal** |

## P 21 COLPOSCOPY

| | | | |
|---|---|---|---|
| **P 21-1** | Colposcopy Evaluation at the Time of LEEP May Avoid Unnecessary Treatment | **Munmany M.** | **Spain** |
| **P 21-2** | Improving clinical practice: the European Federation of Colposcopy quality standards in a colposcopy clinic | **Kind A.** | **Switzerland** |

## P22 CERVICAL NEOPLASIA

| | | | |
|---|---|---|---|
| **P 22-1** | A comparison of loop electrosurgical excision procedure using a ring-shaped loop versus a right-angled triangular loop | **Kim J. E.** | **Korea** |
| **P 22-2** | Post-Coital Bleeding (PCB) as a Predictor for Cervical Pathology : A cross Sectional Study | **Agizim R.** | **Israel** |
| **P 22-3** | Progression of cervical intraepithelial neoplasia in pregnancy | **Grimm D.** | **Germany** |
| **P 22-4** | Association between vaginal microbiome, high risk HPV profile, HPV E6/E7 RNA expression and severity of cervical precancerous lesions | **Jermakova I.** | **Latvia** |
| **P 22-5** | The discovery of a antitumor activity of the alkaloid Erythralin: induction of apoptosis in SiHa cells by arresting the cell cycle at the G2-M phase | **Crispim J.** | **Brazil** |
| **P 22-6** | Citotoxic and pro apoptotic activities of Croton blanchetianus in human cervical cancer HeLa and SiHa cells | **Crispim J.** | **Brazil** |

## P 24 VULVAR DISEASES AND NEOPLASIA

| | | | |
|---|---|---|---|
| **P 24-1** | Vulvar intraepithelial neoplasia-HPV induced pathology? | **Mitran M.** | **Romania** |
| **P 24-2** | Etiological role of human papillomavirus infection in the development of penile cancer | **Sakamoto J.** | **Japan** |

## P 25 ANAL NEOPLASIA

| | | | |
|---|---|---|---|
| **P 25-1** | Factors associated with abnormal anal cytology or HR-HPV anal infection among HIV positive MSM | **Rob F.** | **Czech Republic** |
| **P 25-2** | HPV genotyping and E6/E7 HPV mRNA expression analyses in anal cytology samples for prevention of HPV-related anal cancer. | **Carozzi F.** | **Italy** |
| **P 25-3** | Anal intraepithelial neoplasia (AIN) and anal squamous cell carcinoma (SCC) in a large urban cohort of HIV-positive individuals living in the United Kingdom: a retrospective data analysis | **Vera J.** | **UK** |
| **P 25-4** | Human papillomavirus (HPV) and the prognosis of Brazilian patients with anal carcinoma | **Saddi V.** | **Brazil** |

## P 26 ORAL HPV INFECTION

| | | | |
|---|---|---|---|
| **P 26-1** | HPV detection in oral cavity of asymptomatic people from North Argentina | **Deluca G.** | **Argentina** |
| **P 26-2** | Prevalence of HPV-16 and 18 in patients with oral leukoplakia: a preliminary molecular and immunohistochemical study from a Brazilian cohort | **Miyahara G. I.** | **Brazil** |
| **P 26-3** | DNA damage response as tumor selective radiosensitization strategy for HPV positive and negative head and neck cancers | **Dok R.** | **Belgium** |

## P27 HPV AND OROPHARYNX / HEAD AND NECK CANCER

| | | | |
|---|---|---|---|
| **P 27-1** | DNA damage response as tumor selective radiosensitization strategy for HPV positive and negative head and neck cancers | **Dok R.** | **Belgium** |
| **P 27-2** | Prevalence and impact on survival of HPV and P16 in oropharyngeal cancer other than tonsil or base of tongue cancer | **Marklund L.** | **Sweden** |
| **P 27-3** | Comparison of Anyplex II HPV 28 and SPF10/DEIA/LiPA25 in FFPE oropharyngeal cancer samples | **Pavón Miquel A.** | **Spain** |
| **P 27-4** | The prevalence of HPV in head and neck squamous cell cancer tissues of patients from South-Central Poland | **Janecka-Widla A.** | **Poland** |
| **P 27-5** | Histological subtype of squamous cell carcinoma of head and neck and the presence of HPV assessed by th immunoxession of P16 | **Collaco Luiz M.** | **Brazil** |
| **P 27-6** | TP53 and the association to Afatinib response in HNSCC cell lines | **Arantes Lidia M.** | **Brazil** |
| **P 27-7** | The role of p16 in the metastasis process of human papillomavirus positive head and neck cancers | **Glorieux M.** | **Belgium** |
| **P 27-8** | Human papillomavirus DNA detection in fine-needle aspirates as indicator of human papillomavirus-positive oropharyngeal squamous cell carcinoma: a prospective study | **Sivars L.** | **Sweden** |
| **P 27-9** | The couple management of HPV infection | **Puia S.** | **Romania** |
| **P 27-10** | Expressed HPV integration events in head and neck cancer: where they occur and their effects on survival and molecular signatures | **Sartor M.** | **USA** |
| **P 27-11** | The prognostic utility of HPV specific testing in addition to p16 immunohistochemistry in oropharyngeal carcinoma. | **Thavaraj S.** | **UK** |
| **P 27-12** | Frequency and clinical outcome of HPV-driven oropharyngeal carcinoma in North-East Italy | **Del Mistro A.** | **Italy** |
| **P 27-13** | Prevalence of HPV in branchial cleft cysts and the use of HPV in diagnosis of cystic lesions of the neck | **Landin D.** | **Sweden** |

## P 28 HPV AND ASSOCIATED SKIN DISEASES

| | | | |
|---|---|---|---|
| **P 28-1** | E6 proteins of alpha and beta cutaneous HPV types differ in their ability to potentiate Wnt signaling | **Sherman L.** | **Israel** |

## P 29 GENITAL WARTS

| | | | |
|---|---|---|---|
| **P 29-1** | Low vaccine coverage but near extinction of HPV 6 and genital warts in young women in Wolfsburg, Germany | **Denecke, A.** | **Germany** |

## P 30 SEXUALLY TRANSMITTED DISEASES AND HIV INFECTION

| | | | |
|---|---|---|---|
| **P 30-1** | Accurate and specific detection of 13 genotypes associated with sexually transmitted disease by PNA mediated real time PCR | **Jeong E.** | **Korea** |
| **P 30-2** | HPV infection among HIV-positive men: A four year revised experience of a diagnosis Laboratory. | **Albuquerque A.** | **Portugal** |

## P 32 ECONOMICS AND MODELLING

| | | | |
|---|---|---|---|
| **P 32-1** | Estimating the epidemiological impact and cost effectiveness of the new nonavalent HPV vaccine in Spain | **López N.** | **Spain** |
| **P 32-2** | Gardasil 9: accelerated reduction in the incidence and costs of HPV-related precancerous lesions and cancers | **Olsen J.** | **Denmark** |
| **P 32-3** | Cost-effectiveness of cervical cancer screening in Europe- a systematic review with specific interest on risk-adapted strategies | **Sroczynski G.** | **Austria** |

## P 34 HEALTH EDUCATION

| | | | |
|---|---|---|---|
| **P 34-1** | A survey of HPV knowledge and attitudes toward HPV vaccination among the middle school students and their parents in China | **Feng Xiang X.** | **China** |
| **P 34-2** | HPV- What do they know: evaluation of medicine students and health professionals- Valença- Rio de Janeiro/ Brazil | **Silveira F.** | **Brazil** |

## P 36 PUBLIC HEALTH

| | | | |
|---|---|---|---|
| **P 36-1** | Well-Child Visits and HPV Vaccination in Preteenagers Aged 11-12 Years during 2007-2015 in the United States | **Kothari S.** | **USA** |
| **P 36-2** | Acceptability and short-term effects of an HPV vaccination intervention for young gay and bisexual men in the United States | **Reiter P.** | **USA** |
| **P 36-3** | Digital Interventions to Improve HPV Vaccine Uptake | **Woodall W.** | **USA** |
| **P 36-4** | Croatian pathway in implementing HPV vaccination (2007.-2017.) | **Ferencic Vrban N.** | **Croatia** |
| **P 36-5** | HPV prevalence and associated risk factors in women with cervical pre-cancer and cancer in Switzerland at the beginning of the cantonal vaccination programmes: The CIN3+plus study | **Spaar A.** | **Switzerland** |
| **P 36-6** | HPV vaccine acceptability for daughters among at-risk women in Brazil | **Musselwhite L.** | **USA** |
| **P 36-7** | Stratifying a screening population into risk categories-personalising a cervical cancer screening programme | **Baltzer N.** | **Sweden** |

| | | | |
|---|---|---|---|
| Aggarwal C. | USA | SS 4-6 | 36 |
| Aitken C. | Netherlands | FC 18-4 | 52 |
| Alemany L. | Spain | HN 2-2 | 26 |
| Alemany L. | Spain | HN 9-2 | 30 |
| Anderson K. | USA | HN 8-2 | 29 |
| Andersson S. | Sweden | FC 20-2 | 57 |
| Andrews J. | USA | FC 21-5 | 57 |
| Andrews N. | UK | SS 11-1 | 49 |
| Anttila A. | Finland | W 3-1 | 23 |
| Anttila A. | Finland | W 3-2 | 23 |
| Arbyn M. | Belgium | CS 2-4 | 33 |
| Arbyn M. | Belgium | LW 3-3 | 59 |
| Arbyn M. | Belgium | SS 1-1 | 32 |
| Arbyn M. | Belgium | SS 14-8 | 54 |
| Arbyn M. | Belgium | CS 1-1 | 33 |
| Arbyn M. | Belgium | CS 7-2 | 53 |
| Artemchuk H. | Sweden | SS 18-4 | 56 |
| Athwal A. | India | FC 14-8 | 50 |
| Austin M. | USA | MSS 3-3 | 35 |
| Austin M. | USA | CS 1-1 | 33 |
| Babion I. | Netherlands | FC 16-6 | 50 |
| Badoual C. | France | HN 7-5 | 29 |
| Barré S. | France | CS 2-5 | 33 |
| Barré S. | France | W 5-2 | 38 |
| Baussano I. | France | MSS 1-3 | 31 |
| Baussano I. | France SS | 14-4 | 54 |
| Baussano I. | France SS | 15-5 | 55 |
| Bekkers R. | Netherlands | CS 6-4 | 46 |
| Bekkers R. | Netherlands | SS 13-5 | 54 |
| Benczik M. | Hungary | FC 12-8 | 45 |
| Bennett P. | UK | CS 4-6 | 42 |
| Benson M. | USA | HN 3-3 | 27 |
| Bergengren L. | Sweden | FC 17-8 | 51 |
| Berkhof H. | Netherlands | HN 9-3 | 30 |
| Berkhof H. | Netherlands | LW 2-4 | 59 |
| Berkhof H. | Netherlands | MSS 1-6 | 31 |
| Berkhof H. | Netherlands | MSS 2-3 | 31 |
| Berkhof H. | Netherlands | SS 8-1 | 48 |
| Bersani C. | Sweden | HN 3-7 | 27 |
| Bhuyan P. | USA | W 4-3 | 22 |
| Bleeker M. | Netherlands | LW 4-2 | 59 |
| Bicho M. | Portugal | FC 19-10 | 52 |
| Bicho M. C. | Portugal | W 7-6 | 60 |
| Bicho M. C. | Portugal | W 7-9 | 60 |
| Blanc C. | France | HN 7-4 | 29 |
| Bogaards J. | Netherlands | SS 12-6 | 49 |
| Bogani G. | Italy | FC 7-3 | 40 |
| Bogers J.P. | Belgium | FC 11-10 | 44 |
| Bogers J.P. | Belgium | CS 1-1 | 33 |
| Boland J. | USA | FC 16-4 | 50 |
| Bonde J. | Denmark | CS 3-2 | 42 |
| Bonde J. | Denmark | FC 12-3 | 45 |
| Bonde J. | Denmark | SS 1-3 | 32 |
| Bornstein J. | Israel | SS 6-9 | 43 |
| Bornstein J. | Israel | W 4-1 | 22 |
| Bosch X. | España | W 6-6 | 60 |
| Bosch X. | Spain | MSS 5-7 | 41 |
| Bosch X. | Spain | SS 13-2 | 54 |
| Bosch X. | Spain | SS 14-2 | 54 |
| Bosch X. | Spain | SS 15-1 | 55 |
| Bosch X. | Spain | W 6-4 | 60 |
| Brakenhoff R. | Netherlands | HN 1-4 | 26 |
| Brakenhoff R. | Netherlands | HN 4-8 | 27 |
| Brewer N.T. | USA | FC 7-2 | 40 |
| Brewer N.T. | USA | FC 20-1 | 57 |
| Brisson M. | Canada | SS 12-3 | 49 |
| Bruce M. | USA | SS 18-3 | 56 |
| Buchinsky F. | USA | HN 10-3 | 30 |
| Burger E. | USA | SS 16-3 | 55 |
| Bussmann H. | Germany | FC 21-2 | 57 |
| Campisi P. | Canada | HN 10-1 | 30 |
| Canfell K. | Australia | CS 2-9 | 33 |
| Canfell K. | Australia | MSS 3-6 | 35 |
| Canfell K. | Australia | SS 8-2 | 48 |
| Canfell K. | Australia | SS 12-4 | 49 |
| Canfell K. | Australia | SS 15-6 | 55 |
| Canfell K. | Australia | SS 16-7 | 55 |
| Cantón J.C. | Mexico | W 6-8 | 60 |
| Cantón J.C. | Mexico | W 6-12 | 60 |
| Carlander A.L. | Denmark | HN 3-8 | 27 |
| Carlevan M. | France | HN 6-8 | 28 |
| Carozzi F. | Italy | FC 5-3 | 34 |
| Carozzi F. | Italy | FC 5-4 | 34 |
| Carozzi F. | Italy | FC 8-1 | 40 |
| Carozzi F. | Italy | MSS 4-4 | 35 |
| Carozzi F. | Italy | SS 4-8 | 36 |
| Carozzi F. | Italy | SS 15-4 | 55 |
| Cashat M. | Mexico | FC 6-7 | 34 |
| Chargin A. | USA | FC 16-7 | 50 |
| Checchi M. | UK | FC 6-6 | 34 |
| Chen W. | China | FC 2-6 | 24 |
| Chen L. | China | FC 18-5 | 52 |
| Chow E.P.F | Australia | FC 14-3 | 50 |
| Clarke M. | USA | FC 12-7 | 45 |
| Clavel C. | France | W 5-7 | 39 |
| Clifford G. | France | MTC 3-4 | 19 |
| Clifford G. | France | SS 3-1 | 36 |
| Clifford G. | France | CS 8-3 | 53 |
| Cobo V. | Spain | FC 20-5 | 57 |
| Coldman A. | Canada | FC 11-3 | 44 |
| Combes J.D. | France | HN 2-4 | 26 |
| Combita Rojas A.L. | Colombia | FC 7-5 | 40 |
| Corcoran B. | Ireland | SS 11-3 | 49 |
| Cornall A. | Australia | FC 23-7 | 58 |
| Cornall A. | Australia | SS 15-3 | 55 |
| Costa A.P. | Brazil | FC 9-4 | 43 |
| Cruickshank M. | UK | CS 6-2 | 46 |
| Cubie H. | UK | FC 2-1 | 24 |
| Cubie H. | UK | MSS 3-5 | 35 |
| Cuschieri K. | UK | FC 12-2 | 45 |
| Cuschieri K. | UK | SS 8-3 | 48 |
| Cuzick J. | UK | FC 5-2 | 34 |
| Cuzick J. | UK | MSS 3-4 | 35 |
| Da Costa Silva Neto J. | Brazil | SS 5-7 | 37 |
| Dalianis T. | Sweden | HN 5-5 | 28 |
| Damsted-Petersen C. | Denmark | W 4-7 | 23 |
| Dannecker C. | Germany | FC 3-9 | 25 |
| Das R. | USA | SS 6-4 | 43 |
| De Carvalho Peters A.C. | Brazil | SS 5-2 | 37 |
| De Gruijl T. | Netherlands | SS 3-2 | 36 |
| De Kok I. | Netherlands | SS 7-6 | 47 |
| De Kok I. | Netherlands | W 3-4 | 23 |
| De Kok I. | Netherlands | FC 17-7 | 51 |
| Del Pino M. | Spain | FC 4-5 | 25 |
| De Melker H. | Netherlands | LW 2-2 | 59 |
| De Melker H. | Netherlands | SS 11-7 | 49 |
| Denecke A. | Germany | FC 17-4 | 51 |
| Depuydt C. | Belgium | LW 1-3 | 59 |
| Derkay C. | USA | HN 10-2 | 30 |
| Derkay C. | USA | SS 13-4 | 54 |
| De Sanjosé S. | Spain | FC 6-1 | 34 |
| De Sanjose S. | Spain | FC 18-1 | 52 |
| De Sanjosé S. | Spain | SS 15-2 | 55 |
| De Sanjosé S. | Spain | SS 17-2 | 56 |
| De Waure C. | Italy | FC 9-3 | 43 |
| Dillner J. | Sweden | MSS 1-5 | 31 |
| Dillner J. | Sweden | MSS 2-2 | 31 |
| Dillner J. | Sweden | MSS 7-6 | 47 |
| Dillner J. | Sweden | MTC 2-6 | 18 |
| Donders G. | Belgium | LW 2-3 | 59 |
| Donders G. | Belgium | W 4-5 | 23 |
| Donken R. | Netherlands | FC 9-6 | 43 |
| Doorbar J. | UK | MTC 1-4 | 18 |
| Drolet M. | Canada | SS 12-1 | 49 |
| D'Souza A. | USA | CS 5-3 | 46 |
| D'Souza A. | USA | HN 5-9 | 28 |
| D'Souza A. | USA | MTC 1-3 | 18 |
| D'Souza A. | USA | SS 3-4 | 36 |
| Ducancelle A. | France | FC 20-7 | 57 |
| Dull P. | USA | MTC 3-3 | 19 |
| Durand N. | Canada | FC 14-2 | 50 |
| Einstein M. | USA | CS 6-5 | 46 |
| Einstein M. | USA | SS 3-5 | 36 |
| Ejegod D.M. | Denmark | CS 3-6 | 42 |
| Ejegod D.M. | Denmark | FC 8-2 | 40 |
| Eklund C. | Sweden | FC 5-7 | 34 |
| Elfström M. | Sweden | CS 2-6 | 33 |
| Elfström M. | Sweden | CS 3-3 | 42 |
| Elfström M. | Sweden | FC 8-3 | 40 |
| Elfström M. | Sweden | SS 14-5 | 54 |
| Elfström M. | Sweden | W 3-3 | 23 |
| Elfgren K. | Sweden | FC 18-2 | 52 |
| El-Zein M. | Canada | FC 11-8 | 44 |
| Engesæter B. | Norway | FC 11-4 | 44 |
| Escobar-Hoyos L. | USA | FC 16-9 | 50 |
| Fabri V. | Belgium | FC 21-8 | 57 |
| Fakhry C. | USA | HN 2-1 | 26 |
| Fakhry C. | USA | HN 5-3 | 28 |
| Fakhry C. | USA | HN 5-8 | 28 |
| Fakhry C. | USA | HN 8-6 | 29 |
| Fakhry C. | USA | HN 9-5 | 30 |
| Faust H. | Sweden | SS 18-5 | 56 |
| Floore A. | Netherlands | FC 12-1 | 45 |
| Forslund O. | Sweden | FC 5-8 | 34 |
| Franceschi S. | France | CS 3-5 | 42 |
| Franceschi S. | France | HN 2-3 | 26 |
| Franceschi S. | France | MSS 5-1 | 41 |
| Franceschi S. | France | MTC 1-1 | 18 |
| Franceschi S. | France | MTC 3-1 | 19 |
| Franceschi S. | France | SS 12-2 | 49 |
| Franco E. | Canada | CS 2-10 | 33 |
| Franco E. | Canada | CS 5-5 | 46 |
| Franco E. | Canada | MSS 4-1 | 35 |
| Franco E. | Canada | MTC 2-2 | 18 |
| Franco E. | Canada | W 2-2 | 22 |
| Fedrizzi E. | | W 7-10 | 60 |
| Ganss L. | Germany | FC 22-3 | 58 |
| Garnett G. | USA | MSS 1-1 | 31 |
| Gilberg S. | France | W 5-3 | 38 |
| Gilham C. | UK | FC 11-2 | 44 |
| Gillison M. | USA | HN 2-1 | 26 |
| Ginindza T. | South Africa | FC 13-11 | 45 |
| Giorgi Rossi P. | Italy | CS 2-3 | 33 |
| Giorgi Rossi P. | Italy | FC 16-1 | 50 |
| Giorgi Rossi P. | Italy | MSS 2-6 | 31 |
| Giraldo P. | | W 7-7 | 60 |
| Giuliano A. | USA | HN 3-4 | 27 |
| Giuliano A. | USA | FC 9-5 | 43 |
| Giuliano A. | USA | MSS 1-2 | 31 |
| Giuliano A. | USA | MTC 1-2 | 18 |
| Giuliano A. | USA | SS 6-1 | 43 |
| Godfrey M. | UK | FC 18-7 | 52 |
| Goncalves A.K. | Brazil | FC 7-1 | 40 |
| Goodman M. | USA | CS 5-1 | 46 |
| Goodman M. | USA | SS 3-3 | 36 |
| Götz C. | Germany | HN 4-2 | 27 |
| Götz C. | Germany | HN 4-4 | 27 |
| Grandahl M. | Sweden | FC 14-6 | 50 |
| Gravitt P. | USA | MSS 5-3 | 41 |
| Gravitt P. | USA | SS 9-1 | 48 |
| Guleria C. | India | SS 18-7 | 56 |
| Gultekin M. | Turkey | CS 2-12 | 33 |
| Haeggblom L. | Sweden | HN 3-2 | 27 |
| Haelens A. | Belgium | FC 1-4 | 24 |
| Hamers F. | France | W 5-1 | 38 |
| Hammer A. | Denmark | FC 1-2 | 24 |
| Hanley S. | Japan | SS 2-4 | 32 |
| Hanley S. | Japan | SS 11-5 | 49 |
| Hansen B.T. | Norway | FC 6-3 | 34 |
| Hansen M. | Norway | HN 3-1 | 27 |
| Hartwig S. | France | FC 6-5 | 34 |
| Heideman D. | Netherlands | CS 3-1 | 42 |
| Heideman D. | Netherlands | LW 3-4 | 59 |
| Hillemanns P. | Germany | CS 2-8 | 33 |
| Hillemanns P. | Germany | MSS 4-3 | 35 |
| Hillman R. | Australia | SS 10-3 | 49 |
| Hillman R. | Australia | SS 17-4 | 56 |
| Hinten F. | Netherlands | FC 3-1 | 25 |
| Hoexbroe Michaelsen S. | Denmark | HN 6-12 | 28 |
| Hoffmann M. | Germany | HN 6-6 | 28 |
| Hortlund M. | Sweden | FC 1-5 | 24 |
| Hosnjak L. | Slovenia | FC 10-8 | 44 |
| Hubby B. | USA | SS 4-5 | 36 |
| Hultin E. | Sweden | SS 5-5 | 37 |
| Hutse V. | Belgium | FC 19-9 | 52 |
| Iftner T. | Germany | SS 1-4 | 32 |
| Ikenberg H. | Germany | FC 1-7 | 24 |
| Ito M. | Japan | FC 8-8 | 40 |
| Iversen O.E. | Norway | SS 6-3 | 43 |
| Jacquet A. | France | FC 22-1 | 58 |
| Jansen E. | Netherlands | FC 13-6 | 45 |
| Jede F. | Germany | FC 21-3 | 57 |
| Jenkins D. | UK | MSS 6-3 | 41 |
| Jiang M. | China | FC 10-2 | 44 |
| Jit M. | UK | MSS 2-5 | 31 |
| Jit M. | UK | SS 12-5 | 49 |
| Jonckheere J. | Belgium | FC 6-8 | 34 |
| Jordanova K. | Netherlands | LW 1-2 | 59 |
| Jordanova K. | Netherlands | MSS 5-5 | 41 |
| Jordanova E. | Netherlands | SS 18-1 | 56 |
| Joura E. | Austria | MSS 1-7 | 31 |
| Joura E. | Austria | MTC 2-5 | 18 |
| Joura E. | Austria | SS 6-6 | 43 |
| Joura E. | Austria | SS 13-1 | 54 |
| Joura E. | Austria | W 2-3 | 22 |
| Kaliff M. | Sweden | FC 4-2 | 25 |
| Kalliala I. | UK | CS 4-3 | 42 |
| Karafillakis E. | UK | W 2-7 | 22 |
| Karafillakis E. | UK | W 5-4 | 39 |
| Kaufmann A. | Germany | FC 2-4 | 24 |
| Kellen E. | Belgium | FC 21-9 | 57 |
| Kellen E. | Belgium | LW 3-2 | 59 |
| Kelly H. | UK | FC 12-9 | 45 |
| Kenter G. | Netherlands | MTC 1-5 | 18 |
| Khan A. | UK | W 1-1 | 20 |
| Khan A. | UK | W 1-4 | 21 |
| Khan A. | UK | W 1-5 | 21 |
| Kim J. | USA | CS 2-1 | 33 |
| Kim J. | USA | SS 8-4 | 48 |
| Kim J. | USA | SS 16-1 | 55 |
| Kim J. | USA | SS 16-6 | 55 |
| King A. | Netherlands | FC 19-4 | 52 |
| Kinney W. | USA | CS 6-3 | 46 |
| Kinney W. | USA | CS 1-1 | 33 |
| Kjaer S. | Denmark | SS 6-2 | 43 |
| Kleeman M. | UK | FC 12-4 | 45 |
| Klug S. | Germany | FC 19-1 | 52 |
| Kodsi S. | USA | FC 18-11 | 52 |
| Kothari S. | USA | SS 17-5 | 56 |
| Kreimer A. | USA | HN 8-3 | 29 |
| Kreimer A. | USA | HN 9-1 | 30 |
| Kremer W. | Netherlands | FC 12-6 | 45 |
| Kuhn L. | USA | FC 8-9 | 40 |
| Kurokawa T. | Japan | FC 21-1 | 57 |
| Kyrgiou M. | UK | CS 4-1 | 42 |
| Kyrgiou M. | UK | SS 9-3 | 48 |
| Lacobone A.D. | Italy | FC 3-4 | 25 |
| Lagheden C. | Sweden | FC 19-5 | 52 |
| Lamaroon A. | Thailand | HN 3-6 | 27 |
| Lang Kuhs K.A | USA | HN 8-5 | 29 |
| Laprise J.F. | Canada | FC 13-7 | 45 |
| Launay O. | France | W 5-7 | 39 |
| Lawton B. | New Zealand | FC 20-9 | 57 |
| Leeman A. | Netherlands | FC 23-8 | 58 |
| Lehtinen M. | Finland | MSS 1-4 | 31 |
| Lehtinen M. | Finland | SS 14-1 | 54 |
| Lehtinen M. | Sweden | MSS 7-2 | 47 |

## Speakers Index


| | | | |
|---|---|---|---|
| Lei J. | Sweden | FC 4-3 | 25 |
| Leinonen M.K. | Norway | FC 8-6 | 40 |
| Levi J.E. | Brazil | FC 18-6 | 52 |
| Liang L. | Germany | FC 3-6 | 25 |
| Li L. | China | FC 6-10 | 34 |
| Limwatanapan N. | Thailand | FC 18-10 | 52 |
| Litwin T. | USA | FC 22-6 | 58 |
| Lorincz A. | UK | MSS 6-1 | 41 |
| Louvanto K. | Finland | FC 17-6 | 51 |
| Lúa-Alvarado R. | Mexico | W 6-1 | 60 |
| Lúa-Alvarado R. | Mexico | W 6-5 | 60 |
| Luxembourg A. | USA | FC 9-2 | 43 |
| Luyten A. | Germany | FC 17-5 | 51 |
| Magnan S. | Canada | SS 4-3 | 36 |
| Malagón T. | Canada | SS 17-6 | 56 |
| Manoli N. | India | FC 2-3 | 24 |
| Markowitz L. | USA | SS 11-2 | 49 |
| Marra E. | Netherlands | FC 23-2 | 58 |
| Martinelli D. | Italy | FC 7-10 | 40 |
| Martinelli M. | Italy | FC 20-12 | 57 |
| Martin-Hirsch P. | UK | CS 4-2 | 42 |
| Matos A. | Portugal | FC 16-10 | 50 |
| Matthijsse S. | Netherlands | FC 13-10 | 45 |
| Matthijsse S. | Netherlands | SS 16-5 | 55 |
| Mayrand M.H. | Canada | FC 7-4 | 40 |
| Mazurec M. | Poland | FC 16-3 | 50 |
| Mccloskey J. | Australia | FC 23-6 | 58 |
| Medeiros R. | Portugal | W 7-1 | 60 |
| Medeiros R. | Portugal | W 7-4 | 60 |
| Mehra R. | USA | HN 7-1 | 29 |
| Meijer C. | Netherlands | LW 3-5 | 59 |
| Meijer C. | Netherlands | MSS 6-6 | 41 |
| Meijer C. | Netherlands | MTC 2-1 | 18 |
| Meites E. | USA | HN 6-9 | 28 |
| Meites E. | USA | HN 10-5 | 30 |
| Melief K. | Netherlands | HN 1-5 | 26 |
| Melief K. | Netherlands | SS 4-2 | 36 |
| Melief K. | Netherlands | SS 4-1 | 36 |
| Mesher D. | UK | MSS 7-5 | 47 |
| Meyerson B. | USA | FC 14-5 | 50 |
| Meyerson B. | USA | SS 2-3 | 32 |
| Mints M. | Sweden | HN 3-10 | 27 |
| Mirabello L. | USA | MSS 5-4 | 41 |
| Mirabello L. | USA | MSS 6-4 | 41 |
| Mirabello L. | USA | MTC 4-2 | 19 |
| Mirghani H. | France | HN 4-5 | 27 |
| Mirghani H. | France | HN 6-4 | 28 |
| Mitra A. | UK | CS 4-5 | 42 |
| Mitra A. | UK | SS 9-4 | 48 |
| Mølbak K. | Denmark | SS 11-4 | 49 |
| Money D. | Canada | FC 9-1 | 43 |
| Morais E. | USA | FC 13-5 | 45 |
| Moreno-Acosta P.M.A. | Colombia | FC 22-2 | 58 |
| Moscicki A.B. | USA | SS 9-2 | 48 |
| Moscicki A.B. | USA | SS 13-7 | 54 |
| Moscicki A.B. | USA | CS 8-2 | 53 |
| Moshiri F. | Iran | FC 21-10 | 57 |
| Nathan M. | UK | SS 10-4 | 49 |
| Naud P. | Brazil | W 7-8 | 60 |
| Nedjai B. | UK | FC 12-14 | 45 |
| Ness A. | UK | HN 8-4 | 29 |
| Nicol A.F. | Brazil | FC 20-10 | 57 |
| Nieminen P. | Finland | CS 6-1 | 46 |
| Nordqvist Kleppe S. | Sweden | FC 1-9 | 24 |
| Nygard M. | Norway | SS 6-7 | 43 |
| Nygård M. | Norway | FC 11-1 | 44 |
| Nyitray A. | USA | CS 5-2 | 46 |
| Nyitray A. | USA | CS 8-1 | 53 |
| Obermueller T. | Germany | FC 23-1 | 58 |
| Ó Céilleachair A. | Ireland | FC 13-8 | 45 |
| Oliveira C. | Brazil | FC 20-8 | 57 |
| Olsson S.E. | Sweden | SS 6-8 | 43 |
| Oncins R. | Spain | FC 3-7 | 25 |
| Orang'o E.O. | Kenya | FC 2-7 | 24 |
| Osazuwa-Peters N. | USA | HN 6-1 | 28 |
| Ostrbenk A. | Slovenia | FC 12-12 | 45 |
| Paavonen J. | Finland | MSS 2-4 | 31 |
| Paavonen J. | Finland | W 4-8 | 23 |
| Page K. | New Zealand | FC 14-7 | 50 |
| Pai S. | USA | HN 5-7 | 28 |
| Palefsky J. | USA | SS 3-6 | 36 |
| Palefsky J. | USA | SS 6-5 | 43 |
| Palefsky J. | USA | SS 10-5 | 49 |
| Palefsky J. | USA | SS 13-6 | 54 |
| Palefsky J. | USA | W 4-2 | 22 |
| Palefsky J. | USA | CS 8-5 | 53 |
| Palmer T. | UK | FC 7-6 | 40 |
| Pankakoski M. | Finland | FC 1-3 | 24 |
| Pappa K. | Greece | FC 22-5 | 58 |
| Paraskevaidis E. | Greece | CS 4-4 | 42 |
| Paraskevaidis E. | Greece | CS 7-5 | 53 |
| Partanen V.M. | Finland | FC 1-6 | 24 |
| Passos M. | Brazil | W 7-5 | 60 |
| Patel H. | UK | FC 21-4 | 57 |
| Patterson B. | USA | FC 22-4 | 58 |
| Pattyn J. | Belgium | FC 10-1 | 44 |
| Payan C. | France | FC 20-6 | 57 |
| Pedersen H. | Denmark | FC 8-7 | 40 |
| Pedersen K. | Norway | FC 6-9 | 34 |
| Peto J. | UK | FC 4-1 | 25 |
| Pimple S. | India | FC 17-11 | 51 |
| Poljak M. | Slovenia | MSS 4-5 | 35 |
| Poljak M. | Slovenia | SS 1-2 | 32 |
| Poljak M. | Slovenia | SS 5-3 | 37 |
| Pollock K. | UK | FC 23-5 | 58 |
| Pollock K. | UK | MSS 7-1 | 47 |
| Polman N.J. | Netherlands | FC 17-3 | 51 |
| Polman N.J. | Netherlands | SS 14-3 | 54 |
| Poynten I.M. | Australia | FC 23-4 | 58 |
| Pransky S. | USA | HN 10-6 | 30 |
| Prieske K. | Germany | FC 3-10 | 25 |
| Prigge E.S. | Germany | SS 4-4 | 36 |
| Psyrri A. | USA | HN 4-3 | 27 |
| Psyrri A. | USA | HN 5-2 | 28 |
| Qendri V. | Netherlands | FC 13-2 | 45 |
| Qendri V. | Netherlands | SS 13-3 | 54 |
| Quabius E.S. | Germany | FC 3-2 | 25 |
| Queipo Gutierrez F.J. | Spain | FC 18-9 | 52 |
| Quint W. | Netherlands | SS 1-5 | 32 |
| Quon H. | USA | HN 5-4 | 28 |
| Rajendra S. | Australia | SS 5-4 | 37 |
| Rautava J. | Finland | HN 4-7 | 27 |
| Rautava J. | Finland | SS 9-5 | 48 |
| Rebolj M. | UK | CS 2-7 | 33 |
| Redzic N. | Belgium | SS 5-6 | 37 |
| Restrepo A.M. | Switzerland | MTC 3-2 | 19 |
| Rettig E. | USA | HN 1-2 | 26 |
| Reuter C. | UK | FC 16-5 | 50 |
| Rezhake R. | China | FC 10-9 | 44 |
| Rieckmann T. | Germany | HN 6-3 | 28 |
| Ronco G. | Italy | MSS 2-1 | 31 |
| Ronco G. | Italy | MSS 3-2 | 35 |
| Ronco G. | Italy | SS 14-7 | 54 |
| Ronco G. | Italy | W 3-5 | 23 |
| Ronco G. | Italy | CS 1-1 | 33 |
| Rosin M. | Canada | HN 3-5 | 27 |
| Rumaniek B. | Australia | HN 6-7 | 28 |
| Ryser M. | Belgium | FC 9-8 | 43 |
| Saah A. | USA | FC 9-7 | 43 |
| Said Al-Fattal A.H. | Denmark | FC 10-3 | 44 |
| Sammy Y. | Switzerland | FC 18-3 | 52 |
| Santegoets S. | Netherlands | SS 18-2 | 56 |
| Santos F. | Portugal | FC 18-8 | 52 |
| Sartor M. | USA | HN 6-5 | 28 |
| Sasieni P. | UK | CS 1-1 | 33 |
| Schim van der Loeff M. | Netherlands | LW 4-1 | 59 |
| Schim van der Loeff M. | Netherlands | SS 10-1 | 49 |
| Schlegel R. | USA | HN 10-4 | 30 |
| Schmitz M. | Germany | FC 12-11 | 45 |
| Schuurman R. | Netherlands | FC 17-1 | 51 |
| Schuurman R. | Netherlands | SS 7-3 | 47 |
| Schweizer J. | USA | FC 22-7 | 58 |
| Schweizer J. | USA | MSS 6-5 | 41 |
| Segnan N. | Italy | W 3-6 | 23 |
| Serrano Cogollor L. | Spain | SS 9-6 | 48 |
| She B. | China | FC 6-4 | 34 |
| Siebers A.G. | Netherlands | FC 11-11 | 44 |
| Siegler E. | Israel | CS 7-3 | 53 |
| Singer A. | UK | W 1-2 | 20 |
| Singer A. | UK | W 1-3 | 20 |
| Singer A. | UK | W 1-5 | 21 |
| Singer A. | UK | W 1-6 | 21 |
| Skjekdestad F.E. | Norway | FC 11-9 | 44 |
| Smith J. | USA | CS 3-4 | 42 |
| Smith J. | USA | MTC 2-3 | 18 |
| Smith M. | Australia | FC 13-4 | 45 |
| Smith M. | Australia | SS 16-4 | 55 |
| Smith M. | Australia | W 2-6 | 22 |
| Snijders P. | Netherlands | HN 9-4 | 30 |
| Snijders P. | Netherlands | LW 3-7 | 59 |
| Snijders P. | Netherlands | MSS 6-2 | 41 |
| Snijders P. | Netherlands | CS 7-4 | 53 |
| Snoek B. | Netherlands | FC 22-8 | 58 |
| Sohn G.S. | Korea | FC 22-9 | 58 |
| Soldan K. | UK | MSS 7-4 | 47 |
| Song Y. | China | FC 5-6 | 34 |
| Song Y. | China | FC 16-8 | 50 |
| Sorbye S. | Norway | FC 11-5 | 44 |
| Sparen P. | Sweden | SS 17-1 | 56 |
| Stanczuk G. | UK | MTC 3-5 | 19 |
| Stanczuk G. | UK | MTC 3-6 | 19 |
| Stanley M. | UK | W 2-5 | 22 |
| Steben M. | Canada | CS 5-4 | 46 |
| Steben M. | Canada | SS 17-8 | 56 |
| Steenbergen R. | Netherlands | LW 1-1 | 59 |
| Steenbergen R. | Netherlands | MTC 4-4 | 19 |
| Steenbergen R. | Netherlands | SS 10-2 | 49 |
| Šterbenc A. | Slovenia | FC 3-5 | 25 |
| Stier E. | USA | CS 8-4 | 53 |
| Stoler M. | USA | MSS 5-2 | 41 |
| Stoler M. | USA | CS 7-1 | 53 |
| Strander B. | Sweden | FC 1-1 | 24 |
| Struyf F. | Belgium | HN 3-9 | 27 |
| Swarts D. | Netherlands | FC 3-3 | 25 |
| Sykes P. | New Zealand | FC 3-8 | 25 |
| Syrjänen K. | Finland | SS 5-1 | 37 |
| Syrjänen K. | Finland | SS 5-8 | 37 |
| Syrjänen S. | Finland | HN 1-3 | 26 |
| Syrjänen S. | Finland | HN 4-1 | 27 |
| Syrjänen S. | Finland | MTC 4-5 | 19 |
| Szabó E. | Hungary | HN 6-2 | 28 |
| Tatti S. | Argentina | W 6-2 | 60 |
| Tatti S. | Argentina | W 6-11 | 60 |
| Tauber M. | Italy | FC 10-7 | 44 |
| Templeton D. | Australia | FC 23-3 | 58 |
| Termrungruanglert W. | Thailand | FC 13-9 | 45 |
| Thomsen L.T. | Denmark | FC 11-6 | 44 |
| Tiro J. | USA | FC 20-3 | 57 |
| Tjalma W.A.A. | Belgium | FC 1-8 | 24 |
| Toh Z.Q. | Australia | FC 7-7 | 40 |
| Tommola P. | Finland | W 4-4 | 23 |
| Tommola P. | Finland | W 4-6 | 23 |
| Torres-Poveda K. | Mexico | FC 12-15 | 45 |
| Tranberg M. | Denmark | FC 8-4 | 40 |
| Tropé A.T. | Norway | FC 14-1 | 50 |
| Trujillo L. | Colombia | W 6-3 | 60 |
| Trujillo L. | Colombia | W 6-9 | 60 |
| Trzeszcz M. | Poland | FC 17-2 | 51 |
| Tsertanidou A. | Greece | FC 8-10 | 40 |
| Tzafetas M. | UK | FC 18-12 | 52 |
| Urban K. | Germany | SS 4-7 | 36 |
| Uyterlinde A. | Netherlands | FC 11-12 | 44 |
| Uyterlinde A. | Netherlands | SS 7-4 | 47 |
| Van Ballegooijen M. | Netherlands | SS 16-2 | 55 |
| Van Damme P. | Belgium | W 2-1 | 22 |
| Van de Ven R. | Netherlands | HN 7-2 | 29 |
| Van den Brule A. | Netherlands | SS 7-2 | 47 |
| Van der Burg S. | Netherlands | HN 1-1 | 26 |
| Van der Veen N. | Netherlands | CS 2-2 | 33 |
| Van der Veen N. | Netherlands | LW 3-1 | 59 |
| Van der Veen N. | Netherlands | SS 7-1 | 47 |
| Van der Weele P. | Netherlands | SS 17-7 | 56 |
| Van Keer S. | Belgium | FC 5-9 | 34 |
| Van Kemenade F.J. | Netherlands | SS 7-5 | 47 |
| Van Trommel N. | Netherlands | FC 12-10 | 45 |
| Van Zummeren M. | Netherlands | FC 16-2 | 50 |
| Van Zummeren M. | Netherlands | LW 3-6 | 59 |
| Vanden Broeck D. | Belgium | FC 10-6 | 44 |
| Vandermeulen C. | Netherlands | LW 2-1 | 59 |
| Vanmassenhove B. | Belgium | FC 5-1 | 34 |
| Vänskä S. | Finland | FC 13-1 | 45 |
| Von Knebel Doeberitz M. | Germany | SS 18-6 | 56 |
| Vaughan L. | USA | FC 17-9 | 51 |
| Veldhuijzen N. | Netherlands | SS 14-6 | 54 |
| Verdasca N. | Portugal | HN 6-11 | 28 |
| Verswijvel D. | Belgium | FC 20-4 | 57 |
| Vieira-Baptista P. | Portugal | FC 2-2 | 24 |
| Vielot N. | USA | FC 7-9 | 40 |
| Viguier J. | France | W 5-5 | 39 |
| Vik Hessner Jochumsen M. | Denmark | FC 10-4 | 44 |
| Villa L. | | W 7-3 | 60 |
| Von Knebel Doeberitz M. | Germany | HN 4-6 | 27 |
| Vorsters A. | Belgium | SS 1-6 | 32 |
| Waller J. | UK | SS 2-1 | 32 |
| Wang L. | China | FC 17-12 | 51 |
| Wang M. | USA | FC 19-3 | 52 |
| Waterboer T. | Germany | HN 4-9 | 27 |
| Waterboer T. | Germany | HN 8-1 | 29 |
| Wei F. | China | FC 6-11 | 34 |
| Welters M. | Netherlands | HN 7-3 | 29 |
| Wendland E.M. | Brazil | FC 19-6 | 52 |
| Wentzensen N. | USA | CS 1-1 | 33 |
| Wentzensen N. | USA | CS 2-11 | 33 |
| Wentzensen N. | USA | MSS 3-1 | 35 |
| Wentzensen N. | USA | MSS 4-6 | 35 |
| Wentzensen N. | USA | MSS 5-6 | 41 |
| Wentzensen N. | USA | MTC 4-3 | 19 |
| White C. | Ireland | FC 11-7 | 44 |
| Widschwendter M. | UK | MTC 4-1 | 19 |
| Winer R. | USA | FC 8-5 | 40 |
| Wisman G.B. | Netherlands | FC 12-5 | 45 |
| Woestenberg P. | Netherlands | FC 9-9 | 43 |
| Wolff E. | Sweden | FC 13-3 | 45 |
| Wu Z. | China | FC 19-8 | 52 |
| Xhaja A. | Germany | FC 21-6 | 57 |
| Xue M. | China | FC 2-5 | 24 |
| Xu H. | China | FC 20-11 | 57 |
| Xu L. | Belgium | FC 10-5 | 44 |
| Yarwood J. | UK | SS 11-6 | 49 |
| Yeager M. | USA | SS 17-3 | 56 |
| Zambrano H. | Belgium | FC 19-7 | 52 |
| Zarochentseva N.T. | Russia | FC 7-8 | 40 |
| Zarowska A. | Belgium | FC 4-4 | 25 |
| Zhang A. | China | FC 19-11 | 52 |
| Zhang L. | China | FC 12-13 | 45 |
| Zhao X.L. | China | FC 17-10 | 51 |
| Zhao Y. | China | FC 21-7 | 57 |
| Zimet G. | USA | FC 14-4 | 50 |
| Zimet G. | USA | SS 2-2 | 32 |