

## MSS – MAIN SCIENTIFIC SESSIONS

Wednesday, February 8

<b>MSS 01</b>	<b>Prognostic biomarkers for cervical HSIL progression</b> Chair: K. Louvanto (Finland) • B. Nedjai (UK)	Room 0B <b>10.00 • 11.30</b>
---------------	---	---------------------------------

This session will highlight strategies that could identify women with a progressive precancer cervical lesion to immediate referral to colposcopy compared to follow-up testing of women with intermediate risk. These strategies are needed to maximize the benefits of cervical cancer screening and follow-up testing while decreasing the potential harm as cost of unnecessary colposcopy referrals and treatments.

Lunch Break	11.30 • 13.30
-------------	---------------

<b>MSS 02</b>	<b>New guidelines for validation of HPV tests for cervical cancer screening</b> Chair: M. Arbyn (Belgium) • M. Poljak (Slovenia)	Room 0B <b>13.30 • 15.00</b>
---------------	---	---------------------------------

Coffee Break	15.00 • 15.30
--------------	---------------

<b>MSS 03</b>	<b>Monitoring HPV vaccine impact in males (including in MSM programmes – data in these are picking up)</b> Chair: A. Giuliano (USA) • J. Palefsky (USA)	Room 0B <b>15.30 • 17.00</b>
---------------	--	---------------------------------

Gender neutral vaccination is routinely recommended in many countries but programs to vaccinate boys and men were generally initiated several years after initiation of programs to vaccinate girls and women. Consequently, less is known at this time of the impact of vaccination of boys and men than among girls and women. This session will review current knowledge of the serologic responses to HPV vaccination in boys and men; duration of response; impact of vaccination on special populations of men including men who have sex with men and those living with HIV; and status of vaccination programs.

## MSS – MAIN SCIENTIFIC SESSIONS

Thursday, February 9

<b>MSS 04</b>	<b>Scientific approaches towards improving the cervical cancer elimination strategies</b> Chair: J. Dillner (Sweden) • E. Franco (Canada) M. Lehtinen (Finland)	Room 0B <b>8.00 • 9.30</b>
---------------	---	-------------------------------

<b>MSS 05</b>	<b>Debate on controversial topics</b> Chair: E. Franco (Canada) • T. J. Palmer (UK)	Room 0B <b>9.30 • 11.00</b>
---------------	--	--------------------------------

Debate sessions have been a popular offering in EUROGIN congresses since the 1990s. Pairs of leaders in the field capture the arguments on opposing sides of controversial or hot topics in HPV science and its practical aspects, such as vaccination, cervical cancer screening, and disease etiology. They present their arguments and then debate each other. The session in 2022 will showcase debates between camps on five key areas: (i) clinical utility of HPV genotyping, (ii) adequacy of single-dose vaccination, (iii) VIA vs. HPV for cervical cancer screening in low resource settings, (iv) value of biomarkers for primary screening, and (v) feasibility of ending cervical cancer screening.

<b>MSS 06</b>	<b>Self-sampling in routine practice, operational and technical issues</b> Chair: J. Bonde (Denmark) • C. Cocuzza (Italy)	Room 0B <b>14.00 • 15.30</b>
---------------	--	---------------------------------

Coffee Break	<b>15.30 • 16.00</b>
--------------	----------------------

<b>MSS 07</b>	<b>Prevention of cervical cancer among people living with HIV</b> Chair: A. Giuliano (USA)	Room 0B <b>16.00 • 17.30</b>
---------------	---	---------------------------------

Women living with HIV are at elevated risk of acquiring oncogenic HPV infections, having those infections persist, and progress to cervical pre-cancer and cancer. Unfortunately, the performance of tests utilized among women without HIV to screen for cervical cancer and to treat pre-cancer lesions perform sub-optimally among women living with HIV. Current research is focused on tailoring these interventions for women living with HIV in a variety of different geographic regions. Also needed are interventions to improve CIN treatment outcomes among women living with HIV.

<b>MSS 08</b>	<b>HPV and host methylation as triage tools for cervical cancer screening in different clinical contexts</b> Chair: M. Clarke (USA) • C. Meijer (Netherlands)	Room 0B <b>17.30 • 19.00</b>
---------------	--	---------------------------------

## MSS – MAIN SCIENTIFIC SESSIONS

Friday, February 10

<b>MSS 09</b>	<b>VALGENT / VALHUDES</b> Chair: M. Arbyn (Belgium) • C. Cocuzza (Italy)	Room 0B <b>8.00 • 9.30</b>
Coffee Break		9.30 • 10.00
<b>MSS 10</b>	<b>Impact of HPV vaccine on cancer</b> Chair: J. Lei (Sweden) • P. Sasieni (UK)	Room 0B <b>10.00 • 11.30</b>
<p>HPV vaccination has been approved to be highly effective. In this session, we will gather researchers from six countries who will present the latest updates regarding the impact of HPV vaccination against cancer. We will address the evidence on the already observed impact from trials, routine vaccination programmes as well as modelling results focusing on the potential scale of the impact in terms of the current strategies.</p>		
<b>MSS 11</b>	<b>Primary self-sampling strategies: Experience and evidence</b> Chair: H. Berkhof (Netherlands) • J. Dillner (Sweden)	Room 0B <b>14.30 • 16.00</b>
<p>There is a growing interest in HPV testing on self-collected samples (HPV self-sampling). Studies have shown that women find HPV self-sampling more convenient, less embarrassing, less uncomfortable, and less painful than clinician-based sampling. Besides, HPV self-sampling is expected to increase the coverage of screening and can be maintained during the Covid19 pandemic. Several countries have already implemented HPV self-sampling as a primary screening option and other countries are considering a more prominent role for self-sampling in their programs. In this session, we share experiences with (primary) self-sampling, how were issues solved, and present evidence on the performance of self-sampling in different settings.</p>		
Coffee Break		16.00 • 16.30
<b>MSS 12</b>	<b>Extended HPV genotyping in screening</b> Chair: J. Bonde (Denmark) • E. Franco (Canada)	Room 0B <b>16.30 • 18.00</b>
<b>MSS 13</b>	<b>Next generation HPV based sequencing: What have we learned and what's next?</b> Chair: K. Cuschieri (UK) • L. Mirabello (USA)	Room 0B <b>18.00 • 19.30</b>
<p>HPV detection using rapid next generation sequencing (NGS) technologies can provide insight into the molecular biology, epidemiology and clinical trajectory of HPV infection. In this session we reflect on recent developments and applications of NGS and how this has furthered our understanding of HPV in the context of anogenital and head and neck disease.</p>		

## SS – SCIENTIFIC SESSIONS

Wednesday, February 8

<b>SS 01</b>	<b>HPV and pregnancy</b> Chair: K. Louvanto (Finland) • E. Siegler (Israel)	Room 0E <b>10.00 • 11.30</b>
--------------	--	---------------------------------

This session will focus on the most common concerns that women in childbearing age have on HPV infection and its consequences. The session will cover the current knowledge on the HPV role in reproductive life, during pregnancy and in children. We will also have a round table discussion on HSIL treatment options for pregnant women.

<b>SS 02</b>	<b>Criteria for HPV tests validation protocols for ASCUS triage and for post-treatment monitoring</b> Chair: K. Cuschieri (UK) • M. Poljak (Slovenia)	Room 0D <b>10.00 • 11.30</b>
--------------	--	---------------------------------

Protocols for clinical validation of HPV tests for primary cervical cancer screening indication are well established and widely accepted in HPV community, in contrast to other indications for HPV testing. First part of the session will review past, present and future challenges of validation protocols for primary cervical cancer screening indication using clinician-taken cervical specimens, self-samples and urine samples. Second part of the session will review clinical rationale for the use of HPV testing for ASCUS triage indication followed by description of proposed criteria for HPV tests validation protocols for this important indication. Third part of the session will review clinical rationale for use of HPV testing for detection of residual disease after local surgical treatment ("test of cure") followed by description of proposed criteria for HPV tests validation protocols for post-treatment monitoring.

<b>SS 03</b>	<b>Transmission: role of the male partner</b> Chair: E. Franco (Canada) • M. Goodman (USA)	Room 0D <b>13.30 • 15.00</b>
--------------	---	---------------------------------

## SS – SCIENTIFIC SESSIONS

Thursday, February 9

<b>SS 04</b>	<b>New screening algorithms in European countries</b> Chair: M. Arbyn (Belgium) • P. Hillemanns (Germany)	Room 0E <b>8.00 • 9.30</b>
--------------	--	-------------------------------

<b>SS 05</b>	<b>Molecular triage of HPV-positive women</b> Chair: M. Arbyn (Belgium) • C. Cocuzza (Italy)	Room 0E <b>9.30 • 11.00</b>
--------------	---	--------------------------------

## SS – SCIENTIFIC SESSIONS

Thursday, February 9

<b>SS 06</b>	<b>Evolution of HPV vaccination schedules – from evidence to public health impact</b> Chair: S. Franceschi (Italy) • M. Jit (UK)	Room 0E <b>14.00 • 15.30</b>
--------------	---	---------------------------------

The pace of introduction of HPV vaccine is stagnating, the coverage low in many countries and the WHO 2030 target of 90% coverage in danger. The present session will provide an overview of the evidence and considerations which led WHO to endorse the off-label use of a single-dose in girls included in HPV vaccination for routine and multi age cohort (MAC) catch-up. On-going efforts to accumulate additional information on the efficacy and durability of different HPV vaccine options will also be highlighted.

Coffee Break	15.30 • 16.00
--------------	---------------

<b>SS 07</b>	<b>Quality assurance and validation of primary, triage testing and collection methods</b> Chair: H. Berkhof (Netherlands) • K. Cuschieri (UK)	Room 0E <b>16.00 • 17.30</b>
--------------	--	---------------------------------

The implementation and evolution of cervical screening programmes based on molecular HPV testing continues apace. To ensure tests and processes are fit for purpose before implementation - and in perpetuity - validation and quality monitoring of the end-to-end process is essential. This session will benefit from perspectives from laboratory experts, cancer epidemiologists and screening teams. Country specific approaches to quality processes will be discussed as will the perspectives of laboratory network(s). The challenges of validation given increased use of self-sampling and the greater emergence of immunised populations in screening will also be covered.

<b>SS 08</b>	<b>Digital interventions to increase HPV vaccination</b> Chair: G. Woodall (USA) • G. Zimet (USA)	Room 0E <b>17.30 • 19.00</b>
--------------	--	---------------------------------

## SS – SCIENTIFIC SESSIONS

Thursday, February 9

<b>SS 09</b>	<b>Tumour HPV status and implications for survival outcomes in cervical and non-cervical disease</b> Chair: S. Arroyo Mühr (Sweden) • K. Cuschieri (UK)	Room 0D <b>14.00 • 15.30</b>
--------------	--	---------------------------------

While it is well established that HPV status is strongly associated with clinical outcomes in oropharyngeal cancer, increasing evidence suggests that this phenomenon is consistent in other tumour types; this is reflected in the recent WHO update on gynae cancer classification that advises cervical tumours should be referred to as “HPV independent” or “HPV associated”. In this session, the basic molecular characteristics of HPV associated and HPV independent neoplasms will be discussed in addition to optimal and evolving methods to determine HPV status as well as the implications and challenges of using HPV status for clinical management and treatment decisions.

Coffee Break	<b>15.30 • 16.00</b>
--------------	----------------------

<b>SS 10</b>	<b>Microbiome</b> Chair: A. Lev Sagie (Israel) • A. B. Moscicki (USA)	Room 0D <b>16.00 • 17.30</b>
--------------	--	---------------------------------

<b>SS 11</b>	<b>HPV prevention and screening in vulnerable (immunosuppressed and transgender) populations</b> Chair: A. D’Souza (USA) • A. B. Moscicki (USA)	Room 0D <b>17.30 • 19.00</b>
--------------	--	---------------------------------

This session discusses HPV vaccination and screening for HPV-related cancers among vulnerable populations including transgender individuals and non-HIV immunosuppressed populations.

## SS – SCIENTIFIC SESSIONS

Friday, February 10

<b>SS 12</b>	<b>Benefits and harms of HPV screening</b>	Room 0E
	Chair: C. Bouchard (Canada) • T. Malagon (Canada)	<b>8.00 • 9.30</b>

All screening programs entail harms as well as benefits. A core principle of modern screening programs and guidelines is that the overall benefit of the screening program should outweigh its potential harms. However, the estimation and the communication of the balance of harms and benefits can be in practice complex. In this session we shall review harms and benefits of cervical cancer screening in the context of populations highly HPV vaccinated, examine the balance of harms and benefits for future anal cancer screening, and finish with related issues arising when implementing HPV-based screening, including methods for estimating the balance of benefits and harms of screening algorithms, and developing communication tools on the benefits and harms of screening for shared decision making.

Coffee Break	9.30 • 10.00
--------------	--------------

<b>SS 13</b>	<b>New triage methods</b>	Room 0E
	Chair: F. Carozzi (Italy) • J. Cuzick (UK)	<b>10.00 • 11.30</b>

Advanced molecular methods now allow better characterization of HPV infections detected by screening and enable optimization of cervical screening algorithms to differentiate women carrying HPV infection at lower or higher risk of precancerosis and cervical cancer.

In this session, we will discuss and explore issues related to their introduction into screening programs to enable increasingly accurate risk stratification.

<b>SS 14</b>	<b>Screening and vaccination implementation in Eastern and Central Europe – A part of Europe with the highest burden of cervical cancer</b>	Room 0D
	Chair: H. Berkhof (Netherlands) • M. Poljak (Slovenia)	<b>10.00 • 11.30</b>

Burden of cervical cancer in Eastern and Central Europe is unproportionally higher than in other parts of the Europe, both in term of incidence and mortality. In the session latest available epidemiological data concerning burden of cervical cancer in the region will be presented followed by reviews of cervical cancer screening practices and implementation as well as HPV vaccine implementation in Eastern and Central Europe. In addition, implementation status of national organized HPV-based cervical cancer screening of two pioneering countries of HPV-based cervical cancer screening in the region (Albania and Montenegro) will be presented followed by presentation on HPV vaccine implementation in Hungary – a country with the highest HPV coverage rate in the region.

Lunch Break	11.30 • 13.15
-------------	---------------

## SS – SCIENTIFIC SESSIONS

Friday, February 10

<b>SS 15</b>	<b>The role of obesity in cervical cancer screening and management</b> Chair: M. Clarke (USA)	Room 0B <b>13.15 • 14.15</b>
--------------	--	---------------------------------

Obesity is a worldwide public health challenge, increasing the risk for several cancers including cervical cancer. Prior research has shown that individuals with obesity have a higher risk of cervical cancer, but a lower risk of precancer compared to those with normal BMI, which is thought to be at least in part explained by missed detection of precancers. The current session addresses the impact of obesity on the effectiveness of cervical cancer screening and management.

<b>SS 16</b>	<b>Who should be referred for high-resolution anoscopy (HRA)?</b> <b>And what if HRA is not available?</b> Chair: L. Abramowitz (France) • A. Nyitray (USA)	Room 0E <b>14.30 • 16.00</b>
--------------	---	---------------------------------

Biomarkers are under development to support decision-making about who should be referred to HRA. This session will first provide a state of the science overview about biomarkers to support anal precancer screening programs. However, there will be jurisdictions that will not have enough skilled anoscopists for many years, if ever. Clinicians in these areas cannot use biomarkers for precancers if positive results cannot be followed up with HRA. What are screening options for these clinicians who want to detect an anal malignancy as early as possible?

<b>Coffee Break</b>	<b>16.00 • 16.30</b>
---------------------	----------------------



## SS – SCIENTIFIC SESSIONS

Friday, February 10

<b>SS 17</b>	<b>HPV latency</b> Chair: A. B. Moscicki (USA)	Room 0E <b>16.30 • 18.00</b>
--------------	---	---------------------------------

<b>SS 18</b>	<b>Risk stratification in the follow up</b> Chair: F. Carozzi (Italy) • N. Wentzensen (USA)	Room 0E <b>18.00 • 19.30</b>
--------------	--	---------------------------------

Women treated for high grade lesions and women HPV positive/colposcopy negative represent an at-risk population compared to the routinely screened population. So, a combination of well-known risk factors associated to new Molecular markers could allow a better risk stratification of these women. Balancing the benefits of robust follow-up with the harms of over-scrutiny is particularly challenging. In this session we will review the international experience from real-life program and reflecting on prevailing knowledge “gaps”. We will consider modalities that may improve risk stratification and thereby optimize management in the future.

<b>SS 19</b>	<b>The utility of urine for improved cervical cancer prevention</b> Chair: R. Steenbergen (Netherlands) • S. Van Keer (Belgium)	Room 0A <b>16.30 • 18.00</b>
--------------	--	---------------------------------

Urine samples offer several advantages over conventional cervical scrapes and self-collected cervicovaginal samples for cervical cancer prevention. One of the most important advantages being the ease of collection and the wide acceptance by women. The number of studies supporting the use of urine for HPV testing is rising rapidly. Studies on testing for other biomarkers in urine are just evolving. This session will discuss current developments on the analysis of HPV and other biomarkers (including methylation) for the detection of cervical lesions in urine, and the potential of vaccine monitoring using urine as liquid biopsy to detect HPV induced antibodies.

## CS – CLINICAL SESSIONS

Wednesday, February 8

<b>CS 01</b>	<b>Management of CIN</b> Chair: E. Paraskevaidis (Greece)	Room 0E <b>15.30 • 16.45</b>
<b>CS 02</b>	<b>Test of cure: strategies for the follow up of women treated for cervical intraepithelial neoplasia</b> Chair: C. Cocuzza (Italy) • K. Cuschieri (UK)	Room 0E <b>16.45 • 18.15</b>

## CS – CLINICAL SESSIONS

Thursday, February 9

<b>CS 03</b>	<b>Colposcopy in HPV era</b> Chair: C. Bouchard (Canada) • P. Hillemanns (Germany)	Room 0D <b>9.30 • 11.00</b>
--------------	---	--------------------------------

Colposcopy is viewed as the triage gold standard in cervical cancer screening. However, it is challenged by easy-to-perform biomarkers and new AI technology amidst declining CIN prevalence in HPV-vaccinated populations.

## CS – CLINICAL SESSIONS

Friday, February 10

<b>CS 04</b>	<b>Vaginal Intraepithelial Neoplasia (VaIN) management</b> Chair: M. Hampf (Germany) • M. Preti (Italy)	Room 0C <b>8.00 • 9.30</b>
Coffee Break		<b>9.30 • 10.00</b>
<b>CS 05</b>	<b>Vulvar Intraepithelial Neoplasia (VulIN) update</b> Chair: M. Bleeker (Netherlands) • J. Bornstein (Israel)	Room 0C <b>10.00 • 11.30</b>

## FC – FREE COMMUNICATIONS

Wednesday, February 8

<b>FC 01</b>	<b>Genotyping</b> Chair: J. Andrews (USA)	Room 0A <b>10.00 • 11.30</b>
<b>FC 02</b>	<b>Anal neoplasia</b> Chair: J. Palfesky (USA)	Room 0D <b>12.00 • 13.30</b>
<b>FC 03</b>	<b>Self-sampling 1</b> Chair: F. Inturrisi (Netherlands) • P. Sasieni (UK)	Room 0D <b>13.30 • 15.00</b>
<b>FC 04</b>	<b>Epidemiology and natural history 1</b> Chair: M. Goodman (USA)	Room 0A <b>12.00 • 13.30</b>
<b>FC 05</b>	<b>Vaccines 1</b> Chair: P. Bonanni (Italy)	Room 0A <b>13.30 • 15.00</b>
<b>FC 06</b>	<b>Methylation 1</b> Chair: S. Van Keer (Belgium) • B. Wisman (Netherlands)	Room 0A <b>15.30 • 17.00</b>
<b>FC 07</b>	<b>New technologies / Artificial intelligence</b> Chair: P. Nieminen (Finland)	Room 0C <b>13.30 • 15.00</b>
<b>FC 08</b>	<b>Colposcopy / Management</b> Chair: M. Hampl (Germany) • E. Siegler (Israel)	Room 0C <b>15.30 • 17.00</b>

## FC – FREE COMMUNICATIONS

Thursday, February 9

<b>FC 09</b>	<b>Self-sampling 2</b> Chair: C. Cocuzza (Italy) • G. Ogilvie (Canada)	Room 0D <b>8.00 • 9.30</b>
<b>FC 10</b>	<b>Low income countries 1</b> Chair: O. Gassama (Senegal) • J. Smith (USA)	Room 0A <b>8.00 • 9.30</b>
<b>FC 11</b>	<b>Low income countries 2</b> Chair: O. Gassama (Senegal) • J. Smith (USA)	Room 0A <b>9.30 • 11.00</b>

## FC – FREE COMMUNICATIONS

Friday, February 10

<b>FC 12</b>	<b>Vaccines 2</b> Chair: E. Joura (Austria)	Room 0D <b>8.00 • 10.00</b>
<b>FC 13</b>	<b>Screening 1</b> Chair: J. Bogaards (Netherlands) • S. Van Dijk (Netherlands)	Room 0C <b>14.30 • 16.00</b>
<b>FC 14</b>	<b>Epidemiology and natural history 2</b> Chair: S. Franceschi (Italy) • S. Nygård (Norway)	Room 0C <b>16.30 • 18.00</b>
<b>FC 15</b>	<b>Economics and modelling</b> Chair: M. Brisson (Canada) • M. Drolet (Canada)	Room 0A <b>18.00 • 19.30</b>

## FC – FREE COMMUNICATIONS

Saturday, February 11

<b>FC 16</b>	<b>Health education – Advocacy – Public Health</b> Chair: N. Osazuwa-Peters (USA) • J. Paavonen (Finland)	Room 0C <b>8.00 • 9.30</b>
<b>FC 17</b>	<b>Epidemiology and natural history 3</b> Chair: A. Del Mistro (Italy) • E. Yilmaz (Sweden)	Room 0E <b>8.00 • 9.30</b>
<b>FC 18</b>	<b>Microbiome</b> Chair: T. Iftner (Germany) • V. Pimenoff (Sweden)	Room 0E <b>9.30 • 11.00</b>
<b>FC 19</b>	<b>Methylation 2</b> Chair: B. Nedjai (UK) • H. Pedersen (Denmark)	Room 0E <b>11.00 • 12.30</b>
<b>FC 20</b>	<b>Screening methods and self-sampling</b> Chair: H. Ikenberg (Germany) • R. Steenbergen (Netherlands)	Room 0D <b>8.00 • 9.30</b>
<b>FC 21</b>	<b>Triage of HPV positive women</b> Chair: C. Depuydt (Belgium) • P. Giorgi Rossi (Italy)	Room 0D <b>9.30 • 11.00</b>
<b>FC 22</b>	<b>Screening 2</b> Chair: C. Eklund (Sweden) • A. Tropé (Norway)	Room 0D <b>11.00 • 12.30</b>
<b>FC 23</b>	<b>Molecular markers</b> Chair: S. Regauer (Austria)	Room 0C <b>9.30 • 11.00</b>
<b>FC 24</b>	<b>Serology and immunotherapy</b> Chair: O. Forslund (Sweden) • A. Kaufmann (Germany)	Room 0C <b>11.00 • 12.30</b>

## PC 01 – YOUNG SCIENTISTS PITCH CONTEST

**Chair: J. Bonde (Denmark)**

Room 0B

The AIM of session is to have 6 outstanding young researchers compete in a research presentation competition.

### JURY

<b>M. Elfström (Sweden)</b> Center for Cervical Cancer Prevention, Karolinska University Hospital	<b>A. Oštrbenk Valenčak (Slovenia)</b> University of Ljubljana Faculty of Medicine	<b>D. Hawkes (Australia)</b> Australian Centre for the Prevention of Cervical Cancer
<b>P. E. Castle (USA)</b> Director, Division of Cancer Prevention, US National Cancer Institute	<b>H. Botha (South Africa)</b> Stellenbosch University, South Africa	<b>L. Chinula (Malawi)</b> University of North Carolina (UNC) at Chapel Hill/Clinical Research Site Leader UNC Project Malawi

### EVALUATION SET-UP

Each juror gets a pre-printed sheet for the 6 contestants.

The presentations are given points 0-10 for the following elements for a max point of 50:

<b>Adherence to time</b>	<b>Clarity of project aim</b>	<b>Clarity of presentation*</b>	<b>Format of presentation</b>	<b>X-factor</b>
------------------------------	-----------------------------------	-------------------------------------	-----------------------------------	-----------------

By conclusion of each presentation the Jury hands in the score sheet to the assistant for ranking.

By the end the Jury will have 5 min to deliberate whether their assessment stands, and whether they agree to the Winner of the competition.

*\* Data, conclusions, perspectives of research*

## PC 01 – YOUNG SCIENTISTS PITCH CONTEST

**Chair:** J. Bonde (Denmark)

Room 0B

### AGENDA

#### 1. Welcome

Welcome by the session presenter(s), rules & process

#### 2. Presentations

5 min segment presentation by the 6 selected presenters, including shifts

- Methylation analysis of anal swabs: the future of anal cancer screening?
- Diagnostic accuracy of human and Human Papillomavirus DNA methylation testing in cervical cancer: A systematic review and meta-analysis
- Profiling HPV antibody responses 6 years following 1, 2 or 3 doses of quadrivalent HPV vaccine
- Impact of mobile game fightHPV on cervical cancer screening attendance: retrospective cohort study
- A prospective study on association of high-risk HPV in oral cancer among Indian cases
- Oral Human Papillomavirus prevalence and risk factors among healthy populations attending routine dental care in the United States: Results from the PROGRESS (PRevalence of Oral HPV infection, a Global aSSessment) study
- Health and economic effects of introducing single-dose human papillomavirus vaccination in India

**K. Rozemeijer (Netherlands)**

**L. Ellis (UK)**

**C. Quang (Australia)**

**M. Orumaa (Norway)**

**P. Tanwar (India)**

**M. Felsner (USA)**

**T. De Carvalho (Netherlands)**

#### 3. Deliberation

Deliberation by the Jury

#### 4. Winner Announcement

Presentation of the Winner

## HN – HPV AND HEAD & NECK FORUM

**Coordinators:** K. Lang Kuhs (USA) • J. P. Klussmann (Germany)  
 H. Mirghani (France) • E. Rettig (USA)

Room 0A

The EUROGIN HPV and Head & Neck Cancer Forum highlights recent advances and areas of active research in the field of HPV-related head and neck cancers. This year's Forum features talks on epidemiology and prevention, HPV-OPC screening studies, updates on current management, innovations in surveillance and new discoveries of the molecular landscape of HPV-OPC tumors. New for this year, the Forum will also feature several panel discussions exploring the potential promise and peril of screening, surgery versus chemoradiation therapy and risks versus benefit of using liquid biopsy for HPV-OPC surveillance.

### Thursday, February 9

<b>HN 01</b>	<b>Screening for HPV-OPC</b> Chair: K. Lang Kuhs (USA) • T. Waterboer (Germany)	<b>14.00 • 15.30</b>
--------------	--	----------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Updates on 2 US-based HPV-OPC screening studies</li> <li>• Prevalence of HPV biomarkers among screened populations</li> <li>• Biomarker-based screening trial updates</li> <li>• Relation of prediagnostic HPV16 E6 antibodies with oropharyngeal cancer over the last 40 years</li> <li>• Prediagnostic liquid biopsy</li> <li>• PANEL: Pros vs. Cons of screening for HPV-OPC</li> </ul> | <p><b>K. Lang Kuhs (USA)</b><br/> <b>A. D'Souza (USA)</b><br/> <b>T. Waterboer (Germany)</b><br/> <b>M. Lehtinen (Finland)</b></p> <p><b>D. Faden (USA)</b><br/> <b>E. Sturgis (USA)</b><br/> <b>vs. K. Lang Kuhs (USA)</b></p> |
|---|---|

Coffee Break	15.30 • 16.00
--------------	---------------

<b>HN 02</b>	<b>Basic science</b> Chair: S. Virani (France)	<b>16.00 • 17.30</b>
--------------	---	----------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Recurrent Respiratory Papillomatosis: Updates</li> <li>• HPV therapeutic vaccine trials</li> <li>• Cell plasticity in HPV-driven tumors</li> <li>• Single cell sequencing in HPV-OPC</li> <li>• Granular stratification of OPC patients using standard H&amp;E staining</li> <li>• Evaluation of HPV genome integration</li> <li>• Germline Genetics for risk of HPV-driven head and neck cancers</li> </ul> | <p><b>S. Pransky (USA)</b><br/> <b>A. Kejner (USA)</b><br/> <b>J. Hess (Germany)</b><br/> <b>S. Puram (USA)</b><br/> <b>S. Klein (Germany)</b><br/> <b>E. J. Speel (Netherlands)</b><br/> <b>S. Virani (France)</b></p> |
|---|---|



## HN – HPV AND HEAD & NECK FORUM

**Coordinators:** K. Lang Kuhs (USA) • J. P. Klussmann (Germany)  
 H. Mirghani (France) • E. Rettig (USA)

Room 0A

**Thursday, February 9**

<b>HN 03</b>	<b>Submitted papers</b> Chair: K. Van Able (USA)	<b>17.30 • 19.00</b>
--------------	---	----------------------

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Factors independently associated with oncogenic oral-HPV infection among men from Brazil, Mexico and USA participating in the Human Papillomavirus Infection in Men (HIM) Study</li> <li>• Laryngeal papilloma and presence of bacterial species</li> <li>• Impact of circulating cell free tumour tissue modified viral-HPV DNA testing on post-treatment imaging surveillance protocol in oropharyngeal carcinoma</li> <li>• Feasibility study ONCSALIVA - non-invasive specimen for the detection of head and neck cancer via epigenetic biomarkers</li> <li>• HPV (genital warts in pregnancy)-diagnosis and a new therapeutic approach the cause of laryngeal polyps in children</li> <li>• The role of HPV in determining treatment, survival, and prognosis of head and neck squamous cell carcinoma</li> <li>• Prevalence of HPV infection in oropharyngeal cancer in Sardinian region</li> <li>• Evaluation of the attributable fraction and burden of HPV-related oropharyngeal cancers in Greece - The ORPHEAS study</li> <li>• Quantification of HPV16 cell-free DNA in liquid biopsies for early detection of HPV-driven oropharyngeal cancer</li> </ul> | <p><b>R. S. Dube Mandishora (USA)</b></p> <p><b>O. Forslund (Sweden)</b></p> <p><b>C. Fundakowski (USA)</b></p> <p><b>A. B. Hums (Germany)</b></p> <p><b>I. Jeremic (USA)</b></p> <p><b>C. M. Martin (Ireland)</b></p> <p><b>N. Muresu (Italy)</b></p> <p><b>A. Psyrri (Greece)</b></p> <p><b>F. Rosing (Germany)</b></p> |
|--|---|

## HN – HPV AND HEAD & NECK FORUM

**Coordinators:** K. Lang Kuhs (USA) • J. P. Klussmann (Germany)  
 H. Mirghani (France) • E. Rettig (USA)

Room 0A

**Friday, February 10**

**HN 04**

**Epidemiology and prevention of HPV-OPC**

Chair: E. Rettig (USA)

**8.00 • 9.30**

- HPV-OPC incidence trends
- Oral HPV infection and HIV
- Impact of tonsillectomy on risk of HPV-OPC
- HPV vaccination for prevention of oral HPV infection
- What should be communicated to women with oncogenic genital HPV and their partners regarding the risk of oral viral transmission
- Patient priorities and concerns

**A. Deshmukh (USA)**  
**N. Osazuwa-Peters (USA)**  
**J. D. Combes (France)**  
**A. Giuliano (USA)**  
**G. Barbara (Italy)**  
**M. Windon (USA)**

Coffee Break

**9.30 • 10.00**

**HN 05**

**Management**

Chair: H. Mirghani (France)

**10.00 • 11.30**

- Outcomes beyond survival
- Aggressive adjuvant radiation reduction after surgery for HPV-OPC
- ORATOR trials
- Overview of De-escalation strategies and potential of genomics for prediction
- Neoadjuvant immunotherapy pre-CRT in HPV-OPC
- PANEL: Surgery versus CRT for HPV-OPC

**H. Starmer (USA)**  
**D. Routman (USA)**  
**M. Patel (USA)**  
**M. Lechner (UK)**  
**H. Mirghani (France)**  
**C. Simon (Switzerland)**  
**vs. R. Haddad (USA)**

Lunch Break

**11.30 • 13.15**

## HN – HPV AND HEAD & NECK FORUM

**Coordinators:** K. Lang Kuhs (USA) • J. P. Klussmann (Germany)  
 H. Mirghani (France) • E. Rettig (USA)

Room 0A

**Friday, February 10**

**HN 06 Submitted papers** **13.15 • 14.30**  
 Chair: J. Hess (Germany)

- Risk-adapted therapy in HPV+ oropharyngeal cancer tumor-tissue modified virus (TTMV) - HPV DNA profile | The react study **J. Schoenfeld (USA)**
- Detection of antibodies against HPV16 E6 oncoprotein by ELISA: validation of a new and promising biomarker for diagnosis of HPV-driven oropharyngeal cancer **L. Alemany (Spain)**
- Survival and recurrence outcomes in HPV+ oropharyngeal squamous cell carcinoma patients treated with tors: a systematic review and meta-analysis **F. Durrant (USA)**
- Effective HPV vaccination education for oral health professionals: outcomes of a qualitative evaluation **J. Oliphant (USA)**

**HN 07 Molecular diagnosis and surveillance** **14.30 • 16.00**  
 Chair: J. P. Klussmann (Germany)

- Prognostic implication of p16/HPV discordance **L. Alemany (Spain)**
- Cell-free HPV DNA in urine **C. Brenner (USA)**
- TTMV-HPV DNA for surveillance in the clinic **E. Rettig (USA)**
- Liquid biopsy techniques **N. Würdemann (Germany)**
- Randomized controlled trial of standard vs. liquid biopsy-based surveillance **H. Mirghani (France)**
- PANEL: Pros vs. Cons of liquid biopsy for surveillance **L. Mady (USA)**  
**vs. G. Hanna (USA)**

## WS – SPECIALIZED WORKSHOP

Wednesday, February 8

### WS 01 – Colposcopy Course

Room 0C

8.30 • 13.30

**Coordinators:** J. Bornstein (Israel) • A. Singer (UK)

<b>WS 01-1</b>	<b>Colpocopy Course – Part 1</b>	<b>8.30 • 10.55</b>
<b>Opening</b> J. Bornstein (Israel)		<b>8.30 • 8.40</b>
<b>The normal cervix and the colposcopy examination</b> A. Singer (UK)		<b>8.40 • 9.25</b>
<b>Update in pathology and cytology for colposcopists</b> S. Regauer (Austria)		<b>9.25 • 10.10</b>
<b>Colposcopy of «abnormal» cervix, colposcopy terminology</b> J. Bornstein (Israel)		<b>10.10 • 10.55</b>
<b>WS 01-2</b>	<b>Colpocopy Course – Part 2</b>	<b>10.55 • 13.30</b>
<b>Management protocols of abnormal screening findings and the value of biomarkers</b> J. Bonde (Denmark)		<b>10.55 • 11.40</b>
<b>Treatment of cervical precancer and treatment's complications</b> J. Bornstein (Israel)		<b>11.40 • 12.25</b>
<b>Interactive session (What is your diagnosis)</b> A. Singer (UK)		<b>12.25 • 13.15</b>
<b>Course Summary</b> A. Singer (UK)		<b>13.15 • 13.30</b>

## WS – SPECIALIZED WORKSHOP

Wednesday, February 8

### WS 02 – Cervical cancer screening workshop

Room 0D  
15.30 • 18.00

**Coordinators:** M. Elfström (Sweden) • P. Giorgi Rossi (Italy)  
M. Rebolj (UK) • S. Van Dijk (Netherlands)

The workfield of cervical cancer screening is in full development. Due to tremendous efforts of researchers and researchgroups worldwide, we have already been able to achieve a lot in the field of innovation. In recent years, more evidence for new screening technologies has become available from scientific research. In order to achieve the objective of the WHO, it is important that research is implemented into cervical cancer screening programs. However, this implementation is not self-evident and can sometimes take quite a long time. By means of a discussion between researchers and clinicians, we want to provide more insight into this transition from research to implementation on the basis of 3 potential new screening technologies on the roadmap to eliminate cervical cancer: HPV-screening, self-sampling and methylation.

#### Introduction

P. Sasieni (UK)

An overview of the development of cervical cancer screening over the years, focusing on the achievements until now, in terms of absolute health gains and in terms of reduction and increase in inequities. And how further improvement can be reached by the introduction of (potential new) screening technologies.

#### HPV-based-screening PRO

H. Bogaards (Netherlands)

Research has shown that primary HPV screening can increase the sensitivity of screening programs. In addition HPV-testing may be accessible to more countries, as it is cheaper and easier to perform. And it's opening up opportunities for self-sampling and HPV-vaccinated cohorts. So, it's time to implement primary HPV screening everywhere to eliminate cervical cancer.

#### HPV-based-screening CON

U. Ivanus (Slovenia)

The time may be right scientifically, but then there are several practical obstacles that make it impossible to move quickly in certain countries. The Slovenian organized programme is coping with some unique challenges. Certain conditions must be met when implementing primary HPV screening.

#### Discussion

A discussion will be held with the participants of the workshop focusing on the conditions under which countries could successfully implement HPV-based screening.

## WS – SPECIALIZED WORKSHOP

Wednesday, February 8

### WS 02 – Cervical cancer screening workshop

Room 0D  
15.30 • 18.00

**Coordinators:** M. Elfström (Sweden) • P. Giorgi Rossi (Italy)  
M. Rebolj (UK) • S. Van Dijk (Netherlands)

#### Self-sampling PRO

M. Elfström (Sweden)

Research in recent years gives strong indications that self-sampling can reach a significant part of the non-responder population of cervical cancer screening programs. Experiences from Sweden, especially since COVID19-times have shown great opportunities for self-sampling. Self-sampling is easy and reliable. Therefore, the time is right for the primary use of self-sampling in screening programs.

#### Self-sampling CON

A. Sargent (UK)

We need to move carefully on self-sampling, particularly in countries that have been operating a very efficient and quality-assured screening service for a long time. The early-adopter evidence is eye-opening in this respect. We will discuss the necessary mitigations, impact of lab-processes and what kind of research work needs to be prioritized. Not for every country, the time is right to introduce self-sampling.

#### Discussion

A discussion will be held with the participants of the workshop focusing on the conditions under which countries could successfully implement self-sampling.

#### Methylation PRO

C. Meijer (Netherlands)

Research in the field of biomarkers indicates that methylation as a triage method could increase the specificity of primary HPV screening programs. Introduction of primary HPV screening in several countries has shown that the sensitivity of the program increases, but at the same time the specificity decreases resulting in a higher proportion of unnecessary referrals. So, methylation shows enormous opportunities and the time is right to introduce methylation in the management of HPV positive women.

#### Methylation CON

S. Van Dijk (Netherlands)

To implement a new technique into organized screening programs, we need more than just research. For instance within the domains of equity, feasibility, acceptability, (balance of) desirable and undesirable effects, validation, CE-approval, high-throughput machines, trained professionals and cost-effectiveness. We cannot implement methylation in screening (yet).

#### Discussion

A discussion will be held with the participants of the workshop focusing on the conditions under which countries could successfully implement methylation.

## LW – PROGRAMA WORKSHOP AEPCC

Viernes, 10 de Febrero

**Comité científico:** A. Alba • J. De La Fuente • S. De Sanjosé  
 M. Del Pino • M. Ramírez • A. Torné

Room 0D  
 14.30 • 19.30

**Organiza:** Asociación Española de Patología Cervical y Colposcopia



<b>LW 01-1</b>	<b>Programa Workshop AEPCC – Part 1</b>	<b>14.30 • 16.30</b>
<b>Vacunación VPH</b> J. De La Fuente		14.30 • 14.45
<b>Cribado del cáncer de cérvix en España</b> M. Ramírez		14.45 • 15.00
<b>Patología vulvar premaligna</b> M <sup>a</sup> P. Cano		15.00 • 15.15
<b>Patología anal premaligna</b> M. Del Pino		15.15 • 15.30
<b>Debate</b> Modera: D. Andía		15.30 • 15.45
<b>Charla magistral – Infección por VPH – Transmisión y latencia</b> E. Franco (Canadá)		15.45 • 16.15
<b>Preguntas</b> Modera: S. De Sanjosé		16.15 • 16.30
<b>Pausa Café</b>		16.30 • 17.00
<b>LW 01-2</b>	<b>Programa Workshop AEPCC – Part 2</b>	<b>17.00 • 19.30</b>
<b>Charla magistral – Objetivo: eliminación cáncer de cérvix</b> Modera: L. Bruni		17.00 • 17.30
<b>Preguntas</b> Modera: S. De Sanjosé		17.30 • 17.45
<b>Presentación AEPCC–Guía</b> A. Torné		17.45 • 18.00
<b>Novedades en VPH/LSIL</b> L. Fernández-Villarrenaga		18.00 • 18.15
<b>Novedades en HSIL/AIS</b> J. C. Quílez		18.15 • 18.30
<b>Comité Clínico</b> Moderan: M. Del Pino • A. Torné		18.30 • 19.30

## WF – WORKSHOP HPV FRANCE

**Coordinateur : J. Monsonego**  
 (Coordinator)

**Jeudi 9 Février**  
 (Thursday, February 9)  
**14.00 • 17.30** | Salle 3F  
 (Room 3F)

### Élimination du cancer du col utérin en marche

**Comment la France peut parvenir  
à une stratégie nationale d'élimination  
des cancers HPV-induits ?**

Dans son rapport de lutte contre le cancer pour 2020-2030, l'InCA nous indique qu'en France le taux de couverture du dépistage au cancer du col utérin est de 59,5% et celui de la vaccination HPV est de moins de 25% pour les jeunes filles de 16 ans. La feuille de route présente des éléments d'action et des objectifs ambitieux à l'horizon 2030.

Alors que l'OMS a fixé en 2019-2020 un objectif clair et détaillé, à savoir l'élimination du cancer du col dans les 10 années à venir, et que de nombreux pays – en particulier européens – ont amorcé ce tournant décisif, la France progresse peu dans ce domaine, bien que des efforts stratégiques et de communication aient été entrepris ces dernières années.

Le constat montre malheureusement qu'il nous faut aborder cette question de manière pragmatique, collaborative et dynamique et faire en sorte que les rapports qui se suivent ne soient pas que de simples idées mais de justes orientations appliquées.

Le cancer du col est totalement évitable ; nous avons à notre disposition un vaccin très efficace en termes de protection presque absolue et bien toléré, un dépistage HPV censé éviter le cancer par la détection précoce des pré-cancers, et des méthodes de diagnostic et de traitement de plus en plus performantes.

Ce meeting d'experts se fixe comme objectifs :

- Confronter les expériences européennes avec la nôtre,
- Répertoire les problématiques, les dérives et les difficultés rencontrées,
- Déployer efficacement le programme de dépistage HPV disponible depuis 3 ans,
- Analyser pourquoi la politique de prévention vaccinale ne porte pas ses fruits dans notre pays alors que le vaccin HPV est disponible et remboursé depuis une quinzaine d'années.

Avec la contribution des acteurs scientifiques, professionnels, institutionnels, de la société civile et associatifs, ce workshop, organisé dans un contexte international, veut faire prendre conscience et alerter, analyser et proposer des orientations afin d'encourager et faciliter les recommandations institutionnelles.

### Elimination of cervical cancer under way

**How France can succeed to set up  
a national strategy to eliminate  
HPV induced cancers?**

In its report on fighting cancer for the period 2020-2030, the French National Cancer Institute InCA indicates that the coverage rate for cervical cancer screening is 59.5% and that the HPV vaccine coverage rate is less than 25% for girls aged 16. The report presents ambitious goals and elements of action for 2030.

Whereas in 2019-2020 the WHO has set a clear and detailed objective of elimination of cervical cancer in the next 10 years, many countries – in particular countries in Europe – managed to make decisive headway. In France progress is still slow despite various strategic and communication efforts undertaken in recent years.

Unfortunately, one has to concede that the problem needs to be tackled in a pragmatic, collaborative and active way to ensure that the reports do not simply reflect ideas but also give guidance on how to apply these.

Cervical cancer is fully evitable. All tools are available: a highly efficient and safe vaccine, HPV screening for optimal early detection of pre-cancers and ever better diagnostic and treatment procedures.

The objectives of this expert meeting are:

- Confront and share European experiences,
- Take stock of implementation problems, errors and difficulties encountered,
- Efficient roll-out of the HPV screening program which has been available for 3 years,
- Understanding why the vaccination policies are not successful although HPV vaccine has been available and reimbursed for the last 15 years.

In an international context and with the contribution of representatives from science, healthcare providers, institutions, civil society and associations, this workshop endeavours to raise awareness, to alert, analyse and offer directions to encourage and facilitate institutional recommendations.





# WF – WORKSHOP HPV FRANCE

Jeudi 9 Février

## Programme

WF 01	<b>Introduction et objectifs du Workshop HPV France</b>   J. Monsonego	14.00 • 14.10
-------	---	---------------

WF 02	<b>Élimination des cancers HPV induits au niveau international – Objectifs et recommandations</b>   P. Basu (IARC / OMS)	14.10 • 14.30
-------	--	---------------

WF 03	<b>Partage d'expériences européennes (Dépistage et vaccination)</b>  	14.30 • 15.30
-------	---	---------------

Chaque représentant d'un pays présente 3 slides en 5 minutes, sur l'état des lieux, la couverture, la mise en œuvre et les performances. Les sujets suivants seront abordés :

- Dépistage
- Vaccination
- Difficultés

### PAYS INVITÉS

						
Royaume-Uni <b>P. Sasieni</b>	Allemagne <b>P. Hillemanns</b>	Italie <b>P. Giorgi Rossi</b>	Pays-Bas <b>S. Van Dijk</b>	Finlande <b>K. Louvanto</b>	Suède <b>M. Elfström</b>	Suisse <b>B. Frey-Tirri*</b>

\* Swiss HPV Alliance Initiative

WF 04	<b>Table ronde</b>  Modérateur : J. Monsonego	15.30 • 16.30
-------	---	---------------

- **Une ambition : quels objectifs ?**  
Définition de notre ambition et de nos objectifs
- **Est-on plus efficace ensemble ? Comment se coordonner ?**  
Comment créer une coalition des parties prenantes scientifiques, médicales, associatives et institutionnelles ?
- **Un pilote dans l'avion ?**  
Comment inviter les pouvoirs publics à prendre leur place légitime ?
- **Quelles actions concrètes pour 2023 ?**

### PARTICIPANTS

**H. Baffet** (SFCPCV) • **M. A. Dommergues & F. Vié Le Sage** (Infovac) • **G. Dolivet** (SFCO)  
**B. Julia** (URPS Pharmaciens) • **A. S. Le Duc-Banaszuk** (CRDC Pays de la Loire)  
**C. Marjollet** (IMAGYN) • **J. P. Martin** (Ligue Contre le Cancer)  
**L. Abramowitz** • **J. L. Brun** • **C. Clavel** • **R. Cohen** • **D. Culié** • **O. Jourdain** • **O. Launay** • **J. Levêque**  
**J. B. Lusignan** • **A. Mesnard** • **H. Mirghani** • **J. Nicolet** • **H. Peré**

WF 05	<b>Conclusions et prochaines étapes</b>  	16.30 • 17.30
-------	---	---------------

# WF – WORKSHOP HPV FRANCE

Thursday, February 9

## Agenda

WF 01	<b>Introduction and objectives of the Workshop HPV France</b>   J. Monsonego	14.00 • 14.10
-------	---	---------------

WF 02	<b>Elimination of HPV induced cancers – International objectives and recommendations</b>   P. Basu (IARC / WHO)	14.10 • 14.30
-------	--	---------------

WF 03	<b>Sharing experiences from Europe (Screening and vaccination)</b>  	14.30 • 15.30
-------	--	---------------

Each country representative gives a very brief outline (5 min. and 3 slides maximum) of the situation, coverage, performance and difficulties, addressing:

- Screening
- Vaccination
- Difficulties

### INVITED COUNTRIES

						
United-Kingdom <b>P. Sasieni</b>	Germany <b>P. Hillemanns</b>	Italy <b>P. Giorgi Rossi</b>	Netherlands <b>S. Van Dijk</b>	Finland <b>K. Louvanto</b>	Sweden <b>M. Elfström</b>	Switzerland <b>B. Frey-Tirri*</b>

\* Swiss HPV Alliance Initiative

WF 04	<b>Round table</b>  Moderator: J. Monsonego	15.30 • 16.30
-------	---	---------------

- **Une ambition : quels objectifs ?**  
Définition de notre ambition et de nos objectifs
- **Est-on plus efficace ensemble ? Comment se coordonner ?**  
Comment créer une coalition des parties prenantes scientifiques, médicales, associatives et institutionnelles ?
- **Un pilote dans l'avion ?**  
Comment inviter les pouvoirs publics à prendre leur place légitime ?
- **Quelles actions concrètes pour 2023 ?**

### PARTICIPANTS

**H. Baffet** (SFCPCV) • **M. A. Dommergues & F. Vié Le Sage** (Infovac) • **G. Dolivet** (SFCO)  
**B. Julia** (URPS Pharmaciens) • **A. S. Le Duc-Banaszuk** (CRDC Pays de la Loire)  
**C. Marjollet** (IMAGYN) • **J. P. Martin** (Ligue Contre le Cancer)  
**L. Abramowitz** • **J. L. Brun** • **C. Clavel** • **R. Cohen** • **D. Culié** • **O. Jourdain** • **O. Launay** • **J. Levêque**  
**J. B. Lusignan** • **A. Mesnard** • **H. Mirghani** • **J. Nicolet** • **H. Peré**

WF 05	<b>Conclusions and next steps</b>  	16.30 • 17.30
-------	---	---------------