EUROGIN 2024
INTERNATIONAL MULTIDISCIPLINARY HPV CONGRESS

INNOVATIONS IN HPV RESEARCH AND GLOBAL CANCER SOLUTIONS:
AN INTERNATIONAL COLLABORATIVE CONFERENCE

PRELIMINARY PROGRAM

All sessions will include adequate discussion time with the audience

SS – SCIENTIFIC SESSIONS

Wednesday, March 13

SS 01 — Newest insights into oncogenesis

Chair: Doorbar J. (UK) • Steenbergen R. (Netherlands)

10.30 • 12.00

This session will highlight some of the latest insights into the development of cancers caused by HPV. These insights essentially contribute to both our understanding of cancer biology and improving the clinical management of patients affected by HPV. Recent discoveries into virus-host interactions and viral gene activity will be discussed, such as the target cells for HPV infection, the role of host cell coding and non-coding genes in malignant transformation, and the genetic landscape of HPV-induced cancers.

SS 02 — Validation of HPV assays

Chair: Arbyn M. (Belgium) • Cuschieri K. (UK)

10.30 • 12.00

Only validated HPV assays should be used in primary screening. Validation and regulatory requirements vary over countries. Whereas the so-called Meijer guidelines were pivotal in defining the minimal requirements that high-risk HPV tests had to fulfil in order to accept them in screening, more extended principles and concepts are needed to validate HPV tests on self-samples, for point-of-care tests and for genotyping. An internationally acceptable framework for test validation will contribute in having sufficient, affordable and accurate HPV tests to cover the world need.

SS 03 — What role of cytology in HPV screening: are we really ready to abandon morphological data completely and use only virological data?

Chair: Carozzi F. (Italy)

10.30 • 12.00

Cervical cancer prevention is evolving rapidly with the introduction of new technologies and with the arrival of vaccinated women. So what will be the role of cytology in the coming years? The Pap test has already changed its role in HPV-based screening: from primary screening test to triage test to increase the specificity of HPV testing. Now the HPV screening protocol is further evolving with the introduction of full genotyping as a triage test for management of HPV-positive women. Equally, the arrival of vaccinated women will further modify protocols with the introduction of molecular testing to detect infections at high risk of progression. The ultimate performance of cytology in this context and its utility as part of cervical cancer screening algorithms will have to be evaluated. But are we really ready to move away from morphological data? Where is it important to associate morphological data with molecular data? In this session we will try to explore these issues.

SS - SCIENTIFIC SESSIONS

Wednesday, March 13

SS 04 — One-dose vaccination: what do we know, what will we know and what are the remaining evidence gaps?

10.30 • 12.00

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

In 2022, WHO reported that a single dose of HPV vaccine is comparable to two or three doses in conferring robust protection against vaccine-type infection. Subsequently, WHO updated its recommendations to include a one-dose schedule. Since then, several countries have transitioned from a two-dose to a one-dose schedule, while others have utilised this simplified regime to introduce HPV vaccination with a one-dose schedule. Still, other countries have chosen to maintain current two dose programmes. Additionally, new evidence from trials, observational studies and modelling has emerged since WHO's recommendations, offering further insight into one-dose schedules and strategies for optimising vaccination programmes. This session aims to assess the evidence that has emerged since the post-WHO's 2022 recommendations, and the experiences of different countries as they reviewed this evidence and deliberated over dosing schedules to use.

SS 05 — Multi-sector partnerships to accelerate HPV vaccination: real world implementation impact from low-middle-high-income countries

13.30 • 15.00

Chair: Fisher-Borne M. (USA)

Successful HPV vaccination programs benefit from strong cross-sectoral collaboration and integration into adolescent health platforms (1-3). In fact, multi-sector collaborations are often described as one of the most vital implementation strategies to HPV vaccination program success (4-20). Despite compelling evidence that working together works, it is often difficult for countries and partners to know where to start or how to involve key traditional stakeholders (i.e. adolescent health program, MOHs, cancer control) as well as non-traditional partners (industry, universities, provider associations) to accelerate HPV vaccination delivery. These partnerships are often seen as "soft skills" or "intuitive" and take considerable work to yield considerable rewards. Ensuring cross-sectoral coordination and integration of HPV vaccination into broader partnerships including cancer partnerships help achieve program targets and strengthen the ability of countries to build, maintain and advance HPV vaccination programs even during health system disruptions (21-23).

SS - SCIENTIFIC SESSIONS

Wednesday, March 13

SS 06 — HPV epidemiology: state of the science to inform cancer prevention

15.30 • 17.00

Chair: Franceschi S. (Italy) • Kreimer A. (USA)

Epidemiology provided the first clues on the sexual transmission of the then unknown cause of cervical cancer and the shared aetiology of cancers of the ano-genital tract and oropharynx. Once equipped with accurate molecular tools, large epidemiological studies and clinical trials pointed to unique opportunities for primary and secondary prevention of HPV-related tumors. Today, these types of investigations are not only essential to monitor the progress in global prevention but also to reveal new characteristics of the natural history of HPV infection that can improve the effectiveness of mass vaccination against HPV and screening for cervical precancer vaccination. This session will provide the state-of-science in the field and highlight recent discoveries on the efficacy of one-dose vaccination and the consequences of HPV vaccination on HPV-based cervical screening. Progresses in advancing understanding of the epidemiology and early diagnosis and prevention of cancers of the ano-genital tract and oropharynx will also be discussed.

SS 07 — How effective is HPV genotyping in screening?

17.00 • 18.30

Chair: Bonde J. (Denmark) - Dillner J. (Sweden)

Thirteen human papillomavirus (HPV) genotypes are established as oncogenic. However, there are huge differences in cancer risk among the different oncogenic HPV genotypes. Screening assays that allow separate detection for the highest risk oncogenic types HPV16 and 18 ("partial genotyping") have been in clinical use for many years. Today, there are several extended genotyping assays that can report 8 or more of the individual HPV genotypes and are suitable for large-scale primary screening. The risk information from extended genotyping can be used e.g. to guide screening intensity (intervals) or for optimising management algorithms. Furthermore, genotyping is a simple method to distinguish clearance/acquisition versus same genotype persistence. But how effective is it to use HPV genotyping in screening programs? And which use of extended genotyping is the most important one? This session outlines the scientific basis and international perspective of HPV genotyping. There are also reports on the experiences of practical use of extended genotyping from 2 countries (Denmark and Sweden) which have implemented extended genotyping algorithms in routine screening programs.

SS 08 — Microbiome

13.30 • 15.00

Chair: Bouchard C. (Canada) • Ogilvie G. (Canada)

This session is aimed at the health care provider interested in learning about the relationship of the microbiome and the development of pre-cancerous and cancerous lesions. The microbiome, whether in the vagina or the mouth, seems to interact with the host through multiple interactions, either physiological or pathological. The impact of the microbiome on cancer development is in its infancy scientifically. This state-of-the-art session will review new data. This educational session will be presented by subject matter experts who have in-depth knowledge of the microbiome and its impact on cancer.

SS - SCIENTIFIC SESSIONS

Wednesday, March 13

SS 09 — Global HPV laboratory network

Chair: Arroyo Mühr L. S. (Sweden) • Cuschieri K. (UK)

15.30 • 17.00

The global HPV laboratory network (LabNet) was originally organised by the WHO in 2007 to promote internationally standardised and quality-assured laboratory services for HPV DNA and HPV antibody detection. A large number of countries have since then officially appointed National HPV Reference Laboratories (NRL) and in 2021 the Global Network of National HPV Reference Laboratories was formed to continue promoting the standardised and quality-assured HPV testing services that will be required for optimal HPV and cervical cancer elimination strategies. The purpose of this session with participation of NRLs from Australia, Belgium, France, Germany, Scotland, Slovenia, Sweden and Norway is to report on activities and exchange scientific and practical information.

Major topics are:

(1) Role of NRL for cervical cancer elimination
(2) Proficiency for HPV screening
(3) Confirmatory testing for HPV negative HSIL+
(4) Joint resources for E-learning resources and joint written standards.

The session is targeted to all laboratories interested in HPV testing, with the hope that the support from the NRLs can be increasingly effective for contributing to advancement of HPV testing services.

SS 10 — Cervical cancer screening: harms and benefits ratio in the changing world of cervical cancer screening

Chair: Rebolj M. (UK) • Van Dijk S. (Netherlands)

13.30 • 15.00

The world of cervical cancer screening is changing. How do we maintain - or even improve - the balance of harms and benefits in the future? Risks, and also benefits, will be reduced in a vaccinated population. Could new techniques be able to reduce harms, for example by risk-stratification? We will have several perspectives on this topic in this exciting workshop

SS – SCIENTIFIC SESSIONS

Thursday, March 14

SS 11 — HPV type replacement

Chair: Franco E. (Canada)

8.00 • 9.00

With the advent of prophylactic HPV vaccination, there is a concern that the decrease in the incidence and prevalence of infections by vaccine-targeted HPV types has created the opportunity for other HPV types to become more common, taking up the ecological niches previously occupied by HPVs 16, 18, and others. While a public health precedent exists for the «type replacement» phenomenon (e.g., shifts in serotype distribution post-pneumococcal vaccination), the comparison is not a suitable biological analogue for HPV vaccination. HPVs are DNA viruses with very low mutation rates, unlike the situation with pneumococci, which are highly adaptable to changes in immune status in populations. Yet, surveillance of what happens post-HPV vaccination is warranted because detecting HPV and its association with lesions creates challenging scenarios specific to different vaccination implementation conditions. Speakers will provide empirical evidence for whether type replacement is a justifiable concern.

SS 12 — Gender-neutral vaccination: impact on speed of elimination and subsequent need for screening

Chair: Franco E. (Canada) • Lehtinen M. (Finland)

9.30 • 11.00

This session provides an update on the progress made with gender-neutral HPV vaccination (GNV). Dr. Lehtinen will present the superb pace and power of GNV in generating strong herd protection in the population. Drs. Elfström and Vänskä, will respectively present the Swedish and Finnish experiences with the elimination of cervical cancer and oncogenic HPV-types. Drs. Baussano and Berkhof will review the importance of different screening strategies for cervical cancer in a post-HPV vaccination world.

SS 13 — Self-sampling

Chair: Ogilvie G. (Canada) • Saville M. (Australia)

8.00 • 9.30

Self-collection will be a game-changing tool in achieving WHO strategic target 2, that coverage of screening, with a high precision test, reaches 70% by 2030. Provided that a PCR based assay is used and the collection device, transport conditions and resuspension protocols are validated and controlled, equivalent sensitivity and specificity for detection of CIN2+ are expected. On this basis our session will focus on the socio-cultural and logistical aspects of implementation of self-collection based screening programs that aim to reduce inequities in access to screening, follow-up treatment and cancer outcomes in a variety of global settings.

SS 14 — Self-sampling implementation

Chair: Bonde J. (Denmark) • Poljak M. (Slovenia)

9.30 • 11.00

To improve equitable access to screening, women in many cervical cancer screening programs or projects are now given the option of providing a self-collected sample. Self-taken samples for HPV testing have a similar accuracy to that of clinician-collected samples for the detection of high-grade cervical intraepithelial lesions when a validated PCR-based assay is used. The session will provide an overview of self-sampling implementation status and implementation studies in various high and middle-income countries, the associated challenges and the way forward.

SS - SCIENTIFIC SESSIONS

Thursday, March 14

SS 15 — Screening for HPV-related cancer in sexual and gender minority adults

9.30 • 11.00

Chair: Jackson S. (USA) • Kreimer A. (USA)

Sexual and gender minority (SGM) individuals refer to members of the lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+) populations. SGM individuals often face barriers to health care due to discrimination and stigma resulting in lower utilization of cancer prevention services. Further, many providers lack of knowledge about HPV prevalence and the appropriate screening tests for HPV-associated cancers in this population. Trans men and nonbinary patients assigned female at birth are just as likely as cisgender women to be exposed to HPV but may be less likely to have ever undergone cervical cancer screening. Trans men may also avoid pelvic exams due to pain or worsening of gender dysphoria (distress associated with the disconnect between identity and sex assigned at birth). Men who have sex with men (MSM) and transgender women with and without HIV are at increased risk of HPV-associated anal cancer though no formal screening guidelines exist. The session aims to summarize the current state of research on screening for HPV-related cancers among SGM individuals worldwide. Content proposed will include an overview of the unique needs of this population, attitudes towards urinary HPV screening among LBT individuals; cervical screening and vaccination among trans men and non-binary people with a cervix; anal cancer screening among MSM with and without HIV; and a summary of screening recommendations for HPV-related cancers among SGM individuals.

Learning Objectives: Participants should understand the needs of the SGM community pertaining to HPV testing, cervical and anal cancer screening, and screening recommendations.

- Introduction to SGM populations
- HPV testing with urine in LBT individuals
- Cervical screening among trans men
- Anal cancer screening among MSM with and without HIV
- Recommendations for screening and prevention of HPV-associated cancers in the SGM population

SS - SCIENTIFIC SESSIONS

Thursday, March 14

SS 16 — Partnerships with Nordic registries

14.00 • 16.00

Chair: Saah A. (USA)

Working with health registries is generally a positive and fruitful endeavor. The Nordic Registries, in particular, take the experience to a new level by maintaining constant contact with each member of the population through the health care system for their lifetime. In such an environment, many different types of studies can be done, as demonstrated by the variety of presentations in this session. In this session, you will hear reports of long-term follow-up studies from HPV vaccine clinical trials that were accomplished while women went about their lives and had routine cervical cancer screening. Epidemiological, health economic, and outcomes research studies were also conducted using registry data to answer important questions on impact and effectiveness of vaccination on a variety of other HPV-mediated diseases.

SS 17 — Research to advance prevention of cervical and HPV-related cancers among women living with HIV

16.30 • 18.00

Chair: Giuliano A. (USA) • Sahasrabuddhe V. (USA)

Cervical and HPV-related cancer incidence is disproportionately higher among persons living with HIV residing in low and middle-income countries as well as in low-resource communities in high income countries. Many of the challenges faced with reducing this health disparity relate to the need for tailored and optimized cervical and anogenital screening and triage modalities. Similarly, new and improved approaches are needed to increase precancer treatment efficacy and reduce rates of recurrence. To address these challenges, the US NCI Division of Cancer Prevention has developed two cooperative agreement networks with multiple US and LMIC institutions to evaluate the efficacy, effectiveness, and implementation of novel approaches for cervical cancer screening and precancer treatment approaches among persons with HIV. In this session the designs and results of these multiple research trials will be presented.

SS - SCIENTIFIC SESSIONS

Friday, March 15

SS 18 — Screening for HPV-vaccinated cohorts: country-specific experience

8.00 • 9.30

Chair: Lei J. (Sweden) • Sasieni P. (UK)

Cohorts vaccinated through childhood HPV vaccination have entered the screening programmes in many countries. With the remarkable protection gained from the HPV vaccines, the significantly lower level of HPV circulation and less cervical lesions have impacted the cervical screening. This session is dedicated to screening practices and outcomes for HPV-vaccinated cohorts from different countries. We would like to communicate about what impact in each of the programmes has observed, challenges that our current programmes are facing, and potential changes might be necessary to accommodate the effect of HPV vaccination.

SS 19 — Scientific approaches to defining HPV vaccine-induced protective immunity

10.00 • 11.30

Chair: Beddows S. (UK) • Dillner J. (Sweden)
Lehtinen M. (Finland)

The definition of vaccine-induced antibody levels that confer protection against persistent infections with high-risk human papillomavirus types and associated neoplasia is still needed more than 15 years after the first successful vaccine trials. In contrast, correlates of protection have been defined for many viral vaccines, including hepatitis B virus vaccine. Lessons learned from vaccination against HBV will be presented by Prof. van Damme. Thereafter Drs. Beddows and Mariz will respectively talk about infection vs. vaccine, and vaccine-specific differences in vaccine-induced antibody responses. Finally, international standardization of serological reagents and associated tools facilitated by Dr. Pinto is a prerequisite for the definition of any candidate protective HPV antibody levels as presented by Dr. Gray.

SS 20 — Sexual abuse and HPV

8.00 • 9.30

Chair: Moscicki A. B. (USA) • Syrjänen S. (Finland)

The WHO estimates that approximately 1 in 3 women will experience sexual violence in their lifetime, with 7% of those women having experienced rape or attempted rape. Sexual abuse in children can be difficult to uncover since many are pre-verbal. In addition, if the person is a trusted person, the child may not understand that the sexual touching is abuse. The diagnosis of genital warts in a infant or child should trigger concerns about sexual abuse, specifically in the older child. The confusion occurs when the HPV may have been transmitted perinatally or during infant hygienic care. This session will review the rates of perinatal and parent-to-infant HPV transmission, epidemiology and diagnosis of STIs in children being evaluated for sexual abuse, women with a history of sexual abuse and incidence of HPV and HPV associated precancers, recommendations for HPV vaccine in children and adults sexually abused.

SS – SCIENTIFIC SESSIONS

Friday, March 15

SS 21 — HPV driven cancer among people living with HIV — 10.00 • 11.30

Chair: Moscicki A. B. (USA) • Muchengeti M. (South Africa)

HPV-driven cancers occur at extraordinarily high rates in people with HIV, but the epidemiology may differ by anatomic site where HPV causes the cancer. Further, screening and treatment, when possible, differ by world region. In this session, we will present data that compares the incidence, burden and trends in HPV-related cancers in individuals with HIV globally, and then a focused analysis on South Africa, a country with high HIV incidence and burden. Secondary prevention of cervical cancer in both high- and low-resources settings will be presented, as well as secondary prevention opportunities for prevention of HPV-driven oropharyngeal cancer.

SS 22 — Methylation markers as management tool in anal, vulvar and cervical intraepithelial neoplasms — 10.00 • 11.30

Chair: Bleeker M. (Netherlands) • Clarke M. (USA)

DNA methylation of host and viral genes is an epigenetic process that regulates gene expression involved in the development of human papillomavirus (HPV)-associated anogenital cancer. The detection of these methylated genes can identify precursor lesions, and potentially those with the highest risk of progression to cancer. Studies of methylation testing show promising diagnostic and prognostic value in cervical cancer screening, treatment of cervical intraepithelial neoplasia (CIN), vulvar intraepithelial neoplasia (VIN) and anal intraepithelial neoplasia (AIN) and post-treatment surveillance, with several advantages over traditional methods. Therefore, methylation testing may help further optimize screening and management to reduce referrals and reduce overtreatment of affected patients with a low cancer risk. This EUROGIN session will present the clinical needs for methylation testing as well as its potential in cervical cancer screening and the diagnosis and treatment of CIN, VIN and AIN.

SS 23 — Challenges and implications of viral load and cellularity measurements — 8.00 • 9.30

Chair: Arbyn M. (Belgium) • Cocuzza C. E. (Italy)

Type-specific HPV viral load has been proposed as a marker of persisting infections, able to provide additional information for the risk stratification of HPV-positive patients in both cancer-screening and post-treatment contexts. However, further evaluation of the predictive value of HPV type-specific viral loads requires robust, standardized laboratory methods, able to accurately quantify viral copy number as well as enabling to compare data from different clinical studies. Additionally, the concept of viral load is unreliable in the absence of a reference sample measure in clinical samples that are heterogeneous and/or have intrinsic variability of sample collection. In particular, accurate cellularity assessment permits viral load adjustment to the number of cells in cervical liquid-based cytology and/or biopsy samples. Future validation guidelines for HPV tests that include genotyping should ideally incorporate guidance on clinically relevant type specific cut-offs which require well characterized longitudinal data sets where accurately measured-load is related to disease outcomes.

SS – SCIENTIFIC SESSIONS

Friday, March 15

SS 24 — VALGENT / VALHUDES

Chair: Arbyn M. (Belgium) • Hawkes D. (Australia)

10.00 • 11.30

VALGENT (validation of HPV genotyping tests) is a generic research protocol that offers a framework for HPV test comparison and validation. About a dozen of HPV tests have been validated through VALGENT so far. Whereas in the past VALGENT panels comprised specimens from organised cytology-based screening programmes, newer instalments will be nested within HPV-based cervical cancer screening. Newer protocols will allow validation of assays applied on clinician-collected specimens as well as on self–samples and will address technical aspects (sampling, storage, laboratory work-up).

SS 25 — Debate

Chair: Franco E. (Canada) • Palmer T. J. (UK)

14.30 • 16.00

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, or disease management. They present their arguments and then debate each other. The session in 2024 will showcase debates between camps on four key areas: (i) self-sampling in screening, (ii) strategies for HPV immunization surveillance, (iii) range of HPV genotypes of value in screening, and (iv) endpoints in vaccine efficacy trials. Presenters are not necessarily staunch supporters of the position they were asked to defend. They can be neutral or even prefer the other side. They were asked to provide the audience with a clear and balanced view of the state of the controversy or evolving science in each field.

SS 26 — Vaccination hesitancy, recovery and public advocacy

Chair: Hanley S. (UK) • Olkov I. (France)

16.30 • 18.00

WHO's global strategy on acceleration of cervical cancer elimination was proclaimed in 2020. However, many countries have yet to approach the target pillars of this strategy. How can we work together as a community to close gaps in access to HPV vaccination, cervical screening and treatment among communities and countries?

SS - SCIENTIFIC SESSIONS

Friday, March 15

SS 27 — RISCC: Implementation of risk-based cervical cancer screening in Europe — 13.00 • 14.30

Chair: Berkhof J. H. (Netherlands) • Elfström M. (Sweden)

RISCC is a European consortium which aims to develop and implement risk-based HPV screening strategies for cervical cancer and contributes to the elimination of cervical cancer in Europe. About 70 percent of citizens in Europe have access to an organized program, but cervical cancer is still common and is even on the rise in several European countries. Most screening programs also report unnecessary colposcopy referral rates of about 80 to 90 percent indicating that screening programs are only moderately efficient. We believe that screening can be made more effective and efficient by directing screening resources to those most at risk. And in a future world where cancer risks strongly vary in populations with highly vaccinated younger cohorts and older cohorts with an abiding cancer risk, risk-based screening will be increasingly meaningful. In this session, we will present results on the effectiveness of HPV screening programs in unvaccinated and vaccinated cohorts, we will point at the role of new technologies in future screening, and we will show how risk-based HPV screening can be implemented by means of a Swedish demonstration trial.

SS 28 — Cervical cancer screening in LMICs — 14.30 • 16.00

Chair: Smith J. S. (USA)

To aim towards cervical cancer elimination, experts in low- and middle- income countries are evaluating optimal approaches to obtaining the screening target of 70% of eligible women by age 35 and again by age 45, and of 90% treatment of cervical disease. Novel implementation research is critical to identifying best ways to increase coverage and to ensure that all women with screen-positive results obtain necessary follow-up care. To inform future roll-out in low- and middle-income countries, data will be presented in this 90 minute session on an HPV screen-and-treat program in Malawi; use of digital tools for screening in Uganda; combined HPV-automated visual evaluation in nine countries; crowdsourcing strategies in Nigeria; a generosity-based intervention strategy in China; logistical issues related to HPV self-collection implementation globally; and a novel topical self-administered therapy for HPV/cervical precancer treatment in Kenya. There will be ample time for questions and discussion.

SS 29 — HPV vaccination in vulnerable populations — 16.30 • 18.00

Chair: Bardou M. (France) • Baussano I. (France)

Uterine Cervical Cancer (UCC) is more incident and more severe in vulnerable populations, whether economically, geographically, ethnically, or culturally disadvantaged. Human papillomavirus (HPV) vaccination has been shown to reduce the incidence and lethality of cervical cancer, especially when combined with screening. HPV vaccination policies have been implemented to varying degrees in most countries around the world. However, the one-size-fits-all approach ignores the unique challenges faced by vulnerable populations, as, despite demonstrations of effectiveness and safety, vaccine uptake in vulnerable groups is frequently lower than expected, even in developed countries with vaccination strategies in place. Implementing vaccines for vulnerable girls and women faces multiple barriers, including the high cost of vaccines, inadequate distribution infrastructure, and lack of community engagement to raise awareness about cervical cancer and early screening tools. In this session, we will address the individual and systemic challenges of an HPV vaccination policy based on a proportionate universalism approach.

SS - SCIENTIFIC SESSIONS

Friday, March 15

SS 30 — Indications for methylation testing in cervical screening and in the diagnosis of cervical and non-cervical HPV-associated lesions

15.00 • 16.30

Chair: Heideman D. (Netherlands)
Steenbergen R. (Netherlands)

Altered DNA methylation is one of the key epigenetic events that contributes to the development of cancer. HPV-driven carcinogenesis is associated with increased DNA methylation. Changes in DNA methylation patterns are already detectable at the stage of precancerous lesions and can be measured in exfoliated cells using sensitive molecular methods. Accordingly, DNA methylation analysis has been evolved as one of the most promising tools for the early detection of HPV-associated cancer. Large clinical studies have demonstrated their applicability as triage markers in HPV-based cervical screening. This session will discuss the use of methylation markers for detection of HPV-induced cancers, including both anogenital and oropharyngeal cancers.

SS 31 — The utility of urine for improved cervical cancer prevention

14.30 • 16.00

Chair: Steenbergen R. (Netherlands) • Vorsters A. (Belgium)

Urine sampling offers several advantages over clinician-collected cervical and self-collected vaginal 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 DNA detection are rising rapidly. Studies on clinical performance and evaluation in primary screen populations are just evolving. This session will discuss current developments on the analysis of HPV DNA and methylation markers for the detection of cervical lesions in urine, and evaluation thereof in primary screening populations. As will it discuss its potential for vaccination monitoring through HPV induced antibodies.

SS 32 — Global overview of commercial HPV tests: 2024 status

16.30 • 18.00

Chair: Cuschieri K. (UK) • Poljak M. (Sweden)

The global market is overflowed with commercial HPV tests. Although analytical and clinical performance characteristics of a great majority of commercially available HPV tests are largely unknown, due to lack of regulation such HPV tests are used worldwide in daily practice, with potentially grave consequences. The session will provide an updated global inventory of commercial HPV tests and critically review approval criteria and licensing procedures for HPV tests by selected stringent regulatory agencies and WHO, the associated challenges and the way forward.

SS – SCIENTIFIC SESSIONS

Saturday, March 16

SS 33 — PERCH: European joint action aiming for improved HPV vaccination coverage and data collection — 8.00 • 9.30

Chair: Arbyn M. (Belgium) • Bucciardini R. (Italy)

PERCH (PartnERship to Contrast HPV) is a EU Joint Action, nested within the Europe's Beating Cancer Plan, which aims to support Member States' to extend the roll-out of routine HPV vaccination of girls and boys with the purpose to reach 90% coverage within a decade. In addition, PERCH wants to update knowledge about HPV vaccines and improve data collection procedures regarding HPV vaccination coverage, support linkage of HPV vaccination databases with cervical cancer screening and cancer registries and support risk based prevention of cervical cancer and other HPV-related cancers. Moreover, PERCH aims to improve knowledge and awareness about prevention of HPV and related diseases among teenagers and their parents. Finally, PERCH will enhance skills of healthcare professions with respect to communication with their patients about HPV vaccination.

SS 34 — Risk stratification in cervical cancer screening — 8.00 • 9.30

Chair: Berkhof J. H. (Netherlands) • Inturrisi F. (USA)

As the natural history and risk factors of cervical cancer are very well documented, HPV-based screening offers the possibility to move away from a one-size-fits-all approach to a system where women at high-risk are offered more intensive screening and women at low-risk get less intensive screening. In this way, screening resources are directed to those most at risk, thus screening programs would be more effective and more efficient. At present, strong predictors that could be used for further risk stratification in screening programs with primary HPV testing are age, screening attendance, screening history, triage testing including HPV genotyping and automated visual evaluation (AVE), and HPV vaccination status. In this session, we will discuss how risk stratification can be used in screening in both high and low-income settings and see real-life examples of risk-based programs.

SS 35 — Present status of genome-wide association studies — 8.00 • 9.30

Chair: Hillemanns P. (Germany)

HPV infection triggers the development of several cancers. However, the risk of developing cancer after HPV infection is modified by genome variation of the host. Genome-wide association studies have begun to uncover risk loci that mediate the processes from HPV infection to cancer. These studies compare millions of variants across the whole genome between several hundreds of cases and controls to identify risk variants enriched in patients. Any of these genomic risk loci can help to understand the molecular pathogenesis of the respective cancer and can eventually, when many variants are combined, lead to a personalized risk prediction by means of a polygenic risk score. The session presents the current knowledge about genomic risk factors for two HPV-associated cancers, cervical cancer and head and neck cancer, and discusses the possibilities to use this knowledge in future research and medical practice.

CS - CLINICAL SESSIONS

Wednesday, March 13

CS 01 — HPV genital diseases and treatment during pregnancy — 12.00 • 13.30

Chair: Louvanto K. (Finland) • Siegler E. (Israel)

Managing HPV during pregnancy requires careful consideration of the potential risks and benefits of various diagnostic and treatment approaches. The risk of progression of CIN 2-3 to cancer should be balanced against the fear of complications of conization.
Here are some key points that will be discussed during that session:

- The transmission of HPV from mother to foetus is a concern. It's essential to understand the risk factors, the likelihood of transmission, and how it may impact the newborn.
- Investigation of abnormal PAP Smear during pregnancy will be discussed, the challenge of colposcopy, which requires expertise, and the indication for performing cervical biopsy.
- We will present controversies about conization during pregnancy and studies that describe the outcome of those operations.
- We will share the options available for treating cervical cancer while considering the well-being of both the pregnant woman and the foetus.

CS 02 — Putting anal cancer screening into practice: implementation science, biomarker development, and self-sampling — 15.30 • 17.00

Chair: Burchell A. (Canada) • Nyitray A. (USA)

The development of successful anal cancer screening programs is dependent upon the discovery of efficient biomarkers that identify persons at highest risk for disease. But it is also dependent upon the delivery of screening programs that are acceptable to health care providers and communities at increased risk for anal cancer. This session will address the intersection of biomarker development and implementation research for anal cancer screening and the potential impact on screening uptake.

CS 03 — Implementation of anal cancer screening: challenges and solutions — 17.00 • 18.30

Chair: Palefsky J. (USA)

Data from the ANCHOR Study show that treating anal high-grade squamous intraepithelial lesions (HSIL) is effective in reducing the incidence of anal cancer among people living with HIV (PLWH). Based on these results it is expected that treatment of anal HSIL will be standard of care among PLWH, and possibly other groups in the future who are also at increased risk of anal cancer compared to the general population. Current challenges include technical barriers to performing high quality high resolution anoscopy (HRA); extensive HRA training requirements; limited HRA capacity; very high prevalence and incidence of anal HSIL in the proposed screening populations; limited data on optimal screening algorithms and need for improved HSIL treatment options. This session will focus on these challenges and will include discussion of screening guidelines, challenges in performing HRA and treatment of anal HSIL, and new approaches to screening for anal HSIL.

CS - CLINICAL SESSIONS

Thursday, March 14

CS 04 — Use of genotyping for management

8.00 • 9.30

Chair: Carozzi F. (Italy) • Inturrisi F. (USA)

As each of the high-risk HPV genotypes carries a different risk of progression to cervical cancer, genotyping can be used to manage HPV-positive women accordingly. The use of HPV genotyping for triage and management is gaining importance worldwide because, as other risk-based strategies, it offers the possibility to maximize screening efficiency by better allocating available resources and directing them to women at highest-risk. Positivity for HPV16/18 is currently being included in several clinical algorithms as an indication of high-risk supporting direct referral for colposcopy and the inclusion of extended genotyping is being piloted. In the near future it is likely that more countries, also LMICs, will adopt similar strategies as more HPV tests used for primary screening will be able to provide extended/full genotyping information without additional costs. The organization of risk groups and laboratory considerations for using genotyping in screening will also be discussed.

CS 05 — Vaccination in women with CIN treatment

14.00 • 15.30

Chair: Nieminen P. (Finland) • Strander B. (Sweden)

We will give an overview of the field and summarise the scientific evidence, including and comparing the meta-analyses that have been made. The time-point for vaccination in general will be discussed as well as challenges in formulating endpoints when making randomised trials on vaccination at the time of treatment for high grade CIN. We will further discuss several topics, e.g. what level of evidence is required for clinical guidelines and for changing of public financed policies, how soon should recommendations be made when awaiting results from randomized studies, what are the ethical questions involved issuing recommendations that are costly for the patients and what are the policies in Europe at present? Also basic data, not yet divided by arms, from the randomised NOVEL-trial will be presented.

CS - CLINICAL SESSIONS

Friday, March 15

CS 06 — How to deal with persistent HPV without HSIL lesions in colposcopy

8.00 • 9.30

Chair: Louvanto K. (Finland)

The majority of HPV infections do not cause symptoms or diseases and are usually cleared by an active immune response. However, still a small fraction of HPV infections persists and women are repeatedly followed-up with re-testing and colposcopy examinations without any signs of progression. This session will highlight the main reasons for long term persistence and evaluate possible approaches to stratify these women further and to identify the ones that would benefit from treatment.

HN – HPV AND HEAD & NECK FORUM

Coordinators: Brenner C. J. (USA) • Klussmann J. P. (Germany)
Lang Khus K. (USA) • Virani S. (France)

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, March 14

HN 01 — **Submitted papers I** — 9.30 • 11.00
Chair: Kejner A. (USA)

Lunch Break — 11.00 • 14.00

HN 02 — **Epidemiology and prevention of HPV-OPC** — 14.00 • 15.30
Chair: Rettig E. (USA) • Robbins H. (France)

The epidemiology of HPV-positive oropharynx cancer has evolved rapidly over the past several decades, with tremendous geographic variation. Further changes are expected in the near future, as the impact of HPV vaccination takes effect. Understanding epidemiologic trends, and the risk factors that drive them, is critical to shaping public health policy and messaging. This session will feature recent trends in oropharyngeal cancer incidence, emerging evidence regarding risk factors for HPV-positive oropharyngeal cancer, and updates on HPV vaccination.

Coffee Break — 15.30 • 16.00

HN 03 — **Screening for HPV-OPC** — 16.00 • 17.30
Chair: Lang Khus K. (USA) • Waterboer T. (Germany)

Human papillomavirus-driven oropharyngeal squamous cell carcinoma (HPV+OPSCC) is rapidly increasing in many parts of the world. There are no methods for early detection. A major barrier to screening is the inability to identify those at high risk as no precancerous lesion has been identified to date. However, some promising early markers of HPV+OPSCC have recently been discovered. There are several ongoing studies aimed at better understanding whether these biomarkers can be used for screening and early detection of HPV+OPSCC. The purpose of this session is to highlight the most recent findings from these studies and to discuss implications for future trial designs.

HN – HPV AND HEAD & NECK FORUM

Coordinators: Brenner C. J. (USA) • Klussmann J. P. (Germany)
Lang Khus K. (USA) • Virani S. (France)

Friday, March 15

HN 04	**Basic sicence** Chair: Brenner C. (USA) • Virani S. (France)	**8.00 • 9.30**

The session on basic science research in HPV-related oropharyngeal cancer provides a comprehensive exploration of cutting-edge techniques in detecting and characterizing Human Papillomavirus (HPV) in oropharyngeal cancer. Experts delve into the molecular intricacies of HPV genomics, emphasizing the role of emerging biomarkers and genetic signatures linked to oropharyngeal malignancies and outcomes. Attendees gain insights into advanced diagnostic tools such as sequencing-based classification and artificial intelligence-based tumor histology classification and discuss their accuracy for predicting cancer progression. Discussions span personalized treatment strategies based on molecular profiles and tumor heterogeneity, shedding light on tailored therapeutic interventions. The session serves as a crucial platform for multidisciplinary collaboration, fostering a deeper understanding of the molecular landscape of HPV-related oropharyngeal cancer and its implications for enhanced diagnostic accuracy and targeted therapeutic advancements.

Coffee Break	9.30 • 10.00

HN 05	**Management** Chair: Klussmann J. P. (Germany) • Puram S. (USA)	**10.00 • 11.30**

The management session will cover the latest interdisciplinary study concepts for the treatment of HPV-associated head and neck cancers. Conventional treatment of head and neck cancer with surgery and radiotherapy has significant long-term side effects. Due to the better prognosis of HPV-associated carcinomas, attempts are being made to de-escalate therapy. Therefore, different surgical and radio-oncological strategies are discussed by specialists. The criteria for patient selection is also a crucial factor. Further the optimal therapy in the relapsed or metastasized situation is an important topic. The session will therefore cover important results and considerations for improving the treatment of HPV-associated carcinomas of the head and neck.

Lunch Break	11.30 • 13.00

HN 06	**Submitted papers II** Chair: Hayes N. (USA)	**13.00 • 14.30**

HN – HPV AND HEAD & NECK FORUM

Coordinators: Brenner C. J. (USA) • Klussmann J. P. (Germany)
Lang Khus K. (USA) • Virani S. (France)

Friday, March 15

HN 07	**Molecular diagnosis and surveillance** Chair: Brenner C. J. (USA) • Mirghani H. (France)	14.30 • 16.00

The session on molecular diagnostics and surveillance in HPV-related oropharyngeal cancer features an array of insightful talks followed by a debate on the current utility of HPV ctDNA. An overview of current pathology guidelines sets the stage, discussing the evolving standards for diagnosing and monitoring the disease. Cell-free HPV DNA in both plasma and urine is explored as a non-invasive diagnostic tool, providing a convenient and accessible means of detection. TTMV-HPV DNA for surveillance in the clinic is discussed, shedding light on its potential role in monitoring for disease progression. Furthermore, discussion of a randomized controlled trials that are comparing standard surveillance methods to liquid biopsy-based approaches will add a crucial perspective, offering evidence-based insights into the feasibility and advantages of liquid biopsy in the context of HPV-related oropharyngeal cancer prior to a panel debate on the pros and cons of strategies for implementing ctDNA testing into clinical management.

Coffee Break	16.00 • 16.30

HN 08	**Recurrent Respiratory Papillomatosis (RRP)** Chair: Best S. (USA)	16.30 • 18.00

Recurrent Respiratory Papillomatosis is a chronic low-risk (HPV 6/11) infection of the upper airway. There are exciting new developments in the prevention, surgical treatment, and non-operative management of this disease that will be reviewed in this panel. Ongoing clinical trials will be highlighted, including novel immunologic therapies that should reduce the operative burden for patients.

HN 09	**Submitted papers** Chair: Dalianis T. (Sweden)	18.00 • 19.15

AI - ARTIFICIAL INTELLIGENCE FORUM

Thursday, March 14

Digital health transformation in progress – Artificial intelligence and HPV related diseases

14.00 • 18.15

Chair: Monsonego J. (France)

Welcome to the Multidisciplinary Forum on the Multifaceted Applications of AI in Precancerous and Cancerous Pathologies of the Cervical, Anal, and Oropharyngeal Regions linked to HPV!

We are delighted to have you join this enlightening discussion, where we'll delve into the world of AI's diverse roles in screening, prediction, diagnostic support, and management of HPV-related precancerous and cancerous conditions. Let's explore the incredible potential of artificial intelligence in improving healthcare outcomes and shaping the future of cervical, anal, and oropharyngeal cancer management. Your insights and contributions are essential in this endeavour.

AI 01 — Artificial intelligence in health care:

Chair: Franco E. (Canada)

14.00 • 15.05

Keynote Lecture ***(30 min)***
Fundamentals, challenges and ethical considerations

- Presentation of the fundamental concepts of artificial intelligence
- Explanation of key techniques used in AI, such as machine learning and neural networks
- Presentation of commonly used machine learning algorithms
- Limitations
- Exploration of ethical issues and concerns regarding patient data confidentiality and security

Invited Talk ***(20 min)***
Digital imaging and AI: state of the art and road to clinical practice

- Digital pathology and imaging
- Development of AI solutions for disease detection and diagnosis
- Limitations

Grabe N. (Germany)
Heidelberg University and University of Goettingen, Germany

Discussion ***(5 min)*** — **De Sanjosé S. (Spain)**

Coffee Break — 15.00 • 15.30

AI – ARTIFICIAL INTELLIGENCE FORUM

Thursday, March 14

Digital health transformation in progress – Artificial intelligence and HPV related diseases

14.00 • 18.15

Chair: Monsonego J. (France)

AI 02 — AI and HPV related neoplasia - Prediction, models, experiences and perspectives

Chair: Wentzensen N. (USA)

15.30 • 17.30

Keynote Lecture *(15 min)* — **De Sanjosé S. (Spain)**

Clinical implementation of AI-based solutions for cervical screening and management: opportunities and challenges

Cervical screening

- Self sampling and role of molecular markers *(20 min)* — **Smith J. S. (USA) & Meijer C. (Netherlands)**
- Development and evaluation of Automated Visual Evaluation in LMIC *(15 min)* — **Egemen D. (USA)**

AI solutions for triage and colposcopy

- Colposcopy: enhancing image recognition of HG CIN *(15 min)* — **Madathil S. A. (Canada) & Monsonego J. (France)**
- Automated detection of dual stain for triage of HPV-positives *(15 min)* — **Wentzensen N. (USA)**

Anus

- Detection of anal HSIL - Practical issues for AI solutions *(15 min)* — **Zhang L. (Australia)**

Head and neck

- Uncertainty quantification of AI-based prediction model and potential for clinical decision making *(15 min)* — **Madathil S. A. (Canada)**

Conclusion *(10 min)*

Moderators: Franco E. (Canada) • De Sanjosé S. (Spain) • Wentzensen N. (USA) • Monsonego J. (France)

- Recapitulation of key points discussed in the presentation
- Emphasis on the potential role of artificial intelligence as a valuable complementary tool to improve the screening, diagnosis and treatment of cervical conditions
- Encouragement for collaboration between AI experts and healthcare professionals to foster the adoption and development of AI-based solutions in cervical pathology

AI - ARTIFICIAL INTELLIGENCE FORUM

Thursday, March 14

Digital health transformation in progress – Artificial intelligence and HPV related diseases

14.00 • 18.15

Chair: Monsonego J. (France)

AI 03	Free Communications (Submitted papers) Chair: Madathil S. A. (Canada)	17.30 • 18.15

- Moving towards more personalised cervical cancer screening: determining differences in the risk of CIN2+ by age and HPV-type in Norway — **Thorsplass A. (Norway)**
- Machine learning model for cervical cancer risk prediction — **Garcia Serrano A. (Sweden)**
- Automated evaluation of p16/ki67 dual stain cytology as an artificial intelligence-based biomarker for detection of cervical intraepithelial neoplasia of grade 2 or worse in older HPV-positive women in cervical cancer screening - a cross sectional study — **Gustafson L. W. (Denmark)**
- Risk stratified management of cervical high-grade squamous intraepithelial lesions based on machine learning — **Zhang L. (China)**
- Cervix guide - a new artificial intelligence tool — **Pacheco A. (Portugal)**

WS - SPECIALIZED WORKSHOP

Wednesday, March 13

WS 01 - Colposcopy Course

8.30 • 12.05

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

Welcome to the EUROGIN colposcopy course. Taking care of cervical precancer has evolved significantly in recent years. However, the basis remains – Colposcopy. Performing colposcopy necessitates knowledge and experience. In this course, you will learn the fundamentals of the use of the colposcope and the essentials of diagnosing and treating precancerous cervical lesions.

The EUROGIN course has traditionally been led by professor Albert Singer, and we have the great pleasure of having him with us again this year, co-sharing the leadership of this course with Professor Jacob Bornstein, who headed the IFCPC Nomenclature Committee that produced the contemporary colposcopy terminology.

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 the vaginal epithelium and the glandular epithelium arising from the endocervix (canal). Within this area, a change occurs in which glandular epithelium changes to squamous by a process of transformation, called metaplasia. The upper border of this metaplastic change is called the new squamocolumnar 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.

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 certain types of HPV and also when there are clinical symptoms and signs of early invasive cancer.

Educational Objectives
Upon completion of this educational activity, participants should be able to:

- Describe the anatomy, cytology, histology, and colposcopic findings of the normal and abnormal cervix;
- Define the pathophysiology of lower genital tract neoplasia, including the role of HPV in preinvasive and invasive diseases of the cervix;
- Define the IFCPC colposcopy terminology;
- Recognize the diagnostic characteristics of cervical abnormalities (minor-grade and major-grade cervical lesions as well as glandular lesions and cervical cancer) on the cytologic, colposcopic, and histologic examination;
- Interpret and correlate cytologic, colposcopic, and histologic results;
- Describe treatment options to include cryosurgery and large loop excision of the transformation zone (LLETZ) of the cervix;
- Provide appropriate patient education and support.

WS - SPECIALIZED WORKSHOP

Wednesday, March 13

WS 01 - Colposcopy Course

8.30 • 12.00

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

WS 01-A Part A	8.30 • 10.05
Opening Singer A. (UK)	8.30 • 8.35
The normal cervix and the colposcopy examination Singer A. (UK)	8.35 • 9.05
Update in pathology and cytology for colposcopists Regauer S. (Austria)	9.05 • 9.35
Colposcopy of «abnormal» cervix, colposcopy terminology Bornstein J. (Israel)	9.35 • 10.05
Coffee Break	10.05 • 10.35
WS 01-B Part B	**10.35 • 12.00**
Management protocols of abnormal screening findings and the value of biomarkers Bonde J. (Denmark)	10.35 • 11.05
Treatment of cervical precancer and treatment's complications Bornstein J. (Israel)	11.05 • 11.35
What is your diagnosis (Interactive session) Singer A. (UK)	11.35 • 11.55
Course Summary Bornstein J. (Israel)	11.55 • 12.00
Discussion and Q&A	

WS - SPECIALIZED WORKSHOP

Friday, March 15

WS 02 - Vulvar diseases

13.00 • 15.00

Coordinators: Bleeker M. (Netherlands) • Hampl M. (Germany)

Vulvar intraepithelial neoplasia (VIN) can be divided into human papillomavirus (HPV)-associated high-grade squamous intraepithelial lesion (HSIL) and HPV-independent VIN (d-VIN). HPV-associated HSIL is the most common precursor and usually affects patients between the ages of 40 and 50. HPV-independent VIN occurs mainly in older patients (>65 years) and is associated with vulvar inflammatory dermatoses such as lichen sclerosus (LS). The clinical course of d-VIN is more aggressive and the time of progression to invasive vulvar cancer is often short. Recent insights have been shown that HPV-independent VIN can be further divided into p53 mutant and p53 wild-type variants that confer different cancer risks. Patients with VIN often have recurrent disease, as well as multiple lesions at different anogenital sites (multizonal/multicentric disease).
This workshop will provide state-of-the-art lectures on the clinicopathological aspects and treatment of this heterogeneous disease, as well as new insights into prognostic biomarkers and prevention by vaccination.

Introduction
Bleeker M. (Netherlands) • Hampl M. (Germany)

VIN: Incidence and clinical spectrum
Bornstein J. (Israel)

VIN: The histomorphologic spectrum
Regauer S. (Austria)

Management/treatment options for VIN
Preti M. (Italy)

VIN: Multicentric disease and impact
Hampl M. (Germany)

Prognostic biomarkers in VIN
Bleeker M. (Netherlands)

Prevention of VIN: what can we expect from the effects of vaccination
Joura E. (Austria)

Discussion
Bleeker M. (Netherlands) • Hampl M. (Germany)

LW – LOCAL WORKSHOP

Wednesday, March 13

The Nordic Session

13.30 • 17.00

Coordinators: Bonde J. (Denmark) • Dillner J. (Sweden)

The Nordic countries have ambitious cervical cancer elimination strategies backed by strong, comprehensive registers, organised screening and have been early movers on organised vaccination programs and HPV self-sampling for primary screening.

LW 01 — Part 1
Next level for HPV vaccine in the Nordic Countries

13.30 • 15.00

Chair: Bonde J. (Denmark) • Dillner J. (Sweden)

This session will provide a comprehensive update on Nordic HPV vaccination, including reports of registry-based assessment of the impact of the HPV vaccinations, how the vaccine is changing clinical management and present data on faster cervical cancer elimination using concomitant HPV vaccination and HPV screening.

LW 01-1	• Impact of HPV vaccination in Sweden	**Lei J. (Sweden)**
LW 01-2	• Impact of HPV vaccination in Denmark	**Krüger Kjaer S. (Denmark)**
LW 01-3	• Vaccination after treatment for CIN2+	**Strander B. (Sweden)**
LW 01-4	• Concomitant vaccination and screening for faster HPV elimination	**Dillner J. (Sweden)**
LW 01-5	• Round table: what is next in Nordic vaccination?	**Bonde J. (Denmark)**

LW 02 — Part 2
Next level for cervical screening in the Nordic Countries

15.30 • 17.00

Chair: Bonde J. (Denmark) • Dillner J. (Sweden)

This session will provide a comprehensive update on Nordic HPV screening, including reports of the joint open online system for monitoring cervical screening in the Nordic countries, how the predictive value of HPV screening changes after multiple rounds of HPV screening and experiences of how the organised screening programs have used primary self-sampling in Denmark and Sweden. Finally, results from a nationwide trial of organised, risk-stratified screening will be reported.

LW 02-1	• Nordscreen – an interactive visualisation of screening quality indicators in the Nordic countries	**Partanen V. M. (Finland)**
LW 02-2	• How the predictive value of HPV test differs with new infections - implications for design of screening algorithms	**Engesæter B. (Norway)**
LW 02-3	• Primary self-sampling in Sweden	**Elfström M. (Sweden)**
LW 02-4	• Danish experiences with primary self-sampling	**Bonde J. (Denmark)**
LW 02-5	• Nationwide project for outreach to high risk women (long-term non-attenders)	**Arroyo Mühr L. S. (Sweden)**
LW 02-6	• Round table: can screening programs adapt fast enough to encompass new technologies?	**Dillner J. (Sweden)**