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Preliminary Program – Main Sessions

Updated draft as of June 7, 2017 – subject to change

The specialized workshops (Colposcopy Course, Immunization, QA in Cervical Cancer Screening, Vulvar Diseases, Local workshop in Dutch, French, Spanish and Portuguese workshops) are not included with this document and are listed under separate sections of the www.eurogin.com/2017 website

MTC - Main Training Course

Sunday, October 8

MTC - Main Training Course

Global focus on HPV infection to diseases - the rising knowledge by sites and gender — **MTC 01**

Chair: S. Franceschi (France) — **8.30 - 10.00**

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

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

Cervical cancer control in high income countries - current standards and challenges — **MTC 02**

Chair: E. Franco (Canada) — **10.30 - 12.00**

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

Part 1 - Screening

• The need of one objective HPV based screening program strategy	Meijer	C.	Netherlands
• HPV triage options in different settings	Almonte	M.	France
• Barriers and obstacles of HPV screening: addressing the solutions	Ogilvie	G.	Canada

Discussants: K. Canfell, G. Ronco, H. Berkhof, W. Kinney, M. Arbyn

Part 2 - Vaccination

• Barriers and obstacles for vaccination: addressing the solutions	Steben	M.	Canada
• The transition era of HPV vaccination, from the previous to the new generation of HPV vaccines	Joura	E.	Austria
• Screening of immunized women, current and future directions	Dillner	J.	Sweden

Discussants: S. Kjaer, K. Pollock, K. Cuschieri, K. Canfell, S. Hanley, J. Smith

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Cervical cancer control in low and middle resource countries - experiences and perspectives **MTC 03**

Chair: H. Cubie (UK), S. de Sanjosé (Spain) **13.45 - 15.30**

Incidence and mortality from cervical cancer varies widely from country to country, but are significantly higher in low and middle income countries, being highest in Sub-Saharan Africa followed by South-Central Asia and South America. There are many challenges to be overcome, not necessarily the same in each region but ranging from lack of knowledge and understanding about the disease and its precursors to inevitable cost restraints. In additions, interventions to reduce the burden of cervical cancer and which work well in high income countries may be completely unattainable or impractical for LMIC and difficult to put in place for poor and/or indigenous populations within high income countries. In recent years we have seen many LMIC countries start to introduce new approaches to cervical cancer screening, some of which are still in pilot phase, others integrated into national programmes. In this session, we will cover submissions from people working to overcome the varied challenges and provide insight on each country's data and foreseen needs.

• What have we learnt from population-wide HPV vaccination programs and how can it guide future vaccination policy?	Franceschi	S.	France
• Expanding the impact of HPV Vaccines: Updated WHO recommendations	Restrepo	AM	Switzerland
• Perspective and strategy from the Gates Foundation	Yang	J.	USA
• Moving towards HPV testing in low income settings – real-life experience with careHPV and Xpert HPV	Clifford	G.	France
• Self-sampling experience from Scotland to Malawi and back	Stanczuk	G.	UK
• Data suggesting a single dose of the prophylactic HPV vaccines may be sufficient	Kreimer	A.	USA
• Discussion			

New horizons in translational research	**MTC 04**
Chair: J. Dillner (Sweden), P. Gravitt (USA)	**16.00 - 17.30**

HPV DNA testing is rapidly replacing cytology-based cervical screening technologies in both high and low resource settings. This change is driven by the higher negative predictive value of HPV-negativity, allowing for a higher degree of assurance and/or much less frequent screening over a woman's lifetime. However, the high prevalence of HPV particularly at younger ages, necessitates a triaging strategy before referral of HPV-positive women. Most trials have used cytology for triaging of HPV-positive women, but new translational research efforts aim at identification of more specific biomarkers of HPV-induced cellular transformation. This session will provide updates on novel molecular targets to use in conjunction with HPV testing and the use of biomarker-based risk stratification for optimization of screening intervals and/or management strategies. We will also explore the potential for more convenient and non-invasive sampling which can be amenable to molecular testing and increase the implementation feasibility of HPV-based screening programs.

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

MSS - Main Scientific Sessions

Monday, October 9

Gender-neutral HPV vaccination, challenging eradication of HPV and HPV-associated cancers **MSS 01**

Chair: J. Paavonen (Finland), S. Kjaer (Denmark) **8.00 - 9.30**

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

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

Monday, October 9

The long-term protection of screening and vaccination programs **MSS 02**

Chair: H. Berkhof (Netherlands) **9.30 - 11.00**

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

• Cytology contribution	Ronco	G.	Italy
• HPV screening including cotesting	Dillner	J.	Sweden
• HPV triage	Berkhof	H.	Netherlands
• Protection of 4&2 valent HPV vaccine	Paavonen	J.	Finland

• Expected impact of 9-valent HPV vaccine	Jit	M.	UK
• Residual life time risk of cervical cancer following screening and vaccination	Giorgi Rossi	P.	Italy
• Discussion			

Monday, October 9

Triaging of HPV-positive women: finding the best strategies **MSS 03**

Chair: G. Ronco (Italy), N. Wentzensen (USA) **14.15 - 15.45**

Worldwide, there is a shift towards primary HPV testing in cervical cancer screening, both in high and low-middle income countries. HPV testing provides great reassurance for HPV-negative women that risk of cancer is very low. However, the challenge is to discriminate harmless transient HPV infections from prevalent precancers. HPV screening trials have typically used cytology for triage of HPV-positive women. There is now an increasing number of options for triage of HPV-positive women, but many assays have not been thoroughly evaluated and there is currently no clear winning strategy. It is likely that there will be multiple options. This session will highlight the efforts underway to evaluate new triage approaches and discuss methods to assess the emerging evidence for medical practice guidelines.

• Evaluating triage strategies: risk stratification and thresholds, comparison of candidates	Wentzensen	N.	USA
• Immediate triage and retesting	Ronco	G.	Italy
• Microscopic triage	Austin	M.	USA
• Molecular triage	Cuzick	J.	UK
• Low resource settings	Cubie	H .	UK
• Vaccinated populations	Canfell	K.	Australia
• Discussion			

Monday, October 9

Consequences of implementation of HPV screening for cervical cancer **MSS 04**

Chair: W. Quint (Netherlans), P. Georgi Rossi (Italy) **16.15 - 17.45**

There is good evidence from Clinical trials and other studies that HPV-based primary screening is more effective than cytology screening in preventing cervical cancer, has a satisfactory specificity in women over 30 and has a high negative predictive value enabling potential extension of screening intervals. It also offers the opportunity for automation in the laboratory and for self-sampling. Cytology would play a role in the first instance as a secondary triage rather than a primary screen, and this would result in a substantial reduction in the workload of cytology laboratories. The practical implementation of HPV screening involves major changes in the role of pathologists, cytologists and gynecologists. Also self-sampling affects the role of physicians and nurses in taking smears. The move to HPV screening involves setting up HPV detection laboratories on a large scale with appropriate quality control and standardization, and the development of new molecular-based triage techniques.

Introducing a change in screening practice on a national and international scale implies building new multidisciplinary skills belonging to different professions and raises important questions in how to manage such big impact on the health system organization. This session examines the experiences of different countries in approaching these changes and the issues and problems that must be faced.

• Impact of change from cytology to molecular biology	Franco	E.	Canada
• The European Experiences of implementation of HPV screening for CC: performance of triage cytology and implications for the management of HPV positive women	Van der Veen	N.	Netherlands

• Barriers and facilitators of the change to HPV screening: the role of stakeholders women and professionals	Ogilvie	G.	Canada
• What's happening in the second round?	Carozzi	F.	Italy
•Quality assurance programs for HPV and cytology related screening and the implication for laboratory organization	Poljak	M.	Slovenia
•Development and evaluation of new triage markers	Wentzensen	N.	USA
• Discussion			

Tuesday, October 10

Targeting high-risk populations for HPV-associated cancers (cervix, anus, OP): from risk assessment to

MSS 05

Chair: M. Stoler (USA)

8.00 - 9.30

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

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

Tuesday, October 10

Discovery of new biomarkers, the clinical value of predictors as a signature of pre-cancers

MSS 06

Chair: C. Meijer (Netherlands)

9.30 - 11.00

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

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

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

• Viral methylation in predicting risk of ano-genital cancer	Lorincz	A.	UK

• Host methylation for management of women with screen positive test	Snijders	P.	Netherlands
• The value of P16 /Ki 67 dual staining	Jenkins	D.	UK
• Role and clinical expectations of HPV sequencing	Mirabello	L.	USA
• The Onco E6 accuracy	Schweizer	J.	USA
• Simplifying histologic terminology based on the biomarker profile	Meijer	C.	Netherlands
• Discussion			

Tuesday, October 10

Impact of national HPV vaccination programs, a decade on **MSS 07**

Chair: M. Lehtinen (Sweden), K. Soldan (UK) **14.15 - 15.45**

Clinical trials of HPV vaccines provided excellent evidence of the vaccines' efficacy (and safety) under trial conditions. Effectiveness in practice and other potentially important outcomes of HPV vaccination can be discovered through monitoring and surveillance of vaccination programmes. Data on the impact of different vaccination strategies is also now available from large, long-running, randomised Phase IV trials. The impact on health at the population level can be affected by variations in vaccine uptake, herd effects, interactions with other interventions (particularly cervical screening), and any changes in the occurrence of non-vaccine HPV types. In this session we will consider the evolving evidence-base regarding the impact of HPV vaccination programmes, with particular attention to outcomes that were not reported by the earlier clinical trials.

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

CS - Clinical Sessions

Monday, October 9

Primary HPV vs. Co-testing
Debate Session **CS 01**

Chair: P. Snijders (Netherlands), W. Kinney (USA) **8.00 - 9.30**

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

Speakers: M. Arbyn (Belgium), M. Austin (USA), J.P. Bogers (Belgium), W. Kinney (USA, G. Ronco (Italy), P. Sasieni (USA), N. Wentzensen (USA)

Followed by debate (20 min.)

Monday, October 9

Cervical cancer screening guidelines - the times they are a' changing **CS 02**

Chair: T. Wright (USA), P. Sasieni (USA) **9.30 - 11.00**

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

Speakers from: Australia, Belgium, Canada, France, Germany, Italy, Netherlands, Sweden, Turkey, USA

(details to be disclosed in September 2017)

Tuesday, October 10

Building consensus for the adoption of self-sampling in cervical cancer screening **CS 03**

Chair: E. Franco (Canada), D. Heideman (Netherlands) **8.00 - 9.30**

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

Speakers from: Argentina, Denmark, France, Netherlands, Sweden, USA

(details to be disclosed in September 2017)

Tuesday, October 10

Reproductive morbidity after treatment for CIN **CS 04**

Chair: M. Kyrgiou (UK), E. Paraskevaidis (Greece) **9.30 - 11.00**

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

(details to be disclosed in September 2017)

Tuesday, October 10

HPV infection: conciliate health and sexuality **CS 05**

Chair: A. Giuliano (USA) **14.15 - 15.45**

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

(details to be disclosed in September 2017)

Tuesday, October 10

Colposcopy **CS 06**

Chair: M. Cruickshank, W. Kinney **16.15 - 17.45**

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

(details to be disclosed in September 2017)

Wednesday, October 11

Post treatment follow-up, science helping clinicians to improve practice **CS 07**

Chair: E. Siegler (Israel), M. Einstein (USA) **8.00 - 9.30**

Prevention of cervical cancer is based on excision or destruction of the transformation zone. Following surgery 4-14% of women have residual disease or recurrence of CIN 2 +. Risk factors for residual disease are large lesion, positive margins, positive ECC and HPV detection after surgery.

It is not clear which is the best way to follow up women after surgery. We will summarize and update the information regarding follow up women after treatment for cervical neoplasia.

(details to be disclosed in September 2017)

Anal HPV infection and diseases in women **CS 08**

Chair: E. Stier (USA), A.B. Moscicki (USA) **9.30 - 11.00**

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

(details to be disclosed in September 2017)

SS - Scientific Sessions

Monday, October 9

HPV assays: from available HPV tests to the next generation of testing **SS 01**

Chair: M. Poljak (Slovenia), K. Cuschieri (UK) **8.00 - 9.30**

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

(details to be disclosed in September 2017)

Monday, October 9

Identifying and overcoming HPV communication challenges **SS 02**

Chair: G.Zimet (USA) **9.30 - 11.00**

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

(details to be disclosed in September 2017)

Monday, October 9

HPV related cancers in immunocompromised recipients **SS 03**

Chair: P. Stern (UK) **14.15 - 15.45**

Investigation of immunocompromised patients with HPV related cancers offers unique opportunities to further advance our knowledge of the key components that contribute to persistent infection and derivative disease. Indeed, even in immune competent individuals the action of high risk HPV infection can sometimes lead to immune deviation which can lead to persistent HPV infection.

Identifying those at risk and developing successful treatment options based on immunotherapeutic approaches is a key goal. Optimism is provided by recent advances in the understanding of some of the mechanisms of immune regulation which have directly led to new and efficacious treatments options for some human cancers.

(details to be disclosed in September 2017)

Monday, October 9

Therapeutics against HPV infections and related diseases **SS 04**

Chair: M. Stanley (UK) **16.15 - 17.45**

(details to be disclosed in September 2017)

Tuesday, October 10

20 years of HPV research - long term follow-up **SS 05**

Chair: tbd. **9.30 - 11.00**

(details to be disclosed in September 2017)

Tuesday, October 10

Renewed population screening for cervical cancer in the Netherlands, from start to first results **SS 06**

Chair: P. Snijders **14.15 - 15.45**

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

• Welcome and an introduction into the renewed Dutch screening: changes, organisation and the need of (inter)national collaboration	van der Veen	N.	Netherlands
• Implementation of HPV screening of clinical and self-sampling – verification: design and results	van den Brule	A.	Netherlands
• Quality control of HPV test performance: inter– and intra laboratory	Schuurman	R.	Netherlands
• Quality control of cytology: cytology classifications and the dilemmas	Uyterlinde	A.M.	Netherlands
• Cytology triage: an indication of the HPV-bias in primary HPV screening	van Kemenade	F.J.	Netherlands
• Monitoring and first results of the screening program	de Kok	I.	Netherlands
• Discussion			

The session will be followed by excursion to screening laboratories (upon reservation only) - more details and reservation information will be announced soon

Tuesday, October 10

Screening regimens in vaccinated women (previous and new generation of vaccines) **SS 07**

Chair: K. Canfell (Australia) **16.15 - 17.45**

(details to be disclosed in September 2017)

Tuesday, October 10

Vaginal microbiome in women **SS 08**

Chair: A.B. Moscicki (USA) **14.15 - 15.45**

Next generation sequencing has drastically changed our understanding of the human microbiome in human health and disease. More recent progress has also emphasized the complexity between microbials communities and actual function. It appears that many communities have overlapping function making the interpretation of microbial data difficult. The other challenges is performing 3 dimensional data analysis that integrates microbiome, metabolome and proteomics data. Recent studies indicate that vaginal microbiome is involved in maintaining vaginal health and that dysbiosis is associated with inflammation and decreased epithelial integrity. The interaction with HPV remains confusing but several studies show that HPV persistence and CIN 2,3 are both associated with certain community states. There is also interest in the potential infection of the placenta with HPV and whether the vaginal microbiome influences ascending infections. This session will review associations with HPV persistence and clearance, CIN 2,3 development, and the microbiomes of the vaginal as well as the placenta.
(details to be disclosed in September 2017)

Tuesday, October 10

Pathogenesis and prevention of HPV-induced anal cancer **SS 09**

Chair: J. Palefsky (USA), A. Nyitray (USA) **16.15 - 17.45**

Anal squamous cell carcinoma is an HPV-associated cancer with increasing incidence in western countries. Meanwhile, there is no uniform standard for screening for this cancer given knowledge gaps in pathogenesis of its putative precancer, anal intraepithelial neoplasia (AIN), stratification of populations at increased risk for AIN, and management of AIN. The current session will address these issues in addition to vaccination to prevent anal HPV infection.
(details to be disclosed in September 2017)

Tuesday, October 10

Vaccine surveillance: monitoring adverse events and safety program evaluation **SS 10**

Chair: S. Hanley (Japan), K. Pollock (UK) **16.15 - 17.45**

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

(details to be disclosed in September 2017)

Tuesday, October 10

What have we learnt from population-wide HPV vaccination programs and how can it guide future vaccination policy? **SS 11**

Chair: M. Brisson (Canada), M. Jit (UK) **17.45 - 19.15**

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

(details to be disclosed in September 2017)

Wednesday, October 11

Vaccines - beyond the scope, targeting populations at risk **SS 12**

Chair: X. Bosch (Spain) , E. Joura (Austria) **8.00 - 9.30**

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

(details to be disclosed in September 2017)

Wednesday, October 11

Immunology **SS 13**

Chair: S. van der Burg (Netherlands) **9.30 - 11.00**

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

(details to be disclosed in September 2017)

Wednesday, October 11

Epidemiology - natural history **SS 14**

Chair: M. Goodman (USA) **11.00 - 12.30**

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

(details to be disclosed in September 2017)

Wednesday, October 11

Challenges in identifying a causal role for HPV in non genital, non oral cancers **SS 15**

Chair: K. Syrjänen (Finland) **12.30 - 14.00**

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

(details to be disclosed in September 2017)

Wednesday, October 11

CoheaHr: Comparing health services interventions for the prevention of HPV-related cancers **SS 16**

Chair: J. Dillner (Sweden), C. Meijer (Netherlands) **8.00 - 9.30**

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

(details to be disclosed in September 2017)

Wednesday, October 11

HPV Faster **SS 17**

Chair: J. Dillner (Sweden), C. Meijer (Netherlands) **9.30 - 11.00**

(details to be disclosed in September 2017)

Wednesday, October 11

CISNET - Cervical: modelling to guide public health research and priorities **SS 18**

Chair: K. Canfell (Australia), J. Kim (USA) **11.00 - 12.30**

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

(details to be disclosed in September 2017)

FC - Free Communications

Sunday, October 8

3 FC sessions on:
Screening methods, Low resource settings, Genital
Chairs: tbd. **(all FC sessions 17.30 - 19.00)**

(session details under construction)

Monday, October 9

4 FC sessions on:
HPV testing, Epidemiology, Vaccines, Self-sampling
Chairs: tbd. **(timing details tbc)**

(session details under construction)

Tuesday, October 10

11 FC sessions on:
Vaccines, HPV testing, Screening, Methylation, Modelling, Health Education, Diagnostic procedures, Epidemiology, Molecular and biological markers
Chairs: tbd. **(timing details tbc)**

(session details under construction)

Wednesday, October 11

6 FC sessions on:
Screening methods, Molecular and biological markers, Males and anus, Self-sampling, HPV-negative cancers
Chairs: tbd. **(timing details tbc)**

(session details under construction)

HPV and Head & Neck Forum

Sunday - Monday, Oct. 8-9

HPV and oropharyngeal cancer: the changing face of disease

Worldwide, HNSCC represents the sixth most common cancer, resulting in approximately 550,000 diagnoses and 300,000 deaths per year. More than 15 years ago, human papillomavirus (HPV) was found to be the causative agent of a subset of head and neck cancers (HNC). Since these sentinel reports, the field has rapidly evolved from utilizing HPV as a prognostic biomarker in HNC to tailoring therapies to this patient population based on this unique viral etiology and associated clinical features.

The EUROGIN HPV and Head and Neck Cancer Forum highlights areas of active investigation in the field. It offers a review of the current epidemiologic efforts which focus on the natural history of HPV infection, risk of transmission, screening for early cancer detection, and the potential impact of prophylactic HPV vaccines in the incidence of head and neck cancer. The event evaluates how the differing biology of HPV-HNC leads to a re-assessment of clinical staging and clinical prognostic characteristics. Given the viral etiology of these tumors, sessions address to review immune evasion mechanisms utilized by HPV and the understanding of these mechanisms, with the hope of opening the path to novel immunotherapeutic strategies to reactivate the host immune response against the virus and virally-associated cancer cells.

A dedicated debate session will focus on the controversies regarding the impact of HPV infection on oro-pharyngeal cancer, including diagnosis, management and decision making.

A special session deals with recurrent respiratory papillomatosis, a benign head and neck tumor caused by HPV infection but which can have a devastating and at times life threatening impact on patients. Taking the lessons learned from HPV-OPC, there is the potential of applying similar therapeutic approaches to this HPV-associated disease.

The relatively poor overall survival for HNSCC patients despite advances in surgical techniques, chemotherapy, and radiation therapy results has led to significant efforts directed towards stimulating the immune response against HNSCC to improve survival and reduce morbidity. Immunotherapy represents a promising avenue for the treatment of head and neck cancers, with several treatment regimens showing significant promise in clinical trials. When combined with traditional approaches including chemotherapy, radiation therapy and surgery, these immunotherapies have the potential to reduce the morbidity associated with HNSCC and improve survival. Recent clinical responses observed in immunotherapy trials in HPV-OPC patients, as well as clinical results of other targeted therapies will be presented.

HN01

Natural historyand molecular biology of head and neck squamous cell carcinoma (HNSCC)

Chair: R. Brakenhoff

Sunday, Oct. 8

8.30 - 10.00

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

(Session details to be published later)

HN02

Epidemiology of HPV driven HNSCC

Chair: M. Gillison

Sunday, Oct. 8

10.30 - 12.00

(Session details to be published later)

HN03

Free Communications on HPV and head & neck cancer **Sunday, Oct. 8**

Chair: tbd. **12.00 - 13.30**

(Session details to be published later)

HN04

Evidence and controversies on impact of HPV infection on oropharyngeal cancer **Sunday, Oct. 8**

Chair: S. Syrjänen, T. Dalianis **13.45 - 15.30**

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

(Session details to be published later)

HN05

Management and decision making in HPV driven oropharyngeal cancer **Sunday, Oct. 8**

Chair: C. Fakhry, J. Lacau St. Guily **16.00 - 17.30**

(Session details to be published later)

HN06

Free Communications on HPV and head & neck cancer **Sunday, Oct. 8**

Chair: tbd. **17.30 - 19.00**

(Session details to be published later)

HN07

Update on immunotherapy trials in HNSCC **Monday, Oct. 9**

Chair: S. Pai **8.00 - 9.30**

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

(Session details to be published later)

HN08

Screening and prevention - considerations in prevention of HPV-driven OPC **Monday, Oct. 9**

Chair: A. Kreimer **9.30 - 11.00**

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

(Session details to be published later)

HN09

The role of early antigen HPV serology in head and neck cancer **Monday, Oct. 9**

Chair: T. Waterboer **14.15 - 15.45**

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

(Session details to be published later)

HN10

Recurrent respiratory papillomatosis (RRP) **Monday, Oct. 9**

Chair: C. Derkay **16.15 - 17.45**

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

(Session details to be published later)

HN11

Free Communications on HPV and head & neck cancer **Monday, Oct. 9**

Chair: tbd. **17.45 - 19.15**

(Session details to be published later)

Other sessions

The specialized workshops (Colposcopy Course, Immunization, QA in Cervical Cancer Screening, Vulvar Diseases, Local workshop in Dutch, French, Spanish and Portuguese workshops) are not included with this document and are listed under separate sections of the www.eurogin.com/2017 website

Posters: The list of posters will be displayed only at the beginning of the conference. Technical information for poster presenters will be posted on the website shortly.