Preliminary Program – Main Sessions

Draft as of March 15, 2017 – subject to change

**Sunday, October 8**

**MTC - Main Training Course**

### Global focus on HPV infection to diseases - the rising knowledge by sites and gender

**Chair:** S. Franceschi  
**MTC 01**  
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  
  Melief C. Netherlands

- Discussion

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

**Chair:** E. Franco  
**MTC 02**  
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

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**Page 1**
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


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

Chair: H. Cubie S. de Sanjosé
13.45 - 15.30
(session details under construction)

New horizons in translational research

Chair: J. Dillner, P. Gravitt
16.00 - 17.30

- General directions of cancer research
  Gordon McVie J.
- 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

**MSS 01**

**Chair: J. Paavonen**

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

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.

(Session details to be published later)

**MSS 02**

**Chair: G. Ronco, N. Wentzensen**

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

9.30 - 11.00

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.

(Session details to be published later)

**MSS 03**

**(Session details to be published later)**

**MSS 04**

**Chair: W. Quint, P.G. Rossi**

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

16.15 - 17.45

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(Session details to be published later)
Targeting high-risk populations for HPV-associated cancers (cervix, anus, OP): from risk assessment to clinical care ...

Chair: M. Stoler

MSS 05
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.

( Session details to be published later)

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

Chair: C. Meijer

MSS 06
9.30 - 11.00

At present the conversion from cytology to HPV testing takes place in several Western countries in anogenital 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.

( Session details to be published later)
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.

(Session details to be published later)

**CS - Clinical Sessions**

**Primary HPV vs. Co-testing**
Chair: P. Snijders, W. Kinney

**Cervical cancer screening guidelines - the times they are a' changing**
Chair: T. Wright, P. Sasieni

**Reproductive morbidity after treatment for CIN**
Chair: M. Kyrgiou, E. Parasekevaidis

**Building consensus for the adoption of self-sampling in cervical cancer screening**
Chair: E. Franco, D. Heideman

**HPV infection: conciliate health and sexuality**
Chair: A. Giuliano

**Colposcopy**
Chair: M. Cruickshank, W. Kinney

**Post treatment follow-up, science helping clinicians to improve practice**
Chair: E. Siegler
Vaccine surveillance: monitoring adverse events and safety program evaluation  
Chair: J. Brotherton, K. Pollock

Vaccines - beyond the scope, targeting populations at risk  
Chair: X. Bosch, E. Joura

Vaccines: comparative efficacy of 9-valent vs. 4- and 2-valent: vaccines vs. non-vaccine types  
Chair: tbd.

Therapeutic HPV vaccines, state of the art  
Chair: M. Stanley

Screening regimens in vaccinated women (previous and new generation of vaccines)  
Chair: K. Canfell

HPV related cancers in immunocompromised recipients  
Chair: P. Stern

CoheaHr  
Chair: J. Dillner, P. Snijders

HPV assays: from available HPV tests to the next generation of testing  
Chair: K. Cuschieri, M. Poljak

What have we learnt from population-wide HPV vaccination programs and how can it guide future vaccination policy?  
Chair: M. Brisson, M. Jit

Vaginal microbiome in women  
Chair: B. Moscicki

Challenges in identifying causal role for HPV in non-genital, non-oral cancers  
Chair: K. Syrjänen

Prevention of HPV-induced anal cancer  
Chair: A. Nyitray, J. Palefsky
HPV and Head & Neck Forum
HPV and oropharyngeal cancer: the changing face of disease

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<td>Natural history of head and neck squamous cell carcinoma (HNSCC)</td>
<td>Sunday, Oct. 8</td>
<td>8.30 - 10.00</td>
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<td>Epidemiology of HPV driven HNSCC</td>
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<td>Management and decision making in HPV driven oropharyngeal cancer</td>
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<td>Controversies on impact of HPV infection on oropharyngeal cancer</td>
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<td>Update on immunotherapy trials in HNSCC</td>
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<td>Screening and prevention - pre-cancers vs. cancer</td>
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<td>The role of early antigen HPV serology in head and neck cancer</td>
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