EUROGIN INTERNATIONAL MULTIDISCIPLINARY HPV CONGRESS MARCH 16 19 2025

PRELIMINARY PROGRAM

SUNDAY, MARCH 16

SCIENTIFIC SESSIONS

8.30 • 10.00

STRUCTURAL AND SOCIAL FACTORS THAT IMPACT HPV DRIVEN CANCERS

CHAIR: M. Muchengeti (South Africa) • C. Haas (US)

Structural factors, including disparities in access to healthcare, lack of vaccination programs, and limited access to screening programs, create barriers to early detection and prevention of HPV-driven cancers, particularly in low-income and marginalized communities. Social determinants, such as education, income, and cultural norms, also contribute to the prevalence of high-risk HPV infections and cancer development. Rural populations often have poor access to timely cancer care and often travel long distances to receive care. Due to historical factors, race is often linked to socioeconomic status, risks for acquiring HIV and/or HPV and access to cancer care. Additionally, social stigma and unequal access to sexual health resources can further limit prevention efforts. These inequities often result in delayed diagnosis and worse cancer outcomes, disproportionately affecting marginalized populations. Addressing both structural and social determinants is critical to reducing the burden of HPV-related cancers and improving public health outcomes.

8.30 • 10.00

HPV–TEST VALIDATION ON CLINICIAN TAKEN CERVICAL SAMPLES

CHAIR: M. Arbyn (Belgium) • M. Poljak (Slovenia)

Only clinically validated HPV assays should be used in primary cervical screening. Validation and regulatory requirements vary among countries. Whereas original Meijer guidelines published in 2009 were pivotal in defining the minimal requirements that HPV tests targeting 13-14 high-risk had to fulfill in order to accept them in screening of clinician samples, they need updates in several aspects. Additionally, extended principles and concepts are needed to validate HPV tests targeting a limited number of HPV tests, for point-of-care HPV tests and for testing self-collected specimens. An internationally acceptable framework for HPV test validation like VALGENT and VALHUDES as well as recently launched WHO target product profile document for HPV tests contribute toward goal of having more affordable and accurate clinically validated HPV tests.

8.30 • 10.00

UPDATE ON ANOGENITAL CARCINOGENESIS

CHAIR: S. Regauer (Austria) • O. Reich (Austria)

Squamous cell carcinogenesis in the anogenital region shares two common pathways. The most recent WHO classification of tumors separates squamous cancers of vulva, cervix, penis, anus into two etiologic groups. They arise either after infection with human papillomavirus as so-called HPV-associated squamous cell cancers or independent of HPV as so-called HPV-independent squamous cell cancers. The majority of squamous cell cancers of cervix and anus are HPV associated. Squamous cell cancers of vulva and penis, however, arise in about 50% independent of HPV in association with the lichenoid dermatoses lichen planus and lichen sclerosus. This session provides an update on the role of reserve cells in the development of cervical precancers / SCC, and an overview on the natural history of anal precancers. It focuses on the precursor lesions of vulvar SCC with special emphasis on HPV independent precursors and provides an update / recent advances in the understanding of penile carcinogenesis.

SUNDAY, MARCH 16

SCIENTIFIC SESSIONS

10.30 • 12.00

3RD EDITION OF THE EUROPEAN GUIDELINES FOR QUALITY ASSURANCE IN CERVICAL CANCER SCREENING

CHAIR: P. Basu (France)

There is a strong determination to achieve cervical cancer elimination at the European level. Almost all the European Union Member States have introduced HPV vaccination in the national immunization programme and many are gradually switching to HPV detection based cervical screening. There is a strong need to update the recommendations for HPV vaccination as well as HPV detection based screening. New evidence has been accumulated on single dose of HPV vaccine and HPV-Faster approach. The quality assurance guidelines on cervical screening for the EU is 10 years old. The RISCC study has recently generated evidence on implementation of risk-stratified cervical screening based on HPV vaccination status. IARC in collaboration with JRC (ISPRA) and supported by the European Commission is preparing the guidelines for HPV vaccination, cervical screening and further management of screen-positive women. The project named European Commission Initiative on Cervical Cancer (ECICvC) is also developing a quality assurance scheme encompassing the full continuum of care for cervical cancer - from primary prevention with vaccination to survivorship and palliative care in the line of similar initiatives for breast (ECIBC) and colorectal cancers (ECICC).

10.30 • 12.00

GLOBAL HPV LABORATORY NETWORK

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

This session will highlight the Global HPV Laboratory Network (LabNet) and its role in standardizing and ensuring high-quality laboratory services for HPV detection worldwide. It will feature updates and insights from European National HPV Reference Laboratories (NRLs) including Belgium, Germany, Norway, Sweden, Italy, Scotland, Slovenia and France. Key topics include the pivotal role of NRLs in cervical cancer elimination, proficiency studies, international collaborative studies on HPV, sample adequacy, and collaborative efforts in E-learning resources and standards.

10.30 • 12.00

GLOBAL INEQUALITIES IN CERVICAL CANCER PREVENTION: ARE WE CURRENTLY ON THE PATH TO CERVICAL CANCER ELIMINATION?

CHAIR: M. Brisson (Canada) • M. Drolet (Canada)

About 85% of cervical cancers worldwide occur in low- and middle-income countries (LMICs). The driving factors for these inequalities is disparity in access to cervical screening with 26% orf women ever screened in LMICs compared to 83% in high-income countries (HICs). Inequalities have the potential to increase due to inequitable HPV vaccine distribution. Only 16% of girls are vaccinated in LMICs compared to 59% in HICs. To reduce global inequalities and reach cervical cancer elimination, in 2018, the WHO set a target of vaccinating 90% of girls, screening 70% of women, and treating 90% of pre-cancers/cancers. More than 5 years after this announcement, are we currently on the path to cervical cancer elimination? What is the potential evolution of inequalities in cervical cancer worldwide under current screening and vaccination coverage? What would be the potential impact of enhanced prevention strategies on inequalities and elimination?

SUNDAY, MARCH 16

SCIENTIFIC SESSIONS

13.30 • 15.00

REAL-WORLD EXPERIENCE OF THE IMPLEMENTATION OF A SCREEN-TRIAGE-TREAT STRATEGY IN LMICS

CHAIR: S. De Sanjosé (Spain) • F. Inturrisi (US)

The session aims to identify critical aspects of cervical cancer screening in LMICs within the PAVE consortium. Special attention is given to delivering screening in areas with high prevalence of cervical cancer and reaching women in rural, remote areas. The discussions focus on critical considerations related to HPV testing, both for the quality and turnaround time of results, and follow-up of HPV positives. Delays in HPV results negatively impact follow-up rates and make it more difficult to bring women back into care. Treatment is also challenging among women living with HIV who, not only are more susceptible to HPV infection and cervical cancer, but also have higher recurrence rates. Lastly, robust data collection systems are essential for accurately recording and identifying women and ensuring they remain in care.

15.00 • 16.30

THE UTILITY OF URINE FOR IMPROVED CERVICAL CANCER PREVENTION

CHAIR: R. Steenbergen (Netherlands) • S. Van Keer (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 and its induced antibodies.

15.00 • 16.30

CERVICAL CANCER CONTROL IN UNDERSERVED POPULATIONS

CHAIR: M. Goodman (US) • I. Baussano (France)

The cervical cancer elimination strategy launched by the World Health Organization and currently under implementation in many countries worldwide, relies on three major targets, namely 90% of girls fully vaccinated by 15 years of age, screening and precancer treatment of 70% of women screened with a high-performance test by 35 and 45 years of age, and treatment and supportive care of 90% of women with a cancer or a precancerous lesion. For a wide range of reasons, in every and each country access of the population to health services is highly heterogeneous and some special populations are particularly vulnerable and do not benefit from local cervical cancer control measures. Hence, cervical cancer elimination cannot be attained in such populations through routine institutional approaches. This session is devoted to providing an overview of ongoing initiatives aimed at improving cervical cancer control in special populations.

15.00 • 17.00

HPV-TESTING ON SELF-SAMPLES

CHAIR: J. Bonde (Germany) • M. Arbyn (Belgium)

Self-collected samples for HPV testing is a silver bullet closing the gaps in cervical cancer screening and advancing the 70% WHO screening coverage goal. This session has a broad scope with overviews on new evidence from updated meta-analyses, as well as new research in distribution methods, cost-effectiveness, triage of HPV positive self-samples, application of methylation biomarkers on self-collected samples, and experiences using self-collected samples for HPV screening in low- and middle-income countries.

SUNDAY, MARCH 16

COLPOSCOPY COURSE

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

8.30 • 12.00

Welcome to the EUROGIN Colposcopy Course, where we embark on a journey through the dynamic realm of cervical precancer management. At its heart, colposcopy stands as an indispensable pillar of this discipline, demanding a fusion of knowledge and hands-on expertise. Throughout this program, you will gain a profound understanding of colposcope utilization, delve into the pivotal aspects of diagnosing and treating precancerous cervical lesions, explore the intricacies of pathology, and remain current on the application of biomarkers.

Colposcopy plays an essential role in the diagnosis and treatment of cervical precancer. It is recommended when abnormal cytology is present, specific types of HPV are detected, or clinical symptoms and early signs of invasive cancer become apparent.

The practice of colposcopy involves a meticulous visual examination of the cervical epithelium, utilizing either uniocular or binocular vision. Notably, it empowers the identification of specific abnormalities linked to squamous and glandular precancer, particularly after the application of a 5% acetic acid solution. This application induces changes in the epithelial and stromal blood vessels, making abnormalities visibly discernible.

Our course is traditionally guided by the esteemed Professor Albert Singer, and we are honored to have him once again co-leading this program alongside Professor Jacob Bornstein. Professor Bornstein's leadership of the IFCPC Nomenclature committee has been instrumental in shaping contemporary colposcopy terminology.

VULVAR DISEASES

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

13.30 • 15.00

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). Also young women with LS may develop d-VIN. The clinical course of d-VIN is more aggressive and the time to progression to invasive 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 (multifocal/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.

ANAL CANCER: SCREENING GUIDELINES

A. Nyitray (US) • J. Palefsky (US)

15.00 • 17.00

Guidelines for anal cancer screening have recently been published in several countries. This session is a broad review of those recommendations. It addresses populations targeted for screening, country-specific differences in the guidelines, and the accuracy of familiar biomarkers. Finally, management and treatment of small tumors (SISCCA) and the potential for early detection of invasive anal cancer through palpation will be covered.

MONDAY, MARCH 17

HPV AND ARTIFICIAL INTELLIGENCE FORUM

Chair: E. Franco (Canada) • J. Monsonego (France)
Moderators: N. Wentzensen (US) • S. Madathil (Canada)

8.00 • 12.30

Join us for an insightful session on Artificial Intelligence in HPV-Related Precancers and Cancers, where we explore the growing role of AI in transforming cancer screening, diagnosis, and management. This session will cover the latest AI technologies in cervical cancer screening, trustworthy AI in clinical practice, and machine learning models for predicting HPV-driven cancer progression. Experts will share real-world applications, discuss challenges, and highlight AI-enhanced tools like colposcopy. Engage in dynamic discussions on AI's future in healthcare and collaborative opportunities. Don't miss this opportunity to understand how AI is reshaping the landscape of oncology.

SCIENTIFIC SESSIONS

14.00 • 15.30

EXPANDING HPV VACCINE IMPLEMENTATION

CHAIR: A. Giuliano (US)

HPV-related diseases and cancers are associated with substantial clinical, economic, and humanistic burden in both men and women. HPV vaccines are a safe and efficacious intervention to prevent HPV-related diseases and cancers. Yet, global HPV immunization coverage for 2018 is estimated at 12.2%. This session aims to address advancements in vaccination implementation strategies, such as expanded population for gender neutral vaccination in low/middle income countries and gender-diverse adults, and alternative settings for vaccination. Pharmacists are poised to play a pivotal role in HPV vaccination, as evidenced by studies examining the utilization of pharmacies for vaccine administration in U.S. adults. Research will also delve into identifying barriers and facilitators to these initiatives using the Consolidated Framework for Implementation Research (CFIR). Moreover, discussions will encompass the acceptability of initiating the HPV vaccine series at age nine among U.S. providers and parents, as well as the broader impact of vaccination on anogenital wart incidence and real-world effectiveness across genders.

14.00 • 15.30

STRATEGIES FOR FASTER CERVICAL CANCER ELIMINATION

CHAIR: J. Dillner (Sweden)

The session will review the scientific basis of the different possible strategies for achieving cervical cancer elimination as soon as possible. The general concept of achieving faster elimination using concomitant vaccination and screening will be reviewed, followed by an evaluation of what the effectiveness has been of the strategy with screening and vaccination at the same time. The special considerations in relation to providing the most effective and long lasting protection for vulnerable women (both screening and vaccination) are highlighted as well as models for estimation of how the different choices for strategy will affect the timepoint (target year) when cervical cancer is eliminated. The possible impact on transmission by vaccination of HPV-positive women will be presented and the path chosen for faster elimination in an LMIC country (Rwanda) will be described. Finally, the choice of screening after elimination of incident HPV will be reviewed.

MONDAY, MARCH 17

SCIENTIFIC SESSIONS

14.00 • 15.30

LONG-TERM FOLLOW-UP AND IMPACT STUDIES FOR HPV VACCINES

CHAIR: M. Poljak (Slovenia) • S. Krüger Kjaer (Germany)

The session will review and discuss real-world long-term follow-up and impact studies for HPV vaccines, data systems for assessing the impact of national HPV vaccination programs and challenges and prospects of long-term follow-up studies for HPV vaccination programs.

14.00 • 15.30

EVIDENCE ON THE COMPARABILITY OF SELF-SAMPLING VS PROVIDER-SAMPLING FOR HPV TESTING

CHAIR: S. De Sanjosé (Spain) • F. Inturrisi (US)

Guidelines for anal cancer screening have recently been published in several countries. These guidelines focus on a small subset of the population believed to be at high risk of anal cancer. Despite this, implementation of these guidelines is currently very challenging due to the limited availability of clinicians trained in screening, and identification and treatment of anal high-grade squamous intraepithelial lesions (HSIL). This session addresses current requirements for training clinicians in these tasks, how training could be accelerated, and how training programs can be scaled up to meet the demand. Another element of demand is the need to follow individuals after they have been screened or treated for HSIL. Current screening guidelines offer algorithms for repeated screening of those who do not need referral for high resolution anoscopy or standard anoscopy, but there is currently little guidance on how to follow individuals after treatment for HSIL. Finally the session will address another element of demand, i.e., defining the populations that should be screened, and how screening algorithms might need to be modified to suit those populations.

16.00 • 17.30

CERVICAL CANCER ACCELERATED ELIMINATION POLICIES

CHAIR: I. Baussano (France) • E. Franco (Canada)

The cervical cancer elimination strategy launched by the World Health Organization and currently under implementation in many countries worldwide, relies on three major targets, namely 90% of girls fully vaccinated by 15 years of age, screening and precancer treatment of 70% of women screened with a high-performance test by 35 and 45 years of age, and treatment and supportive care of 90% of women with a cancer or a precancerous lesion.
The successful and sustainable implementation of the measures essential to reach elimination by year 2030 is highly context specific, furthermore the ability to efficiently integrate HPV vaccination with cervical cancer screening is key to accelerate elimination. This session is devoted to providing an overview of population-based interventions aimed at accelerating cervical cancer elimination both in high- and low/middle-income countries and critically discuss cervical cancer elimination goal indicators.

16.00 • 17.30

CLINICAL INDICATIONS FOR DNA METHYLATION ANALYSIS FOR CERVICAL CANCER PREVENTION

CHAIR: D. Heideman (Netherlands) • R. Steenbergen (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 a promising tools for risk stratification in cervical cancer screening and management of CIN. This session will discuss clinical indications for DNA methylation analysis for cervical cancer prevention.

MONDAY, MARCH 17

SCIENTIFIC SESSIONS

17.30 • 19.00

CERVICAL CANCER IN SUB-SAHARAN AFRICA

CHAIR: M. Muchengeti (South Africa) • S. Kapambwe (South Africa)

Nearly all cervical cancers are preventable, yet cervical cancer remains the most common cause of cancer death in women in sub-Saharan Africa. The WHO 90-70-90 global strategy aims to vaccinate 90% of girls with HPV vaccine by 15 years of age, screen at least 70% of women by 35 and 45 years of age and treat 90% of women with pre-cancer or invasive cervical cancer in order to eliminate cervical cancer as a public health problem. However, data to monitor the progress of this strategy in sub-Saharan Africa are fragmented and in silos. Data for HPV vaccination, cervical cancer screening and treatment, population-based cancer registries, HIV surveillance and death registries are governed separately though harmonized population-based data are needed to accurately measure baseline and progress towards elimination. We present the work of the Johannesburg IARC-GICR Centre of Expertise for cervical cancer elimination in harmonizing existing data sources to better understand the epidemiology of cervical cancer in sub-Saharan Africa.

CLINICAL SESSIONS

16.00 • 17.30

POINT OF CARE TESTING FOR CERVICAL SCREENING AND MANAGEMENT

CHAIR: K. Cuschieri (UK) • N. Wentzensen (US)

We urgently need HPV tests that are accurate and safe to support cervical cancer elimination goals. While there is an increasing number of HPV tests that have been shown to be fit for purpose for cervical screening in a laboratory context, we should ensure these are complimented by those that can be delivered in the field as Point of Care (POC) tests. The recent update of the WHO Target Product Profiles for both laboratory and POC HPV tests serve as a clarion call to the community to focus their energies on relevant developments in the testing space that can have a global impact.
In this session we will hear from world experts on the challenges and opportunities around POC testing; contributions will include an overview on the WHO HPV target product profiles, how we can adapt systems and know-how from other non-HPV POC systems to our advantage, examples of POC HPV tests in development and finally methods for validation and implementation of POC in the field.

16.00 • 17.30

RECOMMENDATIONS FOR THE MANAGEMENT OF PARTNERS OF WOMEN INFECTED WITH HIGH-RISK HPV

CHAIR: J. Bornstein (Israel) • M. Preti (Italy)

While management protocols for women diagnosed with human papillomavirus (HPV) through cervical cancer screening are well-established, the implications of this sexually transmitted infection for their male partners remain less clearly defined. Nonetheless, several significant clinical and psychological concerns arise when a woman is tested positive for high risk HPV. Many women report having unanswered questions about their HPV test results. However, to date, evidence-based guidance on issues such as partner notification and implications on sexual habits, remains insufficient.
In this session, we aim to outline the current clinical perspectives, recommendations, and areas requiring further investigation regarding the management of partners of women infected with High-Risk HPV.

MONDAY, MARCH 17

HPV AND HEAD & NECK FORUM

K. Lang Kuhs (US) • J. P. Klussmann (Germany) • S. Virani (France) • E. Rettig (US)

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, screening, molecular diagnosis and surveillance, innovations in personalized medicine, and new discoveries in basic science. The Forum will also feature several debates exploring screening and the risks versus benefits of liquid biopsy testing for surveillance.

8.00 • 9.30

CLINICAL EPIDEMIOLOGY I *(Submitted Papers)*

CHAIR: E. Fratta (Italy)

10.00 • 11.30

EPIDEMIOLOGY AND PREVENTION

CHAIR: K. A. Lang Kuhs (US)

The epidemiology of HPV-driven head and neck cancers 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 and oral HPV epidemiology, as well as highlight the emerging role of HPV in other head and neck cancers.

11.30 • 12.45

CLINICAL EPIDEMIOLOGY II *(Submitted Papers)*

CHAIR: A. Kejner (US)

14.00 • 15.30

SCREENING FOR HPV+ OROPHARYNGEAL CANCER

CHAIR: T. Waterboer (US) • E. Rettig (US)

Human papillomavirus-driven oropharyngeal squamous cell carcinoma incidence continues to rise in many parts of the world. Although promising biomarkers are under study, screening is not yet possible. This session will highlight recent advances and ongoing research in the field, featuring an expert panel discussion on practical considerations for screening and early detection in the clinic.

16.00 • 17.30

LIQUID BIOPSY FOR HPV+ OPC DIAGNOSIS AND SURVEILLANCE

CHAIR: C. J. Brenner (US) • C. Von Buchwald (Denmark)

This session on molecular diagnosis and surveillance in HPV-related oropharyngeal cancer offers a comprehensive exploration of cutting-edge advancements in the field. The program begins with an overview of current pathology guidelines, emphasizing the evolving standards for diagnosing and monitoring the disease. Talks will describe the use of HPV circulating tumor DNA (HPV ctDNA) in both plasma and urine as non-invasive diagnostic tools, highlighting their potential and limitations for recurrence monitoring. Updates to the clinical application and ongoing clinical trials for using HPV ctDNA in surveillance will also be examined, showcasing its evolving role in monitoring disease progression. A pivotal discussion will center on findings from recent national clinical trials, providing the most up-to-date evidence on the feasibility, advantages, and potential issues of integrating liquid biopsies into clinical care. The session culminates in a dynamic panel debate weighing the pros and cons of implementing ctDNA testing in the clinical management of HPV-related oropharyngeal cancer.

17.30 • 19.00

BASIC SCIENCE I / RRP *(Submitted Papers)*

CHAIR: J. George (Germany)

TUESDAY, MARCH 18

HPV AND HEAD & NECK FORUM

K. Lang Kuhs (US) • J. P. Klussmann (Germany) • S. Virani (France) • E. Rettig (US)

8.00 • 9.30

BASIC SCIENCE I / RRP *(Submitted Papers)*

CHAIR: D. Faden (US)

10.00 • 11.30

MOLECULAR INSIGHTS INTO HPV+ OPC ONCOGENESIS

CHAIR: S. Virani (France) • T. Fenton (UK)

This session provides a deep dive into the molecular mechanisms driving HPV-related cancers, with a focus on the cellular and viral factors that contribute to carcinogenesis. Attendees will explore how HPV infection alters host cellular processes, including immune evasion, DNA damage repair, and tumor microenvironment interactions. Key topics will include the role of viral genetics, splicing mechanisms, and cellular origins of HPV-driven cancers, along with emerging insights into resistance to treatment. The session emphasizes cutting-edge research on the fundamental biological processes behind HPV-associated cancers, fostering interdisciplinary discussion on how these insights can inform future therapeutic and diagnostic innovations.

13.00 • 14.30

NEW DISCOVERIES IN MOLECULAR EPIDEMIOLOGY

CHAIR: S. Virani (France) • A. Mazul (US)

This session highlights the latest advancements in molecular epidemiology related to HPV-driven cancers, with a focus on oropharyngeal cancer (OPC). Presentations will explore how genetic, environmental, and social factors intersect to influence cancer risk and outcomes. Topics include the role of germline HLA risk factors in HPV-driven OPC, the complex interactions between HPV and smoking, and how race and socioeconomic status impact tumor progression through molecular signatures. Additionally, new research on DNA methylation patterns in HPV-related OPC will be discussed, emphasizing their prognostic and therapeutic implications. The session aims to bridge the gap between genetic predisposition, environmental exposures, and cancer outcomes, fostering a comprehensive understanding of HPV-related cancer epidemiology and its potential for personalized prevention and treatment strategies.

14.30 • 16.00

INNOVATIONS IN PERSONALIZED THERAPY

CHAIR: J. P. Klussmann (Germany)

This session will review several approaches to personalized therapy for HPV-associated cancer. These are designed to reduce the significant long-term side effects of conventional head and neck cancer treatment with surgery and radiotherapy. These include therapeutic vaccinations or biomarker-adapted adjuvant therapies. Neoadjuvant concepts will also be discussed. The session will, therefore, review important results and considerations for improving the treatment of HPV-associated head and neck cancer.

16.30 • 18.00

RECURRENT RESPIRATORY PAPILLOMATOSIS

CHAIR: S. Best (US)

Recurrent Respiratory Papillomatosis (RRP) has been a vexing clinical problem for over 150 years, with recurrent growths in the airway managed by serial surgical debridement, exacting a tremendous toll on patients and their caregivers. This session will review state-of-the-art treatments now available for RRP and low-risk HPV, including a variety of non-surgical strategies used to control papilloma growth and address the underlying causative viral infection. Results of key clinical trials will be discussed, as the field moves towards a non-surgical management strategy for this chronic disease.

TUESDAY, MARCH 18

SCIENTIFIC SESSIONS

8.00 • 9.30

RISCC AND PERCH: EU INITIATIVES TO ELIMINATE CERVICAL CANCER

CHAIR: M. Arbyn (Belgium) • H. Berkhof (Netherlands)

Two large projects funded by the European Commission, RISCC and PERCH, have recently been completed. RISCC aims to improve cervical cancer screening by using risk stratification to determine who should be screened and who should be referred for colposcopy. PERCH aims to increase HPV vaccination coverage in European countries, improve surveillance systems, and increase knowledge and awareness of HPV-related disease in target populations. In the first part of this session, the main results of RISCC will be presented and an overview of different screening policies and triage policies for HPV-positive women will be provided. A large-scale implementation of risk-based screening in Sweden will also be presented. In the second part of this session, the current status of HPV vaccination in Europe will be presented and actions will be provided to improve HPV vaccination. Both RISCC and PERCH aim to work towards the World Health Organization's (WHO) goal of eliminating cancer.

8.00 • 9.30

HPV DRIVEN CANCER IN IMMUNOSUPPRESSED POPULATIONS

CHAIR: E. Engels (US) • G. Clifford (US)

People with immunosuppressive conditions, such as HIV infection or a solid organ transplant, have an elevated risk for developing HPV-driven cancers. This elevated risk arises in large part due to lack of immune clearance and chronic persistence of oncogenic HPV infections. Other factors contribute, such as high-risk sexual activity and tobacco use. Additional conditions, such as autoimmune diseases and treatment with targeted immune-modulating medications, may also pose an elevated risk for HPV-driven cancers. As people with these conditions live longer and age, their risk for HPV-driven cancers may increase over time. As a result, screening these populations for HPV-driven cancers based on estimates of absolute risk will likely be important.

8.00 • 9.30

ENHANCING CERVICAL CANCER SCREENING BY IMPROVING ATTENDANCE AND SELF-SAMPLING

CHAIR: B. Wisman (Netherlands) • D. Heideman (Netherlands)

In this scientific session on enhancing cervical cancer screening by improving attendance and self-sampling, we will discuss innovations in cervical cancer screening, focusing on self-sampling, attendance rates, and effective triage testing. Cervical cancer remains a global health challenge, but recent developments in self-sampling have created opportunities to increase screening participation, particularly among under-screened populations. Self-sampling allows women to collect samples in the privacy and comfort of their own homes, addressing barriers like stigma, limited access to healthcare facilities, and logistical challenges.

This session will explore the latest evidence on how self-sampling initiatives impact screening attendance, which sociodemographics are related to using self-sampling and examine triage testing strategies for women who test HPV positive on a self-sample to ensure that women with an underlying lesion are accurately identified and managed. With effective triage testing following HPV self-sampling, we can improve early detection and reduce the incidence and mortality of cervical cancer.

TUESDAY, MARCH 18

SCIENTIFIC SESSIONS

10.00 • 11.30

EVOLVING PATTERNS IN HPV-DRIVEN CANCERS

CHAIR: M. Shiels (US) • G. Clifford (US)

This session will focus on emerging patterns in HPV-driven cancers among people with and without HIV. The first presentation will cover new trends in HPV-related cancer rates among people with HIV in the United States. Next, racial and ethnic differences in HPV-related cancer rates in the U.S. will be presented, highlighting the different patterns across anatomic sites. Rates of HPV-related cancer among people with HIV in Botswana will also be presented, focusing on penile cancer in men and cervical and vulvar cancer in women, which are now leading causes of death for people with HIV. We will finish the session with an analysis focused on the years of life lost due to HPV-related cancers with comparisons across countries.

10.00 • 11.30

SINGLE DOSE HPV VACCINATION: UPDATES ACROSS RESEARCH DOMAINS

CHAIR: A. Kreimer (US) • J. Kim (US)

HPV vaccines received regulatory approval and were recommended for use in young girls nearly two decades ago. Uptake is mostly high in resource-rich settings. In lower resource settings where the burden of cervical cancer is disproportionately high, access and uptake to HPV vaccines are nowhere near satisfactory despite evidence that HPV vaccination is highly cost-effective and a significant value-for-money investment. The discovery that only a single dose of the HPV vaccines may be needed to confer adequate protection may make equitable access to HPV vaccines possible. Indeed, the recent WHO recommendation allowing for one or two doses is already gaining traction. This session aims to update the state of the science related to single-dose HPV vaccination vaccine efficacy, effectiveness and durability, health and economic impacts, and global policy changes.

CERVICAL CANCER SCREENING – FROM EVIDENCE TO PRACTICE

L. Cloostermans (Netherlands) • M. Rebolj (UK)

10.00 • 11.30

At Eurogin a lot of evidence for screening is presented. The evidence for HPV-based screening has been very compelling for years. But the implementation from evidence to practice is not easy. Some countries are still struggling with the switch to HPV-screening. Barriers can present in very different ways (legislation, funding, evidence, acceptance from public and professionals, politics, etc). In this session we ask implementation managers from several countries to share their pitfalls and solutions. This is interesting for other managers, but also for researchers to broaden their knowledge and valorization.

TUESDAY, MARCH 18

SCIENTIFIC SESSIONS

13.00 • 14.30

FROM GENDER-NEUTRAL VACCINATION TO UNIVERSAL VACCINATION AGAINST HPV: A CHANGE OF PARADIGM IN PUBLIC HEALTH

CHAIR: P. Bonanni (Italy) • A. Vorsters (Belgium)

This session aims to present the concept of 'Universal HPV Vaccination' as an evolution of 'Gender-Neutral Vaccination' for consideration by stakeholders and policymakers.
Achieving 90% global HPV vaccine coverage among females remains a significant challenge, with access being a key barrier. This includes issues such as the availability of vaccines, logistical hurdles in implementing national programs, and limited resources that sometimes limit vaccination efforts to a single birth cohort. The universal HPV vaccination approach has the potential to increase demand, which in turn can drive expanded access and availability. This approach aligns with trends observed in recent years, where increased uptake has contributed to enhanced supply and affordability of other vaccines. By accelerating these dynamics, we can advance more rapidly toward the goal of cervical cancer elimination while providing comprehensive protection against HPV-related diseases for both females and males.
This session will delve into critical topics such as the appropriate age for immunization programs, vaccine supply, integration with secondary prevention efforts, and the use of modelling to guide strategies, in addition also the perspective and challenges of lower-middle-income countries will be addressed.

13.00 • 14.30

HPV SELF-SAMPLING AMONG TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

CHAIR: S. Jackson (US) • A. G. Nyitray (US)

Transgender and gender diverse (TGD) individuals have a gender identity that differs from their sex assigned at birth. Transgender men and non-binary adults assigned female at birth are just as likely as cisgender women (those whose gender identity matches their sex assigned at birth) to be exposed to HPV, but are less likely to have had cervical cancer screening. Evidence suggests that transgender women and non-binary people assigned male at birth may have higher exposure to both HPV and HIV than heterosexual cisgender men. TGD patients face multiple barriers to HPV prevention including anticipated or experienced harassment in medical settings and gender dysphoria (distress associated with the disconnect between identity anatomy) from physical exams. Therefore, HPV self-sampling has been proposed to overcome many barriers to HPV-related cancer screening among TGD individuals.
The symposium will present data from several studies examining HPV self-sampling among transgender and non-binary people. Content proposed includes an overview of the unique needs of these populations regarding attitudes towards HPV self-sampling at several body sites and in different settings (e.g., the clinic versus at home sampling).
Learning Objectives: Participants should understand the needs of the transgender community pertaining to HPV self-testing.

- Acceptability of HPV self-testing at different body sites among transgender people
- Feasibility of at-home self-testing
- Comparisons between in-clinic and at-home sampling
- Special considerations for transmasculine and non-binary people with a cervix
- Special considerations for transfeminine and non-binary people assigned male at birth

TUESDAY, MARCH 18

SCIENTIFIC SESSIONS

14.30 • 16.00

DEBATE SESSION

CHAIR: T. J. Palmer (UK) • E. Franco (Canada) • K. Cuschieri (UK)

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 with each other. The session in 2025 will showcase debates on four key areas: (i) will the push for cervical cancer elimination increase inequity within and between countries, (ii) the optimal age for HPV vaccination – infant or pre-teens, (iii) is morphology of value in HPV positive triage, and (iv) does VIA have a place in cervical cancer screening. 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 area.

14.30 • 16.00

NEXT GENERATION ANALYSIS AND BIOINFORMATICS

CHAIR: M. Stosic (Norway) • L. S. Arroyo Mühr (Sweden)

NGS and bioinformatics are critical for advancing HPV research, impacting areas such as genomics, viral detection, integration, variant calling, and microbiome analysis. These topics directly influence the understanding and management of HPV-related cancers. The session will discuss different analytical approaches providing a holistic view of current advancements in the field.

14.30 • 16.00

ROLE OF HLA IN IMMUNE EVASION OF HPV–INDUCED TUMORS

CHAIR: P. Hillemanns (Germany)

HPV infection triggers the development of several cancers. On the other hand, polymorphisms of the gene-rich Human Leukocyte Antigen (HLA) locus, in particular within the Major Histocompatibility Complex (MHC) gene clusters, have been linked to the risks for cervical cancer and for head and neck cancer and contribute to disease heritability. However, relatively little is known about the exact genes involved, their interplay and how they modify the acquisition and persistence of HPV infection. More insights into the mechanisms of immune escape that is potentially associated with HLA risk variants would be needed to develop means of targeted therapy and prevention. The session "Role of HLA in immune evasion of HPV-induced tumors" serves to present current knowledge about the important role of HLA for two prominent HPV-associated cancers, cervical cancer and oropharyngeal cancer, and will discuss the possibilities to use this knowledge in future research and medical practice.

16.30 • 18.00

IMPACT OF INTERVENTIONS IN THE POST–HPV VACCINATION WORLD

CHAIR: M. Lehtinen (Finland) • J. Dillner (Sweden)

Prophylactic vaccination is a powerful tool that changes exposure to infections and associated disease morbidity, and eventually need to tackle the diseases. In his plenary lecture professor Marc Lipsitch from Harvard University will elaborate the impact of vaccination on important public health issues associated with common infections. HPV type-replacement and various interactions of non-vaccine HPV types will be evaluated by doctors Ville Pimenoff and Karin Sundström from Karolinska Institute. Dr. Iacopo Baussano (IARC) presents model of world without oncogenic HPV types after which Dr. Hans Berkhof from Amsterdam Free University will assess risk-based cervical screening in the post-vaccination world. Finally, Dr. Simopekka Vänskä from the Finnish Institute for Health & Welfare will describe model-based pros and cons of ongoing HPV interventions.

TUESDAY, MARCH 18

SCIENTIFIC SESSIONS

16.30 • 18.00

GLOBAL EVIDENCE ON HPV INVOLVEMENT IN HUMAN MALIGNANCIES AT SPECIFIED NON-GENITAL SITES

CHAIR: K. Syrjänen (Finland) • S. Syrjänen (Finland)

Apart from cancers of the genital tract, human papillomaviruses (HPV) are associated with a large number of benign, premalignant and malignant lesions at different anatomic sites in both genders. Malignant tumors and their precursors are usually attributed to the oncogenic (high-risk, HR) HPV types, whereas benign lesions (mostly papillomas) are ascribed to the low-risk (LR) HPV types, most notably HPV6 and HPV11. The evidence linking HPV to each individual tumor category can be classified as: 1) established, 2) emerging, and 3) controversial. After some years of break, a special session is included in EUROGIN program, addressing the global evidence on HPV involvement in these non-genital tumors, including cancers at the following anatomic sites: i) sinonasal, ii) larynx, iii) lung, iv) esophagus. In addition to these four specific presentations, three other cancers with emerging evidence on HPV will be shortly addressed in the Introduction: i) breast, ii) colorectum, and iii) prostate.

16.30 • 18.00

CHALLENGES AND OPPORTUNITIES TO IMPLEMENTATION OF SECONDARY ANAL CANCER PREVENTION PROGRAMS

CHAIR: J. Palefsky (US) • A. Nyitray (US)

Guidelines for anal cancer screening have recently been published in several countries. These guidelines focus on a small subset of the population believed to be at high risk of anal cancer. Despite this, implementation of these guidelines is currently very challenging due to the limited availability of clinicians trained in screening, and identification and treatment of anal high-grade squamous intraepithelial lesions (HSIL). This session addresses current requirements for training clinicians in these tasks, how training could be accelerated, and how training programs can be scaled up to meet the demand. Another element of demand is the need to follow individuals after they have been screened or treated for HSIL. Current screening guidelines offer algorithms for repeated screening of those who do not need referral for high resolution anoscopy or standard anoscopy, but there is currently little guidance on how to follow individuals after treatment for HSIL. Finally the session will address another element of demand, i.e., defining the populations that should be screened, and how screening algorithms might need to be modified to suit those populations.

CLINICAL SESSIONS

8.00 • 9.30

HPV AND REPRODUCTIVE HEALTH

CHAIR: K. Louvanto (Finland) • H. Trottier (Canada)

HPV has far-reaching implications beyond cervical cancer, influencing reproductive health in multiple ways. This session delves into the emerging evidence surrounding HPV's role in infertility, pregnancy complications, and vertical transmission, as well as the impact of cervical lesion treatments on obstetrical outcomes. We will also explore how HPV vaccination may shape reproductive health outcomes and the broader implications for clinical practice.

Our experts will present concise insights on these topics, followed by a comprehensive discussion. Join us for an engaging exploration of how HPV research is reshaping our understanding of reproductive health and guiding future interventions.

TUESDAY, MARCH 18

CLINICAL SESSIONS

10.00 • 11.30

HPV IN OLDER WOMEN: EPIDEMIOLOGY, SCREENING AND MANAGEMENT

CHAIR: F. Carozzi (Italy) • K. Sundström (Sweden)

Most guidelines recommend cessation of screening at around the age of 65 in women with a sufficiently negative screening history. As the population ages, the need for disease prevention in older age groups is likely to increase. However, in older age groups we have a low prevalence of incident infections and little data on the proportion of persistent HPV infections that would lead to cancer after a latency period. After menopause, the cervix undergoes significant physiological changes that can lead to discomfort during speculum insertion, reduced accuracy, and potential harm from overtreatment. So far, it's difficult to make a strong and clear decision about increasing age. Extending the duration of screening means finding the right balance between the benefits of reducing cancer, while limiting the harms and costs of overscreening.

13.00 • 14.30

COLPOSCOPY: DISCUSSION ON CHALLENGING CASES

CHAIR: C. Bouchard (Canada)

This session: "Colposcopy: discussion on challenging cases", is designed to enhance clinical skills and decision-making for physicians. The session will offer a comprehensive platform for analyzing complex cases, discussing the challenges often faced in diagnosing and managing cervical pathology associated with special conditions such as obesity, vaginal atrophy and cervical stenosis as well as vaginal lichen planus of the patients. Renowned speakers will also propose tips and tricks to help physicians to perform satisfying colposcopy in these circumstances and eliminate HSIL and cancerous lesions that can be difficult to diagnose.

14.30 • 16.00

MANAGEMENT OF EARLY STAGE CERVICAL CANCER & AIS

CHAIR: E. Siegler (Israel)

The treatment of Early Stage Cervical Cancer (ESCC) stage I A 2-I B 2(FIGO 2018) is Radical Hysterectomy (RH) and pelvic lymphadenectomy. Studies describe that between 52%-97.5% of women who undergo RH have no residual cancer in the surgical specimen. Is RH an outdated operation? Should conization and lymphadenectomy or simple hysterectomy be the new standard of care? How can we choose wisely the women for less radical operations? We will discuss the role of conization before RH. Should it become a standard intervention before hysterectomy? The standard treatment of Adeno Carcinoma in Situ (AIS) is hysterectomy but we will present the options of conservative management of AIS.

A study examined if negative HR-HPV short term (mean 6 weeks) after conization of ESCC and AIS was in high correlation with absence of residual tumor in the final pathology. May negative HR-HPV be an additional parameter for risk assessment and decision making to reduce radicality of the treatments. Finally we will try to summarize all that data and describe parameters of detecting the ideal candidates for conservative interventions and to predict the future treatment of ESCC and AIS.

16.30 • 18.00

RECURRENCE OF HSIL AFTER TREATMENT

CHAIR: K. Aro (Finland) • K. Louvanto (Finland)

The recurrence of HSIL following treatment presents significant challenges in cervical cancer prevention. This session will examine key factors contributing to recurrent and residual disease after cervical LEEP, the risks associated with persistent HPV infections post-treatment, and the critical role of tailored follow-up protocols in managing HSIL cases. Additionally, we will discuss fertility-sparing approaches in adenocarcinoma in situ (AIS) and the implications for post-treatment monitoring.

Join us for an in-depth discussion on optimizing patient outcomes through evidence-based strategies and addressing the complexities of managing HSIL recurrence.

WEDNESDAY, MARCH 19

SCIENTIFIC SESSIONS

8.00 • 9.30

VALIDATION OF HPV TESTS FOR LESS ESTABLISHED INDICATIONS

CHAIR: M. Poljak (Slovenia)

Protocols for clinical validation of HPV tests for primary cervical cancer screening indication are well established and widely accepted in HPV community, in contrast to other indications for HPV testing and testing and procedure for samples other than clinician-collected cervical specimens. Session will propose criteria for HPV tests validation protocols for other indications/specimens.

8.00 • 9.30

PUBLIC ADVOCACY AND AWARENESS CAMPAIGNS TO ADDRESS BARRIERS IN HPV–ASSOCIATED CANCER PREVENTION

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

Although the WHO Global Strategy on Acceleration of Cervical Cancer Elimination was announced in 2020, a number of countries still remain too far from the target pillars of this strategy. What can we do and how may we work together as a community to close gaps in access to HPV vaccination, cervical screening and treatment among communities and countries? This session will explore how we can improve public awareness and address barriers and stigma to drive action on HPV and cancer prevention.

9.30 • 11.00

QUALITY ASSURANCE MEASURES IN COUNTRIES THAT SWITCHED TO HPV PRIMARY SCREENING

CHAIR: C. Cocuzza (Italy) • L. S. Arroyo Mühr (Sweden)

WHO recommendations include primary screening with a high-performance HPV test as one of the three key pillars for the elimination of cervical cancer, together with vaccination and treatment. As a result, several countries worldwide have switched from cytology-based to HPV primary screening for cervical cancer prevention. Furthermore, the introduction of HPV-based primary screening has opened to the possibility of performing testing on self-collected samples, improving women's participation and reducing health-service costs. Whilst well-established guidelines for quality assurance in cytology-based screening have been available for many years, there is presently still the need to establish internationally recognized quality assurance recommendations and measures for the implementation of the different strategies of HPV-based primary screening in different settings, including low-and middle-income countries. This session will focus on the experience of countries that have implemented different HPV-based screening programs in providing assurance to ensure robust and accurate performance of HPV testing.

CLINICAL SESSIONS

8.00 • 9.30

TARGETED THERAPIES OF HPV RELATED CANCERS

CHAIR: M. Von Knebel Doeberitz (Germany)

The discovery of the link between persistent papillomavirus infections and various human cancers, especially cervical cancer, was made nearly 40 years ago. Since then, basic research has clarified how these viruses contribute to the transformation of human cells, identified the viral genes central to human carcinogenesis, and demonstrated the significant preventive potential of vaccines in blocking initial infections. However, this research has yet to produce targeted therapies, leaving most patients reliant on tissue- and cell-destructive treatments such as surgery, radiation, and chemotherapy. This session will summarize recent advancements in systemic therapy for invasive cervical cancer, covering chemo-radiation, immunotherapy, and novel targeted therapies now approaching clinical-stage research and trials.