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News from IPVS - October 2016



Silvia de Sanjosé, MD, PhD
IPVS President

Barcelona, 25th October 2016

Dear IPVS Members,

We have now finalized our programme for the upcoming International Papillomavirus Conference HPV2017 to be held in Cape Town, 28 February - 4 March 2017.

940 abstracts were received and after the review by over 75 scientists, the program is ready to be launched. We also received many proposals for satellites, even more than what we could possibly host during the 5 days of the Conference!

Please make sure to [download the preliminary programme](#) of HPV 2017 Conference.

We encourage you to [register as 'Earlybirds'](#) to benefit from a reduced rate! There is a great deal of buzz surrounding the Cape Town conference and we are thoroughly convinced that the region will benefit from our scientific efforts.

Please note, there will be a late breaking call for abstracts in January. Only novel, highly relevant and important abstracts will be considered for this call to allow data "hot off the press" to reach the IPVS community.

The meeting in Cape Town will also be the opportunity for IPVS board members to rotate as some of them will sadly leave their function. Our Nominating Committee has been refreshed and we are pleased to announce that a call for nominations will be sent out in the coming weeks!

Finally, I am glad to announce that the 2017 membership renewal is also now open. Please make sure to [renew your membership](#) for the coming year! Members receive a discounted rate for registration for the meeting.

I hope you have made your plans to join with our community in Cape Town. The enthusiasm is high, the program remarkable and the science is truly outstanding!



HPV Secretariat
225 Avenue des Nations, Montebello
Boulevard, Montréal, Québec
H3T 2N7, Canada
Tel: +1 514 393 0488
Fax: +1 514 393 9545

www.hpv2017.org

HPV 2017 PRE-CONFERENCE WORKSHOPS

HPV 2017 is pleased to announce the [Public Health, Clinical and Basic Science workshops](#) that will take place on Tuesday February 28 and Wednesday March 1, 2017. [Register today](#) and take advantage of these unique intensive workshops and the global overview they provide.

PUBLIC HEALTH

Implementing an HPV Vaccination Program
Implementing a Cervical Screening Program

CLINICAL

Cervical Cancer Screening
HPV Disease Treatment Choices

BASIC SCIENCE HIGHLIGHTS

Virus Entry/Life Cycle
Target Identification for Antiviral Drugs
Basics of HPV Biology and Pathogenesis
Basics of HPV Immunology and Vaccines

Explore the detailed workshop program, including joint sessions [here](#).

Early Registration Deadline: November 15, 2016

IPVS members can save up to \$110 USD in registration fees!

Register now!

IPVS ACTIVITIES

IPVS attends the HPV Prevention and Control Board

In 2015, a group of international HPV experts created the [HPV Prevention and Control Board](#), that IPVS board members were pleased to join. The Board convened its [first meeting](#) in Antwerp (Belgium) in June 2016, to discuss barriers to HPV vaccination and cervical screening programs, and how these can be addressed and overcome.



Objectives of the meeting

- to review the available **vaccine safety profile** and any reported **safety concerns** following HPV vaccination
- to summarize cultural, perceptual, infrastructural and financial **barriers** that impact implementation of HPV vaccination
- to identify **factors** that influence adherence to cervical screening programs
- to propose strategies to address **vaccination and screening hesitancy** and to build **public confidence** in HPV prevention programs
- to discuss new approaches to improve **HPV prevention** and cervical **cancer control**.

Board members reviewed the safety profile of licensed HPV vaccines based on clinical and post-marketing data, reaching a consensus that the benefit-risk profile of the HPV vaccine is favourable and that current safety data is reassuring. Successful vaccination programs used well-coordinated communication campaigns that integrated (social) media to raise awareness. Nevertheless, anti-vaccination campaigns have threatened existing programs in many countries, particularly when false messages are spread via the Internet or social media and can be interpreted as evidence against the vaccine. Measurement of HPV vaccine confidence over time should help us understand the nature and scale of waning confidence in or reluctance to use the HPV vaccine. It could also define issues and intervention approaches using context-specific evidence-based strategies to address underlying concerns. Immediate and appropriate response is required when serious adverse events following vaccination are reported. Documentation and verification by experts in the field are required, especially as many false reports have created the wrong interpretation of the safety of the vaccine. All countries were advised to have a national response plan ready.



Likewise, cervical cancer screening through population-based programs is highly effective. Yet, major barriers to screening still exist, such as low levels of awareness, difficult access for vulnerable populations, as well as problems related to access and affordability in low- and middle-income countries. Resolving practical issues within existing secondary prevention programs may increase attendance. Besides, a considerable impact is expected from the introduction of HPV DNA testing and self-sampling for HPV screening.

Board members agreed that the integration of primary and secondary prevention is crucial and has the potential to accelerate the decrease in cervical cancer incidence, particularly in low resource settings. More information on the HPV Prevention and Control Board and presentations of the meeting are available at the website of the Board: www.hpvboard.org.

SCREENING NEWS AND ARTICLES

The American Society of Clinical Oncology (ASCO) issues Global Recommendations to Increase Cervical Cancer Screening

Alexandria, VA, 12.10.2016.

The American Society of Clinical Oncology (ASCO) today issued a new global guideline on screening for cervical cancer, one of the leading causes of cancer related death among women worldwide. The guideline provides evidence-based recommendations for screening, follow-up of positive screening results, and treatment of women with cervical pre-cancers in countries worldwide.

ASCO's guideline recommends that all women in appropriate age groups – in low-resource, middle-resource and high-resource settings – be screened for cervical pre-cancers. It specifically aims to establish consistent minimum standards for screening across countries, while accounting for wide variations in resource levels and health systems.

Read the full press release [here](#).

New Screening Guidelines for Cervical Cancer in Germany

Berlin, 16.09.2016.

The Federal Joint Committee (Gemeinsamer Bundesausschuss / G-BA) has released new screening recommendations for the prevention and early detection of [cervical cancer](#) in Germany.

Women between the age of 20 and 35 shall get a Pap test every year. Women over the age of 35 years shall, instead of the yearly cytology, get a combined co-test that includes both Pap test and HPV test every three years.

Furthermore, this screening strategy is to be validated after a transition phase of at least 6 years on the chosen intervals and cut-off-ages.

The new guidelines will be implemented after detailed consultation of the G-BA but not before the end of 2017.

Safety of extending screening intervals beyond five years in cervical screening programmes with testing for high risk human papillomavirus: 14 year follow-up of population based randomised cohort in the Netherlands

Dijkstra MG, van Zummeren M, Rozendaal L, van Kemenade FJ, Helmerhorst ThJM, Snijders PJF, Meijer CJLM, Berkhof J. BMJ 2016;355:i4924

Several randomized controlled trials have shown that screening for HPV leads to earlier detection of CIN3 or worse (CIN3+) than cytology testing. As a consequence, a better protection against cervical cancer is achieved, which permits extension of the screening interval. However, evidence on the safety of screening intervals beyond five years is limited.

In this paper, the safety of extending screening intervals beyond five years was addressed. To that end, data were collected from three consecutive screening rounds (each five years apart) of a population based, randomised cohort (POBASCAM) in the Netherlands. Women were randomly assigned to HPV and cytology co-testing (intervention) or cytology testing only (control); only women with a negative HPV and/or negative cytology test were included (n=43 339, aged 29-61 years). Cumulative incidence of cervical cancer and CIN3+ was calculated.

In HPV positive women, reductions in CIN3+ incidence after negative triage results (negative baseline cytology, negative HPV 16/18 genotyping, and/or negative repeat cytology) were estimated. The cumulative incidence of cervical cancer (0.09%) and CIN3+ (0.56%) among HPV negative women in the intervention group after three rounds of screening were similar to the cumulative incidence among women with negative cytology in the control group after two rounds (0.09% and 0.69%, respectively). CIN3+ incidence was 72.2% (95% CI 61.6% to 79.9%, P<0.001) lower among HPV negative women aged at least 40 years than among younger women. CIN3+ incidence among HPV positive women with negative cytology, HPV 16/18 genotyping, and repeat cytology was 10.4 (95% CI 5.9 to 18.4) times higher than among HPV negative women.

Based on these findings it was concluded that in HPV negative women aged 40 years or older, extension of the screening interval beyond five years seems justifiable, although the long term risk of CIN3+ in HPV positive, triage negative women was too high to support an extension of the screening interval. Therefore, HPV based screening programmes with long intervals (>five years) should be implemented with risk stratification.

Federal Trade Commission Charges Academic Journal Publisher OMICS Group Deceived Researchers

The Federal Trade Commission works to promote competition, and [protect and educate consumers](#). In a recent complaint, FTC has charged the publisher of hundreds of purported online academic journals with deceiving academics and researchers about the nature of its publications and hiding publication fees ranging from hundreds to thousands of dollars.

Read the full press release [here](#).




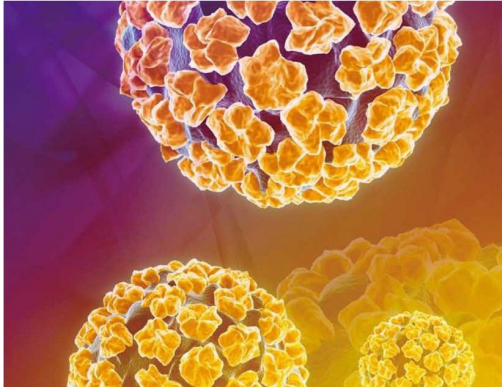
2nd ICGEB Workshop on Human papillomavirus: From Basic Biology to Cancer Prevention

IPVS Activities: Consortia CoheaHr



IPVS Board members are also pleased to share their activities pursued along with the network CoheaHr gathering key leaders and investigators in the field.

CoheaHr is an European research consortium funded by the [7th framework program of the European Union](#) (Health-F3-2013-603019).

2nd ICGEB Workshop on
**Human Papillomavirus:
 From Basic Biology to
 Cancer Prevention**
 Hong Kong, CHINA
8-10 November 2016



IPVS is pleased to endorse the 2nd ICGEB Workshop on “Human papillomavirus: From Basic Biology to Cancer Prevention” co-organized by the Department of Microbiology, Faculty of Medicine, The Chinese University of Hong Kong (CUHK) and the International Centre for Genetic Engineering and Biotechnology (ICGEB).

The truly international workshop will cover a wide range of topics including viral replication & life cycle, functions of oncoproteins, genome & RNA modification & regulation, HPV testing methodology & application, pathogenesis, epidemiology, cancer screening and public health issues. Areas related to cervical, anogenital, oropharyngeal and other cancers possibly associated with HPV are within the scope of this workshop.

Download the program [here](#).

Kudos of members/HPV researchers

Elected to the National Academy of Medicine 2016: Maura Lianne Gillison, M.D., Ph.D., professor of medicine and Jeg Coughlin Chair of Cancer Research, Ohio State University, Columbus.

Elected Fellow of the Royal Society 2016: Jack Cuzick, Ph.D., Director of the Wolfson Institute of Preventive Medicine in London and Head of the Centre for Cancer Prevention. He is the John Snow Professor of Epidemiology at the Wolfson Institute, Queen Mary University of London.

Europe's leading research institutes on HPV-related diseases are part of the consortium, including in total 12 partners from 11 different European countries. The consortium represents specialists from a wide array of disciplines including epidemiologists, virologists, gynaecologists, pathologists, health economists, molecular biologists, viral transmission modellers and statisticians.

Please find more information:

[CoheaHr – Cervical Cancer Prevention:
 www.coheahr.eu/](http://www.coheahr.eu/)

2017 membership is now open!

Since its foundation, the mission of IPVS has been to facilitate research on human and animal papillomaviruses and their associated diseases, and to promote the translation of research results into new clinical applications and public health policies.

Your membership -time, energy, creativity and financial support- is critical to help IPVS achieve its mission!

Join IPVS and enjoy the many benefits that membership brings:

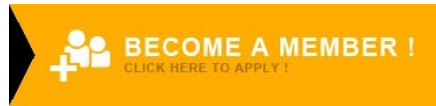
- [Special discounted HPV Conference registration rate for members](#)
- Special deeply-discounted registration rate for 1 student/trainee member when accompanied by an active IPVS member
- Publication of articles by IPVS members in the new open-access official journal of IPVS, the Journal of Papillomavirus Research
- Eligibility to participate in IPVS governance
- Eligibility to run IPVS-sponsored regional meetings
- Eligibility for IPVS scholarships/awards
- Access to IPVS members and conference attendees directory
- Free postings on and access to IPVS jobs board
- Eligibility to participate on IPVS committees (Policy, bylaws, etc)
- Provision of membership

Papillomavirus Research
The Journal of HPV
and other small DNA tumor virus



[Papillomavirus Research Journal](#)

certificate



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