

EUROGIN 2003 Conference. Facts, figures and impact Paris, Cité des Sciences - April 13-16, 2003

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Being the 5th in the sequence of tri-annual EUROGIN congresses (already a tradition among the clinicians and scientists working in the field of cervical cancer and related issues), these congresses have become the single most important clinical conference in this field during their 10-year life-span. The 3-year interval has been regarded an appropriate time interval to repeat these EUROGIN congresses because the progress in clinical research is slower than in basic sciences. On the other hand, a 3-year interval seems long enough to produce significant new research data in the clinical field, as well as to develop new clinical studies which deserve to become presented and discussed in an international forum like this.

From the technological point of view, the same applies as what was concluded above. New technology has played an important role in all previous EUROGIN conferences, while coinciding with the major new innovations made e.g., in the field of clinical cytology (liquid-based technology) and HPV testing (PCR and Hybrid Capture tests) during the 1990's. Presentations on these topics in all four previous congresses have invariably been in the forefront of this technical development, which seems to continue towards more and more sophisticated and sensitive (new generation) diagnostic tools for early detection, diagnosis and screening of cervical cancer precursors. As already evident now, just 18 months after EUROGIN 2000, keeping the participants updated on this development necessitates the organization of the next EUROGIN conference in 2003.

Cervical cancer in our continent is not an evenly distributed disease, but the problem accumulates in the countries of the former eastern bloc, many of which are current *associate countries* of the European Union, i.e., in countries with economies in transition. Indeed, there seems to be a major gap between the most advanced countries of western Europe, as compared with those in eastern Europe, in their readiness and facilities to cope with this major health problem. Most importantly, the question is closely linked with the lack of manpower, i.e., adequately trained professionals in these latter countries, to perform appropriate early detection, accurate diagnosis and proper treatment of these lesions. From this socio-economic point of view, the time has come to take initiative to start filling this gap between western and eastern Europe. Indeed, this is a part of the EUROGIN mission, while currently establishing its network covering this part of Europe, EUROGIN 2003 will be an important milestone towards this goal.

1. Scientific originality

The past decade has witnessed a series of tremendous changes of both a political and economic nature in Europe. A large number of new independent states (NIS) have arisen in the ruins of the former SU, and all the countries in Eastern Europe have their economies in transition towards a free market economy. This exceptionally rapid development has had, however, some unfortunate consequences, and not in the least in the field of public health. Indeed, there has been a rapid explosion in the spread of sexually transmitted diseases (STD) in the NIS countries, including incredibly high detection rates (25-30%) of human papillomavirus (HPV) infections in these countries, as determined, from the results of ongoing EC-funded projects in

these countries (e.g., ERB IC15-CT98-0321). This rapid increase of STDs and HPV infections closely parallels with the increasing trends in incidence and mortality of cervical cancer in these countries, many of which are rapidly approaching the globally accepted limit of a high-risk country (22/100,000), and highly unfortunately, some have already exceeded this limit. This *ominous development* is evidenced in most of the *associated states*, as well.

On the other hand, the development in Western Europe has adopted a different path. Even if the incidence and mortality rates of cervical cancer have not dramatically improved (except in the U.K.) during the past ten years or so, the figures have more or less stabilised. Organised screening programmes continue to be greatly successful in the Nordic countries (where implemented), and more recently also in the U.K. At the same time, opportunistic screening is practiced in most of the other western European countries, and albeit not showing the same efficacy as organised screening, has undoubtedly contributed to the fact that cancer rates are not substantially increasing, despite the undeniably increased exposure to the known risk factors, most notably oncogenic HPV infections.

During the 1990's, the importance of organised cervical cancer screening has been fully recognized by different international organizations (including the EC and WHO), as the only realistic approach (with proven efficacy) towards the global control of cervical cancer. At least for as long as an effective vaccine against HPV is not at hand. EUROGIN was established in the early 1990's, and adopted a mission to be a forerunner in this development. According to the EUROGIN mission, linking basic and clinical scientists together to distribute the latest research data and clinical developments in multidisciplinary international congresses, is likely to be a highly effective way of increasing general awareness of cervical cancer and the new strategies for its prevention among all professionals working in the field. This policy has proven a major success, as shown by the increasing interest towards the tri-annual EUROGIN congresses by participants worldwide.

Because of the fact that organised screening programmes have only been implemented in a restricted area even in Europe, and creating facilities for adequate clinical cytology in most of the developing countries does not seem a feasible option, a number of optional diagnostic methods have been recently suggested as potential screening tools in low-resource settings. For a number of years, this has been another *state-of-the-art* in the field of cervical cancer screening. While a large number of studies have been reported or are currently underway, testing the performance (sensitivity, specificity, PPV, NPV) of new potential screening tools, like aided visual inspection (VIA), cervicography, polarprobe, laser spectroscopy, photodynamic diagnosis, and HPV testing (by PCR and Hybrid Capture tests) is elaborate. Because of the fact that, to provide the maximum information and statistical power, these studies are both large-scale and long-term projects, and necessarily have a prospective cohort design. This means that the studies ongoing at the moment are not likely to be concluded within a year or two.

According its mission, EUROGIN continuously monitors the ongoing research activities within this domain, and identifies projects with potential interest to its membership and congress participants. To identify these potentially interesting projects and to invite researchers to report their latest results has been and continues to be an essential EUROGIN policy to guarantee the *scientific originality* of its congresses. EUROGIN 2003 will not be an exception to this policy. Indeed, many of the ongoing projects testing these optional screening tools are likely to be close to conclusion by 2003, and thus timely to be presented as original reports at EUROGIN 2003. Most of these scientists belong among the faculty of the previous EUROGIN congresses, and as such recognise the importance of this forum as a highly effective means of distributing the new data before it is published in journals.

In parallel with the latest developments in cervical cancer screening, clinical diagnosis and management, rapid progress has been achieved in *basic research*, revealing piece by piece the molecular mechanism by which oncogenic papillomaviruses induce malignant transformation of their target cells. Also basic cancer research has experienced some recent technological innovations, significantly improving the tedious work of disclosing the functions of individual genes in malignant transformation. Undoubtedly, one of the most significant recent developments in this respect is the introduction into general use of microarray technology. This new technique enables a rapid genetic profiling of tumour biopsies or cell lines, by screening the samples for up- and down-regulation of thousands of genes, using cDNA-, peptide or protein-based microarray technology. The latest development in the field represents the modification of this microarray technology suitable for immunohistochemistry and histopathological examination of hundreds of microbiopsies, an assay called tissue

microarray. This high output technique forms a link between basic scientists and clinical pathology, making possible a rapid screening of hundreds of tumour samples for the expression of the protein products of genes, identified to be up- or downregulated in the cDNA-based microarray. The role of this novel technology is likely to be well established by 2003, and deserves to receive appropriate visibility at EUROGIN 2003.

From the very first EUROGIN congress of 1991 in Paris, the multidisciplinary character of these congresses has been emphasized. Indeed, creating the link between basic scientists and those working in clinics is essential in a field like this, because effective cervical cancer prevention necessitates the participation of experts in different disciplines. EUROGIN 2003 will continue this tradition, by inviting guest lectures and proffered papers from all disciplines closely and even more remotely linked with genital infections and neoplasia. At this time, special attention will be focused on getting the new information distributed to a) young scientists, and b) particularly those working in the *Associated States*. This would represent a necessary first *step forward* in the long way of improving the currently insufficient facilities of cervical cancer control in these countries. To fulfill this important commitment, EUROGIN 2003 needs assistance from the EC to make it possible for an increasing number of young scientists to participate in this congress, by offering subsidized congress fees, accommodations and travel support.

2. Programme content

The preliminary programme can be found on the website: www.eurogin.com

As in all large conferences of this magnitude, the most important content of the programme is presented as *Plenary Sessions* (PSs), and this will be the case with EUROGIN 2003 as well. These are marked in a Table with PS. According to the current plans, there will be a minimum of six PSs during the three days of the congress. The PSs start, as previously, with the Keynote lecture.

Other tentative topics for PSs on the first day include: Epidemiology and natural history, and Molecular biology. Both are key topics and necessary to understand the etiology, pathogenesis and clinical behaviour of cervical neoplasias and their precursors. During these PSs, the state-of-the-art and recent progress in the field will be presented by speakers representing opinion leaders in their respective fields. During this PS, the leaders in the field will present the latest development and progress achieved in different fronts of this huge challenge, and will be the single session, where the *highlights* are most likely to be expected. The new guidelines prepared on the basis of the presentations will be published in a printed version, as also done before, to be distributed to congress participants and included in the congress fee.

The second mode of the programme is known as the *Consultant Panel* (CP). The development of the final mode and content of CP is on the responsibility of the moderators, who have been (and will be) given detailed instructions on how to develop their Panel sessions. Irrespective of the topic of the five CPs, the moderators are instructed to develop the topic by defining the bases and references for good clinical practice. During the panels, which should all be interactive, particular attention will be paid to highlight the controversial subjects or those creating difficulties and confusion in clinical practice or otherwise. The goal of the presentation and discussions should be to improve the harmonization of practices. Thus, references should be given, standards created in both terminology and treatment protocols, which belong among the topics of CPs. Information given in CPs should be relevant and widely accepted.

Meet-the-experts (ME) sessions belong in the programme of many advanced congresses trying to utilise the available time of the congress days in the most optional way. These are most convenient to arrange during the lunch hours, and necessitate pre-registration so as to divide the participants according to the topics of their interest to the tables of the individual experts covering the particular topics. The ME sessions are forums of one hour duration, managed by 4-5 specialists and covering one topic within the discipline. Their objectives are to train and stimulate students, young scientists or other professionals working, e.g., in the domain of public health, to give new ideas on how to improve their research and other projects. Successful running of ME sessions is based on the experience and competence of acknowledged specialists. The presentations are short, concise and allow ample time for interactive discussion. A summary prepared by each expert is remitted to participants afterwards.

Symposia represent another format of giving information and training on special topics. The chairs have been instructed to a) prepare the programme, b) propose names of speakers, c) write a one page note to

present the objectives of the symposium, d) ensure good organisation of the symposium. These Symposia are open to everyone interested in topics related to cervical cancer and its detection and prevention. The (tentative) topics of the Symposia are: HPV testing in cervical cancer screening, immunotherapy of HPV infections, liquid-based cytology, management of vulvovaginitis, viruses and genital infections, sexually transmitted infections, as well as HPV vaccines. Symposia are intended to attract a wide audience and that is why they are run in a non-parallel section of the programme, to enable the maximum number of attendees.

Interactive training courses and *Workshops* are an essential part of the EUROGIN 2003 programme because they gained wide popularity during previous conferences. The topics of the Workshops are carefully selected to represent the subjects where an interactive mode of presentation is possible. This time, the topics of the four Workshop are: Colposcopy, cervical pathology, cytopathology (including liquid-based), and HPV testing. These four topics cover the full spectrum of diagnostic techniques needed in the accurate detection of cervical cancer and related conditions. Workshops are targeted to different specialists, have a limited number of participants and necessitate pre-registration. Two to three moderators are responsible for the preparation of the programme, which essentially consists of case presentations and includes interactive participation of the registrants. This is arranged by providing a room with a "touch pad" computer system allowing participants to provide their answers to multiple choice questions. Following the case presentations, the participants are asked to give their suggestions, and each case will be discussed in detail by the faculty at the end. The selection of the topics will ensure that colposcopists, histopathologists, clinical cytologists and laboratory scientists will receive a compact package of CME, based on carefully selected presentations of true cases. At this time, particular attention will be paid to making these Workshops attractive and affordable to young specialists from the *associated countries* of the European Union, by offering special assistance for their participation, as stipulated elsewhere in this proposal.

The bulk of the programme of this scientific congress, as measured by the number of presentations, will consist of *Scientific Sessions* (SSs). Because of the restricted time, these scientific sessions are run as multiple parallel sessions. When arranged and scheduled according to the topics, every effort will be made to avoid overlapping (similar) topics to be run simultaneously. This will enable the maximum number of sessions attended by those participants who are interested in more than one specific topic. This arrangement also effectively segregates people with different research interests into different sessions and allows the full concentration in their topics of main interest.

At this stage, space has been preserved in the programme for a total of 32 scientific sessions. The main titles of the sessions are not likely to change, however, because SSs are intended to cover the full spectrum of topics within this discipline, and those main topics are known in advance.

Although oral presentations are encouraged, particularly invited from young colleagues, also a poster exhibition will be organised for those who prefer this type of presentation of their data. The *Poster* will be hung and available for viewing during the whole congress period in the vicinity of the commercial exhibition and coffee area, to enable maximum attendance and visibility.

In its final form, the entire programme will be printed as a separate booklet: *Congress Programme*, including all the details of the congress. A separate booklet will be needed for Abstracts, including the submitted *abstracts* of both the oral communications and posters.

With this programme layout, based on carefully selected topics and state-of-the-art presentations by prominent international scientists and opinion leaders as the faculty, the *EUROGIN 2003* conference is likely to successfully continue the traditions of its four predecessors, which have created these tri-annual EUROGIN congresses in Paris and established a position as *the leading multidisciplinary congress in the domain of cervical cancer and related disciplines*.

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