The conference is held under the auspices
of the Ministry of Health of the Republic of Serbia

Republic of Serbia
MINISTRY OF HEALTH

ESGO Prevention

SERBIAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY
EUROPEAN SOCIETY FOR GYNAECOLOGIC ONCOLOGY (ESGO)
PREVENTION CONFERENCE
"ANOGENITAL NEOPLASIA IN FOCUS"

26th and 27th September 2025. Sava Center Belgrade, Serbia

In association with
Medical Academy of Serbian Medical Society

The Section of Obstetrics and Gynaecology of the Serbian Medical Society
The European Federation for Colposcopy and Cervical Cancer Prevention (EFC)
The International Society for the Study of Vulvo-Vaginal Disease (ISVVD)
The International Anal Neoplasia Society (IANS)

International Anal Neoplasia Society

ANOGENITAL NEOPLASIA IN FOCUS

26 – 27 September, 2025, Belgrade, Serbia

The Serbian Society for Colposcopy and Cervical Pathology is celebrating its 30th anniversary. During this time a number of meetings, lectures and courses have been held, including the IFCPC Colposcopy Course 2004, the European Congress in Colposcopy 2007, as well as the Second ESGO supported Regional Symposium on Cervical Cancer Prevention 2015 and the First EFC approved regional Advanced colposcopy course in 2018.

This meeting is organized together with European Society of Gynaecological Oncology (ESGO) which was following and supporting Serbian society for the last 20 years. Co-organizer is Medical Academy of the Serbian Medical Society, the greatest authority in the medical profession in Serbia.

The main goal of the whole event is to enable gynaecologists who work in the field of prevention to comprehensively review and solve clinical problems in the field entire anogenital system neoplasia.

Faculty includes well known regional and international experts, who will share their knowledge and experience in order to improve prevention and detection of anogenital neoplasia.

We cordially invite you to join this exciting event, which we hope will enrich us all with scientific knowledge, new contacts and warm fellowship.

Prim.dr Nemanja Stojanović
President of Serbian Society for colposcopy and cervical pathology

Emeritus professor Vesna Kesić
President of the Conference

Serbian Society for Colposcopy and Cervical Pathology

Serbian Society for Colposcopy and Cervical Pathology was formed in 2006. It continued the work of the Section for pathology of the cervix, vagina, vulva and colposcopy of the Association of Gynecologists and Obstetricians of Yugoslavia, which was founded in 1995. Since then, the Society has been continuously working to improve the quality of colposcopy in Serbia through education, organization of professional meetings and cooperation with other colposcopic societies from the region.

The Society is a member of the European Federation for Colposcopy (EFC) and the International Federation for Colposcopy and Cervical Pathology (IFCPC).

During its nearly 30-year long existence, the Society has organized numerous lectures, meetings, symposiums, courses, as well as a European congress, back in 2007, when it was one of the first European professional gatherings held in the capital of Serbia.

Today, the Society pays special attention to education, both at the basic and higher levels, trying to maintain the quality of professional work and harmonize it with the standards of the European Colposcopy Federation. In addition to the desire that as many gynecologists as possible master colposcopy, future efforts are focused on the development and adoption of criteria that would ensure quality control in this area, with the main aim of providing the best possible care to the women of Serbia.

Former Presidents
Prof. dr. Branko Stanimirović 1995-2003
Prof. dr. Vera Milenkovic 2004-2011
Prof. dr. Vesna Kesić 2012-2023

Former General Secretaries
Prof. dr. Vesna Kesić 1995-2003
Prof. dr. Živko Perišić 2004-2007
Prim dr Ljiljana Vukmirović 2008-2011
Prim. dr. Nemanja Stojanović 2012-2023

Current Board of the Society

President: Prim dr Nemanja Stojanović

Honorary President : Emeritus professor Vesna Kesić

Board members:

Prim Dr. Jadranka Ravić

Dr. Sanja Tadic

Dr. Snežana Žujković

Dr. sci med Branka Bacotić

Supervisor Committee

Prof. dr. Radomir Živadinović

Prim dr Ljiljana Avramović

Prof. dr. Jovan Bila

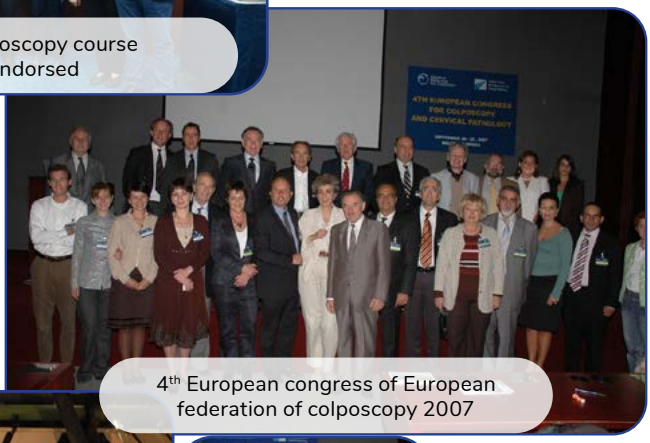
The First regional prevention conference 2015, ESGO supported

World GO day 2020

Basic colposcopy courses

IFCPC Advanced colposcopy course 2004

EFC Advanced colposcopy course 2018 ESGO endorsed



4th European congress of European federation of colposcopy 2007

Educational learning objectives:

- Increasing knowledge and understanding of the pathogenesis of anogenital neoplasia
- Determining the utility of prevention strategies among women at risk for anogenital cancer
- Improving the knowledge and recommended skills for diagnosing and treating cervical neoplasia
- Gaining knowledge on vulvovaginal and anal neoplasia and their management
- Emphasizing the importance of comprehensive management and multidisciplinary approach of clinical problems in anogenital region
- Discussing the practices, challenges and successes in different international communities

Scientific committee

SSCCP	Vesna Kesić	ESGO: Murat Gultekin
	Nemanja Stojanović	EFC: Maggie Chruishckank
	Radomir Živadinović	ISSVD: Jacob Bornstein
	Jovan Bila	IANS: Tamzin Cuming

Let's work together on improving the quality and introducing the standards of colposcopy in our work.

SPEAKERS, CHARIS AND DISCUSSANTS:

No	Name and surname	Affiliation and Society
1	Arbyn Marc	Unit of Cancer Epidemiology, Belgian Cancer Centre, Sciensano, Brussels, Belgium; ESGO Prevention committee
2	Bondžić Vesna	„Ženski centar Milica“, Belgrade, Serbia; ENGAGE Serbia
3	Baptista Vieira Pedro	Professor, Lisbon Hospital Lusíadas Porto, Porto, Portugal; Lower Genital Tract Unit, Centro Hospitalar de São João, Porto, Portugal; ISSVD, President elect
4	Bornstein Jacob	Emeritus professor Galilee Medical Center and Faculty of Medicine of the Bar Ilan University, Israel; ISSVD, Past President
5	Browning Julie	Consultant Sexual & Reproductive Health Homerton Anogenital Neoplasia Service, London, United Kingdom; IANS
6	Carcopino Xavier	Professor Department of Obstetrics and Gynaecology, Hôpital Nord, Assistance Publique des Hôpitaux de Marseille, Aix-Marseille Université, CNRS, IRD, Avignon Université, Marseille, France; EFC President Elect
7	Cruickshank Maggie	Professor Aberdeen Centre for Women’s Health Research, University of Aberdeen, Aberdeen, United Kingdom, EFC President
8	Bila Jovan	Professor Clinic for Obstetrics and Gynecology, University Clinical center; Medical Faculty, University od Belgrade, Serbia; Serbian Society for colposcopy, Board member
9	Cuming Tamzin	Professor Homerton University Hospital, Honorary Senior Lecturer, Imperial College London, UK; IANS President
10	Dimitrov Goran	Professor Clinic University Clinic for Obstetrics and Gynecology; Medical Faculty, Saints Cyril and Methodis University of Skopje, North Macedonia; President of the Macedonian Medical Association
11	Doorbar John	Professor Division of Virology, Department of Pathology, University of Cambridge, United Kingdom
12	Grigore Mihaela	Professor Department of Obstetrics and Gynaecology, University of Medicine and Pharmacy “Grigore T. Popa” Iasi, Romania ; ESGO Prevention committee; EFC Advisory board member
13	Gultekin Murat	Professor, Department of Obstetrics and Gynaecology, Division of Gynaecological Oncology Hacettepe University Faculty of Medicine, Ankara, Turkey; ESGO Prevention committee, Chair

14	Ikonov Aleksandra	Ženski centar Milica / WE CAN, World GO day 2025 Belgrade, Serbia
15	Ilijazović Ermina	Professor Medical faculty, University of Tuzla; Department of Pathology, Clinical center of Tuzla, Bosnia and Herzegovina ; ESGO Prevention committee
16	Joura Elmar	Professor Department of Gynecology and Gynecologic Oncology, Comprehensive Cancer Center, Medical University of Vienna, Vienna, Austria; ESGO Prevention committee
17	Kesić Vesna	Emeritus professor Medical Faculty, University of Belgrade, Belgrade, Serbia; Honorary president Serbian Society for colposcopy; Former ESGO president
18	Knezović Zorica	Department of Obstetrcis and Gynecology, Clinical Center „Sestre milosrdnice“, Zagreb, Croatia; Croatian Society for Colposcopy
19	Koiss Róbert	Professor Department of Obstetrics and Gynecology, Waberer Medical Clinic, Budapest, Hungary; Hungarian Society of Uterine Cancer and Colposcopy Past president; EFC Advisory board member
20	Kyrgiou Maria	Professor Surgery and Cancer - West London Gynecological Cancer Center, IRDB, Department of Gut, Metabolism & Reproduction-Surgery & Cancer, Imperial College London, London, United Kingdom; ESGO Prevention committee
21	Marchetti Claudia	Professor Department of Gynecological-Obstetrical Sciences and Urological Sciences, Sapienza University of Rome, Rome, Italy; ESGO Prevention committee
22	Meglič Leon	Docent, Univerzitetni klinični center Ljubljana, Ginekološka klinika Ljubljana and Medicinska fakulteta Univerze v Ljubljani/ Ginekologija »Meglič«, Ljubljana, Slovenia; Slovenian Society for colposcopy, Vice-president
23	Michail Georgios	Associate Professor Faculty of Medicine, School of Health Sciences, University of Patras, Greece Lead colposcopist in Patras University Hospital for the implementation of the currently running National Cervical Cancer Screening Program “Spyros Doxiadis”.
24	Paraskevaidis Evangelos	Professor Ioannina Medical School, Dept. OB-GYN, Ioannina, Greece; Hellenic Society in of Colposcopy & Cervical Pathology (HSCCP) President
25	Perišić- Mitrović Milena	Center for colposcopy and early detection of cervical cancer, Clinic for Obstetrics and Gynecology, University Clinical center, Belgrade, Serbia; Serbian Society for colposcopy Secretary; ESGO Prevention commitee

26	Petrović- Šunderić Jelena	Primarius, Clinic for Digestive Surgery, University Clinical center, Belgrade, Serbia
27	Preti Mario	Professor Obstetrics and Gynecology Department of Surgical Sciences University of Torino, Italy; ESGO Prevention commitee, ISSVD
28	Sehouli Jalid	Professor, director of Clinic of Gynecology with center for Oncological Surgery , Campus Virchow Klinikum, Berlin, Germany
29	Stanojević Goran	Clinic for Surgery, University Clinical Center Niš; Medical Faculty, University of Niš, Serbia; Medical Academy of Serbian Medical Society
30	Stojanović Nemanja	Primarius, Department of Obstetrics and Gynecology „Medigroup General Hospital“, Belgrad, Serbia; President of the Serbian Society for Colposcopy
31	Tóth Icó	Mallow Flower Foundation, mother, and cervical cancer survivor -president, Hungary; Past co-chair of ESGO-ENGAGe
32	George Valasoulis	Assistant Professor Faculty of Medicine, School of Health Sciences, University of Thessaly Greece; Executive Committee member of the Hellenic Society for Colposcopy and Cervical Pathology
33	Živadinović Radomir	Professor Clinic for Obstetrics and Gynecology, Medical Faculty, University of Niš, Serbia; Serbian Society for colposcopy Board member
34	Žodžika Jana	Professor, Department of Obstetrics and gynaecology Rīga Stradiņš University, Riga, Latvia; EFC Secretary

Program

Friday, 26th September, 2025		
0800-0900	Registration	
0900-0910	Opening speeches	
0910-0920	30 years of Serbian Society for Colposcopy and Cervical Pathology	Nemanja Stojanović President of the Serbian society
Conquering the challenges Chairs: Nemanja Stojanović, Radomir Živadinović		
0920-0940	Cytology in the era of HPV screening	Ermina Ilijazović (BA)
0940-1000	Management of non-corelating cervical findings and the role of methylation	Leon Meglič (SI)
1000-1020	Are overweight and obesity risk factors for cervical cancer	Jovan Bila (RS)
Difficulties and mistakes in colposcopy		
1020-1035	• Glandular lesions • Adolescence • Severe inflammation	Vesna Kesić (RS)
1035-1050	• Pregnancy • Post menopause • Previously treated cervix	Milena Perišić-Mitrović (RS)
1050-1100	Discussion	
1100-1130	**Coffee break**	
Management of cervical precancer Chairs: Evangelos Paraskevaidis, Dimitrov Goran		
1130-1200	Keynote lecture: Individual care for cervical precancer	Evangelos Paraskevaidis (GR)
1200-1220	Management of Transformation zone type 3	Nemanja Stojanović (RS)
1220-1240	How to treat cervical intraepithelial lesions – ablation or excision?	Dimitrov Goran (MK)
1240-1300	Loop excision-principles and pregnancy outcome	Knezović Zorica (HR)

1300-1400	Debate session (questions for experts) • How would you manage LSIL? • Can CIN2 be observed? • Diagnosis of large lesion: Multiple biopsy or Loop excision? • Endocervical curettage- when? • Stenotic cervical ostium after previous treatment for H-SIL? • Loop excision in the 1st trimester of pregnancy • How do you see the role of AI in interpretation of colposcopic images?	All speakers with Michail Georgios George Valasoulis Marc Arbyn Mario Preti Róbert Koiss
1400-1500	**Lunch**	
Latest trends in cervical cancer prevention Chais: Claudia Marchetti, Murat Glutekin		
1500-1510	ESGO Prevention Committee and its impact on prevention	Murat Gultekin (TR)
1510-1530	The current model of HPV persistency and CIN development	John Doorbar (GB)
1530-1550	20 years of HPV vaccination – the way forward	Elmar Joura (AT)
1550-1610	New evidence on the HPV vaccination at the time of treatment of HSIL – results of NOVEL trial	Maria Kyrgiou (GB)
1610-1630	New EU guidelines for management of HPV+ women based on CIN3+ risk	Marc Arbyn (BE)
1630-1700	**Coffee break**	
1700-1720	Prevention of cervical cancer in Europe – are we in the race?	Vesna Kesić (RS)
1720-1740	Medical treatment of HPV infection	Murat Gultekin (TR)
1740-1800	Vaginal microbiota, HPV and cervical disease	Milena Perišić-Mitrović (RS)
I have HPV. Now what?		
1800-1810	The importance of doctor-patient relationship: video message	Jalid Sehouli (DE)
1810-1900	• Understanding psychological needs of HPV-positive woman • Counselling HPV positive patients and their partners • Role of awareness events • World gynaecologic Oncology Day campaign 2025 in Serbia	Icó Tóth (HU) Mihaela Grigore (RO) Vesna Bondžić (RS) Aleksandra Ikonov (RS)
1900	**Closing of the first day program**	

Saturday, 27th September, 2025		
Management and follow up of cervical HSIL Endorsed by European Federation for Colposcopy – EFC Chairs: Maggie Cruickshank, Xavier Carcopino		
0900-0920	Challenges of colposcopy in the new era of HPV vaccination	Mihaela Grigore (RO)
0920-0940	Optimal management of high grade cervical squamous lesions	Jana Žodžika (LV)
0940-1000	Current evidence for conservative management versus treatment of CIN2	Maggie Cruickshank (GB)
1000-1020	Treatment and follow-up of women with glandular lesions	Xavier Carcopino (FR)
1020-1040	Prevention of cervical cancer: Post-treatment follow-up	Róbert Koiss (HU)
1040-1100	Discussion	
1100-1130	**Coffee break**	
Beyond the cervix: vaginal and vulval disease Endorsed by International Society for the Study of Vulvovaginal Disease – ISSVD Chair: Jacob Bornstein, Vesna Kesić		
1130-1150	Terminology of vulvar and vaginal lesions	Jacob Bornstein (IL)
1150-1210	VaIN: clinical presentation and management	Pedro Vieira Baptista (PT)
1210-1230	VIN: clinical presentation and management	Mario Preti (IT)
1230-1330	Differential diagnosis of vulvar lesions – case based learning	Jacob Bornstein Pedro Vieira Baptista Mario Preti
1330-1430	**Lunch**	
Anal and perianal HSIL International Anal Neoplasia Society Chair: Tamzin Cuming, Goran Stanojević		
1430-1450	Multizonal anogenital neoplasia	Julie Bowring (GB)
1450-1510	Anal squamous cell carcinoma: a growing problem	Goran Stanojević (RS)
1510-1530	Screening of AIN/anal cancer	Tamzin Cuming (GB)
1530-1550	HRA- video presentation	Tamzin Cuming / Jelena Petrović-Šunderić
	Reasons for delay in diagnostics of anal cancer	Jelena Petrović-Šunderić (RS)
1545-1600	AIN – a message for gynaecologists	Vesna Kesic (RS)

1600-1630	Discussion
1630	**Closing of the conference**

GENERAL INFORMATION:

Venue: Sava center Belgrade, International congress, cultural & business center Milentija Popovića 9, Belgrade, Serbia

Official language: English

Accreditation: the conference has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) for a maximum of **14.0** European CME credits (ECMEC®s).

Registration fee:	Early registration	On site
Residents	200 Eur	200 Eur
Serbian Society for Colposcopy members	250 Eur	300 Eur
ESGO Prevention committee members	250 Eur	300 Eur
Other participants	300 Eur	350 Eur

The registration fee includes access to all presentations and other contents of the conference, all educational and promotional materials and the EACCM credits .

Organizing committee:
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TAKE HOME MESSAGES

Cytology in the era of HPV screening

Prof dr Ilijazović Ermina

- In the era of HPV testing, cervical cytology (Pap test) continues to play an important complementary role in cervical cancer screening.
- Given the rapid evolution in understanding the etiologic role of high-risk human papillomavirus (hrHPV) in cervical cancer development, the clinical guidelines have transitioned from “evidence-based” to “risk-stratified” algorithms.
- While HPV testing is more sensitive for detecting high-risk infections and lesion (CIN 2+) that can lead to cervical cancer, cytology provides valuable information about cellular changes.
- Cytology is particularly useful in triaging HPV-positive women to determine who may need further diagnostic procedures like colposcopy.
- Candidates for the triage test include cytology, biomarkers such as P16/Ki67 dual stain (DS), and hrHPV genotyping. Additionally, Pap tests remain important in low-resource settings where HPV testing may not be widely available.

Management of non-corelating cervical findings and the role of methylation

Doc dr Leon Meglič

- You should always trust the worse result.
- In case of inconsistent results, histological verification is necessary.
- The true change caused by HPV may be hidden in the cervical canal, so in unclear cases it is essential to examine this as well.
- We only test for some of the more common types of HPV, so a negative HPV result does not mean that the patient is absolutely not infected with HPV.
- Methylation is a new tool, we should only use it by experienced colposcopists in selected cases.
- Artificial intelligence will try to replace colposcopists, the work will be performed by inexperienced and cheap personnel, perhaps not even doctors, who will not

be able to properly interpret the result and place it in the broader context of an individual specific case.

Are overweight and obesity risk factors for cervical cancer

Prof dr Jovan Bila

- Overweight and obesity are risk factors for cervical cancer.
- Major reason is that these patients have lower detection rates of cervical precancer than women of normal weight.
- The association between obesity and cervical adenocarcinoma tended to be stronger than for squamous cell cancers.
- Performing screening, so as colposcopy may pose a problem in overweight and obese women.
- Thorough preparation and patience are the keys to this problem in these situations.

Difficulties and mistakes in colposcopy

Emeritus prof dr Vesna Kesic, Dr Milena Perišić-Mitrović

- Colposcopy is a subjective method. It has high sensitivity, but the specificity is low, particularly for low-grade CIN. The more severe the lesion, the higher the specificity
- Colposcopic accuracy is defined as clinical correlation between a colposcopic impression and histological report
- Colposcopic performance is dependent on disease prevalence
- Colposcopy performs well when patients have a prior screening test with both high sensitivity and specificity
- Misinterpretation of patterns is the most common mistake in colposcopy.
- Wrong interpretation of trivial changes may lead to the incorrect and unnecessary treatment
- Reduction in prevalence in a screened population will impact on colposcopy
  - » Primary HPV testing – low specificity
  - » HPV vaccination – low prevalence

Individual care for cervical precancer

Prof dr Evangelos Paraskevaidis

- All women with CIN3, regardless of age, must inevitably be treated, at the moment.
- Low-grade CIN (CIN1) should be managed conservatively in young women, as this reflects a state of viral replication with no true carcinogenic potential in most patients.
- The high spontaneous regression rates of CIN2 of up to 60% (in women younger than 30) should be balanced against the long-term cumulative risk of invasion.
- Every effort should be made to balance clearance that will minimise need for further excision, while preserving healthy cervical tissue.
- Treatments should only be performed under colposcopic guidance to balance oncological and reproductive outcomes.
- This balance can only be achieved with continuous, high-quality training.

Management of Transformation zone type 3

Prim dr Nemanja Stojanović

- **Transformation Zone Definitions:** The transformation zone is defined both histologically and colposcopically. It is the surface of the cervix where squamous metaplasia is present
- **Types of Transformation Zones:** There are three types of transformation zones, with Type 3 being the one where the squamocolumnar junction (SCJ) is not visible and is located in the cervical canal
- **Clinical Importance:** Transformation Zone Type 3 has a high risk of underdiagnosis of premalignant lesions (CIN 2+). Cytology and HPV abnormalities in the settings of TZ3 need careful evaluation
- **Management Guidelines:** The management of TZ3 involves various steps, including HPV testing, cytology, and colposcopy. The guidelines are adapted from several organizations, including IFCPC, EFC, ESGO, ASCCP, and WHO
- **Inadequate Colposcopic Findings:** Inadequate findings in TZ3 can include CIN

3, microinvasive carcinoma, and invasive carcinoma.

- **LLETZ and TZ3:** The indications for LLETZ in TZ3 include HPV HR positive and atypical PAP smear results. There are also specific contraindications such as pregnancy and acute cervicitis

How to treat cervical intraepithelial lesions - ablation or excision?

Prof dr Goran Dimitrov

- There is no clearly superior conservative surgical technique for the treatment and eradication of cervical intra-epithelial neoplasia (CIN). (Level of recommendation IB)
- Excision is preferable to ablation due to the possibility of histopathological examination of the removed tissue (Level of recommendation IC)
- **Ablative procedures** (cryotherapy, radical diathermy, cold coagulation and laser vaporization) are acceptable only under the following conditions:
  - » the entire Transformation Zone (TZ) must be visible
  - » one or more biopsies should be taken from the field with most severe lesion
  - » the result of the histopathological examination of the biopsy should be known before the destructive therapy
  - » cryotherapy should not be used for large lesions that cover more than 75% of the cervix, lesions that extend to the vaginal wall or extend more than 2 mm beyond the cryo-probe. This also applies to cold coagulation, but not to radical diathermy
  - » there must be no suspicion of invasive disease either cytologically, colposcopically, or in the biopsy findings
  - » cytological smear must not show atypical glandular cells
  - » destructive therapy should be performed under colposcopic control by an experienced colposcopist
  - » adequate monitoring must be provided
- **Excisional procedures** (knife conization, laser conization, loop excision) must be performed
  - » if the lesion involves the endocervical canal
  - » in case of large, complex lesions

» in cases of TZ 3 with HSIL cytology
» if there is no correlation between cytology and colposcopy
» in case of recurrent disease

Loop excision-principles and pregnancy outcome

Dr Knezović Zorica

- LLETZ is effective and safe for managing HSIL
- **Principles** of LEEP:
  - » Aim for adequate excision while preserving cervical function
  - » Excision depth matters –>Type 1 TZ: ~7–10 mm
  - » Type 2 TZ: ~10–15 mm
  - » Type 3 TZ: >15 mm (up to 20 mm if needed)
- Document cone length, width, and volume
- Pregnancy Outcomes after LEEP:
  - » Slightly incerased risk of preterm birth, PPROM, low birth weight.
  - » Risk correlates with excision depth (>10–15 mm).
  - » Tissue-preserving techniques reduce adverse outcomes.
- Balance is key:
  - » Too shallow –> risk of recurrence/persistence.
  - » Too deep –> higher obstetric complications.
- Individualized approach, considering lesion grade, TZ type, and fertility wishes

The current model of HPV persistency and CIN development-

Prof dr John Doorbar

- Human Papillomaviruses establish a ‘reservoir of infection’ where the viral genome persists at low levels and with low levels of viral gene expression. At the ectocervix, the ‘reservoir of infection’ is in the epithelial basal layer.
- During the productive life cycle of the virus, viral gene expression is carefully regulated to allow the shedding of virus particles from the epithelial surface. Productive infections typically appear as LSIL … or as lesions with HPV-associated cytopathic effects.

- In most individuals, the host's cell mediated immune system eventually controls infection leading to subclinical persistence of the virus with little or no virus shedding. Viral DNA can be detected using sensitive tests, but without associated disease pathology. It is thought that changes in host immune status allows the sporadic fluctuation between HPV positivity and HPV negativity throughout life without the development of serious disease.
- In individuals who's cannot effectively control their infections, viral gene expression can become deregulated, leading to the appearance of HSIL. The Cervical Transformation Zone (TZ) is a 'hot spot' where deregulated viral gene expression can occur, The vulnerability of the TZ appears dependent on the infection of the cervical reserve cell, a specialised type of stem cell that is normally involved in metaplasia.
- The E6 and E7 genes that are abundantly expressed in HSIL, drive cell proliferation but also encode potent immune evasion functions. Deregulated HPV gene expression can be prominent around the entrances to the cervical crypts, with these regions retaining high level E6/E7 expression, even when an antiviral immune response is evident.
- The general concepts of high risk HPV-associated carcinogenesis that are outlined above, ... and the concept of subclinical HPV persistence in the absence of disease, are thought to apply to other anogenital epithelial sites where the high-risk HPV types cause cancers, as well as the oropharynx.

20 years of HPV vaccination – the way forward

Prof dr Elmar Joura

- HPV vaccination is highly effective and safe
- Two shots can prevent 6 different cancers in females and males
- Early HPV vaccination is most effective and a good coverage is crucial
- Gender-neutral HPV vaccination has become the standard
- In countries with a high coverage a 90% reduction of cervical cancer has been observed in vaccinated women

Prevention of cervical cancer in Europe- are we in the race?

Emeritus prof dr Vesna Kesić

- HPV poses a significant public health burden, is a well-established cause of cervical cancer and associated with the development of other anogenital cancers as well as head and neck cancers.
- Defining the status of the vaccination, screening, and treatment programmes (at a policy level), programme implementation, and the status of the required data systems to ensure surveillance and monitoring for the elimination initiative at a country level is essential
- Key indicators to monitor progress of cervical cancer elimination
  - » VCRs (complete dose by 15 years) for girls/boys
  - » Screening rate
  - » Cervical cancer incidence rates
- On the European level, countries, with effective multi-pronged interventions and solid data, are on a good path towards cervical cancer elimination, while other countries show room for growth in certain areas such as overall data availability, VCRs for girls and boys or existence of national immunization and screening registries.

Medical treatment of HPV infection

Prof dr Murat Gultekin

- A number of pre-, probiotics and other agents have claimed a therapeutic role in cervical disease and infection from oncogenic HPV subtypes.
- Although some document some benefit, the studies are small or varying design and a high-quality evidence base to support their use is lacking.

Vaginal microbiota, HPV and cervical disease

Dr Milena Perišić-Mitrović

- The vaginal microenvironment plays an important role in a woman's reproductive health.
- The vaginal microbiota in most women consists mainly of the Lactobacillus species
- Mode of action of vaginal Lactobacillus species:

  - » produce Lactic acid, Bacteriocin, Hydrogen peroxide and Biosurfactants
  - » promote the integrity of the epithelium through stimulating mucus secretion
  - » regulate the immune cells through inhibiting the bacterial and viral pathogens
- The stability and composition of the vaginal microbiome play an important role in determining the host's innate immune response and susceptibility to infections, including HPV.
- Women with a certain specific composition of the vaginal microbiota may
  - » be more prone to getting HPV or
  - » have a faster progression of precancerous lesions

and therefore require more careful monitoring and / or more active treatment.

- The type of CST may indicate a risk for persistant HPV infection and be used as a biomarker for cervical precancer

Understanding psychological needs of HPV-positive woman

Icó Tóth

- HPV is not just a virus – it's an emotional journey too.
- Diagnosis brings more than medical questions: shock, fear, shame, confusion. Worry about health, relationships, and the future.
- When a woman says, 'I feel ashamed,' she's not thinking about cellular changes — she's thinking about what the world thinks of her.
- The social context shapes how a woman experiences her diagnosis — whether she feels supported or judged.
- When HPV shows no visible signs — like warts — some people find it easier, as if it doesn't exist (though this can lead to downplaying it), while for others it heightens health anxiety, since they cannot see what is happening, whether the infection has cleared, will return, or might cause cancer.
- As healthcare professionals, our task is not only to follow clinical guidelines — but to meet human needs.

Challenges of colposcopy in the new era of HPV vaccination

Prof dr Michaela Grigore

- **Colposcopy is vital but challenging** – It plays a crucial role in cervical cancer screening, but its sensitivity is only about 70% in well-established programs and can be much lower in settings with poor infrastructure or training.
- **Quality assurance is essential** – Standardizing terminology, ensuring continuous training, and implementing quality measures are critical to improve performance, especially in low-resource settings.
- **HPV vaccination is changing the landscape** – Widespread vaccination reduces high-grade cervical lesions and cancer risk, but also lowers colposcopy referral rates, making it harder for junior colposcopists to gain experience.
- **HPV-based screening brings new challenges** – Transitioning from cytology to HPV testing will increase referrals, often for women with no or minor lesions, which makes colposcopy harder and risks unnecessary treatments.
- **Innovation and continuous education are key solutions** – Emerging technologies like DySIS and Zedscan, along with ongoing training, courses, and webinars, can help improve diagnostic accuracy and support practitioners in adapting to these changes

Optimal management of high grade cervical squamous lesions

Prof dr Jana Žodžika

- Treatment of high-grade cervical lesions significantly reduces the individual risk of developing cervical cancer.
- Management decisions should be risk-based, taking into account the type of lesion, patient age, HPV genotype, cytology findings, and prior screening history.
- Biomarkers, such as methylation tests, are playing an increasingly important role in guiding clinical decision-making.
- As women treated for cervical precancerous lesions remain at an elevated risk of cervical cancer later in life, long-term and appropriate follow-up is essential.

Current evidence for conservative management versus treatment of CIN2

Prof dr Maggie Cruickshank

- **Common in young women** – peak incidence at 25–29 years, often regresses spontaneously.
- **Age matters:** women under 30 years more likely to regress; HPV16/18, immunosuppression, and adverse histology increase risk of progression.
- **Follow-up is critical:** 5–10% default from surveillance; small but real risk (~0.5%) of missed invasive disease.
- **Treatment vs fertility:** LLETZ lowers recurrence of high grade CIN but increases preterm birth risk, especially with repeat procedures.
- **Safe surveillance needs quality:** accurate histology (p16 helpful), good colposcopy, and clear patient counselling underpin BSCCP–ESGO 2025 guidance.

Treatment and follow-up of women with glandular lesions

Prof dr Xavier Carcopino

- **AIS Incidence Is Increasing**

Adenocarcinoma in situ (AIS) is becoming more common, particularly in women aged 30–40. Diagnosis is challenging due to limited sensitivity of colposcopy and cytology, with HPV testing proving more effective.

- **Two Distinct Diagnostic Scenarios**

AIS can be diagnosed either pre-LLETZ (at biopsy or ECC) or post-LLETZ (incidentally on excision specimens). Management must adapt to this distinction.

- **Excision Should Be Performed Under Colposcopic Guidance**

Excision (LLETZ or cold knife) must be conducted under direct colposcopic vision to optimize margins and lesion removal—particularly in multifocal or skip lesions.

- **Negative Margins Do Not Guarantee Cure**

Even with negative margins, up to **20% of patients** may have residual AIS in the hysterectomy specimen. Margin status alone is not fully predictive.

- **LLETZ vs. Cold Knife Conization: Similar Outcomes**

Data from multiple studies and randomized trials suggest **no significant difference** in recurrence, invasive cancer detection, or margin status between LLETZ and cold knife conization.

- **HPV Testing Is Central to Follow-up**

HPV testing is effective as a test of cure post-treatment and should guide long-term surveillance. Treatment strategy (repeat excision, hysterectomy, or follow-up) must consider **age, fertility desires, and margin status**.

Prevention of cervical cancer: Post-treatment follow-up

Prof dr Robert Koiss

- Cervical dysplasia, a precursor to cervical cancer, is a serious health concern with an estimated prevalence of 4·3% worldwide and is caused by certain high-risk types of human papillomavirus (HPV).
- Of all HPV types, approximately 14 are considered to be high risk, with HPV types 16 and 18 accounting for 70% of cervical cancers.
- Although the primary treatment for high-grade cervical intraepithelial neoplasia (CIN 2–3, also known as high grade squamous intraepithelial lesion) often involves surgery, such as the loop electrosurgical excision procedure (LEEP), a persistent risk of recurrence of up to 17% has been reported.
- To find the proper follow up after excisional treatment is important to prevent overtreatment (re-loop) and associated adverse obstetric events such as preterm delivery.
- Is the involved surgical margin or HPV DNA test the proper process to detect the recurrence HGCIN in time? Or is there any alternative method which can provide more certain ?

Terminology of vulvar and vaginal lesions

Emeritus prof dr Jacob Bornstein

- Think VaIN whenever you have:
  - » Abnormal cytology, unexplained by cervical colposcopy or biopsy
  - » Cervical HSIL or Cancer, especially following hysterectomy

  - » Any palpable or visible vaginal lesion
- The new vaginal IFCPC terminology emphasizes the role of Iodine's Lugol staining for diagnosing SIL
- Contemporary VIN terminology takes into account biological markers

VaIN: clinical presentation and management

Prof dr Pedro Baptista

- VaIN, albeit underdiagnosed is rare
- It is usually associated with a history of CIN and hysterectomy
- Hysterectomy should be avoided in cases of cervical HSIL
- VaIN3 progression is significant
- Colposcoy of the vagina is more difficult than that of the cervix
- Biopsies should be taken of all suspicious lesions
- LSIL VaIN should not be treated
- No consensus regarding best treatment approach
- It must be individualized and performed by experts
- Long term follow-up needed
- The impact of the vaccine will take longer to be noticed

VIN: clinical presentation and management

Prof dr Mario Preti

- **Patient age**
  - » HPV-associated: younger women (30s–50s)
  - » HPV-independent: older women (postmenopausal)
- **Etiology**
  - » HPV-associated: high-risk HPV, esp. HPV16
  - » HPV-independent: not HPV-related, linked to lichen sclerosus and chronic dermatoses
- **Lesion distribution**
  - » HPV-associated: multifocal, often synchronous lower genital tract disease

  - » HPV-independent: unifocal, localized lesions
- **Clinical appearance**
  - » HPV-associated: white, pigmented, or erythematous plaques; sometimes pruritic
  - » HPV-independent: subtle, hyperkeratotic, erythematous or ulcerated areas
- **Histology**
  - » HPV-associated: high-grade squamous intraepithelial lesion (HSIL/uVIN)
  - » HPV-independent: differentiated VIN (dVIN), basal atypia, premature keratinization
- **Molecular Characteristics**
  - » HPV-associated: p16 positive, p53 negative
  - » HPV-independent: p 16 negative, p53 mutated or wild type in some subtypes)
- **Oncologic risk**
  - » HPV-associated: lower progression risk, slower, but significant if untreated (8% at 10 years)
  - » HPV-independent: higher and faster progression to invasive carcinoma (up to 80% at 10 years)

Multizonal anogenital neoplasia

Dr Julie Bowring

- The patient group most at risk for multizonal anogenital neoplasia is still unknown — more research into risk factors is essential.
- Assessment and examination vary greatly by specialty and country. Standardized care pathways are urgently needed.
- Expansion of high-resolution anoscopy in gynecology is critical to enable full multizonal assessment for women most at risk.
- Treatment remains complex. Evidence is limited, and uncertainty persists about when to treat versus monitor.
- Prioritizing which lesions to treat is a major challenge with no clear consensus, bio markers may be the answer

- The true cancer risk in this group of women is unknown — another vital area for research.

Anal squamous cell carcinoma: a growing problem

Prof dr Goran Stanojević

- Anal squamous cell cancer (ASCC) is a rare disease, linked primarily to human papillomavirus (HPV) infection. The number of new anal cancer cases has been constantly increasing.
- Anal cancer is rare in people younger than 35 and is found mainly in older adults, with an average age being in the early 60s. Two-thirds of the anal squamous cell carcinoma cases worldwide are diagnosed in women
- The risk is higher in people with certain risk factors for anal cancer. Populations at higher risk include those with immune suppression, mainly HIV positive, and organ transplanted persons. Recently, it was shown that the risk of anal cancer is significantly higher among women with previously diagnosed HPV related disease, compared to the general population
- Treatment for anal cancer is often very effective, and many patients with this cancer, if detected early, can be cured.
- Most important, anal cancer is a preventable disease. Primary prevention with childhood vaccination against the causative virus, the human papillomavirus (HPV) will almost eradicate ASCC towards the second half of this century. Secondary prevention is also possible due to the presence of an anal precursor lesion - Anal intraepithelial neoplasia (AIN).

Screening of AIN/anal cancer

Prof.dr Tamzin Cumin

- There is now guidelines for screening for anal cancer precursors
  - » Anal High grade squamous intraepithelial lesions
  - » AIN
- The aim is to prevent anal cancer
  - » Evidence that treating anal HSIL prevents cancer
- High risk groups will be screened, not whole population (male, female and trans)

- There are however problems
  - » Funding- cost effectiveness
  - » Numbers needed to screen too high
  - » Screening tools inadequate
- We have knowledge gaps
  - » Evidence in numerically most common group for cancer
  - » Evidence in women with other high risk precursors

AIN – a message for gynaecologists

Emeritus prof.dr Vesna Kesić

- There is increasing incidence of anal HPV infections and related lesions in women who have an HPV infection involving the lower genital area.
- Gynecologists are the ones who regularly see women for cervical cancer screening. They have the opportunity to talk with the patients about life habits, sexual behavior and other risk factors for anal cancer and have an important role in raising awareness of anal cancer.
- Gynecologist should know how to identify and screen the patient who is at high risk for anal HSIL
- Gynecologist should provide a full evaluation of the vulva, as well as screening for cervical/vaginal HSIL to women with anal HSIL
- Adequate training for HRA should be considered for gynecologists in order to provide complete screening of anal HSIL and anal cancer to high risk patients

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HPV= humani papiloma virus

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A Dynamic Crossroads of History, Culture, and Innovation

Belgrade, the capital of Serbia, is one of South-East Europe's most captivating and culturally rich cities. With a history stretching back to the 6th millennium BC, it was once the heart of the Vinča Culture - one of Europe's earliest and most influential prehistoric civilizations. Throughout its long and dynamic past, Belgrade has been shaped by Thraco-Dacians, Celts, Romans, Byzantines, Slavs, Ottomans, Austro-Hungarians, and many others. This diverse heritage has created a city with a unique character and a vibrant spirit.

Today, Belgrade is a thriving metropolis of over 1.7 million habitants, strategically located at the confluence of the Sava and Danube rivers, where the Pannonian Plain meets the Balkans. This geographical setting not only offers exceptional views - especially at sunset - but also positions Belgrade as a natural meeting point for ideas, cultures, and innovation.

Walking through the city reveals a dynamic blend of architectural styles and historical layers: from the imposing Kalemegdan Fortress, a 16th-century Ottoman Mosque, elegant Austro-Hungarian architecture, the monumental Saint Sava Church - one of the largest Orthodox churches in the world – to modernist landmarks such as the Palace of Serbia. Contemporary business districts and lively cultural hubs further reflect Belgrade's forward-looking energy. Each corner tells a different story, reflecting Belgrade's layered identity.

Belgrade's vibrant pace, welcoming spirit, and multicultural atmosphere leave a lasting impression on international visitors, many of whom quickly feel at home. Combined with Serbia's tradition of hospitality, strong academic and medical communities, and excellent congress infrastructure, Belgrade stands out as a truly compelling destination for global medical gatherings.

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