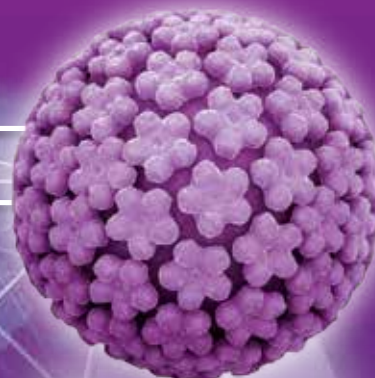




# IPVC 2021

34<sup>TH</sup> INTERNATIONAL  
PAPILLOMAVIRUS CONFERENCE

NOVEMBER 15-19, 2021



TORONTO IS GOING  
**VIRTUAL**

Research and Education for HPV Elimination

**ABSTRACT E-BOOK**

[ipvconference.org](http://ipvconference.org) | [#IPVC2021](https://twitter.com/IPVC2021)





THE IMPACT OF THE HPV VACCINE ON PRETERM BIRTH IN DENMARK	312	SO051
REDUCTION IN VACCINE-TYPE HPV INFECTIONS IN A GROUP OF YOUNG WOMEN (18-25 YEARS OLD) FIVE YEARS AFTER HPV VACCINE INTRODUCTION IN COLOMBIA	398	SO052
HUMAN PAPILLOMAVIRUS VACCINATION FOR MEN WHO SEX WITH MEN IN CHINA – A MATHEMATICAL MODELING STUDY	401	SO053
THE IMPACT OF HPV VACCINATION ON HPV PREVALENCE, PRE-CANCERS, CANCERS: A SYSTEMATIC REVIEW TO VALIDATE MODEL PREDICTIONS	521	SO054
EFFECTIVENESS OF ONE AND TWO DOSES OF THE BIVALENT HPV VACCINE (CERVARIX®); 10 YEARS' DATA FROM THE NATIONAL CERVICAL SCREENING PROGRAMME IN SCOTLAND	558	SO055
PAN AMERICAN HEALTH ORGANIZATION (PAHO) GUIDANCE FOR EVALUATING THE IMPACT OF HPV VACCINATION PROGRAMS	580	SO056
FACTORS RELATED TO HUMAN PAPILLOMAVIRUS VACCINE ACCEPTABILITY AND UPTAKE IN MANIZALES, COLOMBIA, 2017-2019: A POPULATION-BASED STUDY OF THE 2003, 2004 AND 2005 BIRTH COHORTS	606	SO057
COST-EFFECTIVENESS OF DE-INTENSIFYING CERVICAL CANCER SCREENING FOR WOMEN VACCINATED AGAINST HUMAN PAPILLOMAVIRUS INFECTIONS IN NORWAY	157	SO058
MODEL VALIDATION OF TEST SENSITIVITY OF VISUAL INSPECTION WITH ACETIC ACID (VIA) AGAINST LONGITUDINAL TRIALS IN INDIA	296	SO059
UNDERSTANDING PREDICTORS OF HPV VACCINE ACCEPTABILITY IN MOROCCO.	36	SO060
MOROCCAN WOMEN'S ATTITUDES REGARDING PAP SMEARS TEST AND ADHERENCE TO CERVICAL CANCER SCREENING	39	SO061
HUMAN PAPILLOMAVIRUS VACCINE DOSE REMINDER PREFERENCES FROM A DIVERSE CLINICAL SAMPLE: A QUALITATIVE STUDY	911	SO062
CONSENSUS FOR THE DEFINITION OF INDICATORS TO MONITOR CERVICAL CANCER SCREENING PROGRAMS IN LATIN AMERICA	953	SO063
DNA METHYLATION-DERIVED BIOLOGICAL AGE, CPG MARKERS OF INFLAMMATION AND ANAL PRE-CANCER AMONG MEN WITH HIV	195	SO064
ASSOCIATION OF HUMAN PAPILLOMA VIRUS IN PENILE CANCER: A SINGLE CENTRE ANALYSIS	517	SO065
P16/KI-67 DUAL STAIN, A PROMISING TRIAGE MARKER FOR CERVICAL CANCER SCREENING: PRELIMINARY DATA FROM A 3-YEAR FOLLOW-UP OF WOMEN IN GREECE	525	SO066
REDESIGN OF A RAPID LOW-COST EXTENDED HPV GENOTYPING ASSAY FOR CERVICAL SCREENING	530	SO067
CROSS-SECTIONAL ANALYSIS OF 12 DNA METHYLATION MARKERS IN A SERIES OF 752 VULVAR INTRAEPITHELIAL NEOPLASIA	583	SO068
ALTERNATIVE NON-ALCOHOL-BASED MEDIA TO SUSPEND DRY SELF-COLLECTED VAGINAL SWAB SAMPLES FOR HUMAN PAPILLOMAVIRUS (HPV) TESTING	615	SO069
PATTERN OF HUMAN PAPILLOMAVIRUS INFECTION AND GENOTYPES AMONG NIGERIAN WOMEN FROM 2000 TO 2020: A SYSTEMATIC REVIEW	61	SO070
RISK OF PERSISTENT HPV INFECTION IN THE CASE OF BACTERIAL VAGINOSIS	149	SO071
THE APPLICATION OF TRUSCREEN DEVICE (TS01) AS CERVICAL CANCER HOSPITAL OPPORTUNISTIC SCREEN METHOD IN CHINA (HOSS-HN)	323	SO072

## RISK OF PERSISTENT HPV INFECTION IN THE CASE OF BACTERIAL VAGINOSIS

I. Muryzina<sup>1</sup>, V. Lazurenko<sup>2</sup>, N. Kucheryna<sup>3</sup>

<sup>1</sup>Kharkov National Medical University, Obstetrics & Gynaecology No 1, Kharkov, Ukraine, <sup>2</sup>Kharkov National Medical University, Obstetrics And Gynaecology No 2, Kharkov, Ukraine, <sup>3</sup>Kharkov Medical Academy of Postgraduate Education, Obstetrics, Gynaecology And Gynaecologic Oncology, Kharkov, Ukraine

**Introduction:** Management of low-grade squamous intraepithelial lesion (LSIL) and persistent HPV-infection still requires clarification. The potential harms of overtreatment should be weighed against the risk of failure to recognize a lesion destined to progress and leave it untreated. We cannot predict which lesion would eventually become malignant despite suggestive tests (p16INK4A, HPV L1). Bacterial vaginosis (BV) affects vaginal ambience and may impede clearance from HPV. The study examined the rate of persistent LSIL among women with recurrent BV

**Methods:** The study accrued 86 patients with LSIL (CIN $\leq$ 1) and traced them according to the guideline for 3 years. All women were allotted to: with concomitant BV - 1st group (57 pts) and without it - 2nd (29 pts). Patients with recognized other STI were not eligible. The 1st group was split then on the ground of BV course: 1A – recurrent (36 pts), 1B – amenable to treatment (21 pts). Every woman underwent pap-smear every 6 months, HPV DNA testing, expression of p16INK4A, HPV L1, colposcopy every year.

**Results:** It turned out that the rate of persistent LSIL (>2 years) was the highest in 1A – 77.8% (HPV viral load stable); lower in 1B – 38.1% (8 pts, 4 pts with declining viral load); negligible in 2nd – 10.3%. All groups matched by age. In 1A progression to CIN2+ was recognized in 16.7%, 1B – 4.8%, no cases in 2nd. Respectively positive p16INK4A and negative HPV L1 (suggestive of traverse to HSIL) were more common in 1A (27.8%, 36.1%), than 1B (9.5%, 14.3%) and 2nd group (0%, 3.4%). Combination of 2+ hrHPV strains was associated with persistent LSIL and progression to HSIL, HPV18 and HPV16 dominated.

**Conclusions:** BV is associated with risk of persistent hrHPV infection and progression to HSIL, therefore cases of BV with hrHPV-infection should prompt triage to avoid failure of CIN2+ recognition.

