

See-and-treat procedure is a step towards the same. The present study was conducted to establish the two-step approach of See and treat in preference to the conventional three-step protocol in the management of Cervical intraepithelial neoplasia

Methodology A Randomized controlled trial was conducted in AIIMS Rishikesh, Uttarakhand, India, from July 2018- July 2020. All women presenting to the outpatient clinic in the age group 25-60 were screened with per speculum examination and PAP smear. Colposcopy was performed on women with Abnormal PAP smear or clinically unhealthy cervix. Colposcopic guided biopsy was done when indicated. Women with CIN2/3 were randomized to a two or three-step approach. Women falling into the two-step approach (group a) underwent LEEP/Thermal Ablation/Cold knife conization in the same setting. In contrast, Group B was advised to follow up with histopathology reports for further management. The authors studied the final histopathological diagnosis to determine the adequacy of treatment.

Result(s)* Overtreatment rates were 22% in See and treated approach, distributed as 3.6% in HSIL + ASC_H group and 33% in LSIL patients. 39 out of 50 women in Group B needed definitive treatment after their biopsy results, and 48% of them were lost to follow up. 72% were adequately treated in group A while only 22% could be adequately treated in Group B.

Conclusion* It can thus be safely concluded that a two-step approach should be considered for preventive management, especially considering the rate of loss to follow up in a three-step approach despite the risk of overtreatment. This study thus advocates the use of the See and Treat protocol, especially in high-grade cytology lesions. In low-risk cases, too, the study proposes that see and treat protocol can be used, albeit with good clinical judgment. Offering opportunities to reduce the suffering associated with the eminently preventable cervical cancer is an ethical imperative. The SEE and TREAT approach is an attempt in that early preventive direction.

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CANCER WORRY AMONG *BRCA1/2* PATHOGENIC VARIANT CARRIERS CHOOSING SURGERY TO PREVENT TUBAL/OVARIAN CANCER

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Introduction/Background* High cancer risks, as applicable to *BRCA1* and *BRCA2* pathogenic variant (PV) carriers, can induce significant cancer concerns. We examined the degree of cancer worry and the course of this worry among *BRCA1/2*-PV carriers opting for surgery to prevent ovarian cancer, and identified factors associated with high cancer worry.

Methodology Cancer worry was evaluated as part of the multicentre, prospective TUBA-study (NCT02321228) in which *BRCA1/2*-PV carriers choose between the standard risk-reducing salpingo-oophorectomy or a novel strategy, risk-reducing salpingectomy with delayed oophorectomy. The Cancer Worry Scale was obtained before and three and twelve months after surgery. Cancer worry patterns were analysed using latent class growth analysis and factors associated with cancer worry were identified with regression analysis.

Result(s)* Of all 577 *BRCA1/2*-PV carriers, 320 (55.5%) had high (≥ 14) cancer worry pre-surgery and 70.2% had higher cancer worry pre-surgery than post-surgery. Based on the course of cancer worry, *BRCA1/2*-PV carriers could be classified into three groups: persistently low cancer worry (56.4%), persistently high cancer worry (6.3%), and fluctuating cancer worry that mainly declined over time (37.3%). Factors associated with persistently high cancer concerns were: age below 35 (*BRCA1*) or 40 (*BRCA2*) years, unemployment, previous breast cancer diagnosis, lower education and more recent diagnosis with the *BRCA*-PV.

Conclusion* High cancer worry is common among *BRCA1/2*-PV carriers and mainly declines after risk-reducing surgery. However, cancer worry remains high in 6% of the women and they should be identified and offered support. It should be realized that in this group, surgery does not reduce cancer concerns.

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CHALLENGES OF IMPLEMENTING HUMAN PAPILLOMAVIRUS VACCINATION AMONG WOMEN 15–40 YEAR-OLD IN A TERRITORY WITH LOW POPULATION DENSITY

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Introduction/Background* The World Health Organization called for the elimination of cervical cancer as public health problem and targeted the HPV vaccination coverage rate at 90% by 2030. HPV vaccines have not been uniformly adopted for a large-scale use in both low and high-income countries, and face multiple barriers. The main aim of the study is to learn about HPV vaccination (PVV).

Methodology Multicentre, retrospective and community-based study of women cohort aged 15-40 years. The study territory (Terres de l'Ebre, south Catalonia) is divided in four regions and has a low population density (52 inh/Km²). The public health service is made up of four regions, a total of 11 primary care teams, and referring Gynaecology Services in each region. It offers systematic PVV to girls in school sixth grade (11-12 years old) since 2008 and opportunistic cervical cancer screening without systematic HPV determination. Information was collected from the government-run healthcare provider