age among all gynecological cancers. To examine the oncologic and reproductive outcomes of fertility-sparing surgery (FSS) compare to abdominal radical hysterectomy (ARH) in women with early stage CC.

Methods Retrospective data were analyzed from 121 patients with IA2-IB1 and IIA1 CC stages treated at NN Alexandrov National Cancer Centre of Belarus from 2009 to 2018.

Results A total of 83 patients met the FSS inclusion criteria. Thirteen patients were excluded. The rest of 70 patients were selected in FSS study (group 1). Patients were stratified for 3 types of FSS. The results of treatment in group 1 were compared with 51 patients (group 2), whom ARH was performed. Five-year overall survival and 5-year disease-free survival (DFS) were similar between the two groups – 93.1% (SE 4.0%) vs 98.0% (SE 2,0%), p=0.431; and 88,3% (SE 4.2%) vs 92,1% (SE 3.8%), p=0.594, respectively. Similarly, 5-year DFS rate were comparable between groups for all the stages examined. During follow-up 9 pregnancies were achieved in 6 patients. Most pregnancies (6/9, 66.7%) and all deliveries (4) occurred in the ultraminimal FSS subgroup whose patients underwent amputation and pelvic lymphadenectomy.

Conclusions Within this population of early CC patients, equivalent oncologic outcomes have been achieved for FSS group were ultraminimal and minimally invasive approaches were used to compare with ARH group. The fertility-preserving procedure had clear advantages of less invasive access surgery in terms of reproductive outcomes compared to ART.

EPV149/#132 PERFORMANCE CHARACTERISTICS OF BRIEF FAMILY HISTORY QUESTIONNAIRE TO SCREEN FOR LYNCH SYNDROME IN WOMEN WITH NEWLY DIAGNOSED OVARIAN CANCERS

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Objectives Ovarian cancer (OC) is the third most common Lynch syndrome (LS)-associated cancer in women but there is no established screening strategy to identify LS in this population. We have previously validated the 4-item brief Family History Questionnaire (bFHQ) in endometrial cancers. The objective of this study was to assess whether bFHQ can be used as a screening tool to identify women with OC at risk of LS.

Methods In this multicenter prospective cohort study, women with OC completed bHFQ, extended Family History Questionnaire (eFHQ; encompassing Amsterdam II criteria, Society of Gynecologic Oncology 20–25% criteria and Ontario Ministry of Health criteria), immunohistochemistry (IHC) for mismatch repair (MMR) proteins and universal germline testing for LS. Performance characteristics were compared between bFHQ, eFHQ, and IHC.

Results of 215 participants, 169 (79%) were evaluable with both bFHQ and germline mutation status; 12 of these 169 were confirmed to have LS (7%). Nine of 12 patients (75%) with LS were correctly identified by bFHQ, compared to 6 of 11 (55%) by eFHQ and 11 of 13 (85%) by IHC. The sensitivity, specificity, positive predictive values and negative predictive values of bFHQ were 75%, 66%, 15% and 98%. The 4-item bFHQ was more sensitive than eFHQ and took less than 10 minutes for each patient to complete.

Conclusions Patient-administered bFHQ may serve as an adequate screening tool to triage women with OC for further genetic assessment for LS, especially in centers without access to universal tumor testing for IHC for MMR.

EPV150/#195 DYNAMICS OF THE INCIDENCE RATES FOR GYNECOLOGIC CANCER IN UZBEKISTAN

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Objectives Estimate trends of change in cancer morbidity for cervix, uterine corpus, and ovaries of the female population of Uzbekistan over a 10-year period (2010–2020).

Methods We collected cervical, uterine and ovarian cancer incidence data from official statistics in Uzbekistan for the years 2010–2020.

Results For the period 2010–2020, there were 16 137 cases of cervical cancer, 5 772 cases of uterine cancer and 7 562 cases of ovarian cancer for the first time. During the analyzed period, more than 55% of cervical cancer cases, 70% of uterine cancer and more than 42% of ovarian cancer were registered at stages I–II. In 2010 there were 7738 patients with cervical cancer, 5 253 patients with uterine cancer and 3 503 cases with ovarian cancer, meanwhile, in 2020 there were 9125, 5 017, 4 391 cases with cervical, uterine and ovarian cancer accordingly. The maximum incidence rate of gynecologic cancer was observed at the age of 45–65 years. The proportion of stage I cervical cancer cases was highest in Namangan region (30.4%), of uterine cancer in Tashkent city (60.2%) and ovarian cancer in andijan region (19.6%) compared with other regions.

Conclusions Our results suggest constant increase in incidence rate of cervical, uterine and ovarian cancer in Uzbekistan. For the last 10 years percentage of I-II stages of cervical, uterine and ovarian cancer was not so high. Every year there is a tendency in increasing of patients with gynecologic cancer. But from 2021 to 2025, it is planned to screen 3,473,902 women for cervical cancer.

EPV151/#376 GENETIC TESTING REFERRALS FOR ENDOMETRIAL CANCER PATIENTS: CAN WE DO BETTER?

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Objectives Mismatch repair gene testing for patients with endometrial cancer assists in identifying suspected mutation