testing with 16/18 genotyping and triage with p16/Ki-67 immunocytochemistry.

Methodology Women between 30 and 60 years who had in 12 collaborating centres regular annual Pap smear were co-tested in 3 years interval for HPV DNA with selective 16/18 genotyping (Cobas 4800, Roche). All HPV 16/18 positive cases and/or those with severe abnormality in cytology were directly refered to colposcopy; HPV non-16/18 positive cases and LSILs were triaged using p16/Ki-67 dual-stained cytology (CINtec Plus, Roche) and positive cases were refered to colposcopy.

Result(s)* Altogether 2407 patiens were eligible for analysis. Mean age of subjects was 43 years. The first round showed 8 cases with severe and 105 cases with mild Pap smear abnormalities. There were 7.4% (180/2418) patients with HPV positivity, out of them 50 had HPV 16 and/or 18. Triage using p16/Ki-67 was positive in 22.5% cases (29/129). After 2 years of follow-up biopsy confirmed 38 HSILs and 2 glandular lesions, all of them were HPV positive.

Conclusion* Screening based on HPV testing with selective 16/18 genotyping and p16/Ki-67 triage proved during three years four times more high-grade lesions including glandular lesions than standard screening based on Pap smears.

343 PRIMARY PREVENTION OF OVARIAN CANCER: A PATIENTS DECISION AID FOR OPPORTUNISTIC SALPINGECTOMY

[1]M Gelderblom*, [1]L Van Lieshout, [1]J De Hullu, [2]R The, [3]A Van Ginkel, [4]A Oerlemans, [5]K Smeets, [6]M Schreurs, [7]J Piek, [4]R Hermens. *[1]Radboud University Medical Center, Department of Obstetrics and Gynecology, Nijmegen, Netherlands; [2]ZorgkeuzeLab, Development and Implementation of Decision Aids, Delft, Netherlands; [3]Rijnstate Hospital, Department of Obstetrics and Gynecology, Arnhem, Netherlands; [4]Radboud University Medical Centre, Department of IQ healthcare, Nijmegen, Netherlands; [5]Slingeland Hospital, Department of Obstetrics and Gynecology, Doetinchem, Netherlands; [6]Medisch Spectrum Twente, Department of Obstetrics and Gynecology, Enschede, Netherlands; [7]Catharina Hospital, and Catharina Cancer Institute, Department of Obstetrics and Gynecology, Eindhoven, Netherlands*

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Introduction/Background* The discovery of the Fallopian tube epithelium as origin of high grade serous ovarian cancer has brought a new option for ovarian cancer prevention, the opportunistic salpingectomy (OS). The popularity of OS is increasing globally, however at present there is substantial practice variation. As a result, whether or not a woman is able to make her own decision on OS depends on the hospital or gynaecologist she visits. To lower practice variation, we developed and tested a patient decision aid (PtDA) for OS in women undergoing either pelvic gynaecological surgery with the intention to retain the ovaries or a sterilization.

Methodology We followed a systematic development process based on the International Patient Choice Aid Standard (IPDAS). Data were collected between June 2019 and June 2020, using both qualitative and quantitative methods. The development process took place in collaboration with patients and healthcare professionals, was overseen by a multidisciplinary steering group, and was divided in four phases; 1. Assessment of decisional needs using individual interviews and questionnaires; 2. Development of content and format based on decisional needs, current literature and guidelines; 3. Alpha-testing and first revision round; and 4. Alpha-testing and second revision round.

Result(s)* An outline of the PtDA was developed based on decisional needs, current literature and guidelines. It became clear that the PtDA should consist of two separate paths: one on salpingectomy in addition to abdominal surgery and one on salpingectomy as a sterilization method. Both paths contain information on the anatomy and function of ovaries and Fallopian tubes, the estimated risk reduction of ovarian cancer and the potential benefits and risks of OS. Adjustments were made following alpha-testing round one. The improved PtDA was subjected to usability tests (alpha-testing round two), in which it scored an 'excellent' in patient testing and a 'good' in tests with gynaecologists.

Conclusion* In collaboration with patients and healthcare professionals, a PtDA was developed on OS. Both patients and gynaecologists thought it a usable aid which supports patients in making an informed decision whether to undergo an opportunistic salpingectomy, and supports the counselling process by gynaecologists.

442 RISK REDUCTION SALPINGO-OOPHORECTOMY IN BRCA MUTATION CARRIERS. PRESURGICAL AND PATHOLOGY FINDINGS. A PROSPECTIVE COHORT STUDY

[1]MDLR Oliver*, [2]S Aragon-Sanchez, [3]L Alvaro, [4]M De Miguel-Reyes, [5]E Felipe-Pardo, [5]J Montero, [6]M Martinez-Lopez, [1]C Álvarez-Conejo, [1]G López-Gonzalez, [1]B Gil-Ibañez, [1]JM Seoane-Ruiz, [1]A Tejerizo-García. *[1]Hospital Universitario 12 de Octubre, Gynecology Oncology, Spain; [2]Hospital Universitario 12 de Octubre, Breast Cancer, madrid, Spain; [3]Hospital Universitario 12 de Octubre, Breast Cancer, Spain; [4]Hospital Universitario 12 de Octubre, Genetics, Spain; [5]Hospital Universitario 12 de Octubre, Spain; [6]Hospital Universitario 12 de Octubre, Pathology, Spain*

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Introduction/Background* Women with germline mutations in the BRCA ½ genes have a lifetime increased risk of ovarian cancer, 36 - 63% and 10-27% respectively. Accordingly, once childbearing is completed, Risk Reduction Salpingo-oophorectomy (RRSO) is recommended in this group of patients. The purpose of this study was to determine the presurgical findings and the incidence of Serous Tubal intraepithelial carcinoma (STIC) and occult carcinomas in BRCA mutations carriers in whom a RRSO was performed.

Methodology Prospective study that included patients with documented BRCA mutation who accepted RRSO between January 2011 to January 2021 at the Hospital Universitario 12 de Octubre. The study was approved by the ethics committee of the institution. During the month prior to surgery, a systematic ultrasound (US) and determination of serum Ca 125 levels were performed. Specialized gynecologists performed RRSO by laparoscopy. Unilateral or bilateral adnexectomy was performed according to the surgical history of each patient. Pelvic washing was done in all cases at the beginning of the procedure and tubes were removed at the uterine insertion. All the histologic exams were performed by pathologists subspecialized in Gynecologic Oncology and the sectioning and extensively examining of the fimbriated end protocol (SEE-FIM protocol) was applied. STIC was defined using a combination of morphologic evaluations to

distinguish in from p53 signatures, STIL and invasive carcinoma. All statistical analysis was performed by Stata/IC 13.0 for Windows.

Result(s)* A total of 115 were included. Of them, 50.4% had BRCA 1 mutation and 49.6% BRCA 2 mutation. Mean (+/- Standard deviation, SD) age at surgery was 49.2 (5.8) years. Of note, 40.9% underwent surgical menopause. The median Ca-125 value prior to surgery was 29.4 u/L. Adnexal findings in presurgery ultrasound were normal (104, 90.4%) or benign cyst (11, 17.4%). Also, endometrial polyps were found in 3.5% (3) of patients. Pathologic exam showed STIC in 5 (4.5%) patients and invasive ovarian carcinoma in 1 (0.9%).

Conclusion* Currently, RRSO is the only tool to reduce the risk of ovarian cancer in BRCA mutations carriers. However, the incidence of STIC after RRSO is not very high.

524 NEGATIVE PREDICTIVE VALUE OF PAP SMEAR IN PATIENTS WITH LEUKOPLAKIA PATTERNS ON COLPOSCOPY

[1,1]J Milojevic*, [2]V Krsic, [2]B Jocic Pivac. [1]*General Hospital Lazarevac, obgyn, Belgrade, Serbia*; [2]*GAK Narodni front, obgyn, Belgrade, Serbia*

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Introduction/Background*

The incidence rate for cervical cancer in Serbia is twice as high as in western European countries. In our daily practice we use cervical cytology and colposcopy as a routine screening method for cervical dysplasia and cervical cancer. HVP screening is not cover by insurance and large number of poorly complaint patients limited our resources and we warrant cervical biopsy in patients with leukoplakia on colposcopy examination regardless of the Pap smear results.

Methodology This was retrospective study evaluating 398 patients with leukoplakia abnormality on colposcopy who underwent cervical biopsy between January 2010 till January 2020 in General hospital Lazarevac, obgyn department.

We correlated results of conventional cervical cytology with results of biopsy to calculate predictive value of cervical cytology in excluding the diagnosis as cervical dysplasia and cervical cancer.

Result(s)* Biopsy results showed 92 patients with LGSIL, 35 with HGSIL, and 1 with invasive carcinoma of cervix. Normal finding on biopsy had 270 patients.

Normal Pap smear had 350 patients and 48 patients had some of cervical abnormality. Negative predictive value (NPV) of Pap smear for excluding severity dysplasia and cervical cancer was 97,39%.

NPV for excluding any type of dysplasia in patients with leukoplakia was 74,86%. Positive predictive value (PPV) of abnormal cytology was 86,79% for discover abnormal findings on cervical biopsy.

Conclusion* Pap smear is useful tool to guide necessity for cervical biopsy in patients with leukoplakia pattern on colposcopy. High negative predictive value in our study show us that cervical biopsy can be avoided in patients with leukoplakia and normal Pap smear.

544 PATIENTS WITH CHEK2 MUTATION FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT

[1]A Veiga-Fernández*, [1]M Bernal Claverol, [1]M Ruiz Minaya, [1]I Aracil Moreno, [1]C Galvis Isaza, [1]M Díaz Perdigón, [1]Á Bretón Santos, [1]M Leñero Cirujano, [1]P Rincon Olbes, [1]E Mendizábal Vicente, [2]I Echavarria Díaz-Guardamino, [1]S Lizarraga Bonelli. [1]*Gregorio Marañón University General Hospital, Obstetrics and Gynaecology, Madrid, Spain*; [2]*Gregorio Marañón University General Hospital, Medical Oncology, Madrid, Spain*

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Introduction/Background* CHEK2 gene is located on chromosome 22 and participates in the maintenance of the genome and control of the cell cycle and apoptosis. Mutations in this gene are considered to increase the risk of breast cancer. An accumulated risk throughout life is estimated at 28-37% in these patients.

Methodology

Retrospective observational study Review of patients followed in the inherited cancer unit in a single tertiary centre between 1st January 2012 until 28th February 2021.

The statistical analysis was carried out using SPSS 22.0.

Result(s)* During the indicated period, we followed 401 patients with confirmed genetic mutations that predispose to developing gynaecological cancer. Of the total, 2.49% (10/401) were carriers of a CHEK2 mutation.

Within the cohort of patients carrying a CHEK2 mutation, 7/10 (70%) had a family history of breast cancer and 1/10 (10%) a gastric cancer. 6/10 patients were diagnosed with breast cancer at 23, 37, 37, 38, 44 and 52 years old. One of them had a second contralateral breast cancer at age 47.

The histology of the breast cancer was either ductal carcinoma in situ or invasive ductal carcinoma. Tumor stage was 0 in one case, I in one case, IIA in two cases and IIIA in two cases. Surgery treatment was: unilateral mastectomy with homolateral axillary lymphadenectomy in 3 patients, conservative surgery in 1 patient, conservative surgery with selective sentinel lymph node biopsy in 1 patient and conservative surgery with homolateral axillary lymphadenectomy in 1 patient. Adjuvant treatment was: chemotherapy and hormone therapy in one case, radiation therapy and chemotherapy in one case, radiation therapy and hormone therapy in one case and radiation therapy, chemotherapy and hormone therapy in the other two.

Characteristics of these patients are summarized in table 1.

Discussion There are several recommendations in the literature regarding the follow-up of patients carrying a CHEK2 mutation.

In general, it is recommended that all female carriers should be offered intensified surveillance programs for breast cancer including annual breast radiological testing.

Conclusion* Patients carrying CHEK2 mutations have a moderate risk of developing breast cancer and should be followed in specialized hereditary cancer units.