COVID (C) (3/1/2020–2/28/2021), post-COVID vaccine (pv) (3/1/2021–2/28/2022). Primary outcomes were compared between groups using T-tests or Wilcoxon-Rank Sum tests for continuous measures and Chi-square or Fisher's exact tests for categorical measures.

Results N=486. The interval between pap smears significantly increased from a pC mean of 490 days, to a C mean of 607 days, to a pv mean of 670 days (p=0.0128). The proportion of patients who underwent guideline-indicated colposcopy did not differ significantly between time periods (p=0.0740). The interval between abnormal pap smear and colposcopy significantly decreased from 104 days pC (SD 69–188) to 67 days C (SD 42–147), to 57 days pv (SD 33–104) (p=0.0001). There were no significant differences in pap smear cytology, colposcopic pathology or rate of referral for excisional procedure over time. There was a significant increase in the percentage of patients being contacted regarding abnormal pap smear results, specifically by by MD providers from 43% pC, to 53% C, to 61.6% pv (P=0.0029).

Conclusion This study demonstrates an increased interval between pap smears; however, those patients undergoing screening had significantly decreased time from pap to colposcopy which may be secondary to increased MD-to-patient telehealth communication and optimization of systems during the pandemic when routine clinics were limited. Future studies are needed to assess long-term outcomes of delayed CC screening on incidence and mortality.

2022-RA-670-ESGO AGE LIMITS OF MAMMOGRAPHY SCREENING – A DECISION-ANALYTIC EVALUATION OF THE BENEFIT-HARM BALANCE TO INFORM DECISION MAKING FOR THE GERMAN SCREENING CONTEXT

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Introduction/Background We aimed to evaluate the long-term benefits and harms of various breast cancer (BC) screening strategies including mammography with an earlier start and/or later stop than the current biennial BC screening age 50–69 years in Germany using a decision-analytic model for evidence synthesis.

Methodology We developed a Markov-state-transition model simulating BC progression including ductal carcinoma in situ (DCIS) to evaluate various screening strategies differing by age at start and end of screening and by screening interval. International data for mammography accuracy along with German epidemiologic, clinical data and age-specific quality-of-life (QoL) data were used. Outcomes included detected DCIS and invasive BC, BC-related deaths, life years LY), and quality-adjusted LY (QALY), number of positive, false-positive, and total mammograms, overdiagnosis, and the incremental harm-benefit ratio (IHBR). Comprehensive sensitivity analyses were conducted.

Results In the base-case analysis, the highest potential gain in LY was achieved with mammography at age 45–79 (annual, age 45–49 y; biennial, 50–79 y) with 10.0 LY gained (LYG) per 100 participating women compared with current screening. The highest gain in QALYs is expected by biennial mammography at ages 45–74 (3.5 QALYs gained/100 women vs. current screening). Considering potential burden associated with additional mammograms, lowering the start age to 45 years (biennial, age 45–69 y) has an IHBR of 47 additional mammograms/LYG (vs. current screening). Compared to this screening, biennial mammography at age 45–74 results in 96 additional mammograms/LYG. Extending biennial mammography to age 45–79 or additionally screen annually at age 45–49 results in substantially less favorable IHBRs. Overdiagnoses occurred mainly due to DCIS. Key results were robust in sensitivity analyses.

Conclusion Based on our results, extension of the starting and stopping age for mammography may prevent additional BC deaths and increase remaining life expectancy. Considering QoL, biennial screening from age 45 to 74 years may provide an acceptable benefit-harm balance.

2022-RA-675-ESGO AWARENESS, KNOWLEDGE AND ATTITUDES ON PRIMARY AND SECONDARY PREVENTION OF CERVICAL CANCER: A SURVEY STUDY

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Introduction/Background Human papillomavirus (HPV) is the most common sexually transmitted infection leading to a significant number of benign, premalignant, and malignant lesions. The aim of the present study is to evaluate the existing knowledge of a portion of the Greek population about prevention, screening, and HPV vaccination.

Methodology The survey was designed in Google forms and distributed through social media between June 2021 and December 2021 in men and women aged >16 years old that were able to read and comprehend read language. The questionnaire was pre-tested in a group of 50 obstetrics and gynecology residents. Overall, the survey included 24 questions relevant to the prevalence and pathophysiology of HPV infection, 5 questions that aimed to evaluate knowledge related to the existence of HPV testing and 9 questions that evaluated knowledge related to the existence and efficacy of HPV vaccination. Logistic regression analysis was performed to evaluate individual characteristics that predisposed participants to respond in the lowest quartile of correct answers following exclusion of questions that were considered redundant in the results of the Rasch analysis as explained later. Rasch analysis was performed to evaluate the reliability and validity of the questionnaire.

Results Overall, 2,685 answers were received within a period of 6 months. Person reliability index was evaluated as high in both men (reliability 92.2%) and women (85.2%), indicating that both were able to correctly interpret questions and answer them. Several factors affected the rates of correct