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OPPORTUNISTIC SALPINGECTOMY (OS) FOR PREVENTION OF OVARIAN CANCER HAS BECOME A DE FACTO STANDARD IN GERMANY

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Introduction/Background The most prevalent and aggressive subtype of ovarian carcinoma (high grade serous carcinoma, HGSC) originates in many cases from the fallopian tubes. Because of poor prognosis and unavailable early diagnosis of HGSC, opportunistic salpingectomy (OS) has been implemented into clinical routine in many countries. OS means complete bilateral resection of fallopian tubes with preservation of ovaries at opportunity of benign gynecological surgery such as hysterectomy. Only 13 of 130 of national partner societies of FIGO (International Federation of Obstetrics and Gynecology) published a statement on OS until recently.

Methodology (1) Survey of German gynecologists conducted by University Hospital Jena and Charité-Universitätsmedizin Berlin in cooperation with NOGGO e.V. and AGO e.V. (2) Retrieval of case numbers for years 2005–2020 from Federal Statistical Office of Germany (Destatis).

Results (1) Survey: Most respondents (92%) perform OS in benign hysterectomy for risk-reduction of malignant (96%) and benign (47%) disease. Recommendation of OS for all women with completed family planning at opportunity of benign pelvic surgery was approved by 68%. (2) In 2020 (50.398 cases) four times more cases of salpingectomy were coded by German public hospitals compared to 2005 (12.286 cases). Of all hysterectomies conducted in 2020, about 45% and in the age group of 35- to 49-year-old women 65%, were combined with salpingectomy. Salpingectomies in 2020 were coded in 67% of cases in combination with a benign indication for hysterectomy and in only 11% with indications of tubal pathologies. (Runnebaum et al., 2022)

Conclusion OS is broadly accepted and performed by German gynecologists. Expert consensus statements of national and international gynecologic societies appear to be due.

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BARRIERS IN THE CERVICAL CANCER SCREENING PROGRAM AND HOW SELF-SAMPLING FOR HPV-TESTING IS EXPERIENCED AS A SOLUTION TO THEM

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Introduction/Background In 2019, 47.7% of all eligible women in Germany participated in cervical cancer screening. Since 2020 screening includes HPV/cytology co-testing from age 35 onwards. Self-sampling for HPV detection could reduce screening barriers and increase participation.

Methodology This mixed-methods sub-study of the FACTS-project aimed to focus on experiences of affected women on screening barriers and the potential use of self-sampling in Germany. All women included in the FACTS project (n=696) were asked to perform self-sampling (Evalyn-Brush) in addition to a physician-taken specimen and to fill a questionnaire (n=613). Additionally, 25 semi-structured interviews with different groups of participants were performed.

Results 536 women (87.4%) with median age 40 (20–79) had participated in the screening program several times. Most of the interviewed women (n=14) reported that they often do not know what happens at screening or which tests are done. In addition, they experienced structural barriers (i.e. long waiting times, appointment difficulties). 16.3% of all women over 35 years stated they had not yet had an HPV test or could not remember having one. The performance of self-sampling and self-sampling in comparison to a physician-taken smear was described as good or very good by 88.6% and 83.1%, respectively. Importantly, all women interviewed indicated that they would not generally prefer self-sampling to a visit at the gynaecologist. However, self-sampling could provide additional security and a way of not having to extend screening intervals due to time constraints.

Conclusion Cervical cancer screening is associated with many barriers. Not knowing which tests will be done and a lack of comprehensible explanations is most likely to lead to uncertainty and seems avoidable. Self-sampling as an option in addition to office-based screening is well accepted among German women and can reduce structural barriers. However, women would not want to replace a visit to the gynaecologist by self-sampling.

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GERMLINE GENETIC TEST FOR OVARIAN CANCER. IS IT IMPORTANT TO BE AVAILABLE?

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Introduction/Background It is estimated that 25% of all cases of ovarian cancer are hereditary and it is known that germline mutations in BRCA1 and BRCA2 genes are among the factors responsible for the increased risk of the disease. This justifies

genetic screening to search for pathogenic variants in these genes in search of strategies, mainly for risk management and individualized treatment. However, in Brazil, access to genetic tests is not accessible to everyone and many regions of the country still need to be explored. Therefore, the aim of the study was to investigate germline pathogenic variants in BRCA1 and BRCA2 in women with ovarian cancer in Brazilian Northeastern.

Methodology Molecular evaluation to search for germline pathogenic variants in the BRCA1 and BRCA2 genes through Next Generation Sequencing – NGS was performed in 40 women with high-grade serous epithelial ovarian cancer. All patients were registered in the Pernambuco Public Health System's Hereditary Cancer Program

Results Thirteen germline pathogenic variants were identified, eleven in BRCA1 and two in BRCA2, and one variant of uncertain significance in BRCA2. The median age in this group was 48 years. The pathogenic variant in BRCA1 c.5266dupC, originally described as founder of Ashkenasi Jews, was identified in three patients and all were from the Northeast region of Brazil.

Conclusion The data are unprecedented for this region of Brazil in patients with ovarian cancer and show the great heterogeneity of ancestors in the formation of the Brazilian population. Germline pathogenic variants in BRCA1 and BRCA2 in women with ovarian cancer in Brazilian Northeastern is common and should be offer for every case. They also corroborate previous data on the founder effect of the variant described in the country and show the need to assess the molecular profile of patients with hereditary cancer syndromes

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EFFECTIVENESS OF A MULTI-INGREDIENT CORIOLUS VERSICOLOR-BASED VAGINAL GEL IN HPV+ AND HIV+ PATIENTS: A PILOT OBSERVATIONAL STUDY

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Introduction/Background Immunosuppressed human immunodeficiency virus (HIV) -positive patients are at greater risk of incident, persistent, or recurrent human papillomavirus (HPV) infection. They also have lower clearance rate, higher viral load, and a marked predisposition for being colonized by several serotypes; all leading to more frequent and severe HPV-dependent lesions. A *Coriolus versicolor*-based vaginal gel have shown to repair HPV-dependent low-grade cervical lesions and to increase high-risk HPV clearance in immunocompetent HPV-positive patients. The aim is to provide evidence about the effectiveness of a multi-ingredient *Coriolus versicolor*-based vaginal gel on HPV-dependent cervical alterations and HPV clearance in HIV+ patients.

Methodology Pilot, prospective, one-cohort, observational study. 15 HIV-positive patients colonized by HPV in the endocervix region with an anomalous cervicovaginal cytology were included to receive a *Coriolus versicolor*-based vaginal gel 1 cannula/day for 21 days during first month + 1 cannula/alternate days for 5 months. Analysis of HPV patients with normal cytology and colposcopy image (improved alterations) and patients with HPV cleared (measured using hybrid capture

test) is presented. The study was approved by an IRB and informed consent was signed by patients.

Results The overall HPV clearance and cytological normalization rates were 73.33% and 80%, respectively. Endocervical colonization by HPV also partially cleared in 13.33% of the cases. At the end of the study, the normalization of the colposcopy anomalies associated to HPV was achieved in 55.56%.

Conclusion Our results suggest that the proposed *Coriolus versicolor*-based vaginal gel treatment scheme could be an effective therapy in the management of endocervical HPV infection in HIV + patients. Its effects are similar to those obtained in patients without immunosuppression.

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A CONSERVATIVE TREATMENT OF CIN II USING A CORIOLUS VERSICOLOR-BASED VAGINAL GEL: AN OBSERVATIONAL STUDY

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Introduction/Background Human papilloma virus infection is the most common venereal disease and is behind 95% of cervical cancer cases and its precursor lesions. According to the American Society of Colposcopy and Cervical Pathology (ASCCP), 50% of CIN II cases managed conservatively spontaneously regress. The aim of this study was to evaluate the effect of a *Coriolus versicolor*-based vaginal gel in the conservative management of CIN II lesions.

Methodology A one-cohort, prospective, single-centre, observational study including women ≥ 18 years old, with a CIN II diagnosis who were treated with 1 cannula/day for 1 month + 1 cannula/alternate days for 5 months of *Coriolus versicolor*-based vaginal gel, was performed. Inclusion criteria was based on the Spanish Society of Colposcopy and Cervical Pathology (AEPCC) guidelines for CIN II conservative treatment: adequate colposcopy image with visible transition zone, completely visible lesion affecting less than 2 quadrants, non-affected endocervix and accepting cytology/colposcopy after 6 months. Baseline and 6-month biopsies were performed.

Results A total of 44 women with an average age of 35.5 years were included. After 6 months, 68.2% of them shown a regression by biopsy. From the rest of the patients 11.4% persisted on CIN II and 18.2% progressed to CIN III. Three patients were considered null and not included in the data analysis because they did not have a biopsy taken after 6 months.

Conclusion The application of *Coriolus versicolor*-based vaginal gel seems to increase regression of the lesions compared to spontaneous resolution and could represent a clinical advantage compared to the 'wait and see' approach in patients meeting the conservative treatment criteria for CIN II lesions.