

**Introduction** The aim of this study was to determine the general knowledge about human papillomavirus (HPV) and the attitude towards primary prevention among Polish patients. From November 2021, the bivalent vaccine in Poland is co-financed by the state at 50%. This partial coverage includes all registered indications in persons aged 9 years and older for the prevention of HPV-related diseases.

**Methods** A questionnaire consisting of 11 questions was given to each patient referred to the dysplasia consultation at Kraków University Hospital from February 2022. The questionnaire consisted of a section on knowledge about HPV infection and patients' attitudes towards HPV vaccination, as well as a demographic assessment of the study group. The patients were also asked about the coverage of costs for the vaccination.

**Results** By July 2022, 125 completed forms had been received. The overwhelming majority of women participating in the survey were between 30 and 40 years of age from large cities with populations greater than 100,000 and with higher education. A large majority had heard of HPV (83.2%) and correctly associated it with an increased risk of cancer (69.6%) and abnormal Pap-test results (75.2%). Women know that the infection is sexually transmitted (65.6%) and asymptomatic (46.4%). They are generally willing to have themselves and their children, especially their daughters, vaccinated but only three of the 125 surveyed women had already got the vaccine, and three had their children vaccinated. Only 20.0% knew about the governmental co-financing of the vaccine.

**Conclusions** The results so far indicate that current campaigns promoting vaccination are insufficient and require action. It can be expected that with increased knowledge of the co-financing more people will be vaccinated.

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#### COSMETIC OUTCOME AND PSYCHOSEXUAL DISTRESS AFTER TREATMENT FOR VULVAR INTRAEPITHELIAL NEOPLASIA

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**Introduction** Treatment for vulvar intraepithelial neoplasia (VIN) may lead to anxiety concerning genital health, influence body image and sexual activity. Surgical treatment may be associated with vulvar scarring and psychosexual morbidity. Conservative medical treatments do not modify genital anatomy and may lead to better cosmetic outcome and less psychosexual distress.

**Methods** This is a subsequent analysis of the multicentre, randomised, phase 3, non-inferiority trial 'Topical imiquimod versus surgery for vulvar intraepithelial neoplasia' published in The Lancet in April 2022. Patients were randomized to primary topical treatment or surgery and stratified by unifocal or multifocal disease. Cosmetic outcome was assessed by three investigators blinded to group allocation. Digital photos were scored with a modified version of the Global Aesthetic Improvement Scale (GAIS). The Cervical Dysplasia Distress Questionnaire (CDDQ), the Sexual Activity Questionnaire (SAQ) and the Client Satisfaction Questionnaire (CSQ) were

used to examine psychosexual distress and treatment satisfaction.

**Results** 110 patients aged between 19 and 82 years were enrolled. Per-protocol analysis showed complete clinical response in 80% (37/46) using imiquimod, compared to 79% (41/52) after one surgical intervention. Photo-documentation at baseline and 6 months follow-up was available for 84 of these patients (44 imiquimod, 40 surgery). Inter-rater agreement was poor (below 0.5) for the GAIS score (100%) and moderate to good (0.5 to 0.9) for lesion severity of the VASS (75%). There were no significant differences in GAIS and VASS scores between treatment groups in patients with complete (n= 66) or partial clinical response (n=18). No significant associations between cosmetic outcome, psychosocial distress, treatment satisfaction and initial lesions size of VIN could be found.

**Conclusions** Topical imiquimod and surgery may have similar effects on cosmetic outcome, psychosexual distress and treatment satisfaction in patients with VIN.

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#### ADIPOCYTOKINES IN ENDOMETRIAL CANCER AND THEIR RELATIONSHIP WITH OBESITY

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**Introduction** 34% of endometrial cancer can be attributed to obesity. In obese individuals, adipose tissue function deteriorates resulting in chronic inflammation and secretion of mediators called adipocytokines, which promote cancer development by cell proliferation, migration, and apoptosis inhibition. In this study, we compared the levels of adiponectin, leptin, interleukin-6 (IL-6), and tumour necrosis factor- $\alpha$  (TNF- $\alpha$ ) between patients with endometrial cancer (study population) and patients without cancer with benign gynaecological disease (control population) and correlated with body mass index (BMI). In the study population, we measured the biomarker levels at different time-points (pre-hysterectomy, day 1 post-operation, and 6 months after surgery) to assess response to treatment.

**Methods** Adipocytokine levels were measured from plasma by ELISA in study patients (n=50) and compared with control patients (n=50) using unpaired t-test. Mixed model ANOVA was used to compare the adipocytokine levels at the three time-points in the study population and compare with the BMI.

**Results** Significant reduction ( $p<0.01$ ) in adiponectin levels was noted between pre-operation and 6 months follow-up levels, although the differences in levels at the three time points were not significant for the other markers. Leptin levels were significantly higher in obese individuals with endometrial cancer compared to normal weight patients ( $p<0.05$ ) and significantly correlated with the stage of the cancer ( $p<0.05$ ).

**Conclusions** The reduction in plasma adiponectin levels 6 months after surgery in endometrial cancer may be due to homeostatic changes following removal of the cancer and may also be affected by radiotherapy and/or chemotherapy. The next step in the study is the evaluation of adipocytokine expression in the endometrial cancer tissue to investigate if there is a correlation with plasma levels that may impact cancer development and progression.