breast cancer (81%), 33 patients harbor pathogenic germline mutation or VUS (33%), with the BRCA1 and BRCA2 genes being the most frequently mutated (24% and 15%, respectively). Five years OS was 88% and no statistical difference in the OS was observed in both groups (without mutation 92% and with mutation 76%, p-value=0,138). Fifty-one patients reported having some degree of physical limitation to perform daily activities (41%), with complications of mastectomy being the main cause (62%). Eighteen patients harboring germline mutation stated that the diagnosis helped to change at least one habit of life, such as exercising or having a healthier diet (58%). Most patients had normal depressive scores (67% and 54%, respectively) and no correlation was found between these symptoms and oncological diagnosis (p=0,69 and p=0,75, respectively).

Conclusions In this population, oncogenetic counseling did not have a negative impact.

IGCS19-0542

237   **ASSOCIATION BETWEEN HIGH RISK HUMAN PAPILLOMAVIRUS INFECTION AND SEXUAL TRANSMISSION DISEASES IN WOMEN OF THE METROPOLITAN AREA OF BUCARAMANGA**

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Objectives To evaluate the association between sexually transmitted diseases and HPV infection in women from the metropolitan area of Bucaramanga.

Methods Cross-sectional study in women aged 35 to 65 years who were previously screened for HPV because they presented risk factors for developing cervical cancer through an epidemiological survey. Detection of species and serovars of *Chlamydia trachomatis, Haemophilus ducreyi*, Herpesvirus simple (HSV-1/HSV 2), *Mycoplasma genitalium, Mycoplasma hominis, Neisseria gonorrhoeae, Treponema pallidum*, Trichomonas vaginalis and *Ureaplasma (urealyticum/parvum)* using multiplex PCR and Specific hybridization (STD Direct Flow CHIP). For convenience, 419 samples were collected from September 2016 to November 2018 and prevalence ratios (PR) were measured to find associations.

Results The prevalence of HPV-HR with at least one genotype was 27.2% (n=114). The main STD detected in women with HPV-HR infection *were Ureaplasma urealyticum/parvum* (78.04%), *Mycoplasma hominis* (43.68%), Trichomonas vaginalis (20.3%), and Herpes simplex virus type II (7.88%). The PR showed statistically significant differences between HPV-HR and STD infections such as: *Mycoplasma hominis* (PR: 2.58, p: <0.0001), Trichomonas vaginalis (PR: 2.56, p<0.0001), Herpes Simplex type II (RP: 1.77, p: <0.0001).

Conclusions *Mycoplasma hominis*, Trichomonas vaginalis and Herpes simplex virus type II are the most frequent coinfection in HPV-HR+ women, and an interesting topic to correlate with cervical cancer development.

Global Health

IGCS19-0698

238   **WHEN ENDOMETRIAL SAMPLING IS NOT AN OPTION, THE VALUE OF ENDOMETRIAL THICKNESS IN PREDICTING ENDOMETRIAL HYPERPLASIA IN PATIENTS WITH POSTMENOPAUSAL BLEEDING**

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Objectives To study the correlation between endometrial thickness (ET) and histopathological hyperplasia to come up with an algorithm to guide the management of patients with postmenopausal bleeding when endometrial sampling is not possible for any reason such as patient refusal, or unavailability of the test.

Methods In this retrospective cohort, we identified 121 patients with histopathological confirmation of endometrial hyperplasia (EH) then we reviewed their ET on ultrasound scans (USS) at the time of obtaining their endometrial samplings using different cutoffs.

Results The sensitivity of the ultrasound, using the cutoff for the ET as 8 mm was 84.3%. The positive predictive value (PPV) of the USS was found to be 61.4% with a prevalence of 56.3%. When we used 7mm as cutoff, the sensitivity of the ultrasound to identify the patients with EH was 90.9%. The PPV was found to be 58.8%. When we used 6mm as cutoff, the sensitivity of the ultrasound to identify the patients with EH was 96.7%. The PPV of the US was found to be 57.9%.

Conclusions In postmenopausal women, endometrial thickness correlates significantly with histopathological EH. In the absence of endometrial sampling, the presence of thickened endometrium is an independent predictor for EH specifically if there is one or more of the risk factors for endometrial cancer such as Obesity, DM or HTN. An algorithm using ET and risk factors can be of great help in guiding the management of these patients where endometrial sampling is not possible.

IGCS19-0054

239   **GYNECOLOGICAL CANCERS IN HAITI: EPIDEMIOLOGICAL CHARACTERISTICS AND DIAGNOSTIC CHALLENGES**

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Objectives To present the three-year epidemiology of gynecological cancers managed by a Haitian cancer program.

Methods This was a retrospective descriptive observational study. Patients aged 15 years old or more admitted to the