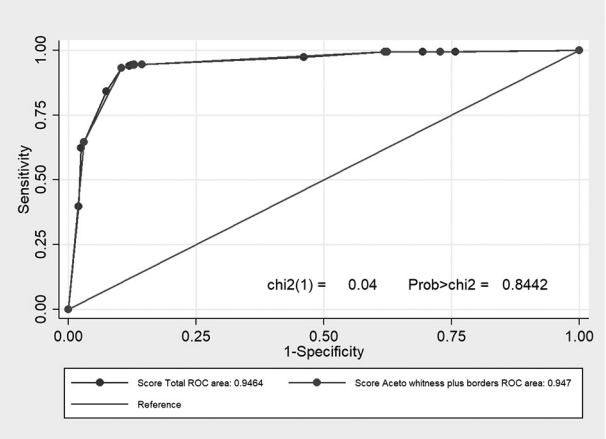
Abstract 351 Table 1 Scores used

	Coef. Beta	Score
Acetowhiteness	5.7842	6
Dense	1.4186	1
Fain	1	0
Absent		
Borders	6.9654	7
Defined	3.9751	4
Little defined	1	0
Absent		
Vessels	1.457	1
Thick	0.4859	1
Thin	1	0
Absent		
Staining time	1.33702	1
Fast	1	0
Slow		

Abstract 351 Tabla 2 Parameters of AUC

	Total	Color	borders	Color/ borders	Color/ borders/ vessels	Borders/ vessels
AUC (IC 95%)	0.946 (0.927, 0.966)	0.913 (0.889,0.938)	0.867 (0.841, 0.892)	0.947 (0.928,0.966)	0.945 (0.925, 0.966)	0.868 (0.84, 0.896)
cutoff	9	6	4	7	9	4
Se	0.94	0.93	1.00	0.95	0.94	1.00
Es	0.88	0.88	0.39	0.87	0.88	0.39
PPV	0.94	0.95	0.78	0.94	0.95	0.78
NPV	0.88	0.86	0.98	0.88	0.87	0.98
LR+	7.63	7.85	1.63	7.35	7.93	1.63
LR-	0.06	0.08	0.01	0.06	0.07	0.01



Abstract 351 Figure 1 AUC Score Total vs Aceto whitness plus borders

Methods Six hundred and fifty patients referred for colposcopy were examined. Four variables were scored: acetowhiteness, borders, vessels, and staining time from the regression coefficients. Finally, the respective roc curves were graphed and choose the best. Hypothesis testing is done to see which curve is the best.

Results The score is summarized in table 1. The analysis showed good sensitivity and specificity see table 2. The replacement of values by the coefficients have a more useful and simple. To choose the best score, AUC graphs were made comparing the different scores graph 1.

Conclusions Scoring needs two variables (Acetowhiteness plus borders), the best cutoff point is 7 with a Se 95%, Es 87%, PPV 94%, NPV 88%

IGCS19-0145

352 TRENDS OF PRECANCEROUS LESIONS OF CERVICAL CANCER IN PERUVIAN WOMEN FROM 2007–2016

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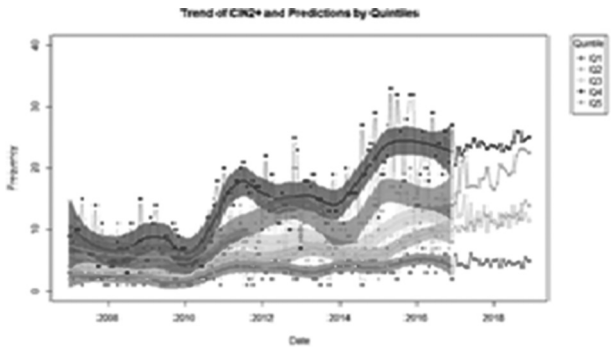
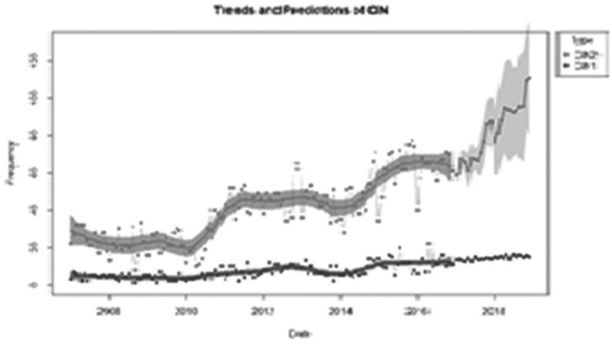
Objectives The aim of this study is to evaluate trends of precancerous lesions in peruvian women according to grade of CIN, age, socioeconomic level (quintil) in Metropolitan Lima Cancer Registry of Perú from 2007 to 2016.

Methods A total of 5664 CIN cases were reported using Metropolitan Lima Cancer Registry data. We calculated trends and predictions by tipe of CIN, age and socioeconomic level (quintile). Using software R.

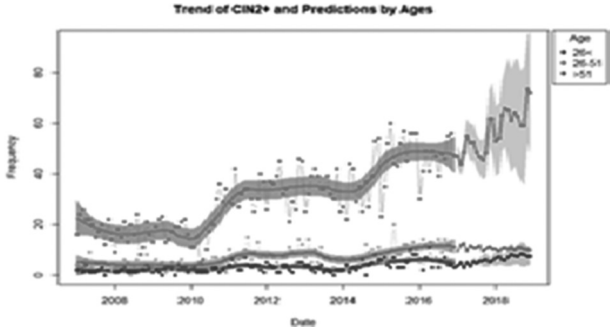
Results Frecuency of CIN 2+ is 85.12%; CIN by age: < 21, 21–26, 26–50, 51–70 and >70 is 1.5%, 7.2%,75%,14% and 1.6% respectively. CIN by quintile (1 to 5) is 6%,13%,17%,36% and 25% respectively. During 2007–2010, CIN Trends remained stable for CIN 1 and CIN 2+, after that trends and predictions increasing for CIN 2+. During 2007–2010 (figure 1), CIN Trends by age remained stable, after that trends and predictions increasing for group between 26–50, however the extremes (<25 and >50) remain constant. During 2007–2010 (figure 2), CIN Trends by quintile remained stable, after that trends and predictions increasing for Q2-Q4, the increase is more important in the Q5 (figure 3).



Abstract 352 Figure 1



Abstract 352 Figure 2



Abstract 352 Figure 3

Conclusions Trends and predictions increasing for CIN2+, age between 26–50, and quintile 3, 4 and 5 but the increase is more important in the Q5.

IGCS19-0707

353 **CORRELATION IN CERVICAL CYTOLOGY, COLPOSCOPY AND HISTOPATHOLOGY FOR DETECTION OF PRE-MALIGNANT LESION OF CERVIX: A STUDY FROM WESTERN RAJASTHAN**

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Objectives

1. To find out correlation between cervical cytology, and colposcopy in diagnosing premalignant lesions of cervix.
2. To find out correlation in colposcopy and histopathology in detecting premalignant lesion of cervix.

Methods A retrospective study was carried out in OBGYN department over a period of 2 years. Data were retrieved from the departmental records and hospital information system.

Inclusion criteria screen positives who underwent colposcopy and directed biopsy between the age of 21–70 years.

Exclusion criteria Screen positives who did not have colposcopy or where biopsy were not done were excluded. Pregnant women were excluded.

These cases were then analysed for sensitivity and specificity in detecting premalignant lesion taking histopathology as gold standard

Results Total of 122 cases were retrieved who fulfilled inclusion criteria, 2 cases were excluded as the biopsy report was inconclusive.

Good correlation was observed between colposcopy and histopathology with a sensitivity of 90% and specificity of 98.7%.

Cervical cytology and colposcopy showed poor specificity of 58%, and cytology and histopathology had specificity of 62%.

Discordance between cytology and colposcopy was seen in 35% of cases.

Conclusions Cervical cytology has a poor specificity for detecting premalignant lesion of cervix as compared to colposcopy and histopathology. A well done colposcopy aids significantly in targeting the tissue precisely for identifying premalignant lesion.

Rare Tumors and Gestational Trophoblastic

IGCS19-0381

354 **MANAGEMENT OF LEIOMYOSARCOMAS OF A GYNECOLOGICAL TRACT AND PROGNOSTIC INDICATORS**

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Objectives leiomyosarcomas of the gynecological tract (LMS) consist a heterogeneous group of mesenchymal gynecological malignancies with unclear therapeutic recommendations and unspecific but poor prognosis since they usually metastasize and tend to recur very often, even in early stages.

Methods We retrospectively analyzed all female patients with LMS treated in our institution over the last 19 years. Clinicopathological data, treatments, and outcomes were recorded.

Results Data were retrieved from 16 women with a median age of 51 (range: 31–77) years, at diagnosis. Fifty percent of patients were in the menopause period. The mean symptom was bleeding, followed by pelvic pain. Ten patients had uterine leiomyosarcoma, three patients had cervix leiomyosarcoma, and three patients had vaginal leiomyosarcoma. The mean size was 6.4 (range: 3–10) cm. The staging workup didn't show any metastatic lesion for all the patients. Fifteen patients underwent surgery as initial treatment, while one patient underwent external beam radiotherapy followed by brachytherapy. Adjuvant chemotherapy was done in four patients, and adjuvant radiotherapy was done in 7 patients. Six patients were diagnosed with LMS grade 1, three patients had grade 2, and 7 patients had grade 3. Median of follow up was 61 months. Nine patients had a complete remission; five patients had a progressive disease course, while two patients had a locoregional recurrence. Seven patients died of disease.

Conclusions The relative rarity of LMS, as well as their pathological diversity, hinders studies aimed at improving understanding of the disease and makes it difficult to define the optimum management.