screened at the hospital, the reports are reviewed in the clinic and colposcopy is done when needed. The follow up colposcopy coverage was observed to be 95% among the in-house screened women, while in the community it was 12.5%.

Our aim is to increase the colposcopy coverage in women with abnormal pap smear in community screening camps from a baseline of 12.5% to 95% over a period of 10 months.

Methods With the help of EQuIPIndia- QIA3 problem solving approach, we have identified the problems leading to low colposcopy follow-up among women screened in the community. The analysis was done using the A3 methodology tools like the Process map, the GEMBA walk, Run chart, Fishbone and Pareto charts.

Results From an average of 12.5%, through the A3 methodology tools we were able to followup 100% of the women who needed colposcopy.

Conclusions A3 methodology is found to be useful for Quality improvement of health care services.
unnecessary hysterectomy due to such misdiagnoses. Review by an experienced cyto-pathologist is required in the event of diagnostic uncertainty.

DETECTION OF ITGBL1 MRNA ISOFORMS IN OVARIAN CANCER CELLS

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Previously, we identified a multigene signature related with survival of patients with high-grade serous ovarian cancer (OC). Among differentially expressed genes was Integrin beta-like 1 (ITGBL1). Our functional studies revealed that ITGBL1 overexpression in ovarian cancer cells resulted in increased invasiveness, migration rate, and chemoresistance, while decreased adhesiveness and no change in proliferation rate. Later it appeared, that 4 mRNA variants of ITGBL1 may exist. The aim of our this study was to evaluate the presence of these variants in several wild-type OC cell lines, including OVP8 established by our group. Next, we analyzed cells with ITGBL1 construct (OAW42-ITGBL1 and SKOV3-ITGBL1) and with an empty PLNCX2 vector.

Variant-1 (containing all exons) was prevalent in these cell lines which expressed ITGBL1 (ES2, OVP8, SKOV3-ITGBL1, and OAW42-ITGBL1). Variant-2 was very low or absent in all cell lines. Variant-3 was present in significant amounts only in OAW42-ITGBL1 and ES2 cells, while variant-4 exclusively in ES2. ES2 cell line was the only expressing all 4 variants.

In summary: variant-1 is prevalent and variant-3 is second detectable, both in wild-type OC cells with natural ITGBL1 expression and in OAW42 and SKOV3 cells with ITGBL1 construct. These results confirm the validity of our experimental model and our previous conclusions concerning the influence of ITGBL1 on OC cells phenotype.

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THE RELATIONSHIP BETWEEN PRE-OPERATIVE LYMPHOCYTE MONOCYTE RATIO AND SERUM CANCER ANTIGEN-125 AMONG WOMEN WITH EPITHELIAL OVARIAN CANCER IN LAGOS UNIVERSITY TEACHING HOSPITAL, LAGOS, NIGERIA

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Background Ovarian cancer is the second most common genital cancer worldwide, with poor prognosis and high mortality rates. The role of inflammation in cancer biology and markers of systemic inflammation such as neutrophils, lymphocytes and monocytes have been investigated. Cancer antigen 125 (CA-125) is currently in use as an adjunct to diagnosis, prognostication and monitoring of epithelial ovarian cancer (EOC). However, CA-125 test is not readily available in our sub-