Methodology We performed a randomized controlled study. Patients with HSIL aged 18–40 years were included and treated with either imiquimod, 3 times per week for 16 weeks (experimental arm), or with LLETZ (control arm). Treatment success was evaluated by regression to low-grade SIL (LSIL) 20 weeks after initiation of the treatment in the experimental arm and by negative cytology 6 months after LLETZ in the control arm. Secondary outcome was occurrence of the side effects during and after treatment. Statistical analysis was performed using SPSS Statistics Programme. Statistical significance was set at p-value<0.05.

Results We included 104 patients. In the experimental arm, 43 out of 52 patients (82.7%) completed treatment, while in the control arm, all of the 52 patients received the planned treatment (100%). Treatment with imiquimod was successful in 62.8% and treatment with LLETZ in 75.0%, the difference was not statistically significant (p-value=0.288). When evaluating treatment success in the intermediate risk subgroup (patients with cervical intraepithelial neoplasia grade 2 – CIN 2), there were also no statistically significant differences between groups (p-value=0.366). However, LLETZ was significantly more successful in patients with CIN 3 lesions (p-value=0.012). We did not observe any cases of progression of the precancerous disease to cancer. Side effects and severe side effects were significantly more prevalent in the imiquimod than in the LLETZ group (88.5% vs. 44.2% (p-value<0.001) and 51.9% vs. 13.5% (p-value<0.001), respectively). The most prevalent side effects were vaginal inflammation, flu-like and lower urinary tract symptoms. Over the course of the treatment with imiquimod, overall occurrence and the severity of side effects decreased.

Conclusion Topical imiquimod has a potential of becoming an alternative treatment for HSIL, especially in younger women with intermediate risk HSIL. However, its use is associated with higher occurrence of side effects, which can affect patients' quality of life. In the future, larger studies evaluating the long-term effects of this treatment are needed, especially in the view of disease progression and recurrence.

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Diagnostics

584 EVALUATION OF MICRO-RNA EXPRESSION IN CYTOLOGICAL SMEARS IN WOMEN WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESIONS

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Introduction/Background MicroRNAS are short molecules that regulate gene expression. The microRNA expression profile changes in cells during neoplastic transformation. In particular, characteristic changes in microRNA are observed in the cells of the cervical epithelium during the development of intraepithelial neoplasia. These changes are compounded in invasive cervical cancer cells. Accordingly, microRNAS can serve as diagnostic or prognostic biomarkers in patients with cervical dysplasia of varying severity.

In this study, we analyzed microRNA in patients with low grade squamous intraepithelial lesions (LSIL) and compared the data obtained with the clinical course of the disease.

Methodology Total RNA was isolated from the epithelium of patients with low grade squamous intraepithelial lesions and divided into two pools: "persistence" (n=10) and "recovery" (n= 10), depending on the data of repeated cytological examination conducted after 6–9 months. In the obtained samples, we performed a comprehensive screening analysis of 85 micro-RNA expression (Cancer focus miRCURY RT-PCR panel, Exiqon, Denmark).

Results The results of microRNA profiling showed different levels of expression of 9 molecules in the compared groups. In cases of persistent cervical epithelial atypia during dynamic observation, miR-126-3p Mir-16-5p miR-182-5p miR-200c-3p, miR-205-5p, miR-223-3p, miR-24-3p molecules were expressed significantly more actively than in the group of samples obtained from patients whose cervical epithelium condition normalized during observation. The reverse situation was observed for miR-192-5p and miR let-7f-5p.

Conclusion MicroRNA molecules whose expression level correlates with the prognosis of cervical epithelial dysplasia can serve as useful biomarkers and be used to personalize the treatment of this common gynecological disease. Validation of the microRNA estimation method requires more extensive research.

Disclosures The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

619 DETECTING CERVICAL DYSPLASIA WITH FOLATE RECEPTOR-MEDIATED DETECTION STAINING AGENT

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Introduction/Background Colposcopy is an essential method in the diagnosis of precancerous lesions. In recent years, new adjunctive technologies have been emerging with an aim to increase the effectiveness of colposcopy. In our randomized pilot study, we tested the Folate Receptor-mediated Detection staining solution (FRD) on 10 patients who visited our colposcopy outpatient office.

Abstract 619 Table 1 Results of FRD staining, PAP smear, HPV test, colposcopy and histology in 10 patients.

Case	FRD	PAP	HPV	Colposcopy (Swede score)	Histology
1	+	H-SIL	+	5	CIN 1
2	+	H-SIL	+	8	CIN 2
3	+	H-SIL	-	4	No dysplasia
4	+	ASC-H	+	6	CIN 2
5	+	H-SIL (2x)	/	8	Acute cervicitis
6	-	H-SIL	-	0	Chronic Cervicitis
7	+	PAP B (2x)	+	4	CIN 1
8	+	PAP A	+	3	CIN 1
9	+	L-SIL (2x)	+	3	CIN 1
10	-	ASC-US L-SIL	-	3	No dysplasia

Methodology In our randomized pilot study, ten patients were tested using FRD staining solution. In all 10 patients HPV Test, Pap Smear, and Colposcopy were also performed. These four methods were evaluated in regard to the histopathological findings of the targeted biopsy.
Results The sensitivity and specificity of FRD staining solution were 100% and 50%, respectively.
Conclusion The advantage of the FRD method is that the results are immediate. Another benefit of this test is that it can predict the location of cervical dysplasia both on the cervix and in the canal itself.

Further study could be useful to check if overall accuracy for screening is improved when FRD is used as a co-test with HPV testing.
Disclosures None.

Endometrial cancer

580 SURGICAL MANAGEMENT OF GYNECOLOGIC CANCERS DURING THE COVID-19 PANDEMIC

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Introduction/Background The COVID-19 pandemic brings about various challenges for surgeons in different fields. They should assess the risk-benefit of each surgery prior to the operation, and decide whether the surgery is beneficial for the patient or the surgery is delayable due to the risk of COVID-19 infection. In this regard, gyneco-oncology surgeries are no exception. If the treatment is deferred, it may lead to the progression of the disease, affect the quality of life and patient's survival.
Case Reports In this article, we report and discuss three cases of gynecologic cancer including two cases of endometrial cancer and one case of cervical cancer in situ that referred to Mahdiyeh hospital, Tehran, Iran, during the COVID-19 pandemic.
Conclusion According to the centers for disease control and prevention (CDC) guidelines, the COVID-19 Polymerase Chain Reaction (PCR) must be performed for each patient before surgery. If the patient was positive for COVID-19, the surgery should be postponed for at least two weeks. If the test is negative and the patient is candidate for surgery, delay in surgery should be minimized and efforts should be made to discharge the patient earlier to reduce the contact of patient with health worker and other patients. All of these processes are to protect the cancer patient from COVID-19 infection. For the current situation of COVID-19 pandemic, risk assessment should be done carefully to identify whether the role of surgery is curative or palliative and how it may impact the life expectancy of the patient. Every cancer patient should be screened for possible infection before the surgery. During the surgery, measures should be taken to reduce the time of surgery and complications that my lead to ICU (intensive care unit) admissions. Discharging patients earlier after the surgery could also reduce the risk of infection.
Disclosures There is not any conflict of interest to be declared regarding the manuscript.

585 A PILOT STUDY FOR THE VALIDATION OF SENTINEL LYMPH NODE BIOPSY WITH INDOCYANINE GREEN FLUORESCENCE METHOD IN EARLY ENDOMETRIAL CANCER AT FUNDACIÓN JIMÉNEZ DÍAZ UNIVERSITY HOSPITAL

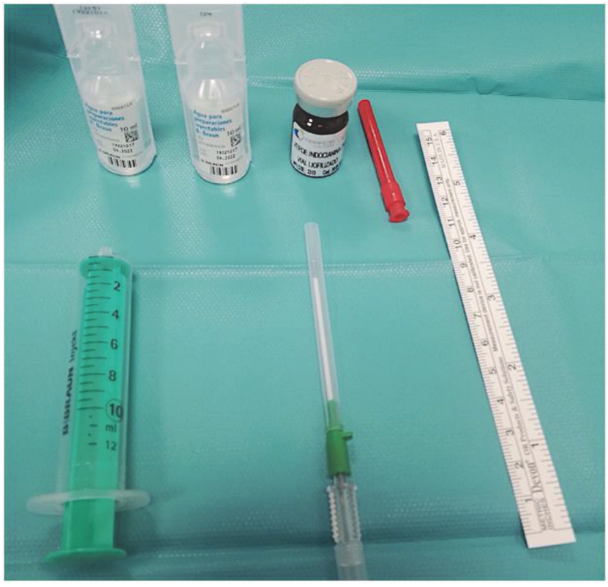
José García Villayzan.

10.1136/ijgc-2020-ESGO.212

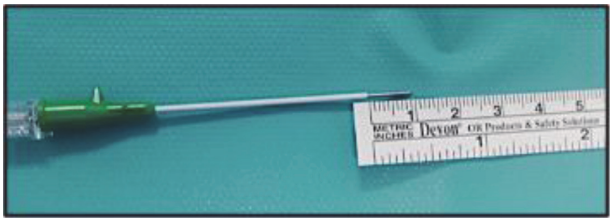
Introduction/Background Sentinel Lymph Node Biopsy is a technique developed to predict lymphatic involvement in patients with early endometrial cancer, decreasing the morbimortality associated with routine systematic lymphadenectomy and improving quality of life.
Methodology Main Objective: To determine the detection rate and negative predictive value of the Sentinel Lymph Node Biopsy by Immunofluorescence in patients with early endometrial cancer.

Secondary Objective: To determine the morbidity and mortality associated with Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy

To determine the quality of life of the patients who only underwent Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy
Method A descriptive observational study in patients with early endometrial cancer (FIGO stage I-II) for all histological types and grades, who underwent the Sentinel Lymph Node by immunofluorescence Technique and/or systematic



Abstract 585 Figure 1



Abstract 585 Figure 2