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Prevention of gynaecologic cancer

47 PERFORMANCE OF CONE BIOPSY EXCISION FOR TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA

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Introduction/Background Cervical cancer is to a great extent preventable disease through detection and treatment of cervical intraepithelial neoplasia (CIN). All local treatment modalities are efficient in preventing CIN. The influence of different techniques on the risk of recurrence remains therefore unclear. The minimum radicality of treatment to prevent treatment-induced morbidity and the increased risk of future invasion is required. The aim of the study was to assess the adequacy of cone biopsy excision of naked eye lesions as a method of treatment of cervical intraepithelial neoplasia (CIN). Women treated with LEEP were used as control.

Methodology The current study was randomized clinical trial. Cone biopsy excision of naked eye lesions was compared to LEEP of the transformation zone in women undergoing surgical treatment of CIN. The primary outcome was involvement status of the margin of the resected cone. Secondary outcomes were procedure time, blood loss, hemostasis time, intraoperative and postoperative complications, size of the resected area and postoperative pain, validated by visual analog scale (VAS).

Results Ninety women were evaluated for disease persistence after excision of the naked eye lesions using cone biopsy excision. Eighty-five cases treated with excision of the transformation zone using LEEP. There is no statistically significant difference as regarding the margin involvement of the resected cone, the primary outcome, was observed between cone biopsy excision and LEEP (11/90 [12%] vs 8/85 [9.4%], respectively; $p = 0.55$, OR=1.34 95% CI: 0.5115). Postoperative pain was lower after cone biopsy excision (VAS: 0 [0–2] vs 1 [0–3]; $p = 0.02$). The secondary outcome parameters; procedure time, blood loss, hemostasis time, intraoperative and postoperative complications and size of the resected area were not different between the study groups. Age, parity, contraception method and body mass index did not influence the primary and secondary outcome parameters using multivariate analysis.

Conclusion Cone biopsy excision and LEEP are evenly effective and safe procedures.

Disclosures No conflict of interest related to this research.

93 PROPHYLACTIC HUMAN PAPILLOMAVIRUS HPV VACCINATION TO PREVENT RECURRENCE OF CERVICAL INTRAEPITHELIAL NEOPLASIA : A META-ANALYSIS

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Introduction/Background The aim of this systematic review and meta-analysis was to review evidence supporting the use of prophylactic human papillomavirus vaccines to influence the risk of recurrence of cervical intraepithelial neoplasia after surgical treatment.

Methodology A systematic literature search was performed for publications reporting risk of recurrence of cervical intraepithelial neoplasia after surgical treatment in patients receiving human papillomavirus vaccination (either in the prophylactic or adjuvant setting). Comprehensive searches of 6 electronic databases (MEDLINE, Embase, Web of Science, PubMed, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, and references of identified studies) from their inception were performed (English language only), and hand search reference lists were performed. Two independent reviewers applied inclusion and exclusion criteria to select included papers, with differences agreed by consensus. The literature search was performed using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Results were reported as mean differences or pooled odds ratios (OR) with 95% confidence intervals (95% CI).

Results A total of 5744 citations were reviewed; 5 studies comprising 3562 patients were selected for the analysis. There were 1453 patients in the vaccinated group and 2109 in the placebo or unvaccinated group. The incidence of histologically confirmed cervical intraepithelial neoplasia 2+ was reduced in the vaccinated compared to the unvaccinated group (OR 0.51, 95% CI 0.35 – 0.74, $p = 0.0003$). The number needed to treat (NNT) to prevent one recurrence was 43. Both pre-treatment vaccination (OR 0.48, 95%CI 0.25–0.94, $p=0.03$, NNT-40) and adjuvant vaccination (OR 0.53, 95%CI 0.34–0.81, $p=0.004$, NNT=38) reduced recurrence rates.

Conclusion Prophylactic or adjuvant human papillomavirus vaccination reduces the risk of recurrent cervical intraepithelial neoplasia 2+. These data support further investigation of its role as an adjuvant to surgical treatment.

Disclosures No conflict of interest to declare.

194 ATAXIA-TELEANGIECTASIA FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT OF A TERTIARY HOSPITAL

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