

number of evaluable patients. A drop-out rate of 5% was assumed.

**Result(s)\* Conclusion\*** In the clinical setting of advanced and recurrent LMS and CS there are no well-evaluated therapies available. This trial is clinically highly relevant and offers opportunity for patients to receive promising therapy.

## 206 HIV TESTING IN CERVICAL DYSPLASIA, PRACTITIONERS' OPINION

<sup>1</sup>R Van de Laar\*, <sup>2</sup>C Jordans, <sup>3</sup>C Rokx, <sup>1</sup>HJ Van Beekhuizen, <sup>1</sup>HC Van Doorn. <sup>1</sup>Erasmus University Medical Center, Gynaecologic oncology, Rotterdam, Netherlands; <sup>2</sup>Erasmus University Medical Center, Microbiology and Infectious Diseases, Rotterdam, Netherlands; <sup>3</sup>Erasmus University Medical Center, Internal medicine, section Infectious Diseases, Rotterdam, Netherlands

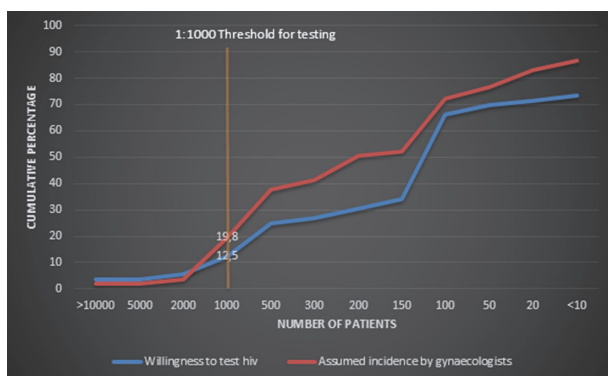
10.1136/ijgc-2021-ESGO.254

**Introduction/Background\*** Cervical dysplasia is an HIV indicator condition and according international recommendations HIV testing is strongly advised in women with cervical dysplasia, because the risk of an undiagnosed HIV is thought to be >0.1%. Therefore an HIV test should be offered to all women with cervical dysplasia. There is no literature about the opinion of Gynaecologist on HIV screening in patients with cervical dysplasia.

**Methodology** We sent an online questionnaire to gynecologist in South West Netherlands to investigate 1) what they know about this issue, 2) their opinion and willingness on active HIV testing for this cervical dysplasia.

**Result(s)\*** The questionnaire was sent to 103 gynaecologists of whom fifty-six participants replied (54%). Forty-eight (86%) think patients are not offended when HIV testing is offered and 50 (89%) have no difficulty to address HIV testing. Thirty-nine (70%) gynaecologist think that the prevalence of undiagnosed HIV infection is lower than 0.1%, and only seven (12,5%) accept HIV testing in case of a prevalence of 0.1% or less. Thirty-two (57%) are willing to test with a prevalence of 1% or higher.

**Conclusion\*** To address and offer HIV testing seems not an issue for the gynaecologists questioned in our study. However, the willingness to routinely perform an HIV test for cervical dysplasia at the assumed 0.1% prevalence looks insufficient and differs from the recommendations of international policy makers. Discussion is needed to change the threshold or the willingness for testing.



Abstract 206 Figure 1

## 222 EVALUATION OF UPA/PAI-1 AS A PROGNOSTIC MARKER IN YOUNG WOMEN WITH BREAST CANCER

<sup>1,2</sup>M Sobočan\*, <sup>2</sup>U Dimnik, <sup>2</sup>B Dežman, <sup>2</sup>M Turk, <sup>3</sup>R Kavalar, <sup>1,2</sup>I Takač, <sup>1,2</sup>D Arko. <sup>1</sup>University Medical Centre Maribor, Division for Gynaecology and Perinatology, Maribor, Slovenia; <sup>2</sup>University of Maribor, Faculty of Medicine, Maribor, Slovenia; <sup>3</sup>University Medical Centre Maribor, Department of Pathology, Maribor, Slovenia

10.1136/ijgc-2021-ESGO.255

**Introduction/Background\*** Breast cancer is uncommon in young women in developed countries. It is very heterogeneous disease and studies showed, that young patients often have biologically complex and often more aggressive tumours. However, little is known on markers available to improve assessment of prognosis or provide an additional therapeutic targets. One potential marker is the uPA-PAI-1 complex or each of the proteins individually. The protease uPA and its inhibitor PAI-1 have been implicated in cancer progression through facilitating tumour cell migration. The aim of this study was to evaluate the potential impact of uPA and PAI-1 as prognostic markers in young women with breast cancer.

**Methodology** We identified through the use of our institutional database on breast cancer 84 from 2283 (3.7%) of women diagnosed with breast cancer under the age of 45 years at the University Medical Centre Maribor, Slovenia between January 2009 – December 2019. An exam of clinical patient records was performed and clinico-pathological data were evaluated. Tumour tissue was prospectively analysed after primary surgical treatment and quantified using immunometric method ELISA sets. Values of uPA and PAI-1 were expressed in ng/mg of proteins. Correlations were evaluated using the Spearman rank test and continuous data were compared using the Mann-Whitney U test. Data were evaluated using the SPSS for Mac version 23.0

**Result(s)\*** Clinical data were available for 70 women with BC. Data on uPA/PAI-1 protein levels and the expression of the uPA-PAI-1 complex were available in 39 women (55.7%). The median age of patients in our study was 42.0 years (29-45). The complex of uPA/PAI-1 was significantly correlated with age at time of diagnosis ( $r_s = -0.366$ ,  $p < 0.022$ ). There was no significant correlation between the expression levels of uPA and levels of PAI-1 and oestrogen receptors, progesterone receptors, Ki-67 expression or tumour size. uPA/PAI-1 complex was also not significantly correlated with the hormone receptor negative (TNBC) breast cancer ( $p > 0.814$ ).

**Conclusion\*** Further research should evaluate the connection of age and the uPA/PAI-1 complex. uPA and PAI-1 did not show independent prognostic abilities in this pilot study.

## 243 INCIDENCE OF GYNAECOLOGICAL CANCER DURING THE COVID-19 PANDEMIC

<sup>1</sup>E Oymans\*, <sup>2</sup>C De Kroon, <sup>3</sup>J Bart, <sup>4</sup>M Van der Aa, <sup>5</sup>HW Nijman. <sup>1</sup>IKNL, Utrecht, Netherlands; <sup>2</sup>Leiden University Medical Center (LUMC), Gynaecological oncology, Leiden, Netherlands; <sup>3</sup>University Medical Center Groningen (UMCG), Pathology, Groningen, Netherlands; <sup>4</sup>IKNL, Enschede, Netherlands; <sup>5</sup>University of Groningen, University Medical Center Groningen, Department of Obstetrics and Gynecology, The Netherlands

10.1136/ijgc-2021-ESGO.256