See-and-treat procedure is a step towards the same. The present study was conducted to establish the two-step approach of See and treat in preference to the conventional three-step protocol In the management of Cervical intraepithelial neoplasm

Methodology A Randomized controlled trial was conducted in AIIMS Rishikesh, Uttarakhand, India, from July 2018- July 2020. All women presenting to the outpatient clinic in the age group 25-60 were screened with per speculum examination and PAP smear. Colposcopy was performed on women with Abnormal PAP smear or clinically unhealthy cervix. Colposcopic guided biopsy was done when indicated. Women with CIN2/3 were randomized to a two or three-step approach. Women falling into the two-step approach(group a) underwent LEEP/Thermal Ablation/Cold knife conization in the same setting. In contrast, Group B was advised to follow up with histopathology reports for further management. The authors studied the final histopathological diagnosis to determine the adequacy of treatment.

Result(s)* Overtreatment rates were 22% in See and treated approach, distributed as 3.6% in HSIL + ASC_H group and 33% in LSIL patients. 39 out of 50 women in Group B needed definitive treatment after their biopsy results, and 48% of them were lost to follow up. 72% were adequately treated in group A while only 22% could be adequately treated in Group B.

Conclusion* It can thus be safely concluded that a two-step approach should be considered for preventive management, especially considering the rate of loss to follow up in a three-step approach despite the risk of overtreatment. This study thus advocates the use of the See and Treat protocol, especially in high-grade cytology lesions. In low-risk cases, too, the study proposes that see and treat protocol can be used, albeit with good clinical judgment. Offering opportunities to reduce the suffering associated with the eminently preventable cervical cancer is an ethical imperative. The SEE and TREAT approach is an attempt in that early preventive direction.

179 CANCER WORRY AMONG *BRCA1/2* PATHOGENIC VARIANT CARRIERS CHOOSING SURGERY TO PREVENT TUBAL/OVARIAN CANCER

[1]M Van Bommel*, [2]M Steenbeek, [3]J Inthout, [4]R Hermens, [5]N Hoogerbrugge, [6]H Van Doorn, [7]M Mourits, [8]M Van Beurden, [9]R Zweemer, [10]K Gaarenstroom, [11]B Slangen, [8,8]M Brood-van Zanten, [12]C Vos, [13]J Piek, [8]L Van Lonkhuijzen, [14]M Apperloo, [15]S Coppus, [16]J Prins, [16]J Custers, [1]J De Hullu. *[1]Radboud university medical center, Department of Obstetrics and Gynaecology, Nijmegen, Netherlands; [2]Radboud university medical center , Department of Obstetrics and Gynaecology, Nijmegen, Netherlands; [3]Radboud university medical center, Department for Health Evidence, Nijmegen, Netherlands; [4]Radboud university medical center, Scientific Institute for Quality of Healthcare, Nijmegen, Netherlands; [5]Radboud university medical center, Department of Human Genetics, Nijmegen, Netherlands; [6]Erasmus MC Cancer Clinic, Department of Gynaecology, Rotterdam, Netherlands; [7]University Medical Center Groningen, Department of Gynaecology, Groningen, Netherlands; [8]Center for Gynaecological Oncology Amsterdam , Amsterdam, Netherlands; [9]UMC Utrecht Cancer Center, Department of Obstetrics and Gynaecology, Utrecht, Netherlands; [10]Leiden University Medical Center, Department of Obstetrics and Gynaecology, Leiden, Netherlands; [11]Maastricht University Medical Center, Department of Obstetrics and Gynaecology, Maastricht , Netherlands; [12]Gynaecologic Oncologic Center South location Elisabeth-TweeSteden Hospital, Tilburg, Netherlands; [13]Gynaecologic Oncologic Center South location Catharina Hospital, Department of Obstetrics and Gynaecology, Eindhoven, Netherlands; [14]Medical Centre Leeuwarden, Department of Obstetrics and Gynaecology, Leeuwarden, Netherlands; [15]Maxima Medical Center, Department of Obstetrics and Gynaecology, Veldhoven, Netherlands; [16]Radboud university medical center, Department of Medical Psychology, Nijmegen, Netherlands*

10.1136/ijgc-2021-ESGO.541

Introduction/Background* High cancer risks, as applicable to *BRCA1* and *BRCA2* pathogenic variant (PV) carriers, can induce significant cancer concerns. We examined the degree of cancer worry and the course of this worry among *BRCA1/2*-PV carriers opting for surgery to prevent ovarian cancer, and identified factors associated with high cancer worry.

Methodology Cancer worry was evaluated as part of the multicentre, prospective TUBA-study (NCT02321228) in which *BRCA1/2*-PV carriers choose between the standard risk-reducing salpingo-oophorectomy or a novel strategy, risk-reducing salpingectomy with delayed oophorectomy. The Cancer Worry Scale was obtained before and three and twelve months after surgery. Cancer worry patterns were analysed using latent class growth analysis and factors associated with cancer worry were identified with regression analysis.

Result(s)* Of all 577 *BRCA1/2*-PV carriers, 320 (55.5%) had high (≥14) cancer worry pre-surgery and 70.2% had higher cancer worry pre-surgery than post-surgery. Based on the course of cancer worry, *BRCA1/2*-PV carriers could be classified into three groups: persistently low cancer worry (56.4%), persistently high cancer worry (6.3%), and fluctuating cancer worry that mainly declined over time (37.3%). Factors associated with persistently high cancer concerns were: age below 35 (*BRCA1)* or 40 (*BRCA2)* years, unemployment, previous breast cancer diagnosis, lower education and more recent diagnosis with the *BRCA*-PV.

Conclusion* High cancer worry is common among *BRCA1/2*-PV carriers and mainly declines after risk-reducing surgery. However, cancer worry remains high in 6% of the women and they should be identified and offered support. It should be realized that in this group, surgery does not reduce cancer concerns.

276 CHALLENGES OF IMPLEMENTING HUMAN PAPILLOMAVIRUS VACCINATION AMONG WOMEN 15–40 YEAR-OLD IN A TERRITORY WITH LOW POPULATION DENSITY

[1]L Colomé Ceballos*, [2]MJ Pla Farnós, [3]C Ceballos García, [1]M Rubio Del Caño, [4]JL Clua Espuny, [5]J Fernández Sáez, [1]N Andrés Cubells. *[1]Hospital Verge de la Cinta de Tortosa, Obstetrics and Gyneacology, Tortosa, Spain; [2]Hospital Universitari de Bellvitge, Gyneacology Oncology, Hospitalet de Llobregat, Spain; [3]Hospital de la Santa Creu de Jesús, Geriatrics, Tortosa, Spain; [4]Institut Català de la Salut, UUDD Terres de l'Ebre, Tortosa, Spain; [5]Institut Català de la Salut, IDIAP Jordi Gol, Tortosa, Spain*

10.1136/ijgc-2021-ESGO.542

Introduction/Background* The World Health Organization called for the elimination of cervical cancer as public health problem and targeted the HPV vaccination coverage rate at 90% by 2030. HPV vaccines have not been uniformly adopted for a large-scale use in both low and high-income countries, and face multiple barriers. The main aim of the study is to learn about HPV vaccination (PVV).

Methodology Multicentre, retrospective and community-based study of women cohort aged 15-40 years. The study territory (Terres de l'Ebre, south Catalonia) in divided in four regions and has a low population density (52 inh/Km2). The public health service is made up of four regions, a total of 11 primary care teams, and referring Gynaecology Services in each region. It offers systematic PVV to girls in school sixth grade (11-12 years old) since 2008 and opportunistic cervical cancer screening without systematic HPV determination. Information was collected from the government-run healthcare provider

Int J Gynecol Cancer: first published as 10.1136/ijgc-2021-ESGO.542 on 12 October 2021. Downloaded from http://ijgc.bmj.com/ on December 6, 2023 by guest. Protected by copyright.

Catalonian Health Institute (ICS) in an anonymized fashion from computerized data base. Demographic, clinical, functional, cervical intraepithelial neoplasia, and pharmacological variables were included. The primary outcome was PVV. A statistical analysis was carried out on the total population of women with active medical history in the territory between 01/01/2020-31/12/2020.

Result(s)* 23528 women were included with a mean age of 28.5±ds7.7 years. The 35-40 years old group was significantly higher (29.1%, p 0.001). 7.444 (31.6%) women were registered as PVV. The average dose number was 1.76±ds0.78. The mean age of the vaccinated people was significantly lower than the unvaccinated (20.0±ds5.3 vs 32±ds5.9, p <0.001). The PVV coverage showed significant differences by regions (30.5-41.1%, p <0.001), health primary care teams (28.2%-40.9%, p <0.001), and age groups: 85.7% in 15-19 y-group vs 7.4% in 35-40y-group, p <0.001, inside Terres de l'Ebre. The 35-40 years-old cohort is the group with the lowest PVV coverage (4.4%, p<0.001)

Disclosures The study protocol received ethics approval from the Ethical Committee Jordi Gol University Institute of Primary Care Research (Instituto Universitario de Investigación de Atención Primaria, IDIAP) code 21/064-P.

The data were obtained in an anonymized fashion provided by Information and Communication Technology Dept from the Minimum Basic Data Set at hospital discharge.

Conclusion* The study highlights women over 30 years-old as those at most risk because their low probability to PVV and/or systematic HPV determination. Population dispersion and demographic structure may play a role as barrier in healthcare infrastructure and the implementation PVV.

292 EFFICACY OF RRSO IN BRCA CARRIERS AND CLINICAL OUTCOMES OF FOLLOW-UP IN PATIENTS WITH ISOLATED STIC

[1]G Spagnol*, [1]M Noventa, [1]G Bonaldo, [1]M Marchetti, [2]S Zovato, [3]L Alessandrini, [3]A Guerriero, [2]S Tognazzo, [1]R Tozzi, [1]C Saccardi. *[1]Clinic of Gynecology and Obstetrics, University of Padua, Department of Women and Children's Health; [2]Familial Cancer Clinic and Oncoendocrinology Veneto Institute of Oncology IOV – IRCSS, Padua; [3]Surgical Pathology and Cytopathology Unit, University of Padua, Department of Medicine (DIMED)*

10.1136/ijgc-2021-ESGO.543

Introduction/Background* Serous Tubal Intraepithelial Carcinoma (STIC) is a non-invasive subtype of high-grade serous carcinoma (HGSC), usually located at the tubo-peritoneal junction and currently considered the precursor lesion of HGSC. The management of STIC diagnosed after Risk-Reducing Salpingo-Oophorectomy (RRSO) in women with BRCA-carriers remains unclear. The aim of our study was to evaluate the incidence of STIC, serous tubal intraepithelial lesions (STIL) and Occult-Cancer (OC) in patients submitted to RRSO and determine the long-term outcomes of these patients.

Methodology We conducted an observational retrospective study on patients with BRCA 1-2 mutation who undergone RRSO between January-2010 to Dicember-2020 at the Gynaecology Clinic of Padua. Inclusion criteria: (i) women with a negative pelvic examination prior to RRSO (ii) fallopian tubes analyzed using the Sectioning and Extensively Examining the Fimbriated (SEE-FIM) protocol. Exclusion criteria: patients with a positive gynecologic screening or with ovarian/tubal cancer prior to RRSO. We collected data about age, menopausal status, history of breast carcinoma, pre-operative CA-125 levels, transvaginal-ultrasound features before surgery, and follow up (FUP) information after RRSO, specifically with CA-125 and gynecologic examination.

Abstract 292 Table 1 Patients general features

	BRCA 1 carriers (n= 80)	BRCA 2 carriers (n= 73)	TOTAL (n= 153)
Mean Age at RRSO*	49.5 ± 8.9	51.8 ± 9.3	50.6 ± 9.1
Brest Cancer before RRSO*	54 (67.5%)	49 (67%)	103 (67%)
Mean CA-125	13.8 ± 6.8 IU/mL	10.0 ± 6.3 IU/mL	12.3 ± 6.7 IU/mL
Menopausal Status			
Pre-menopausal	37 (46%)	19 (26%)	56 (37%)
Post-menopausal	43 (54%)	54 (74%)	97 (63%)
Familiarity			
Ovarian Cancer	41 (51.2%)	19 (26%)	60 (39.2%)
Breast Cancer	66 (82.5%)	51 (70%)	117 (76.5%)
Negative	8 (10%)	7 (9.6%)	15 (9.8%)

Legend: RRSO risk reducing salpingo-oophorectomy

Result(s)* We included 153 patients: baseline characteristics (table 1). STICs was diagnosed in 4 (2.6%) and STILs in 6 (3.9%) patients. None patients with STIC and STIL underwent a restaging surgery or adjuvant chemotherapy; all patients were followed closely every 6 months with transvaginal-ultrasound and CA-125. None of them developed peritoneal carcinoma (PC) or primary peritoneal carcinomas (PPC) with a median FUP of 54.5 months (15-106) and 57,5 months (12-82) in patients with STIC and STIL, respectively. OC was diagnosed in 3 patients (2%) and they underwent a staging-surgery; one patient developed a recurrence with PC after 18 months by staging surgery.

Conclusion* Considering the low incidence of OC-STIC-STIL, our data support the importance of RRSO in patients with BRCA 1-2 mutations for reducing the risk of ovarian cancer and for detecting the lesions in early stage. The management of patients with isolated STIC that is aimed to decreases the rates of subsequent PPC and PC. Our results demonstrated that a long-term close surveillance in patients with STIC should be considered a possible management strategy.

297 LIBUSE TRIAL – ALGORITHM FOR CERVICAL CANCER SCREENING WITH USAGE OF HPV DNA TESTING WITH HPV 16/18 GENOTYPING AND P16/KI-67 DUAL-STAINED CYTOLOGY

[1]J Sláma*, [2]V Dvořák, [3]M Trnková, [4]A Skřivánek, [5]K Hurdálková, [5]M Nováčková. *[1]First Faculty of Medicine, Charles University and General University Hospital, Department of Gynecology and Obstetrics, Prague, Czech Republic; [2]Center of Outpatient Gynecology and Primary Care, Department of Outpatient Gynecology, Brno, Czech Republic; [3]Aeskulab Pathology, Pathology , Prague, Czech Republic; [4]G-Centre, Department of Outpatient Gynecology, Olomouc, Czech Republic; [5]Institute of Biostatistics, Masaryk University, Brno, Czech Republic*

10.1136/ijgc-2021-ESGO.544

Introduction/Background* The incidence and mortality of cervical cancer in the Czech Republic remains stable over more than 30 years irrespective of existing national screening based on annual collecting of Pap smears. The aim of our prospective trial was to evaluate the role of HPV DNA

Int J Gynecol Cancer: first published as 10.1136/ijgc-2021-ESGO.542 on 12 October 2021. Downloaded from http://ijgc.bmj.com/ on December 6, 2023 by guest. Protected by copyright.