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 ± 7.7 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 ± 0.78 . The mean age of the vaccinated people was significantly lower than the unvaccinated (20.0 ± 5.3 vs 32 ± 5.9 , $p < 0.001$). 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.

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

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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 December-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,

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
Breast 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

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.

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 decrease 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.

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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

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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