testing with 16/18 genotyping and triage with p16/Ki-67 immunocytochemistry.

Methodology Women between 30 and 60 years who had in 12 collaborating centres regular annual Pap smear were co-
tested in 3 years interval for HPV DNA with selective 16/18 genotyping (Cobas 4800, Roche). All HPV 16/18 positive cases and/or those with severe abnormality in cytology were directly referred to colposcopy; HPV non-16/18 positive cases and LSILs were triaged using p16/Ki-67 dual-stained cytology (CINtec Plus, Roche) and positive cases were referred to colposcopy.

Result(s) Altogether 2407 patients were eligible for analysis. Mean age of subjects was 43 years. The first round showed 8 cases with severe and 105 cases with mild Pap smear abnormalities. There were 7.4% (180/2418) patients with HPV positive, out of them 50 had HPV 16 and/or 18. Triage using p16/Ki-67 was positive in 22.5% cases (29/129). After 2 years of follow-up biopsy confirmed 38 HSILs and 2 glandular lesions, all of them were HPV positive.

Conclusion Screening based on HPV testing with selective 16/18 genotyping and p16/Ki-67 triage proved during three years four times more high-grade lesions including glandular lesions than standard screening based on Pap smears.

Introduction/Background The discovery of the Fallopian tube epithelium as origin of high grade serous ovarian cancer has brought a new option for ovarian cancer prevention, the opportunistic salpingectomy (OS). The popularity of OS is increasing globally, however at present there is substantial practice variation. As a result, whether or not a woman is able to make her own decision on OS depends on the hospital or gynecologist she visits. To lower practice variation, we developed and tested a patient decision aid (PtDA) for OS. In collaboration with patients and healthcare professionals, a PtDA was developed on OS. Both patients and gynecologists thought it a usable aid which supports patients in making an informed decision whether to undergo an opportunistic salpingectomy, and supports the counseling process by gynecologists.

Conclusion* In collaboration with patients and healthcare professionals, a PtDA was developed on OS. Both patients and gynecologists thought it a usable aid which supports patients in making an informed decision whether to undergo an opportunistic salpingectomy, and supports the counseling process by gynecologists.

Abstracts

**PRIMARY PREVENTION OF OVARIAN CANCER: A PATIENTS DECISION AID FOR OPPORTUNISTIC SALPINGECTOMY**

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**Introduction/Background** The discovery of the Fallopian tube epithelium as origin of high grade serous ovarian cancer has brought a new option for ovarian cancer prevention, the opportunistic salpingectomy (OS). The popularity of OS is increasing globally, however at present there is substantial practice variation. As a result, whether or not a woman is able to make her own decision on OS depends on the hospital or gynecologist she visits. To lower practice variation, we developed and tested a patient decision aid (PtDA) for OS. In collaboration with patients and healthcare professionals, a PtDA was developed on OS. Both patients and gynecologists thought it a usable aid which supports patients in making an informed decision whether to undergo an opportunistic salpingectomy, and supports the counseling process by gynecologists.

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