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.

Results* 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 positivity, 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.

442 RISK REDUCTION SALPINGO-OOPHORECTOMY IN BRCA MUTATION CARRIERS. PRESURGICAL AND PATHOLOGY FINDINGS. A PROSPECTIVE COHORT STUDY

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NEGATIVE PREDICTIVE VALUE OF PAP SMEAR IN PATIENTS WITH LEUKOPLAKIA PATTERNS ON COLOSCOPY

Introduction/Background

The occurrence rate for cervical cancer in Serbia is twice as high as in western European countries. In our daily practice we use cervical cytology and colposcopy as a routine screening method for cervical dysplasia and cervical cancer. HPV screening is not covered by insurance and large number of poorly compliant patients limited our resources and we warrant cervical biopsy in patients with leukoplakia on colposcopy examination regardless of the Pap smear results.

Methodology

This was retrospective study evaluating 398 patients with leukoplakia abnormality on colposcopy who underwent cervical biopsy between January 2010 till January 2020 in General hospital Lazarevac, obgyn Belgrade, Serbia; 1st January 2012 until 28th February 2021.

We correlated results of conventional cervical cytology with results of biopsy to calculate predictive value of cervical cytology in excluding the diagnosis as cervical dysplasia and cervical cancer.

Results

Biopsy results showed 92 patients with LG SIL, 35 with HGSIL, and 1 with invasive carcinoma of cervix. Normal finding on biopsy had 270 patients.

Normal Pap smear had 350 patients and 48 patients had negative predictive value (NPV) of Pap smear for excluding severity dysplasia and cervical cancer was 97.39%.

NPV for excluding any type of dysplasia in patients with leukoplakia was 74.86%. Positive predictive value (PPV) of abnormal cytology was 86.79% for discover abnormal findings on cervical biopsy.

Conclusion

Pap smear is useful tool to guide necessity for cervical biopsy in patients with leukoplakia pattern on colposcopy. High negative predictive value in our study show us that cervical biopsy can be avoided in patients with leukoplakia and normal Pap smear.