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 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.

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

**Introduction/Background** Women with germline mutations in the BRCA 1/2 genes have a lifetime increased risk of ovarian cancer, 36 - 63% and 10-27% respectively. Accordingly, once childbearing is completed, Risk Reduction Salpingo-oophorectomy (RRSO) is recommended in this group of patients. The purpose of this study was to determine the presurgical findings and the incidence of Serous Tubal intraepithelial carcinoma (STIC) and occult carcinomas in BRCA mutations carriers in whom a RRSO was performed.

**Methodology** Prospective study that included patients with documented BRCA ½ mutations who accepted RRSO between January 2011 to January 2021 at the Hospital Universitario 12 de Octubre. The study was approved by the ethics committee of the institution. During the month prior to surgery, a systematic ultrasound (US) and determination of serum Ca 125 levels were performed. Specialized gynecologists performed RRSO by laparoscopy. Unilateral or bilateral adnexectomy was performed according to the surgical history of each patient. Pelvic washing was done in all cases at the beginning of the procedure and tubes were removed at the uterine insertion. All the histologic exams were performed by pathologists subspecialized in Gynecologic Oncology and the sectioning and extensively examining of the fimbriated end protocol (SEE-FIM protocol) was applied. STIC was defined using a combination of morphologic evaluations to on decisional needs, current literature and guidelines; 3. Alpha-testing and first revision round; and 4. Alpha-testing and second revision round.

**Result(s)** An outline of the PtDA was developed based on decisional needs, current literature and guidelines. It became clear that the PtDA should consist of two separate paths: one on salpingectomy in addition to abdominal surgery and one on salpingectomy as a sterilization method. Both paths contain information on the anatomy and function of ovaries and Fallopian tubes, the estimated risk reduction of ovarian cancer and the potential benefits and risks of OS. Adjustments were made following alpha-testing round one. The improved PtDA was subjected to usability tests (alpha-testing round two), in which it scored an ‘excellent’ in patient testing and a ‘good’ in tests with 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.
NEGATIVE PREDICTIVE VALUE OF PAP SMEAR IN PATIENTS WITH LEUKOPLAKIA PATTERNS ON COLPOSCOPY

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Introduction/Background*

The incidence 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 cover 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 department.

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.

Result(s)* Biopsy results showed 92 patients with LGSIL, 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 leukoplakia and normal Pap smear.

Discussion There are several recommendations in the literature regarding the follow-up of patients carrying a CHEK2 mutation.

In general, it is recommended that all female carriers should be offered intensified surveillance programs for breast cancer including annual breast radiological testing.

Conclusion* Patients carrying CHEK2 mutations have a moderate risk of developing breast cancer and should be followed in specialized hereditary cancer units.