

Abstract 544 Table 1

CHEK2 Mutation (n=10)		Frequency(%)
Family history of cancer	No cancer	2/10(20%)
	First degree	6/10(60%)
	Second degree	2/10(20%)
Personal history of cancer (First tumour location)	No cancer	3/10(30%)
	Breast	6/10(60%)
	Stomach	1/10(10%)
Histology of the primary breast cancer	Ductal carcinoma in situ	1/6(16.66%)
	Invasive ductal carcinoma	5/6(83.33%)
Breast cancer stage	Stage 0	1/6(16.66%)
	Stage I	1/6(16.66%)
	Stage IIA	2/6(33.33%)
	Stage IIIA	2/6(33.33%)
Primary breast cancer treatment	Unilateral mastectomy with homolateral axillary lymphadenectomy	3/6(50%)
	Conservative surgery	1/6(16.66%)
	Conservative surgery with selective sentinel lymph node biopsy	1/6(16.66%)
	Conservative surgery with homolateral axillary lymphadenectomy	1/6(16.66%)
Adjuvant treatment	Not needed	1/6(16.66%)
	Chemotherapy and hormone therapy	1/6(16.66%)
	Radiation therapy and chemotherapy	1/6(16.66%)
	Radiation therapy and hormone therapy	1/6(16.66%)
	Radiation therapy, chemotherapy and hormone therapy	2/6(33.33%)

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COMPARISON AND CORRELATION OF COLPOSCOPY INDICES WITH HISTOPATHOLOGY IN SCREEN POSITIVE PATIENTS

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Introduction/Background* Colposcopy was introduced to aid cervical biopsy to detect premalignant lesions of cervix. Reid, Swede and modified IFCPC nomenclature (2011) were later introduced to avoid subjective variation.

Methodology To study correlation between colposcopy scores like Reid score, Swede score and 2011 IFCPC nomenclature with histopathology in screening positive patients .

Prospective study of patients who underwent colposcopy for cervical cancer screening from June 2018 to January 2021. Reid score, Swede score and 2011 IFCPC nomenclature

were documented in colposcopy charts. Colposcopy scorings and histopathology was statistically assessed using spearman's rank correlation test.

Result(s)* Out of total 220 females screened average age was 49.75. Reid score >4 correlated with 62.3% of high grade histopathology (p=0.149), Swede score > 5 correlated with 61.3% of high grade histopathology report (p=0.038), while 2011 IFCPC nomenclature as major lesion correlated with 78.3% of high grade histopathology (p=0.001). Reid score has sensitivity 62.3%, specificity 47.4%; Swede score has sensitivity 61.3%, specificity 52.6% with histopathology. IFCPC nomenclature had sensitivity 78.3%, specificity 47.4% with histopathology. Measurement of agreement kappa was 0.096 for Reid score, 0.139 for Swede score and 0.254 for IFCPC nomenclature. P value was significant with IFCPC nomenclature, 0.001.

Conclusion* 2011 IFCPC nomenclature has better correlation and more sensitivity in detecting high grade lesion while swede score is more specific in detecting high grade lesion.