Result(s)* A total of 38 out of 84 evaluable patients at 6 months included in Paloma trial were above 40yo [mean(SD) age: 47.71(5.56)], of which 30 and 13 were HR HPV and 16-18-31 HPV patients, respectively. At 6 months, normal cytology and concordant colposcopy was observed in 92%, 90% and 75% of patients treated with Papilocare® vs 50%, 33% and 40% of patients in control group, in the total, HH and 16-18-31 populations (p=0.0066; p=0.0031; p=0.2929, Fisher test) respectively.

Conclusion* Papilocare® showed a robust and clinically significant efficacy in repairing cervical HPV lesions in women over 40 years, with a statistically significant difference vs control group in the total and HR populations.

**648** TUBECTOMY WITH DELAYED OOPHORECTOMY AS ALTERNATIVE FOR RISK-REDUCING SALPINGO-OOPHORECTOMY IN HIGH-RISK WOMEN TO ASSESS THE SAFETY OF PREVENTION

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**Introduction/Background** Risk-reducing salpingectomy (RRS) can be performed after BRCA1 carrier-status screening (BRCA1-PV carriers). Subsequent DO is recommended at a maximum delay of five years beyond the upper limit of the current guideline age for RRSO. The current recommendation is to use standard RRSO regarding ovarian cancer risk. In this international prospective multicenter preference trial, women choose between the novel RRS with DO or the current standard RRSO. These findings are consistent with the Paloma Trial (ClinicalTrials.gov: NCT04199260). Vaccinated or not HPV-positive women aged > 25y with Pap smear (Ps) of ASCUS or LSIL and concordant colposcopy were included during routine clinical visits in Spain. Patients were treated with Papilocare® 1 cannula/day for 21 days during first month + 1 cannula/alternate days for 5 months. After this 6-month period, patients with altered cytology and/or HPV persistency were treated for a 6-month extension treatment period with the same dosage. Analysis of HR-HPV patients with normal Ps and discordant colposcopy image (primary endpoint) and patients with HR-HPV cleared (totally or partially together with negative Ps and normal colposcopy) at 6/12 months is presented. The study was approved by an IRB and informed consent was signed by patients.

**Result(s)** At 6 months, data of 178 and 176 patients for Ps/colposcopy and HR-HPV presence, respectively, were available. 68% of patients (121/178) had negative Ps and concordant colposcopy. HR-HPV clearance was observed in 57.4% of patients (101/176). Data of 68 patients included in the 6-month extension treatment period for Ps/colposcopy and HR-HPV presence were available. At 12 months, 79.4% (54/68) of patients had negative Ps and concordant colposcopy and HR-HPV clearance was observed in 61.7% (42/68). Considering all study period, 76.4% and 70.6% of patients repaired HR-HPV-dependent cervical lesions and cleared HR-HPV, respectively.

**Conclusion** In this real-life study, repairing of HR-HPV-dependent low-degree cervical lesions and clearing HR-HPV were achieved after 6-month treatment with Papilocare® (extending it up to 12-months if needed) in 3 out of 4 patients. These findings are consistent with the Paloma ‘Trial’s ones (ClinicalTrials.gov NCT04002154) and other observational studies results.