1038

A PROSPECTIVE STUDY OF FILTER PAPER CARD FOR THE DETECTION OF HUMAN PAPILLOMA VIRUS DNA IN SELF-COLLECTED CERVICOVAGINAL SAMPLES

¹R Ck*, ²A Thomas, ³R Kannangai, ²A Sebastian, ³J Dickson Calvin, ²V Thomas, ²D Susan Thomas, ²R George Chandy, ³P Abraham, ²A Peedicayil. ¹Christian Medical College, Vellore, Department of Gynecologic Oncology; ²Christian Medical College, Vellore, Department of Gynecologic Oncology, Tamil Nadu, India; ³Christian Medical College, Vellore, Department of Virology, Tamil Nadu, India

10.1136/ijgc-2021-ESGO.564

Introduction/Background* Many countries worldwide have recommended testing high-risk human papillomavirus (HPV) types for primary cervical cancer screening. New easy and patient-friendly screening methods for identifying high-risk HPV types are under evaluation and may facilitate the use of HPV testing in low-resource countries.

Methodology

Aim To compare the accuracy of detecting high-risk HPV DNA on dried cervicovaginal secretions on filter paper to the standard technique.

Methods our study was a prospective diagnostic study where we recruited 40 patients with abnormal pap smear cytology. Three samples were collected from each patient, 1) self-collected cervicovaginal sample on filter paper, 2) cervical sample on filter paper collected by a physician, and 3) a cytobrush sample in specimen transport medium (STM) for analysis. Qualitative testing for high-risk HPV DNA was done using the hybrid capture technique. Sensitivity, specificity and NPV and PPV, and agreement of new method with the standard procedure were calculated.

Result(s)* Of the 40 patients, 32.5% had low-grade lesions, and 67.5% had high-grade lesions on the pap smear. The overall prevalence of High-risk HPV in the sample was 67.5%. Detection of high-risk HPV DNA in the cervical sample collected on filter paper by the physician had a sensitivity of 77.8%, specificity 100%, positive predictive value 100%, and negative predictive value of 68.4%, taking STM as the gold standard. The patient's self-sampling of cervicovaginal secretions on filter paper also showed similar results, with sensitivity 66.7%, specificity 100%, PPV 100%, and NPV 59.1%. The agreement between the STM method and physician collected cervical sample on filter paper was substantial, kappa: 0.695(P= <0.001) and STM method and Self-collected samples on filter paper were moderate, kappa:0.565(P=<0.001). Most of the patients reported self-collection was acceptable (100%), not painful (95%), and not embarrassing (95%). But when asked whom they should prefer to do the test majority wanted the doctor to do it (95%).

Abstract 1038 Table 1

	Specimen Testing Medium, positive	Negative	kappa	Significance
Physician collected cervical sample on filter paper, positive	21	0	21	0.695
Negative	6	13	19	
Total	27	13	40	P= <0.001

Abstract 1038 Table 2

	STM, Positive	Negative	Kappa	Significance
Self-collected cervico vaginal sample, positive	18	0	18	0.565
Negative	9	13	22	
Total	27	13	40	P=<0.001

Conclusion* Our study showed that dried cervicovaginal samples collected by the patient on filter paper to detect High-Risk HPV could be done with acceptable accuracy and cost. It can be used as an alternative STM method for screening cervical cancer where a more uncomplicated, cost-effective technique may be better.

Quality of life after treatment

5

COMPARISON OF LOCALIZED AND INTRAVENOUS ANALGESIA TREATMENT IN WOMEN UNDERGOING L.L. E.T.Z UNDER GENERAL ANESTHESIA

^{1,2}G Haran*, ³I Fainberg, ³D Millatiner, ³J Lessing, ³S Assaraph, ³Y Vinikov, ³S Bukovza. ¹Tel Aviv University, Tel Aviv-Yafo, Israel; ²Mayanei HaYeshua Medical Center, Gynecological Oncology Unit, Bnei Brak, Israel; ³Mayanei HaYeshua Medical Center, Bnei Brak, Israel

10.1136/ijgc-2021-ESGO.565

Introduction/Background* Conization is the act of choice for the treatment of pre-malignant lesions of the cervix, enabling histological diagnosis and the treatment of premalignant and stage 1a1 tumors. Conization is currently performed under general anesthesia with IV analgesia or without anesthesia, with local analgesia injected to the cervix.

Woelber & co compared the incidence and intensity of pain after conization under general or local anesthesia and found no significant differences. No study has compared the effect of analgesia administered via IV or local route. The purpose of this study was to determine the pain rating and bleeding when undergoing conization, depending on the route of analgesia.

Methodology A prospective blind-control study comparing 30 women undergoing cervical conization under general anesthesia in our hospital between 2019-2020. First 15 women (A) were administered intravenous analgesia, and second 15 women (B) admitted were administered local analgesia injection to cervix. Chi-Square test was used to find the group differences.

Result(s)* From 30 patients recruited, one fell choosing only local anesthesia, leaving 14 in group A and 15 in group B. No demographics differences were found. Extra need of analgesia in the 24 hours post-Op was found in 14.3%(A) and 28.6% (B) (p-value <0.05). Most reported no pain in the first hour after conization, with the peak of pain appearing 4-8 (A) and 8-12 (B) hours after conization. Amount of intra-op bleeding was <100 ml in 21.4% (A) and 80%(B) (p-value=0.003). Post-conization bleeding was <100ml in 42.9% (A) and 71.4% (B) with no statistical significance. One patient from group B needed hemostasis intervention 3 weeks after conization.