A Prospective Study of Filter Paper Card for the Detection of Human Papilloma Virus DNA in Self-Collected Cervicovaginal Samples

**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 of the 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 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, the majority wanted the doctor to do it (95%).

**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 more uncomplicated, cost-effective technique may be better.

**Quality of life after treatment**

**Conclusion** 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 pick 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.

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**Abstract 1038 Table 1**

<table>
<thead>
<tr>
<th>Specimen Testing Medium, positive</th>
<th>Negative</th>
<th>kappa</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician collected cervical sample on filter paper, positive</td>
<td>21</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Negative</td>
<td>6</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>13</td>
<td>40</td>
</tr>
</tbody>
</table>

**Abstract 1038 Table 2**

<table>
<thead>
<tr>
<th>Sample, positive</th>
<th>STM</th>
<th>Negative</th>
<th>Kappa</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-collected cervicovaginal sample</td>
<td>18</td>
<td>0</td>
<td>18</td>
<td>0.565</td>
</tr>
<tr>
<td>Negative</td>
<td>9</td>
<td>13</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>13</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>
Conization of the cervix under local analgesia is as effective in pain prevention as general analgetics and reduce the amount of bleeding during and possibly after the operation. More research is needed to conclude the preferred route of analgesia.

THE QUALITY OF LIFE OF PATIENTS WITH BENIGN AND MALIGNANT GYNAECOLOGICAL TUMORS IN HIMALAYAN REGION RISHIKESH INDIA

Introduction/Background: QoL (Quality of life) of oncological and non-oncological patients is one of the most sensitive questions in gynecological care. We assessed the quality of life of gynecological patients with benign and malignant diseases in our department and revealed the difference between the emotional, physical, spiritual, social/family, functional well-being, financial toxicity, treatment satisfaction with QoL score according to FACIT (Functional Assessment of Chronic Illness Therapy), histopathological type of cancer, BMI, marital status, main symptoms of the disease, age, education were also evaluated.

Methodology: QoL was assessed by the first visit, after intervention (operation, chemotherapy) by using FACIT Scoring.

Result(s): 60 patients with a median age of 41.1 years (22-73) were evaluated. 32 females had histologically proven malignant and 28 had benign disease. Among malignant we found of 46.8% had endometrial, 21.8% ovary, 9.3% cervical, 9.3% vaginal, 3.1% breast cancer. The mean FACIT score in malignant group is 37.4 (34-58.6), lowest score observed by cervical cancer. The mean FACIT score in benign group is 37.2 (32.6-53), lowest score observed by uterine fibroid 34.5. 85% of all patients had access to medical treatment. Lowest financial toxicity score was 5 by benign disease.

Conclusion: Relative low and similar score of QoL in both group shows deficiency in disease care independently from dignity. It is required further investigation and improvement of quality of life in malignant and benign disease in gynecological cases.

FACTORS INFLUENCING PATIENT REPORTED OUTCOMES IN WOMEN WITH ENDOMETRIAL CANCER: VALIDATION OF THE SLOVENIAN EORTC QLQ-EN24 INSTRUMENT

Introduction/Background: Improved survival in patients with endometrial cancer has led to increased awareness about the quality of life (QoL) after treatment. QoL refers to a multidimensional assessment that includes physical, emotional, and psychological domains. An important part of QoL is patient reported outcomes (PROs). This study assessed PROs in women with endometrial cancer and assessed the impact of therapy on PROs.

Methodology: Women with endometrial cancer treated at the University Medical Centre Maribor between January 2016 -