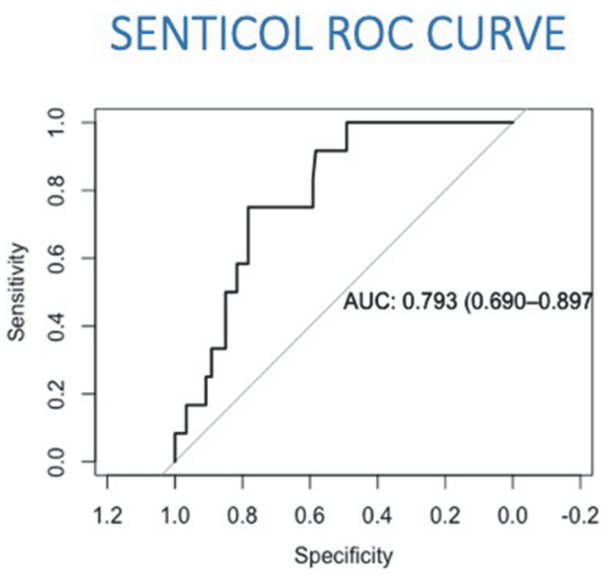
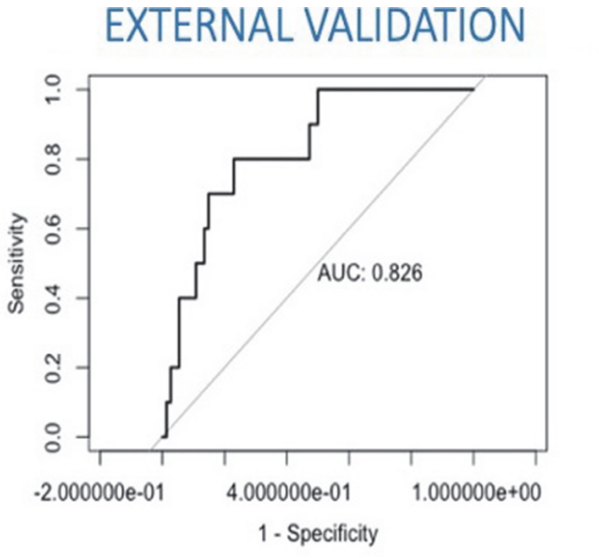


Abstract 694 Figure 1 Senticol ROC curve



Abstract 694 Figure 2 External validation

Link of the CER-CAP: https://thomas-gaillard.shinyapps.io/senticol_n_pred/?_ga=2.9061948.842752796.1621805282-1130361826.1585828032

703 FINDINGS AND OUTCOMES IN A POST-VACCINATION COHORT OF YOUNG WOMEN UNDER 25 YEARS ATTENDING A TERTIARY COLPOSCOPY SERVICE

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Introduction/Background* In 2007, human papillomavirus (HPV) vaccination was rolled out in Australia, with a high uptake of 73% and a consequent reduction in the prevalence of high-grade dysplasia, external genital warts, and HPV 16 and 18 infection in young women. In 2017, the new National Cervical Screening Program (NCSP) was introduced in Australia, which included a later age of entry into screening of 25 years as opposed to 18. This was in light of an improved understanding of the natural history of HPV infection in young women and in line with international guidelines.

This study aims to provide descriptive data on post-vaccination young women aged below 25 years, prior to the change in cervical screening guidelines.

Methodology A retrospective cohort analysis of women under 25 attending our colposcopy service was conducted. Data was extracted from On-Dysplay, a computerised data entry program used for prospective record keeping in our service. Information regarding patient characteristics, HPV vaccination status, referral cytology, colposcopic findings, histological results and treatment outcomes was obtained. Odds ratios (OR) were calculated using MedCalc.

Result(s)* 3128 women with a median age of 22 (range 14-24) years were identified. When comparing overall worst histology result, vaccinated women were less likely to have a high grade abnormality than unvaccinated women (RR 0.78, 95%CI 0.67-0.90, p=0.0006). Amongst those with high grade abnormalities, there was no significant difference in rates of CIN2 or CIN3 between vaccinated and unvaccinated women (RR 0.81, 95%CI 0.62-1.05, p=0.1086).

Conclusion* This study provides baseline data on young women under the previous cervical screening program, following the introduction of the HPV vaccine.

719 PREVALENCE AND PATTERN OF MULTIPLE HPV INFECTIONS IN CERVICAL CANCER PATIENTS FROM BANGLADESH

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Introduction/Background* Cervical cancer is the fourth most common cancer, worldwide. Persistent infection with high-risk (HR) human papillomavirus (HPV) types is necessary for cervical cancer development. However, little is known about the influence of multiple HPV infections on cervical lesion risk. The aim of this study was to see the prevalence and pattern of multiple HPV infections in cervical cancer patients from Bangladesh.

Methodology Histopahologically diagnosed 100 cervical cancer patients were enrolled in this study. HPV DNA testing was done by polymerase chain reaction (PCR) using SPF-10 broad-spectrum primers followed by genotyping by reverse hybridization using the INNO-LIPA genotyping Extra (Fujirebio, Belgium) at the Department of Virology, Bangabandhu Sheikh Mujib Medical University.

Result(s)* 22.0% of cervical cancer patients were associated with multiple HPV infections whereas overall prevalence of single HPV infections was 78%. Overall, 11 different HPV types [9 HR, 2 intermediate risk (IR) and 1 low risk (LR)] were detected in this study. Among them, the most prevalent genotype was HPV 16, followed by HPV 18,45,56,58,39,31,73,53,66,62. Among the single infection HPV 16 was more prevalent (69%) followed by HPV 18 (6%) and HPV 45 (3%), later eight genotypes were found