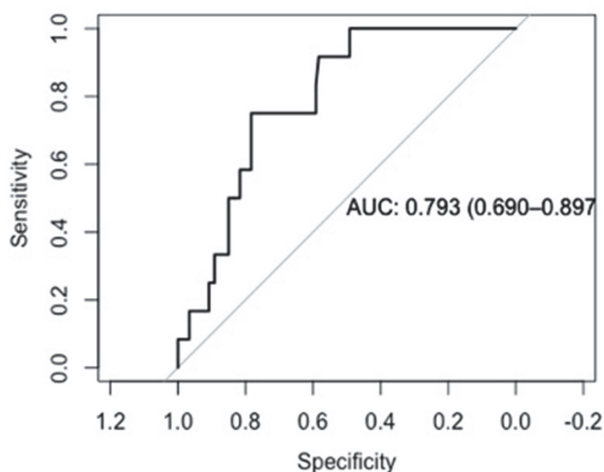
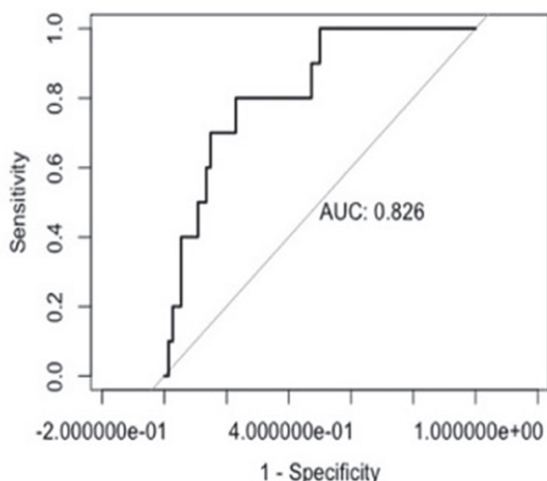


## SENTICOL ROC CURVE



Abstract 694 Figure 1 Senticol ROC curve

## EXTERNAL VALIDATION



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](https://thomas-gaillard.shinyapps.io/senticol_n_pred/?_ga=2.9061948.842752796.1621805282-1130361826.1585828032)

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### 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.

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### 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** Histopathologically 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

**Abstract 719 Table 1** Distribution of HPV genotypes in cervical cancer patients

Genotype/s	No of cases	Percentage
16	69	69.0
18	06	6.0
45	03	3.0
16, 18	08	8.0
16,62	02	2.0
16,56	02	2.0
16,58	01	1.0
18,45	01	1.0
45,39	02	2.0
16, 45, 56	02	2.0
16,18,45,66	01	1.0
16,18,53,73	02	2.0
16, 31,56,58	01	1.0
<b>Total</b>	<b>100</b>	<b>100</b>

only in multiple infections. Genotype 16 and 18 alone and as co-infection were detected in 84% cases. Among the multiple infections the most common was by HR-HR HPV types (77.27%), whereas infections by HR-IR and HR-LR HPV types were identified in 13.64% and 9.09%, respectively. Dual, triple and quadruple infection were observed in this study. Overall prevalence of HPV dual infection (16%) was more in multiple infection. Genotypes 16/18 co-infection was more among the dual infection. Among the triple and quadruple infection 16/45/56, 16/18/53/73, 16/18/45/66, and 16/31/56/58 were prevalent.

**Conclusion\*** Thus this study concluded that HPV multiple infection (22%) is prevalent along with the single HPV infection among the cervical cancer patients from Bangladesh. Dual, triple and quadruple infection were observed in this study. Genotype 16 and 18 alone and as co-infection were detected in 84% cases. Thus the vaccination with Cervarix against HPV 16 and HPV 18 can prevent 84% of cervical cancer in Bangladesh.

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#### MÉDECINS SANS FRONTIÈRES CERVICAL CANCER (CC) PROJECT IN MALAWI: RESULTS OF A NEOADJUVANT CHEMOTHERAPY (NACT) STRATEGY FOR LOCALLY ADVANCED CC

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**Introduction/Background\*** Malawi ranks as the country with the second highest CC incidence (72.9/100 000) and mortality (54.5/100 000).

The facilities face serious challenges as the country has no functioning radiotherapy center, which leaves patients with Locally Advance Cervical Cancer (LACC) without curative options. We adopted NACT as a down-staging strategy for patients with LACC, to provide them curative options.

The aim of the survey was to assess whether NACT is an effective strategy in being able to provide adequate surgery for stage IB3, IIA2, and IIB patients.

**Methodology** Cohort analysis of data from women (>=18 y. o.) receiving a Radical Hysterectomy (RH) in MSF Malawian cancer program between December 2019 and March 2021.

Initial and post-pathology FIGO staging were described and compared according to individual characteristics and therapy received.

Comparisons of proportions were performed using the appropriate statistical test.

All analyses were performed using Stata16 (Stata Corp).

Data was extracted from Redcap Malawi and a Microsoft Excel database.

Data analyses were performed using Excel and Stata 16 (version 16.1).

**Result(s)\*** Between December 1, 2019 and March 30, 2021, 97 women undergo RH at MSF Cervical Cancer project at Queen Elizabeth Central Hospital (QECH).

Out of these patients, 47 received NACT.

Among those patients, we observe a change in FIGO stage for 46 (p -value <0.005).

NACT improved post-pathology FIGO stage for 42 patients (p-value<0.005): 17 patients had complete pathological response, and 25 presented with partial response.

Four patients clinically worsened FIGO stage, requiring chemo radiation as treatment.

There was a significant decrease in histopathology results for parametrium, LVSI, LN involvement, and margin involvement (p-value<0.005).

According to Clavien-Dindo Classification 12 patients had post operative complications: 5 Grade I, 1 Grade II, 4 Grade III a, and 2 Grade III b. Two patients died after NACT and RH died (4.3%).

Patients that received NACT in the MSF cohort had 17.3% less complications than non-NACT patients.

**Conclusion\*** In the absence of radiation therapy option, NACT seems to be an effective strategy in improving patient FIGO stage enough for adequate surgery.

Long term follow up is required to assess its impact on disease free survival.

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#### CAN A CONE BIOPSY PREDICT NODAL STATUS IN EARLY CERVICAL CANCER ?

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**Introduction/Background\*** We aimed to identify characteristics of a cone biopsy that may independently predict higher odds of positive nodes.

**Methodology** We used data from the SUCCOR study, a European multicentre study that collected retrospective information of 1272 women who underwent a radical hysterectomy by open or minimally invasive surgery for stage IB1 cervical cancer (FIGO 2009) between January 2013 and December 2014. We restricted the analyses to 423 who underwent a cone biopsy. Missing values were imputed with the median in quantitative variable and grouped in a new category in qualitative ones. Univariate analysis was carried out to identify those variables related to the cone biopsy that were significantly related to nodal status. We used Student's t test for quantitative variables and Pearson's chi squared test for qualitative ones. Variables with a p value below 0.05 in the univariate analyses were introduced in a multivariable adjusted logistic regression.