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
Total	100	100

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.