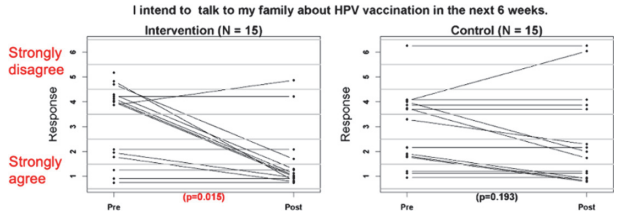

Abstract EPV232/#585 Figure 1

Abstract EPV232/#585 Image 1 Screenshot of RA

This pilot study assesses the acceptability of RA-based intervention and its impact on survivor intention to discuss vaccination.

Methods Thirty patients with cervical cancer or dysplasia were recruited between 11/2020 and 2/2021 at Karmanos Cancer Institute. The control group (n=15) received an educational brochure and the intervention group (n=15) engaged in a virtual discussion with the RA. Participants completed surveys assessing attitudes toward the RA, intention to discuss HPV vaccination with family, HPV knowledge, and attitudes toward HPV vaccination before and after reviewing the RA.

Results When measured by responses of satisfied or very satisfied; 86% thought the RA was easy to talk to and liked talking with the RA, while 80% found it trustworthy. Participants receiving the RA intervention demonstrated stronger intention to discuss HPV vaccination with family compared to control (figure 1).

Conclusions These results demonstrate that simulated healthcare providers such as RA's are an acceptable educational tool that could be adapted for diverse populations in both high and low resource settings. Additionally, the RA may increase intention to discuss HPV vaccination, indicating potential to increase advocacy for HPV vaccination by cervical cancer survivors globally.

EPV233/#102 COMPARISON OF LOCALIZED AND INTRAVENOUS ANALGESIA TREATMENT IN WOMEN UNDERGOING L.L.E.T.Z UNDER GENERAL ANESTHESIA

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Objectives Conization is currently performed under general anesthesia with IV analgesia or without anastesia, with local analgesia injected to the cervix. Woelber & co compared the incidence and intensity of pain after conization under general/local anesthesia and found no significant differences. No study has compared the effect of analgesia administered via IV or local routh. This study aim to determin pain&bleeding rate when undergoing conization, depending on routh of analgesia.

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

Results From 30 patients recruited, 14 left in group A and 15 in group B. No demographics differences were found. Extra analgesia in the 24 hours post-Op was found in14.3%(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 significancy. One patient from group B needed hemostasis intervention 3 weeks after conization.

Conclusions Conization of the cervix under local analgesia is as effective in pain prevention as general analgetica and reduce the amount of bleeding during and possibly after the operation. More resurch is needed to conclude the preferred routh of analgesia.

EPV234/#208 OUTCOME AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE FOR CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION

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Objectives The dilemma in treating cervical high-grade squamous intraepithelial lesion (HSIL) is how to achieve complete excision of HSIL to minimize the risk of cervical cancer while sparing the anatomy of the cervix and its ability to function during pregnancy. The optimal management for positive margins after excisional treatment is still controversial. This study was conducted to determine the clinical and histologic predictors of residual/recurrent cervical HSIL and assess the outcome of women with positive margin for HSIL.

Methods This was a retrospective cohort study included 386 women who had excisional treatment for HSIL during 1st January 2012 to 31st December 2015 in Queen Mary Hospital (QMH).

Results 212 (54.9%) had negative margins and 155 (40.2%) had positive margins. The rate of residual/recurrent HSIL was 14.6% in positive margins and 3.7% in negative margins. Significantly more women with positive margins had residual/recurrent HSIL compared to negative margins (74.1% vs 25.9%, p=0.001). This was significantly associated with age ≥40 years, positive margins and endocervical glandular involvement. Positive margins had significantly associated with higher rate of subsequent abnormal cervical smear (48.2% vs 28.9%, p<0.001), requiring further colposcopy (32.1% vs