14.4%, p<0.001) and further treatment for SIL (7.5% vs 4.8%, p<0.001) compared to negative margin.
Conclusions Most women (85%) with positive margin went without residual/recurrent HSIL, of which the option of close surveillance with cytology is reasonable. Repeat excision may be considered in selected women with positive margin, endocervical glandular involvement and those who are older or unable to comply with follow-up.

EPV235/#261 OUTCOMES FOLLOWING REFERRAL TO COLPOSCOPY WITH A HIGH-GRADE SMEAR IN WOMEN AGED 50 YEARS AND ABOVE

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Objectives Interpretation of smears is a challenge in older women owing to atrophic changes. Colposcopy can be difficult and views are often unsatisfactory. Approximately 60% of cervical cancers occur in women aged 45 plus; evidence shows a second peak of high-risk HPV in postmenopausal women. This study aims to establish whether high-grade smear cytology correlates with colposcopic and histological findings in women aged 50 or above and review the employed subsequent management.
Methods A retrospective study was conducted of all women aged 50 years and above, referred to Queen's Hospital colposcopy unit due to high-grade smear between 2016–2019. An electronic data search was undertaken to establish colposcopy findings, histology of biopsy, LLETZ, or further surgical intervention plus results following tests of cure. Data was analysed using Microsoft Excel.
Results Smear cytology for the 99 women referred demonstrated 1 suspicious of glandular neoplasia, 50 of severe, and 48 of moderate dyskaryosis. 11 patients were excluded due to incomplete data. Colposcopic views were unclear for 27(31%) patients. 82(93%) patients underwent LLETZ. 3 squamous cell carcinomas and 1 adenocarcinoma were detected. High-grade histology was seen in 54 samples (23% CINII and 38% CINIII), low-grade histology in 11(13% CINI), 11% had no abnormality and 10% displayed other benign changes. 10 patients went on to have a total hysterectomy and bilateral salpingo-oophorectomy.
Conclusions A 5% incidence of cancer and 61% high-grade histology was found in this cohort, with 11% undergoing radical surgical intervention. This demonstrates the need for robust cervical screening programmes, particularly in conflicting smear and colposcopy findings.

EPV236/#321 CAN MIDWIVES EFFICIENTLY PERFORM CERVICAL CANCER SCREENING?

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Objectives In Tunisia, cervical cancer is the third cancer in women affecting 250 to 300 women/year. Unfortunately, patients are still diagnosed in an advanced stage. Midwives hold a capital role in cervical cancer screening since they are the first line of our national screening program. We aim through this work to prove their efficiency in reducing the incidence of invasive cervical cancer.
Methods Data were collected from registries of the Family Planning Center of Nabeul, Tunisia, from January 2015 to December 2019.
Results From January 2015 to December 2019, 3745 PAP smears were performed (the mean number was 740 PAP smears per year). For 2801 women (73.6%), it was the first time they had a PAP smear, and for 944 women (26.4%), it was the second time. Time to response was 5.5 weeks (range 3 to 8.6). Normal cytology represented 74.74%. Inadequate PAP smear represented only 2.1%. The inflammatory cytology was rated 20.5%. Atypical squamous cells of undetermined significance (ASC-US) represented 0.55% of all specimens. Low-grade squamous intraepithelial lesions (LSIL) were 0.94%. High-grade squamous intraepithelial lesions (HSIL) represented 0.90%.
Conclusions These data showed that midwives could correctly perform PAP smear, thereby confirming their substantial role in cervical cancer screening.

EPV237/#541 TWO-YEAR EFFECTIVENESS OF TOPICAL IMIQUIMOD TREATMENT OF HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA (TOPIC-3)

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Objectives Imiquimod could be offered as a non-surgical treatment alternative to LLETZ in treatment of high-grade CIN, for women who wish to avoid surgery. Short term effectiveness of imiquimod is 60–70%. In the current study, we present the two-year follow-up results after successful initial imiquimod treatment, compared to LLETZ treatment.
Methods We performed a multi-center, non-randomized trial, in which women with a histological diagnosis of CIN 2/3 were treated with either imiquimod during 16 weeks or

Abstract EPV237/#541 Table 1 Two-year treatment effectiveness

	Imiquimod N=27 N (%)	*LLETZ N=57 N (%)*	*p-value*
Successful treatment at two year follow-up	25 (93)	56 (98)	P=0.26
LLETZ treatment during two year follow-up	2 (7)	1 (2)	
CIN diagnosis			P=0.33
- ***CIN 2***	2 (100)	0	
- ***CIN 3***	0	1 (100)	
HPV positive at two year follow-up	6/19 (32)	13/41 (32)	P=0.99

underwent LLETZ. All women who had initial successful treatment were included in further analysis.

Follow-up consisted of regular pap smears according to Dutch guidelines during two years. Successful treatment was defined as no histologic CIN 2/3 diagnosis during follow-up.

Results A total of 84 women were included in the analysis (27 from the imiquimod group and 57 from the LLETZ group). CIN2/3 was diagnosed in one woman (2%) in LLETZ group and two women in the imiquimod group (7%), all underwent additional LLETZ treatment (p=0.26). For both entire groups, HPV status at 2 year follow-up was similar. CIN grade at inclusion, HPV status at short term follow-up, age, parity and smoking were not identified as factors associated with successful treatment.

Conclusions Disease recurrence of high-grade CIN two years after successful treatment with imiquimod is infrequent and is not statistically different from LLETZ treatment. This indicates a lasting effectiveness of imiquimod treatment.

EPV238/#131 IMPACT OF LYMPHADENECTOMY AND INTRAOPERATIVE TUMOR RUPTURE ON SURVIVAL IN EARLY STAGE MUCINOUS OVARIAN CANCERS

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Objectives The aim of the study was to investigate the prognostic significance of lymphadenectomy and intraoperative tumor rupture in patients with apparent stage I mucinous ovarian carcinoma (MOC).

Methods We conducted a retrospective cohort study of MOCs diagnosed between 1999–2019 at two tertiary cancer centers. Pathology was reviewed to rule out metastasis from gastrointestinal tract. Clinicopathologic details, five-year overall survival (OS) and recurrence free survival (RFS) were examined. Cox proportional hazard models were used to determine the association of lymphadenectomy and intraoperative rupture on survival.

Results of 149 with apparent stage I disease, 48 (32%) had pelvic and/or para-aortic lymphadenectomy, but only 1 patient with grade 2 disease was upstaged due to positive pelvic lymph nodes. Intraoperative rupture was documented in 52 (35%); these were more likely to have initial surgery performed by a non-gynecologic oncologist (48% vs. 11%; p<0.001). There were 20 recurrences in the cohort (13%; 9 grade 1, 6 grade 2, 4 grade 3), with the vast majority peritoneal (95%). On multivariable analysis, after adjusting for age, final stage, and use of adjuvant chemotherapy, there was no significant association between intraoperative rupture with OS (HR 2.2 (0.6–8.0), p=0.25) or RFS (HR 1.3 (0.5–3.3), p=0.63) or lymphadenectomy with OS (HR 0.9 (0.3–2.8), p=0.90) or RFS (HR 1.2 (0.5–3.0), p=0.73).

Conclusions In apparent stage I MOC, systematic lymphadenectomy has low utility, as few patients are upstaged and recurrence typically occurs in the peritoneum. Furthermore, intraoperative rupture does not independently confer a worse survival.

EPV239/#263 EVALUATION OF THE IMPACT OF POSTOPERATIVE ADJUVANT THERAPY ON SURVIVAL AND RECURRENCE PATTERNS IN STAGE I-IV UTERINE CARCINOSARCOMA

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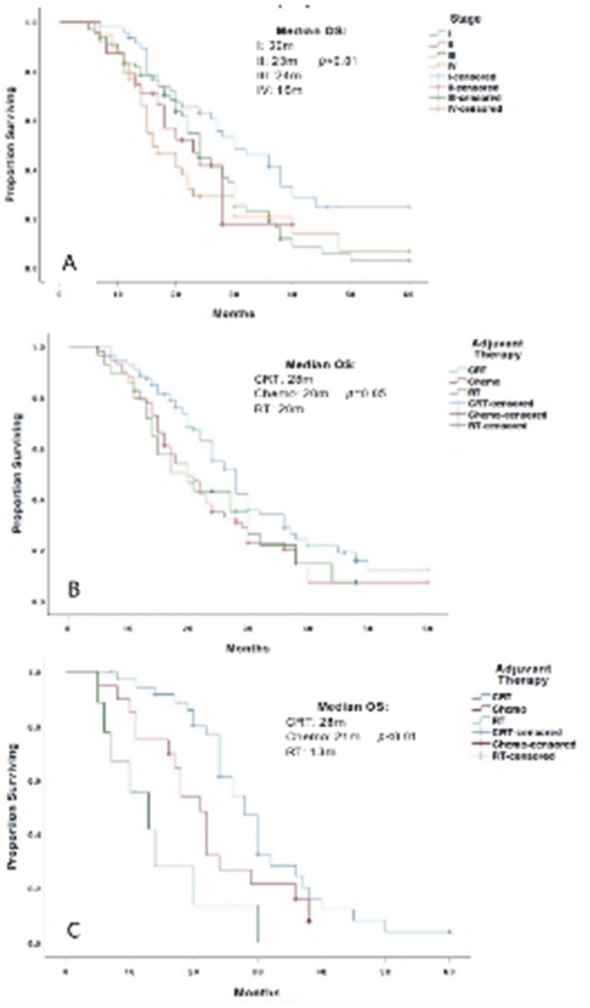
Objectives To evaluate differences in survival and recurrence patterns in stage I-IV uterine carcinosarcoma (UCS) patients treated with surgery followed by adjuvant chemotherapy (CT), radiation (RT) or both (chemoRT).

Methods A multicenter retrospective analysis of patients with surgically staged UCS receiving adjuvant therapy from 2000 to 2019 was conducted. Sites of recurrence were analyzed by adjuvant treatment modality using Pearson's χ^2-test. PFS and OS were calculated using Kaplan-Meier estimates. Multivariate analysis (MVA) was performed using Cox proportional hazards model.



Abstract EPV239/#263 Figure 1 Overall survival (OS) based on Kaplan-meier estimates
A: OS based on FIGO stage; B: OS of all stages based on the type of adjuvant theraphy; C: OS of stage III disease based on the type of adjuvant theraphy