Conclusion These data came to demonstrate that even in cases in which mild forms of COVID-19 infections have been reported, extended surgical procedures such as pelvic exenteration might be associated with a higher risk of perioperative complications.

Abstract 2022-RA-452-ESGO Figure 1 Contrast-enhanced MRI images (a) cervical tumor area delineated by radiologists (b) cervical tumor area segmented by deep learning model

Abstract 2022-RA-566-ESGO COST-EFFECTIVENESS OF CERVICAL CANCER SCREENING STRATEGIES AMONG WOMEN IN CAMEROON

Introduction/Background Sub-Saharan Africa has the highest cervical cancer burden worldwide. Before implementing a cervical cancer screening programme, National authorities and decision-makers need to balance the benefits and costs of context-sensitive solutions. Our aim was to assess the cost-effectiveness of two cervical cancer screening strategies in Cameroon: (i) HPV self-testing (Self-HPV), and (ii) Self-HPV and triage with Visual Inspection with Acid acetic (VIA) (Self-HPV/VIA) at frequencies twice to seven times between 30 and 60 years, at 5 or 10-year intervals.

Methodology A lifetime decision-analytic model has been calibrated to Cameroonian women. Costs parameters have been estimated based on real-life screening activities within the 3T-project in Cameroon. Utilities were accounted for in the model. Cost-effectiveness ratios have been assessed for each strategy and screening frequency compared with the absence of strategy.

Results Four combinations appeared to be the most cost-effective: Self-HPV/VIA at 35–45, and at 30–40–50 years, and Self-HPV every 5 and 10 years between 30 and 50 years, and 1035USD (1005–1083) at 35–40 years, and 1592USD (1553–1620) at 30–35–40–50–55–60 years. Cervical cancer mortality was mostly lower with Self-HPV strategies.

Abstract 2022-RA-452-ESGO Table 1 Metrics (DSC, 95% HD, ASD) for gold standard and prediction results