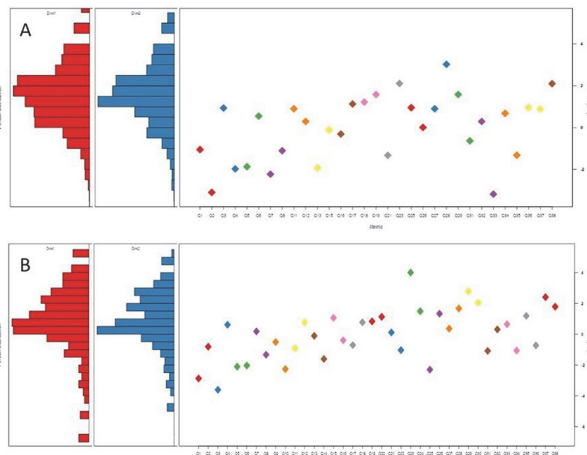


responses, including male sex, unemployed status and having a lower than average income.



Abstract 2022-RA-675-ESGO Figure 1

**Conclusion** Our study suggests that although awareness of the existence of HPV infection is high in the general population perception of the pathophysiology of the disease and preventive measures remains limited, particularly among men and participants with low socioeconomic profile.

#### 2022-RA-679-ESGO PREVALENCE OF HPV INFECTION AMONG YOUNG WOMEN IN ALMATY, KAZAKHSTAN

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**Introduction/Background** According to Globocan, in 2020, 353,497 cases of morbidity and 200,736 deaths from cervical cancer were registered in the Republic of Kazakhstan. Despite the introduction since 2008 of the National CC Screening Program, morbidity and mortality rates from this disease remain high.

**Methodology** In this cross-sectional study, we assessed the prevalence of HPV types among young women aged 18 to 30 in Almaty, Kazakhstan, starting in September. 2021 to April 2022. The study was conducted at the Kazakh Research Institute of Oncology and Radiology.

**Results** Of the 235 samples examined, 42 were positive for any type of HPV. The overall incidence was 17.8%. When stratified by age groups (18–25 years and 25–30 years), there was an exceptional prevalence of HPV among age groups, with a higher prevalence of HPV infection in the 18–25 year group than in the 25–30 year group. HPV prevalence, and HPV high risk of increase depending on age, the highest among 18–25 years of age and increase in frequency at older ages. The prevalence of typical HPV HR is 9.7%. All respondents had several types of HPV. The most common

HPV types were HPV 16,18,31 types in 23 (9.7%). HPV 33,35,56 types in 10 (4.2%) cases. HPV 39,45,59 types in 6 (2.5%) cases, HPV 51,52,58 in 3 (1.2%) cases.

**Conclusion** Thus, we report a high prevalence of any type of HPV and HR-HPV types in sexually active young women aged 18–25 years, with a higher prevalence of high-risk HPV types also observed in women in this age group. These data provide information that can be used in HPV prevention policy as a comparison after the implementation of the HPV vaccination program in subsequent years.

#### 2022-RA-694-ESGO HEREDITARY CANCER PREDISPOSITION IN BRAZILIAN PUBLIC HEALTH SYSTEM: IS IT POSSIBLE TO IDENTIFY?

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**Introduction/Background** Seven out of ten people in Brazil depend exclusively on the Brazilian Public Health System (SUS). More than 150 millions of Brazilian citizens has no private health insurance. It is estimated approximately 1 in 300 people have hereditary breast and ovarian cancer syndrome (HBOC) and 1 in 300 people also have Lynch syndrome. The objective of our study is to describe the number of families enrolled in the Pernambuco Public Hereditary Cancer Program tested for germline cancer predisposition variants.

**Methodology** Our study is an exploratory study based on data from a retrospective analysis of hospital records, with patients enrolled in the Public Hereditary Cancer Program of 3 hospitals in Pernambuco: Hospital de Cancer de Pernambuco (HCP), Instituto de Medicina Integral Professor Fernando Figueira (IMIP) and Barão de Lucena's Hospital, from November 2016 to April 2022.

**Results** 1092 families met the NCCN criteria for hereditary cancer syndromes, almost 90% of them were HBOC or Lynch syndromes. No patient or family has been tested for germline cancer predisposition variants funded for the Brazilian Public Health System (SUS).

**Conclusion** The identification of hereditary cancer predisposition would give patients and non-affected high-risk relatives the possibility of screening for malignant neoplasms with onset at earlier ages and different follow up than in the general population such as risk-reducing surgeries, when indicated. Unfortunately, no patient or family from Pernambuco Public Hereditary Cancer Program has been tested for germline cancer predisposition variants funded for the Brazilian Public Health System (SUS).

#### 2022-RA-696-ESGO HEALTH BEHIND BARS: A WOMAN'S RIGHT

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**Introduction/Background** Cervical cancer is the fourth most common cancer in women across the globe. Women prisoners

are a vulnerable population so timely provision of screening programs is of utmost importance in this population. As a step forward in this direction, cervical cancer screening was undertaken in female prisoners.

**Methodology** This was a cross-sectional study conducted on women inmates in one of the largest prison's of North India. 281 women prisoners aged 18 and older were interviewed using a questionnaire. After an informed consent, women were screened using VIA (Visual inspection with acetic acid).

**Results** Majority of the women (84.03%) were between 21 to 40 years. One. Eighty two women (64.7%) were illiterate, and only 13 women (4.62%) had done their graduation. 229 women had between 1 and 3, 46 had between 4 and 6, and 6 women had >7 pregnancies. The contraceptive pill was used by 17 women, 83 used condoms and 11 opted for IUCD as a birth control method, whereas 170 did not use any form of contraception. Fifty nine women (20.9%) had multiple partners. Among 281 women who were screened for cervical cancer, 22.6% (63) were VIA positive. These VIA positive women were referred to higher centre for further evaluation in the form of Pap smear & colposcopy if needed.

**Conclusion** Women prisoners are at a increased risk of cervical cancer because of high risk behaviours. Unfortunately their health often is neglected and they form an under-screened group. Screening and intervention programs must be in place to ensure organization of health services within the prison environment so that screening, diagnosis and treatment for cervical cancer can be provided at early stages to minimize morbidity and mortality.

2022-RA-843-ESGO

#### IMPLEMENTATION OF OPPORTUNISTIC SALPINGECTOMY FOR PREVENTION OF OVARIAN CANCER: RETROSPECTIVE STUDY

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**Introduction/Background** Opportunistic salpingectomy (OS) refers to additional removal of the fallopian tubes during abdominal surgery performed for another medical indication, as prevention for ovarian cancer. Since OS has been inconsistently implemented, its clinical practice varies worldwide. To reduce this variation, insight is required into current clinical practice and associated characteristics. Therefore, the study aim was to determine the uptake of counselling and performance of OS, and its associated patient, surgical, physician, and hospital characteristics.

**Methodology** Retrospective study using electronic medical records from six different Dutch hospitals: two academic, two large teaching, and two non-teaching hospitals. Patients were considered eligible for OS if they underwent elective non-obstetric abdominal surgery for a gynecological indication from January 2015 through December 2018. Primary outcomes were uptake of counseling and performance of OS. Multilevel multivariable logistic regression analyses were conducted to identify characteristics associated with OS.

**Results** Counselling of OS increased significantly from 2.9% in 2015 to 29.4% in 2018. In this period, 440 patients were counselled on OS of which 95.9% chose for OS. Performance of OS increased significantly from 6.9% in 2015 to 44.5% in 2018. Patients who were counselled on OS and underwent OS were less likely to have surgery by vaginal approach (OR

0.0; 95% CI 0.0–0.1)(OR 0.0; 95% CI 0.0–0.0) involving diagnostic/therapeutic laparoscopy (OR 0.1; 95% CI 0.0–0.3) (OR 0.0; 95% CI 0.0–0.2), and ovarian cyst removal (OR 0.3; 95% CI 0.1–0.9) (OR 0.4; 95% CI 0.2–0.9).

**Conclusion** While the uptake of OS increased from 2015 to 2018, the majority of patients who were eligible for OS were not counselled and did not undergo OS. Its clinical practice varies on patient, surgery and physician characteristics. Therefore, an implementation strategy tailored to these associated characteristics is recommended.

2022-RA-903-ESGO

#### PROPHYLACTIC RADICAL FIMBRICTOMY WITH DELAYED OOPHORECTOMY IN WOMEN WITH A HIGH RISK OF DEVELOPING AN OVARIAN CARCINOMA: RESULTS OF A PROSPECTIVE PHASE 2 NATIONAL STUDY

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**Introduction/Background** Risk-reducing salpingo-oophorectomy is the gold standard for prophylaxis of ovarian cancer in high-risk women. Due to significant adverse effects, 20–30% of women delay or refuse early oophorectomy. We proposed a new two-step risk-reducing procedure: radical fimbriectomy followed by delayed oophorectomy, which is evaluated by the current RF/DO Phase 2 trial (NCT01608074).

**Methodology** Pre-menopausal women  $\geq 35$  years with HBOC who refused RRSO were offered to participate in RF/DO trial. All surgical specimens underwent the SEE-FIM protocol. The primary endpoint was the cumulative incidence of ovarian/pelvic invasive carcinoma. Secondary endpoints were morbidity, surgical specimen abnormalities, menopause, breast cancer (BC) occurrence, and secondary oophorectomy.

**Results** From January 2012 to October 2014, 121 patients underwent RF, 51 were performed in the ambulatory setting. Occult neoplasia was found in two cases, with one tubal HGSC. Two patients experienced grade-1 intraoperative complications. No early or delayed grade $\geq 3$  postoperative complications. After 7.3 years of median follow-up, no cases of pelvic invasive cancer were noted. 3/52 patients developed de novo BC. One BRCA1-mutated woman delivered safe twins. 25 patients underwent menopause including 15 who had received chemotherapy for BC: 23 before DO and two did not undergo DO. Overall, 46 women underwent DO, 23 after menopause, 3 after the age of 51, 8 for personal decision, and 11 for other medical reasons. No abnormalities were found in any DO specimens.