

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.

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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.

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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 ≥ 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 ≥ 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.