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 further evaluation in the form of Pap smear & colposcopy if needed.

Conclusion Women prisoners are at an 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.

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.