

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.

Conclusion RF/DO appears a safe and well-tolerated risk-reducing approach that avoids early menopause for HBOC patients. Furthermore, due to the absence of abnormalities at mesothelio-Müllerian junctions, simple total bilateral salpingectomy may replace RF

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ANAL HIGH-GRADE INTRAEPITHELIAL NEOPLASIA IN WOMEN WITH CERVICAL HIGH-GRADE INTRAEPITHELIAL NEOPLASIA

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Introduction/Background Anal high-grade intraepithelial neoplasia (AIN2–3) is the precursor of HPV-related anal cancer. Although anal cancer is rare, its incidence is rising, especially in women. Women with high-grade cervical neoplasia (CIN2–3) or HPV-related genital cancer are at increased risk of developing AIN. Other risk groups include people living with HIV, immunocompromised patients, and Men who have Sex with Men (MSM).

performed. All women also completed a questionnaire on a sexual habit.

Results A total of 100 women were enrolled between 2019 and 2021. Among these, eight patients had a concomitant or past diagnosis of anogenital warts, while one patient had a previous diagnosis of VaIN-HSIL. Anal Pap smears were positive for low-grade lesions in three patients, while 73 women tested positive for aHPV-DNA. Histological examination revealed the presence of AIN2–3 lesions in four patients, who subsequently underwent excisional treatment. Although 50% of aHPV-DNA positive women reported having anal intercourse, as many as 45% of these declared they used condoms.

Conclusion Women with CIN2–3 are at high-risk of developing AIN2–3, although to date no recommendations regarding prevention and treatment of AIN in this group of patients are available. Barrier methods aren't always effective to prevent anal HPV infection, probably due to the fact that the cervix is a reservoir of the infection.

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FAMILY HISTORY IN BRCA MUTATION CARRIERS AFFECTED BY BREAST AND OVARIAN CANCER AND ITS ROLE IN IDENTIFYING SUBJECTS AT HIGH RISK

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Introduction/Background BRCA1 and BRCA2 mutations are the most common cause of hereditary breast and ovarian cancer, and are also associated with an increased risk of prostate and pancreatic cancer. Many guidelines have been provided over time to identify BRCA mutation carriers, and they are usually based on a suggestive personal and family history (FH) of cancer. Addressing affected patients to genetic counseling can lead to therapeutic benefits, however identifying healthy high risk individuals before they develop cancer could give them the opportunity to access appropriate surveillance and risk-reducing treatments.

Methodology We applied the family history (FH) criteria proposed by the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) and the Italian Association of Medical Oncology (AIOM) guidelines to the FH of 157 women who found out to be BRCA mutations carriers after a diagnosis of breast or ovarian cancer.

Results A FH of BRCA-related cancer was found in almost 85% of women. NCCN and AIOM FH criteria would have detected 63.6% and 52.2% of patients respectively before tumor diagnosis (p<0,05). The most frequent criteria were a FH of ovarian cancer and of breast cancer diagnosed <45 years old. 65% of the women who died from progression of

Abstract 2022-RA-983-ESGO Table 1

Characteristics of the study population (n=100)	
Age	• Mean 37.4 ± 8.2 (Range 25-68)
Cervical histology	• CIN2 n=26 • CIN3 n= 74
Associated HPV-related disease	• Genital warts n= 8 • ValIN-HSIL n=1
Tobacco use	• No n=68 • Yes n= 32 ✓ < 10 cigarettes/day = 19 (59%) ✓ 10-20 cigarettes/day n=12 (38%) ✓ > 20 cigarettes/day n= 1 (3%)
Anal testing in CIN2-3 positive patients	
Anal Cytology	• Negative n=97 • ASCUS n= 3 • LSIL n=0 • HSIL n=0
aHPVDNA	• Negative n=27
Genotype	• Positive n=73 ✓ HPV-16 n=26 (35.5%) ✓ HPV 53 n= 14 (18%) ✓ HPV31 n=8(10.8%) ✓ HPV 66 n=8 (10.8%) ✓ HPV Others n=17 (12.4%)
Anoscopy	
Grading	• Negative n=50 • G1 n=6 • G2 n=2 • Warts n=4
Biopsies	• Negative n=7 • AIN 2 n=3 • AIN3 n=1
Questionnaire on sexual habits	
Anal sexual intercourse	• At least once in a lifetime n=53 • Never n=47
Condom in anal sexual intercourse	• Never n=31 • Sometimes n=20 • Always n=2

Methodology The objective of this monocentric prospective study was to analyze the prevalence of AIN2–3 among women treated for CIN2–3. Exclusion criteria were: age <25 years, previous HPV vaccination, immunosuppression, HIV infection and a history of anorectal cancer. All patients enrolled in the study underwent anal cytology and anal high-risk HPV-DNA testing (aHPV-DNA). If one or both tests were positive a high-resolution anoscopy with biopsy of suspicious lesions was