**Introduction/Background**

Objective To evaluate if the intraoperative human papillomavirus (IOP-HPV) test has the same prognostic value as the HPV test performed 6 months after treatment of high-grade squamous intraepithelial lesion (HSIL) by Loop Electrosurgical Excision to predict treatment failure.

**Methodology**

Design Prospective multicenter cohort study

Setting: 22 Referral Hospitals in Spain.


After LEEP an HPV test was performed immediately after excision using a Cobas (83%) or other genotyping test. Subsequently, patients were followed with citology and HPV test, 6, 12 and 24 months after treatment.

The IOP-HPV test was compared with HPV test 6 months after procedure and with surgical margins in order to detect residual disease.

**Results**

We described results of the first 992 cases with the 6 month co-test performed. IOP HPV test was feasible (valid result 98.5%). IOP-HPV was positive in 40%, while only 25% at 6 month test. We observed association between the IOP and 6 month HPV test (ChiSquare p = 0.0001), IOP HPV positivity and abnormal citology at 6 months (p=0.063), and positive IOP HPV test and positive surgical margins. (p=0.0001)

**Conclusion**

Preliminary results show that IOP HPV test could be a satisfactory prognostic factor of cervical HSIL treatment result.

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**Conclusion**

Patients carrying TP53 mutations have a high risk of developing breast cancer and should be followed in specialized hereditary cancer units, in tertiary hospitals.