

2022-RA-1089-ESGO **OPPORTUNISTIC SALPINGECTOMY (OS) FOR PREVENTION OF OVARIAN CANCER HAS BECOME A DE FACTO STANDARD IN GERMANY**

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Introduction/Background The most prevalent and aggressive subtype of ovarian carcinoma (high grade serous carcinoma, HGSC) originates in many cases from the fallopian tubes. Because of poor prognosis and unavailable early diagnosis of HGSC, opportunistic salpingectomy (OS) has been implemented into clinical routine in many countries. OS means complete bilateral resection of fallopian tubes with preservation of ovaries at opportunity of benign gynecological surgery such as hysterectomy. Only 13 of 130 of national partner societies of FIGO (International Federation of Obstetrics and Gynecology) published a statement on OS until recently.

Methodology (1) Survey of German gynecologists conducted by University Hospital Jena and Charité-Universitätsmedizin Berlin in cooperation with NOGGO e.V. and AGO e.V. (2) Retrieval of case numbers for years 2005–2020 from Federal Statistical Office of Germany (Destatis).

Results (1) Survey: Most respondents (92%) perform OS in benign hysterectomy for risk-reduction of malignant (96%) and benign (47%) disease. Recommendation of OS for all women with completed family planning at opportunity of benign pelvic surgery was approved by 68%. (2) In 2020 (50.398 cases) four times more cases of salpingectomy were coded by German public hospitals compared to 2005 (12.286 cases). Of all hysterectomies conducted in 2020, about 45% and in the age group of 35- to 49-year-old women 65%, were combined with salpingectomy. Salpingectomies in 2020 were coded in 67% of cases in combination with a benign indication for hysterectomy and in only 11% with indications of tubal pathologies. (Runnebaum et al., 2022)

Conclusion OS is broadly accepted and performed by German gynecologists. Expert consensus statements of national and international gynecologic societies appear to be due.

2022-RA-1116-ESGO **BARRIERS IN THE CERVICAL CANCER SCREENING PROGRAM AND HOW SELF-SAMPLING FOR HPV-TESTING IS EXPERIENCED AS A SOLUTION TO THEM**

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Introduction/Background In 2019, 47.7% of all eligible women in Germany participated in cervical cancer screening. Since 2020 screening includes HPV/cytology co-testing from age 35 onwards. Self-sampling for HPV detection could reduce screening barriers and increase participation.

Methodology This mixed-methods sub-study of the FACTS-project aimed to focus on experiences of affected women on screening barriers and the potential use of self-sampling in Germany. All women included in the FACTS project (n=696) were asked to perform self-sampling (Evalyn-Brush) in addition to a physician-taken specimen and to fill a questionnaire (n=613). Additionally, 25 semi-structured interviews with different groups of participants were performed.

Results 536 women (87.4%) with median age 40 (20–79) had participated in the screening program several times. Most of the interviewed women (n=14) reported that they often do not know what happens at screening or which tests are done. In addition, they experienced structural barriers (i.e. long waiting times, appointment difficulties). 16.3% of all women over 35 years stated they had not yet had an HPV test or could not remember having one. The performance of self-sampling and self-sampling in comparison to a physician-taken smear was described as good or very good by 88.6% and 83.1%, respectively. Importantly, all women interviewed indicated that they would not generally prefer self-sampling to a visit at the gynaecologist. However, self-sampling could provide additional security and a way of not having to extend screening intervals due to time constraints.

Conclusion Cervical cancer screening is associated with many barriers. Not knowing which tests will be done and a lack of comprehensible explanations is most likely to lead to uncertainty and seems avoidable. Self-sampling as an option in addition to office-based screening is well accepted among German women and can reduce structural barriers. However, women would not want to replace a visit to the gynaecologist by self-sampling.

2022-RA-1169-ESGO **GERMLINE GENETIC TEST FOR OVARIAN CANCER. IS IT IMPORTANT TO BE AVAILABLE?**

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Introduction/Background It is estimated that 25% of all cases of ovarian cancer are hereditary and it is known that germline mutations in BRCA1 and BRCA2 genes are among the factors responsible for the increased risk of the disease. This justifies