Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.825 on 20 October 2022. Downloaded from http://ijgc.bmj.com/ on September 14, 2023 by guest. Protected by copyright.

Abstract 2022-RA-1293-ESGO Figure 1

Results A total of 480 women participated in the study. The mean age was 44.6 years (Range 25–65). Of all patients, only 18.7% were infected with HPV (75% had high-risk genotypes). The most frequent high-risk genotype found was 16 (12.4%). The majority (88%) of women had normal cytology. After comparing combined visual inspection results with cytology, we found a sensitivity of 66.0%, a specificity of 87.6%, a positive predictive value of 40.2%, and a negative predictive value of 95.3% for any cytological lesion. The negative predictive value for high-grade lesions was 99.7%.

Conclusion Cervical cancer screening through combined-visual inspection, conducted by non-specialized personnel and monitored by experts through smartphones, shows encouraging results, ruling out high-grade cytological lesions in most cases. This combined visual inspection test is a valid and affordable method for screening programs in low-income areas.

2022-RA-1390-ESGO

META-ANALYSIS OF BREAST CANCER RISK AND BREAST CANCER SPECIFIC MORTALITY FOLLOWING RISK REDUCING SALPINGO-OOPHORECTOMY IN BRCA CARRIERS

1Faiza Gaba, 2Oleg Blyuss, 3Alex Tan, 4Dhivya Chandrasekaran, 5Daniel Munblit, 6Rosa Legood, 7Khalid Khan, 8Ranjit Mandhana. 1Gynaecological Oncology, Royal London Hospital, London, UK; 2University of Aberdeen, Aberdeen, UK; 3Queen Mary University of London, London, UK; 4University of Granada, Granada, Spain; 5University College Hospital, London, UK; 6Imperial College London, London, UK; 7London School of Hygiene and Tropical Medicine, London, UK; 8Royal London Hospital, London, UK; 9University College London, London, UK; 10All India Institute of Medical Sciences, New Delhi, India

10.1136/ijgc-2022-ESGO.825

Introduction/Background BRCA1 and BRCA2 carriers face difficult choices/decisions regarding surgical prevention for breast and ovarian cancer. Clinician counselling must accurately reflect available evidence, which for breast cancer risk following risk reducing salpingo-oophorectomy (RRSO) is now conflicting.

Methodology We searched seven databases (till June 2022) for studies reporting primary breast cancer (PBC), contralateral breast cancer (CBC) risk and breast cancer specific mortality (BCSM) post-RRSO in BRCA1 and BRCA2 carriers without a personal history of ovarian cancer. Baseline meta-analysis quantified PBC risk/CBC risk/BCSM amongst BRCA1 and BRCA2 carriers. Subgroup analyses by mutation and menopause status were undertaken. Numbers needed to treat (NNT) for statistically significant outcomes were calculated.

Results Baseline analysis revealed RRSO does not significantly reduce PBC-risk (RR=0.84, 95%CI:0.59–1.21), nor CBC-risk (RR=0.95, 95%CI:0.65–1.39) in BRCA1 and BRCA2 carriers combined but reduces BCSM in BC-affected BRCA1 and BRCA2 carriers combined (RR=0.26, 95%CI:0.18–0.39). Subgroup analyses showed RRSO does not significantly reduce CBC-risk (RR=0.85, 95%CI:0.69–1.17) or CBC-risk (RR=0.85, 95%CI:0.59–1.24) in BRCA1-carriers alone; nor reduce CBC-risk in BRCA2-carriers alone (RR=0.35, 95%CI:0.07–1.74). PBC-risk in pre-menopausal (RR=0.84, 95%CI:0.62–1.12) or post-menopausal BRCA1 and BRCA2 carriers combined (RR=0.65, 95%CI:0.18–2.42) was not significantly reduced. RRSO significantly reduced PBC-risk in BRCA2-carriers alone (RR=0.63, 95%CI:0.41–0.97); and BCSM in BC-affected BRCA1-carriers alone (RR=0.46, 95%CI:0.30–0.70). NNT=17.9 RRSOs to prevent one PBC-case in BRCA2-carriers alone. While, 5.4 and 17.8 RRSOs are needed to prevent one BC-death in BC-affected BRCA1 and BRCA2 carriers combined and BRCA1-carriers alone respectively.

Conclusion Whilst RRSO does not reduce PBC-risk or CBC-risk in BRCA1 and BRCA2 carriers combined, it does appear to improve BC-survival in BC-affected BRCA1 and BRCA2 carriers combined and may prevent PBC in BRCA2 carriers alone.

2022-RA-1411-ESGO

THE IMPACT OF COVID19 ON THE CERVICAL SCREENING PROGRAMME AND COLPOSCOPY SERVICES IN NORTHERN IRELAND

1Josh Courtney McMullan, 2Laura Rainey, 2David Morgan, 3Lorraine Johnston. 1Belfast City Hospital, Belfast, UK; 2Antrim Area Hospital, Antrim, UK; 3Causeway Hospital, Coleraine, UK

10.1136/ijgc-2022-ESGO.826

Introduction/Background Screening programmes are an important aspect of illness prevention. In April 2020, in response to the COVID-19 pandemic, the Northern Irish (NI) government took the decision to pause all routine cervical screening invitations. Colposcopy services continued but capacity was reduced due to infection control measures. A negative screening result is only indicative of a low risk of developing disease and relies on follow up screening to prevent progression of disease. This is in line with the World Health Organisation (WHO) and their strategy to eliminate cervical cancer as a public health problem. There is concern that this will be compromised and cause a backlog of patients when services are reintroduced.

Methodology Data was collected from the largest geographical health and social care trust within NI. All patients who were invited to colposcopy following an abnormal cervical screening result from September to November 2019 were compared to...