



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

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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 PBC-risk (RR=0.89, 95%CI:0.68–1.17) 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

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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