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 test 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.

### Abstracts

#### 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, 4Divya Chandrasekaran, 5Daniel Munblit, 6Rosa Legood, 7Khalid Khan, 8Ranjit Manchanda. 9Gynaecological Oncology, Royal London Hospital, London, UK; 10University of Aberdeen, Aberdeen, UK; 11Queen Mary University of London, London, UK; 12University of Granada, Granada, Spain; 13University College Hospital, London, UK; 14Imperial College London, London, UK; 15London School of Hygiene and Tropical Medicine, London, UK; 16Royal London Hospital, London, UK; 17University College London, London, UK; 18All 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 meno-
pause 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**

1Josh Courtney McMullan, 2Laura Rainey, 3David Morgan, 4Lorraine Johnston. 5Belfast City Hospital, Belfast, UK; 6Antrim Area Hospital, Antrim, UK; 7Causeway 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
those patients presenting from September to November 2020 during the peak of COVID-19. Data collected included demographics, presenting smear, time to report, method of biopsy and biopsy result.

**Results** 158 patients were included in 2019 and 87 in 2020 (45% reduction). There was a mean increase of 5 days to report the presenting smear in 2020. The most common presenting smear result was a borderline result for both years however more patients presented with severe dyskaryosis during 2020 (7% increase). A smaller time interval was seen in 2020 for colposcopy review and a mean reduction of 36 days for reporting the cervical biopsy result was seen during 2020 but no significant change in biopsy results were seen.

**Conclusion** COVID19 has had an impact on the timings of reporting presenting smears, smear to colposcopy interval and cervical biopsy reporting, there is no statistical difference in the individual outcomes of presenting smear and cervical biopsy.

**Introduction/Background** Several studies reported that bilateral oophorectomy before menopause is associated with cognitive impairment. However, these studies had methodological limitations. We examined the effect of a premenopausal risk-reducing salpingo-oophorectomy (RRSO) in women at increased risk of ovarian cancer on objective and subjective cognition at least 10 years after RRSO.

**Methodology** The study population consisted of women (66%) with BRCA1/2 mutation carriers who underwent either a premenopausal RRSO ≤ age 45 (n=436) or a postmenopausal RRSO ≥ age 54 (n=205) and were older than 54 years at study. Participants completed an online cognitive test battery and a questionnaire on subjective cognition. We examined the influence of RRSO on objective and subjective cognition of women with a premenopausal RRSO compared to women with a postmenopausal RRSO, using multivariable regression analyses, adjusting for age, education, breast cancer, hormone replacement therapy, depression and cardiovascular risk factors. We performed subgroup analyses comparing an early premenopausal RRSO (RRSO ≤ age 40, recommended to BRCA1 mutation carriers) versus a later premenopausal RRSO (RRSO between ages 41–45, recommended to BRCA2 mutation carriers).

**Results** After adjustment, women with a premenopausal RRSO (mean time since RRSO 18.2 years) performed similarly on objective cognitive tests as women with a postmenopausal RRSO (mean time since RRSO 11.9 years). However, they more frequently reported problems with reasoning (odds ratio (OR) 1.8 (95% confidence interval (95%CI) 1.1–3.1)) and multitasking (OR 1.9 (95%CI 1.1–3.4)) than women with a postmenopausal RRSO. This difference between groups

**Conclusion** More than 15 years after premenopausal RRSO, women experienced more vaginal dryness and more often had substantial sexual discomfort during sexual intercourse. This did not lead to less pleasure with sexual activity.