

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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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 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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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.

2022-RA-1481-ESGO SEXUAL FUNCTIONING MORE THAN 15 YEARS AFTER PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY

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10.1136/ijgc-2022-ESGO.827

Introduction/Background Women with a *BRCA1/2* pathogenic variant are advised to undergo premenopausal risk-reducing salpingo-oophorectomy (RRSO), to reduce their risk of ovarian cancer. Our aim was to study long-term sexual functioning in women at increased familial risk of breast/ovarian cancer who underwent a RRSO either before the age of 46 years (premenopausal group), or after the age of 54 years (postmenopausal group).

Methodology Between 2018 and 2021, 368 women with a high familial risk of breast/ovarian cancer participated in the study (premenopausal group, n=226, postmenopausal group, n=142). Differences between groups were analyzed using multiple regression analyses adjusting for current age, breast cancer history, use of hormone replacement therapy, BMI, chronic medication use (yes/no) and body image.

Results Mean time since RRSO was 20.6 years in the premenopausal group and 10.6 years in the postmenopausal group (p-value <.001). In the premenopausal group, mean age at questionnaire completion was 62.7 years, versus 67.0 years in the postmenopausal group (p<.001). In the premenopausal group, 47.4% was still sexually active, compared to 48.9% of the postmenopausal group (p-value:.80). Current sexual pleasure scores were similar for women in the premenopausal group and the postmenopausal group (mean pleasure score 8.6, p-value.99). However, women in the premenopausal group more often reported substantial discomfort than women in the postmenopausal group (35.6% compared with 20.9%, p-value .04). After adjusting for confounders, premenopausal RRSO was associated with substantially more discomfort during sexual intercourse, compared to postmenopausal RRSO (OR 3.1, 95%CI 1.04; 9.4). Moreover, following premenopausal RRSO, more severe complaints of vaginal dryness were observed (OR 2.6, 95%CI 1.4; 4.7).

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.

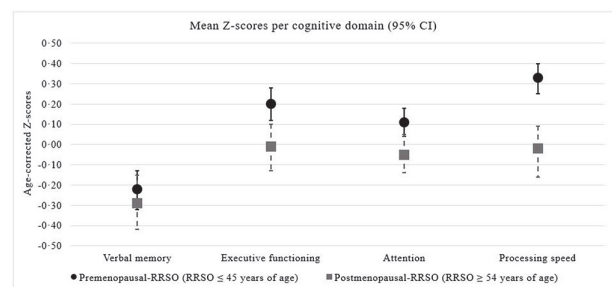
2022-RA-1488-ESGO LONG-TERM EFFECTS OF PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY ON COGNITION IN WOMEN WITH HIGH FAMILIAL RISK OF OVARIAN CANCER

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10.1136/ijgc-2022-ESGO.828

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% *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).



Abstract 2022-RA-1488-ESGO Figure 1

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