

(tamoxifen) and radiation therapy. Oophorectomies were performed for the treatment of breast cancer or for benign conditions. Dates of death were obtained from the Polish Vital Statistics Registry. Causes of death were determined by medical record review. Predictors of survival were determined using the Cox proportional hazards model.

**Results** In all, 839 patients with a CHEK2 mutation were matched to 839 patients without a mutation. The mean follow-up was 12.0 years. The 15-year survival for CHEK2 carriers was 76.6% and the 15-year survival for non-carrier control patients was 78.8% (adjusted HR = 1.06; 95% CI: 0.84–1.34; P = 0.61). Among CHEK2 carriers, the 15-year survival for women who had an oophorectomy was 86.3% and for women who did not have an oophorectomy was 72.1% (adjusted HR = 0.59; 95% CI: 0.38–0.90; P = 0.02). Among controls, the 15-year survival for patients who had an oophorectomy was 84.5% and for women who did not have an oophorectomy was 77.6% (adjusted HR = 1.03; 95% CI: 0.66–1.61; P = 0.90).

**Conclusion** Among women with breast cancer and a CHEK2 mutation, oophorectomy is associated with a reduced risk of death from breast cancer.

#### 2022-RA-1170-ESGO CAN SERUM LEVEL OF WT1 GENE REPLACE GENE EXPRESSION IN THE DIAGNOSIS OF OVARIAN CANCER?

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**Introduction/Background** WT1 gene and its encoded protein are highly expressed in hematological malignancies and solid tumors such as cancer of breast, lung, pancreas, ovary and prostate (1). WT1-expression is examined by IHC or qPCR, while WT1-ELISA kit is also available. We compared serum level of WT1 (sWT1) with its expression in ovarian cancer (OC) patients.

**Methodology** We studied 30 OC-cases 11 benign ovarian cysts (control). Their sWT1 was measured from samples collected prior to surgery or chemotherapy. ROC curve analysis was done to have a cut-off to differentiate benign from malignant lesions. It was 3.35ng/mL at 64% sensitivity and 63% specificity with AUC 0.61. Intra-operatively, tumor tissues of 22 OC-cases were collected and examined for RNA expression, which are being compared with sWT1 in this study.

**Results** In the two techniques, out of 22 cases, high & low values were seen in 15 (68.1%) & 7 (31.8%) cases respectively. But the cases were different (table 1). qPCR: High wt1-expression was seen in 15, out of which 4 (26.6%) showed low serum level, whereas 11 (73.3%) showed high sWT1. Out of 7 low expression cases, low and high serum levels were seen in 3 & 4 cases (table 1). sWT1: It was high in 15, out of which 11 (73.3%) showed high expression & 4 (26.6%) showed low expression. Out of 7 low sWT1, 4 (57.1%) showed high expression and 3 (42.8%) showed low expressions (table 1).

#### Abstract 2022-RA-1170-ESGO Table 1 Comparison of results of qPCR & serum level

QPCR (22 cases)	Swt1 (22 cases)	Serum			
		Serum <3.3	Serum <3.3	Serum >3.3	Serum >3.3
Up- regulation (high)	15 (68.1%)	4/15 (26.6%)	4/7 (57.1%)	11/15 (73.3%)	11/15 (73.3%)
Down- regulation (low)	7 (31.8%)	3/7 (42.8%)	3/7 (42.8%)	4/7 (57.1%)	4/15 (26.6%)
	22	7	7	15	15

**Conclusion** We couldn't find any study, in which WT1 gene expression was compared with that of serum level. This is first pilot study, which shows that there is no correlation between gene expressions with that of their serum levels, although number cases may be required for conclusive result.

#### 2022-RA-1316-ESGO DO OTHER HIGH RISK HPV TYPES POSITIVE CASES DESERVE COLPOSCOPY?

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**Introduction/Background** The cervical cancer is among the preventable causes of death and is curable in early stage when it is adequately treated. HPV test has high positive predictive values however together with colposcopic examination. American Society for Colposcopy and Cervical Pathology recommends colposcopic evaluation to HPV type 16/18 positive and cytology negative women. This study was designed to find answer of this question that 'Is there a need for colposcopy in other high risk HPV positive and cytology negative women?'

**Methodology** Patients with positive HPV screening tests were included in the study. Colposcopic examination was performed on 247 patients. Colposcopic evaluation was performed by 1 professor and 3 gynaecologic oncology assistants. For statistical analysis, Chi-square test was used for categorical variable, and Mann-Whitney U test was used for quantitative and further analysis. p<0.05; was considered statistically significant.

**Results** The mean age of 247 patients participating in the study was 41.5 years (19–72 years). Of the patients with normal cytology, 19.3% (n = 28) were HPV16; 6.2% (n = 9) were HPV18; 54.5% (n = 79) were high-risk HPV, 5.5% (n = 8) were found to be HPV16 or 18 plus high risk HPV. The colposcopic biopsy results of patients with normal smear cytology and high-risk HPV positive were compared with patients have normal cytology result and HPV16 positive or HPV 18 positive and have normal cytology with HPV 16 or 18 plus high-risk HPV positive. There were no significant differences between these groups (p< 0.05).