CAN SERUM LEVEL OF WT1 GENE REPLACE OTHER HIGH RISK HPV TYPES POSITIVE OUT OF WHICH 11 WERE SEEN IN 3 & 4 CASES (TABLE 1). sWT1: IT WAS HIGH IN 15, LOW SERUM LEVEL, WHEREAS 11 (73.3%) SHOWED HIGH sWT1. BUT THE CASES WERE DIFFERENT (TABLE 1). qPCR: HIGH WT1-VALUES WERE SEEN IN 15 (68.1%) & 7 (31.8%) CASES RESPECTIVELY. RESULTS ARE BEING COMPARED WITH sWT1 IN THIS STUDY.

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 controls 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.

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

<table>
<thead>
<tr>
<th>qPCR (22 cases)</th>
<th>Serum &lt;3.3</th>
<th>Serum &lt;3.3</th>
<th>Serum &gt;3.3</th>
<th>Serum &gt;3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up-regulation</td>
<td>15 (4/15 (26.6%))</td>
<td>3 (7/22 (13.6%))</td>
<td>11/15</td>
<td>14/22 (63.6%)</td>
</tr>
<tr>
<td>(high)</td>
<td>(68.1%)</td>
<td>(73.3%)</td>
<td>(73.3%)</td>
<td></td>
</tr>
<tr>
<td>Down-regulation</td>
<td>7 (3/7 (42.8%))</td>
<td>4/7 (57.1%)</td>
<td>4/7 (57.1%)</td>
<td>4/7 (57.1%)</td>
</tr>
<tr>
<td>(low)</td>
<td>(31.8%)</td>
<td>(57.1%)</td>
<td>(57.1%)</td>
<td>(57.1%)</td>
</tr>
</tbody>
</table>

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.

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 colposcopical 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).