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Conclusions Younger patients, those below 39 years old, are more likely to achieve CR. Value of medical treatment beyond 9 months needs to be re-evaluated.

**EP326/#898** ORAL PROGESTINS VS LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM IN TREATMENT OF ATYPICAL ENDOMETRIAL HYPERPLASIA

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Objectives This study aims to compare the treatment efficacy of oral progestins vs levonorgestrel-releasing intrauterine system (LNG-IUS) in patients with atypical endometrial hyperplasia (AEH).

Methods This is a retrospective study conducted in a single tertiary hospital in Singapore. Women diagnosed with AEH on endometrial biopsy between January 2015 to October 2017, and treated with at least 8 weeks of the same progestin were included. Statistical analysis was performed with Pearson χ2 test, Fisher exact test or independent sample t test as appropriate.

Results 42 patients met the inclusion criteria, of which 37 were treated with oral progestins and 5 with LNG-IUS. Median follow up was 39 months (range 2–72). Age of diagnosis was significantly lower in patients who were treated with LNG-IUS as compared to oral progestin (34.20 ± 5.357 vs 42.32 ± 6.654, p=0.013). There was no significant difference in mean body mass index (30.44 ± 8.11 vs 36.40 ± 9.409, p=0.490), parity (p=0.591), diabetes mellitus (8/37 vs 3/5, p=0.103), and polycystic ovarian syndrome (3/37 vs 1/5, p=0.410). There was no significant difference in mean time (months) to regression (7.26 ± 5.68 vs 6.6 ± 1.95, p=0.802). All 5 patients treated with LNG-IUS had complete regression with no recurrence, but this was not significantly different as compared to those treated with oral progestins (regression rate 5/5 vs 23/37, p=0.138; recurrence rate 0/5 vs 8/23, p=0.119).

Conclusions There was no significant difference in treatment outcomes with oral progestins as compared to LNG-IUS.

**EP327/#93** DIFFERENTIATED CERVICAL INTRAEPITHELIAL NEOPLASIA (d-CIN) REPRESENTS A RARE HPV-INDEPENDENT PRECURSOR LESION OF SQUAMOUS CELL CANCER

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Objectives Although our knowledge of HPV-independent squamous cell cancers (SCC) of the cervix is growing, the current 2020 WHO classification does not describe HPV independent cervical precancers. The main reason for this was that these exceedingly rare cervical HPV-independent precancerous lesions were not described at time of publication.

**EP328/#979** CYTOLOGY AND HPV DNA CERVICAL CANCER SCREENING IN HIV POSITIVE AND HIV NEGATIVE WOMEN

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Objectives HPV-testing is becoming the preferred cervical cancer screening test. Data on HPV DNA screening in resource poor settings are limited. The objectives were to investigate cytology and primary HPV screening in women living with HIV and HIV negative women.

Methods Study was performed in two academic centres in South Africa. Patients had cytology and HPV testing (Hybrid Capture-2, HC2). Those with positive tests had colposcopy and punch biopsy or loop excision of the transformation zone (LETZ). Data were imputed using a statistical model which maintained the underlying distribution of the available results, allowing calculation for the total screening population.

Results Included were 909 women with mean age 41.42 years (SD 9.82; 25–65 years). In 903 women with known HIV status, 683 (75.64%) had negative cytology and 202 (22.37%) had abnormal cytology. HC2 HPV was negative in 621 (68.77%) women. In WLWH, 54.48% tested cytology negative compared to 79.69% in HIV negative women (p<0.0001). HC2 HPV screening had higher sensitivity (60.92%), but lower specificity (82.39%) compared to cytology (48.59% and 86.75%) for detection of CIN 2+ in all women, except in HIV negative women, where HC2 HPV specificity (75.00%) was
comparable to that of cytology (79.74%). For detection of CIN3+, HC2 HPV screening had higher sensitivity (70.45%) compared to cytology (62.88%), but specificity (75.49%) was lower in whole population compared to cytology ASCUS+ (82.37).

Conclusions HC2 as screening test performs well in the whole population as well as in WLWH and HIV negative women. Cytology in WLWH is a suitable screening test in low-resource settings for this population group.

EP329/#75 THE TREND OF NODAL EVALUATION AT TIME OF HYSTERECTOMY FOR ENDOMETRIAL HYPERPLASIA

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Objectives Occult endometrial cancer can be identified after a hysterectomy has been done in the setting of endometrial hyperplasia (EH), and this concern raises the possible utility of surgical nodal evaluation at time of hysterectomy for EH. The objective of the study was to examine the trends and characteristics of surgical nodal evaluation at time of hysterectomy for EH.

Methods This is a retrospective cohort study querying the National Inpatient Sample. The study population was 12,860 women with EH who had hysterectomy from January 2016 to December 2019. Exclusion criteria included adnexal pathology and uterine cancer. Temporal trends of lymph node evaluation were examined, and a binary logistic regression model was used for multivariable analysis.

Results A total of 815 (6.3%) women had nodal evaluation at hysterectomy. The number of women undergoing nodal evaluation increased from 3.8% to 10.4% (2.7-fold increase, P<0.001). The EH with atypia group had higher rate of nodal evaluation compared to the non-atypia group (10.1% versus 3.3%, P<0.001), but the utilization of nodal evaluation increased both in the atypia group (7.0% to 14.4%, 2.1-fold increase, P<0.001) and in the non-atypia group (1.4% to 5.2%, 3.7-fold increase, P<0.001). In a multivariable analysis, older age, recent year surgery, comorbidity, obesity, EH with atypia, minimally invasive hysterectomy, and urban teaching large bed capacity centers remained independent characteristics for nodal evaluation at hysterectomy (all, P<0.05).

Conclusions This analysis suggested a shift towards nodal evaluation at hysterectomy for EH, even in non-atypia. This trend merits further investigation to examine the risk-benefit ratio and the cost effectiveness of nodal evaluation.

EP330/#475 IMMUNE-BASED BIOMARKER ACCURATELY PREDICTS RESPONSE TO IMIQUIMOD IMMUNOTHERAPY IN CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS

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