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.

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.