Abstracts

EP350/#1150 A CROSS-SECTIONAL COMPARATIVE STUDY ON THE DIAGNOSTIC ACCURACY OF MVA VERSUS ENDOSAMPLER AMONG PATIENTS WITH ABNORMAL UTERINE BLEEDING AND POSTMENOPAUSAL BLEEDING IN A TERTIARY HOSPITAL

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Objectives This study aims to compare MVA to Endosampler in detecting endometrial pathology among women with abnormal uterine bleeding (AUB) or postmenopausal bleeding (PMB), specifically comparing histopathologic diagnosis, tissue yield, and pain scores of both methods.

Methods This cross-sectional diagnostic study was conducted at a tertiary university hospital from August 2020-January 2021. Thirty-one women with AUB or PMB underwent endometrial sampling using both Endosampler and MVA. Participants were randomly divided into two groups based on treatment sequence. Age, gravidity, and endometrial thickness were recorded. Histopathologic diagnoses, weight of endometrial tissues, and pain scores by Visual Analogue Pain Scale (VAPS) were evaluated.

Results The MVA has high sensitivity and specificity in detecting premalignant and malignant lesions, with a diagnostic accuracy of 96.7%. There was histopathologic concordance to Endosampler in all cases of hyperplasias and carcinomas. The MVA also detected the following over Endosampler: 1 hyperplasia without atypia, 1 atypical hyperplasia, 1 endometrial carcinoma, 1 leiomyoma, and 1 proliferative endometrium. The MVA sampled significantly more endometrial tissue than Endosampler (2.1g vs 1.5g), p-value=0.008. The pain scores for both groups had no significant difference.

Conclusions The MVA is comparable to Endosampler as an endometrial sampling alternative in low-resource settings. It yields more endometrial tissues than the Endosampler with no significant difference in pain scores.

EP351/#1127 COLPOSCOPIC AND HISTOLOGIC RESULTS BEHIND SECOND ATYPICAL SQUAMOUS CELL OF UNDERDETERMINED SIGNIFICANCE

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Objectives The objective of this revision is to determine the frequency of biopsies and the risk of pre-invasive and invasive lesions after the results of two cytology with ASC-US, with the intention to know local results and inform our patients.

Methods Retrospective descriptive study for case series. Including the revision of patient’s files derived from second cytology ASC-US and evaluated at the Unit of Gynecology Oncology in the Regional Hospital between 18–03–20 to 16–03–22. Intake analysis, colposcopy reports and histologic results were analyzed (diagnostic biopsy and LEEP loop conization).

Results There were 156 admissions to the Gynecology Oncology Unit for altered cytology. 55 patients were identified (35.2%) admitted for two cytology ASC-US. There were 10 satisfactory colposcopies (18.2%) and no lesion was identified. There were 44 biopsies (79.9%) and 1 patient refused biopsy due to pregnancy. These are the results: 1 (1.8%) no lesion, 1 (1.8%) chronic cervicitis, 7 (12.7%) HPV, 7 (12.7%) CIN I, 9 (16.4%) CIN II, 18 (32.7%) CIN III and 1 (1.8%) cervical cancer.

Conclusions Referral due to second cytology ASC-US corresponded to more than one third of positive cytology. There was a high percentage of lesions in the colposcopies (79.8%) and pre-invasive lesions with high grade (CIN II-III) 49.1% of analyzed patients. These results differ from national and international results; therefore, it needs further research.

EP352/#1137 OPPORTUNITY BIOPSY DONE DURING URGENT CARE VISITS AT THE GYNECOLOGY UNIT IN A REGIONAL HOSPITAL, NORTH CHILE: ONCOLOGIC RESULTS

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Objectives The purpose of this study is to find oncolgic pathologies that are not usually diagnosed during a gynecologic urgent care visit.

Methods Retrospective analysis of statistic data using biopsy reports, patient’s charts, histologic reports from patients that visited the gynecologic urgent care unit between January 2020 and April 2022.

Results There were 188290 patients seen at the Urgent Care between January 2020 and April 2022, a total of 12247 were gynecologial visits with a total of 82 biopsies with reported results divided as follows: 60.9% (50) endometrium:
84% (42) had benign reports: 10 simple endometrial hyperplasia, 17 proliferative and secretory tissue, 7 insufficient sample, 3 atrophic samples, 3 polyps, 2 endometritis; and 16% (8) had oncologic reports: 3 carcinomas (adenocarcinoma, clear cells and mixed mullerian tumor) and 5 intraepithelial neoplasia (atypical complex endometrial hyperplasia). 21.9% (18) cervix: 66.6% (12) had benign reports: 6 endocervical polyps, 1 atrophic sample, 1 insufficient, 4 cervicitis, and 33.3% (6) had oncologic results: 4 squamous carcinomas, 1 adenocarcinoma and 1 high grade intraepithelial lesion. 15.8% (13) abortions without oncologic reports. 1.2% (1) vulva: Bartholin’s gland.

Conclusions There were 17% (14) patients with biopsies found with positive oncologic results. For many patients, the urgent care visit is the only opportunity for a biopsy and diagnostic of gynecological cancer due to the lack of regular medical services; therefore, it is necessary to implement adequate protocols for the collection of biopsies during these visits.

EP353/#865 AN AUTOMATED QUANTITATIVE CYTOLOGY-DNA PLOIDY INTEGRATED ANALYSIS PLATFORM FOR CERVICAL CANCER SCREENING

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Objectives Thinprep cytology test (TCT) is a widely used method for cervical cancer screening but it is labor-intensive and lacks objectivity. Here, we aimed to establish and promote an effective TCT-based screening approach using artificial intelligence to improve the efficiency and accuracy.

Methods TCT slides were automatically scanned under microscope and images of cervical exfoliated cells were obtained. To analyze the images, artificial intelligence methods including deep convolutional neural networks were used to assist in cytology analysis and quantitative DNA ploidy analysis based on integral optical density simultaneously. Nuclear parameters such as nuclear area and perimeter were also integrated in DNA ploidy analysis to help distinguish abnormal cells. After training and validation process, the automated quantitative cytology-DNA ploidy integrated analysis (aqCDPIA) platform was established to determine the abnormality of TCT samples. The results of aqCDPIA were compared with manual TCT.

Results After examination of 21,865 samples, aqCDPIA showed an excellent consistency of 94.6% with manual TCT results. The Kappa value was 0.733. According to the pathological results of 1,197 samples, the sensitivities of aqCDPIA and manual TCT to discover cervical intraepithelial neoplasia were 91.4% and 88.6%, respectively. And the specificities of aqCDPIA and manual TCT were 33.4% and 41.5%. Besides, aqCDPIA has the superiority to identify non-HPV associated cervical adenocarcinoma compared with manual TCT.

Conclusions The efficient aqCDPIA platform has great potential to serve as an alternative TCT and replaces traditional visual analysis by cytopathologists. It will be beneficial to cervical cancer screening especially in the underdeveloped region where cytopathologists are scarce.

EP354/#1147 CANCER SCREENING IN BISEXUAL WOMEN IN THE UNITED STATES: IS THERE A DISPARITY? – A US BRFSS STUDY

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Objectives To compare the rate of cancer screening for breast and cervical cancer in bisexual and lesbian/gay women versus heterosexual women in the United States.

Methods Data on self-reported sexual orientation and cancer screening were obtained from the Behavioral Risk Factor Surveillance System (BRFSS) from 2014–2017. Chi square tests were employed for statistical analysis.

Results Of 204,535 female participants, with respects to self-reported sexual orientation, 94.04% (N=192,349) were heterosexual, 0.98% (N=2005) were lesbian/gay, and 1.68% (N=3442) were bisexual. 93.96% of self-reported straight women endorsed ever having a pap smear for cervical cancer screening, compared to only 88.78% of lesbian/gay women (p<0.001) and only 84.4% of bisexuals (p<0.001). Of 168,773 female participants over the age of 40 who reported having a mammogram within the past two years, 94.76% (N=159,928) self-reported heterosexual, 0.86% (N=1456) self-reported lesbian/gay, and 0.93% (N=1580) self-reported bisexual. 72.79% of self-reported heterosexual women over the age of 40 endorsed having had a mammogram in the past two years, compared to 72.73% of lesbian/gay women (p=0.37) and only 66.33% of bisexuals (p<0.001).

Conclusions In the United States, bisexuals are significantly less likely to undergo cervical and breast cancer screening when compared to heterosexual women. Compared to lesbian/gay women are also less likely to undergo cervical cancer screening. Further studies are warranted to better understand the obstacles in cancer screening in non-heterosexual women.