Abstracts

EP088/#904 PREVALENCE AND RISK FACTORS FOR CERVICAL SQUAMOUS INTRAEPITHELIAL LESIONS AMONG HIV-INFECTED WOMEN AT A UNIVERSITY TEACHING HOSPITAL IN LAGOS, NIGERIA

Kehinde Okunade,1 Adesiah Soibi-Harry,1 Sunusi Garba,1 John Ogurymi,1 Austin Okoro,1 Olufemi Thomas-Ogodo,1 Ephraim Ohazurika,1 Adeyemi Okunowo,1 Rose Aserlu1

1University of Lagos, Obstetrics and Gynaecology, Lagos, Nigeria; 2Lagos University Teaching Hospital, Department of Obstetrics and Gynaecology, Lagos, Nigeria

10.1136/ijgc-2022-igcs.179

Objectives HIV-infected women are at higher risk of developing cervical cancer, however, due to limited resources, it may not be feasible to provide screening services to all HIV-infected women, and thus there is a need to identify those who are most at risk. This study, therefore, determined the prevalence and risk factors of cervical squamous intraepithelial lesions (SIL) among HIV infected women in Lagos, Nigeria.

Methods This was a descriptive cross-sectional study conducted among HIV-infected women at the Colposcopy clinic of the Lagos University Teaching Hospital (LUTH) as part of the Nigeria U54 Study. A Papanicolaou (Pap) test was used as a screening tool for the detection of cervical squamous intraepithelial lesions (SIL). From October 2008 to December 2021, 1879 HIV-infected women received cervical screening. Descriptive statistics were computed for all relevant data and the association between categorical variables was tested using the X2 test or Fisher’s exact test where applicable. Multivariate analyses were performed to identify the risk factors of cervical SIL. A P-value <0.05 was considered statistically significant.

Results The prevalence of cervical SIL was 6.7% (126/1879). In the multivariate analyses, coitarche at <20 years of age (AdjOR, 2.25; 95% CI, 1.11–4.54, P=0.024) was associated with an increased risk of cervical SIL. A P-value <0.05 was considered statistically significant.

Conclusions We found a relatively lower prevalence of cervical SIL among HIV-infected women in this study. Greater efforts should be made to focus on the identification and scaling-up of cervical cancer screening services among women at an early age of sexual debut.

EP089/#784 LOW USE OF HORMONE THERAPY IN WOMEN WITH EARLY MENOPAUSE ARISING FROM TREATMENT FOR CERVICAL CANCER

Renata Sousa-Lima*, Isabella Machado, Luiz-Francisco Freitas, Gilson Veloso, Angelica Rodrigues. Federal University of Minas Gerais, Oncology, Belo Horizonte, Brazil

10.1136/ijgc-2022-igcs.180

Objectives Many cervical cancer patients are premenopausal at diagnosis, and the treatment induces early menopause. The aim of this study was to evaluate the frequency of hormone replacement therapy (HRT) in patients with iatrogenic menopause due to cervical cancer treatment and the impact on clinical and social outcomes on the quality of life.

Methods Observational, retrospective cohort study, carried out in public health Brazilian institutions, from February to December 2021. Women aged 18 to 50 years, diagnosed with menopause initiated after treatment were selected and interviewed.

Results One hundred and thirty patients were included. Only 23% about HRT, and only 20% received hormone replacement. Data analysis, using Fisher’s or Pearson’s chi square test, has shown that earlier age and higher education were associated with a greater probability of receiving HRT (p=0.021 and 0.001, respectively). Other important data were the return to work after treatment, from a social point of view and the lack of information about bone health.

Conclusions A small percentage of cervical cancer survivors have adequate information about menopause and HRT, and a smaller proportion receive hormone replacement therapy. These data show the need for attention to these young women who have menopause arising from treatment, and reinforce the importance for survivorship guidelines for cervical cancer patients.

EP090/#894 THE UNMET NEED FOR CERVICAL CANCER RECURRENT CASES IN LMIC: A REPORT FROM TERTIARY CANCER INSTITUTE OF NORTH EAST INDIA

Apoorva Tak*, Debabrata Barman, Lopasana Banuah, Ac Kataki, Dr. b. Borooah Cancer Institute (Unit of Tata Memorial Centre, Mumbai), Gynaecologic Oncology, Guwahati, India

10.1136/ijgc-2022-igcs.181

Objectives Lack of follow up can be a major contributing factor for treatment failure especially in a developing country like India where cancer cervix ranks second highest in malignancy among females. Primary objective : to analyse factors affecting recurrence, type of failure and the follow up pattern of patients who completed treatment with a minimum follow-up period of 6 months secondary: to study the the efficiency of various techniques for cervical cancer post-treatment surveillance.

Methods A single institutional retrospective analysis with a period of 3 years from January 2019 to January 2022 patients who received treatment in form of definitive or adjuvant radiation with adequate follow up reports of minimum of six months.

Results Cox regression analysis revealed adverse impact erratic follow up (hr = 3.8) and pelvic side wall disease (hr=1.33) on survival patients with positive paraaortic nodes had