#385 PATIENT SATISFACTION WITH ULTRASOUND, CT AND WB-DWI/MRI FOR PREOPERATIVE OVARIAN CANCER STAGING: A MULTICENTER PROSPECTIVE SURVEY

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Introduction/Background In addition to the diagnostic accuracy of imaging methods, patient-reported satisfaction with imaging methods is important. The aim is to report patients' experience with ultrasound, whole-body computed tomography (CT) and whole-body diffusion-weighted magnetic resonance imaging (WB-DWI/MRI) for preoperative ovarian cancer staging.

Methodology 144 patients with suspected ovarian cancer at four institutions in two countries (Italy, Czech Republic) underwent ultrasound, CT and WB-DWI/MRI for staging purposes between January 2020 and November 2022. After having undergone all three examinations, the patients filled in a questionnaire evaluating their experience in five domains: overall experience, preparation before the examination, duration of examination, noise during the procedure, radiation load of CT, surrounding space. Pain perception, examination-related patient perceived adverse events, and preferred method were also noted.

Results Ultrasound was the preferred method by 49% (70/144) of responders, followed by CT (38%, 55/144), and WB-DWI/MRI (13%, 19/144). CT was the preferred method regarding overall experience and duration of examination. Ultrasound was preferred concerning preparation before examination, noise and surrounding space. The poorest experience in all domains was reported for WB-DWI/MRI, which was also associated with the largest number of patient reported adverse events (e.g. dyspnea). Patients reported higher levels of pain during the ultrasound examination than during CT and WB-DWI/MRI (P<0.001): 78% (112/144) reported no pain or mild pain, 19% (27/144) moderate pain, and 3% (5/144) reported severe pain (pain score >7 of 10) during the ultrasound examination. We did not identify any factors related to patients' preferred method.

Conclusion Ultrasound was the imaging method preferred by most patients despite being the most painful when compared with CT and WB-DWI/MRI.

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#452 NOVEL LAMP – BASED BIOASSAY ON ELECTRODE CHIPS FOR DETECTION OF HR-HPV IN CERVICAL LIQUID – BASED CYTOLOGY

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Introduction/Background Cervical cancer is predominantly caused by persistent infection with high-risk human papillomavirus (HPV), especially HPV16 and HPV18 subtypes. Hence, HPV testing in combination with cytology is becoming a part of screening programs. Current commercial tests are relatively expensive, and novel HPV testing assays are thus being developed, which would be inexpensive, rapid and reliable.

Methodology Electrochemical detection techniques technique can be faster, cheaper, and simpler alternatives to standard analytical techniques. Recently, we successfully developed an electrochemical (EC) DNA biosensor for detection of HPV16 and HPV18 genotypes (R. Sebuyoya et al., Biosens. Bioelectron. X, 2022, 12, 100224.). We showed the capability of a biosensor using gold screen-printed electrodes (AuSPEs) for direct detection of DNA from HPV16/18. We used LAMP iso-thermal amplification instead of PCR to readily amplify HPV DNA, followed by coupling of LAMP products with the capture probe immobilized at the surface of the AuSPE and with final EC detection.

Results We showed that the designed primers and probes had excellent selectivity and specificity by comparing HPV-positive and HPV-negative cancer cell lines. In order to evaluate the applicability of our biosensor in clinical settings, we applied the AuSPE-based biosensor to fifteen clinical samples with and without HPV16/18 infection at different stages of a disease and compared EC results to PCR as a gold standard. Results showed that for HPV16, the sensitivity of our assay was 86% and specificity was 100%, while for HPV18 the sensitivity of our assay was 100% and specificity was 90%.

Conclusion Our data suggested a great capability of the developed biosensor to detect cervical oncoviruses from the two most common oncogenic HPV types, HPV16 and HPV18.

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#497 OVARIAN BILATERAL TUMOUR, ASCITES, PERITONEAL CARCINOMATOSIS, BONE METASTASIS, HYDROTHERAX CAUSED BY BREAST CANCER WITH NO EVIDENCE OF PRIMARY TUMOUR – CASE REPORT

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are the most common origin. João Lobo et al. have reported 13% of metastases to the ovary originating from breast cancer. Most cases are known to be asymptomatic in contrast to the case presented in our centre.

**Methodology**
We present the case of a 60-year-old woman complaining of abdominal distention, mild pain and discomfort. The initial ultrasound examination revealed bilaterally abnormal ovaries with ascites and left-sided hydrothorax. Subsequent diagnostic work-up identified extensive malignant process of unknown primary origin: diffuse peritoneal carcinomatosis, ascites (>500cc), multiple foci of metastatic bone lesions, small (0.5–0.7 cm) contrast-enhancing lesions in both breasts, increased CA125 (328 U/mL), and normal levels of CA19-9 and CEA. Synchronous ovarian and breast cancer, or metastatic breast cancer was less suspected due mammogram findings indicating dex-BI-RADS - 2 sin-BI-RADS - 3. Primary GI tract cancer was ruled out by esophago-gastro-duodenoscopy and colonoscopy. Metastatic ovarian/fallopian/peritoneal tumour, mesothelioma and tuberculosis were suggested as possible diagnosis by multidisciplinary team.

**Results**
Diagnostic laparoscopy was performed with frozen section analysis, consistent with poorly differentiated carcinoma of unknown primary. Biopsy specimens sent for bacteriologic examination was negative for tuberculosis. Peritoneal fluid cytology was negative for atypical cells. The immunohistochemistry report was notable for positive GCDFP, GATA, CK7, negative CA125, PAX8, WT1.

**Conclusion**
Definitive diagnosis of metastatic breast cancer invasive lobular carcinoma ER (80%) PR (10%) HER2-neu (1+) KL67 (12%) grade 3 cT0N1M1 was made and appropriate systemic therapy initiated. The case highlights the challenge of diagnosing occult breast cancer mimicking advanced stage ovarian cancer, emphasizing the importance of accurate diagnosis to ensure proper treatment and care for the patient.

**Disclosures**
The authors have no conflicts of interest or financial disclosures to report.

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**Abstract #497 Figure 1**

**Abstracts**

**#648**
**LACTOBACILLUS INERS IS THE PREDOMINANT SPECIES IN THE VAGINAL MICROBIOME OF WOMEN WITH HIGH-RISK HPV-INFECTION: EXPERIENCE FROM A TERTIARY REFERRAL COLPOSCOPY CENTRE IN SINGAPORE**

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**Introduction/Background**
Persistent HPV infection is a necessary prerequisite for development of cervical intraepithelial neoplasia (CIN) and cervical cancer. Numerous studies have looked at the correlation of vaginal microbiome profile, HPV infection and CIN. We present a cross sectional analysis of vaginal microbiome profiles of women with high-risk HPV infection attending a tertiary colposcopy centre in Singapore.

**Methodology**
After IRB approval and patient consent, vaginal swabs were collected using OMNIgene (OMR-130) kit. DNA was isolated using QIAamp PowerFecal Pro DNA kit. Sequencing library was prepared using Illumina 16Smetagenomics sequencing workflow for the V3 and V4 variable regions of 16S rRNA gene and analyzed using ReSeq RDP database. Statistical analysis was performed using R.

**Results**
A total of 48 women (including 14 postmenopausal) were included in the study. The median age was 37 years. This multiethnic cohort included Chinese (77.1%), Malay (10.4%), Indian (4.2%) and Caucasian (8.3%). The various HPV subtypes isolated were HPV 16/18 (11.4%), HPV others (65.7%) and multiple genotypes (22.9%).

Firmicutes, Actinobacteria and Bacteroidetes were the main phyla noted. Lactobacillus iners was the main species isolated with 16 of the 48 samples belonging to community state type III. Other common species included Gardnerella vaginalis, Ato-pobium vaginae, Lactobacillus gasseri, Lactobacillus jenseni, and Sneathia sanguinegens. 20 samples were depleted of...