workup regardless of the haemoglobin level. Anaemia was defined as haemoglobin <12g/dL, and it was further classified into mild (11.0–11.9g/dL), moderate (8.0–10.9g/dL) and severe (<8.0g/dL) according to the World Health Organization classification. A transferrin saturation (TSAT) level of <20% was regarded as iron-deficiency.

Results There were 223 new case referrals during the study period. Haemoglobin level and Iron profile were available in 93 cases for analysis. Among the 93 cases, anaemia was observed in 37 patients (39.8%) - 14 patients with mild anaemia (15.1%), 16 with moderate anaemia (17.2%) and 7 (7.5%) with severe anaemia. For the 37 patients with anaemia, a low TSAT level (<20%) suggesting iron-deficiency was observed in 30 cases (81.1%). However, a low Mean Corpuscular Volume (MCV) (<82fL) was only seen in 16 (53.3%) out of these 30 cases.

Conclusion Anaemia was common in patients with newly diagnosed gynaecological malignancy, and most of them were due to iron-deficiency. Screening by MCV value to triage anaemic patients for further iron study was not reliable in the setting of oncology patients, as half of the patients would have normal MCV even in the presence of iron deficiency. All gynaecological oncology patients with anaemia should have iron profile checked regardless of the MCV value.

Disclosures All authors declared no conflict of interest.

#175  EMPOWERMENT AND PARTICIPATION OF WOMEN WITHIN CLINICAL TRIALS (EMPACT): A RESEARCH PROGRAM PROTOCOL IN GYNAECOLOGICAL ONCOLOGY

Sara Nasser*, Andrea Kaufmann, Andreas Ullrich, Jalid Sehouli. 1Department of Gynecology with Center of Oncological Surgery, Charite Global Health Center, Charite Universitätsmedizin Berlin, Berlin, Germany; 2Pan-Arabian Research Society of Gynaecological Oncology, Berlin, Germany; 3Department of Obstetrics and Gynaecology, Die Klinik in Preetz, Preetz, Germany; 4Department of Gynecologic Oncology, Koc University School of Medicine, Istanbul, İstanbul, Türkiye; 5Department of Global Health, Koc University Graduate School of Health Sciences, İstanbul, Türkiye; 6UCG Ginecologia Oncologica, Dipartimento per la salute della Donna e del Bambino e della Salute Pubblica, Policlinico Agostino Gemelli IRCCS, Rome, Italy; 7Il Gerardo Erkisson. 8Department of Gynecologic Oncology and Gynaecology, Medical University of Warsaw, Warsaw, Poland; 9Department of Gynecology and Tumor Surgery, Charite Comprehensive Cancer Center, Berlin, Germany; 10Department of Gynecologic Oncology, University Hospital, Lund, Sweden; 11Division of Gynecological Oncology, 1st Department of Obstetrics and Gynaecology, Alexandra Hospital, National and Kapodistrian University of Athens, Athens, Greece; 12Department of Women’s and Children’s Health, Karolinska Institutet, Stockholm, Sweden; 13Department of Medical Oncology, Skåne University Hospital, Lund, Sweden; 14OncoAlert Network, Lund, Sweden; 15Department of Gynecologic Oncology, Division of Cancer Medicine, Oslo University Hospital, Norwegian Radium Hospital, Oslo, Norway.

Introduction/Background Emerging data on the gynaecologic oncology publications based on income level revealed unproportioned contributions and leadership from the high-income level countries (HILC). Our aim is to identify determinants and barriers to the access to clinical trials and research activities among patients presenting to the gynaecology clinics in low- and middle-income countries (LMIC) and among healthcare professionals (HCP) with particular focus on female staff. We share our protocol and early collaborative results within the Empowerment and Participation of Women within Clinical Trials (EMPACT) project.

Methodology EMPACT project builds on the successful and well-established trans-African digital health network project (i-STARC). i-STARC Project built the foundations of a solid trans-African digital network for educational exchange. Its focus was interdisciplinary virtual tumour boards and interactive webinars. Our experience showed further the need of establishing research education programs involving HCP and the patients with gynaecologic cancers. We designed an exploratory mixed-method study with the goals of capturing and analysing significant themes and experiences as well as barriers and desires from the perspective of patients and healthcare staff.

Results We established collaborations between Morocco, Egypt, and Tanzania. Non-academic partners from local social civil societies, Ministries of Health and World Health Organisation country offices in these countries, and international partners (e.g., Gynecological Cancer Intergroup, European Network for Gynaecological Oncology Trials) play a constitutional role in research. Our mixed method study includes coaching in research programs, patient advocate training program, good-clinical practice certification, implementation research, scientific writing, and focus-group interviews. The effectiveness of these interventions will be tested via multiple focus group assessments with surveys and interviews within 18 months after completion of the data collection and education phases.

Conclusion The core of EMPACT project is our strong trans-disciplinary concept and involvement of HCP and patients. We will implement our research protocol to embrace the equity in LMICs.

Disclosures None
Results Our query resulted in 741,598 posts (figure 1). Grouping them according to hashtags related to disease site, ovarian cancer was found in 375,072 (50.6%) posts; cervical cancer in 248,707 (33.5%); uterine cancer in 83,670 (11.3%); vulvar cancer in 20,756 (2.8%); vaginal cancer in 11,822 (1.6%); and HPV vaccination in 3,211 (0.4%). The HPV DNA detection in breast tissue specimens of BC patients and women with absent or benign breast disorders. Once the stage were reviewed by the above authors to determine if they should be included. Data extraction was independently conducted by two researchers. A third reviewer was consulted to resolve disagreements through free discussion. MedCalc version 20.210 was used for quantitative synthesis. The significance of association was estimated by pooled odds ratios (ORs) with 95% confidence intervals (CIs) calculated by the random-effect model.

Results Twenty-three primary studies, including 3243 subjects (2027 patients and 1216 controls), were qualified as eligible for quantitative analysis. HPV prevalence in BC and controls was 21.95% and 89.6%, respectively. The prevalence of HPV differed significantly among the two groups (summary OR 3.83, 95% CI 2.03–7.25, P<0.01). Heterogeneity among studies was quantified using the I2 test, which was 69.57% (95% CI 51.89–80.75). We assessed risk of bias with an appropriate tool (contributed by the CLARITY Group at McMaster University). Seven studies had a low risk of bias, 15 studies a moderate risk of bias, and only one study had a serious risk of bias.

Conclusion These results reinforce the hypothesis that HPV is involved in BC development and progression, thus implicating a possible role for HPV vaccines in BC prevention.

Disclosures None

Abstract #188 Figure 1 The total number of posts on gynaecological cancers

Disclosures None

#238 HPV AND BREAST CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS
Charalampos Karachalios*, Stamatios Petousis, Chrysoula Margioula-Siarkou, Konstantinos Divas. Second Academic Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki School of Medicine, Thessaloniki, Greece
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Introduction/Background Breast cancer (BC) is the leading malignancy worldwide. The association between human papillomavirus (HPV) and BC is debatable. This systematic review and meta-analysis aims to assess the prevalence of HPV DNA in malignant breast tumours.

Methodology An extensive search of PubMed and SCOPUS databases was conducted for case-control studies published from 1st January 2003 to 7th January 2023, which compared HPV DNA detection in breast tissue specimens of BC patients and women with absent or benign breast disorders. Once the initial title/abstract screening was completed by two independent investigators, the full texts of the included studies from that stage were reviewed by the above authors to determine if they should be included. Data extraction was independently conducted by two researchers. A third reviewer was consulted to resolve disagreements through free discussion. MedCalc version 20.210 was used for quantitative synthesis. The summary OR 3.83, 95% CI 2.03–7.25, P<0.01). Heterogeneity among studies was quantified using the I2 test, which was 69.57% (95% CI 51.89–80.75). We assessed risk of bias with an appropriate tool (contributed by the CLARITY Group at McMaster University). Seven studies had a low risk of bias, 15 studies a moderate risk of bias, and only one study had a serious risk of bias.

Conclusion These results reinforce the hypothesis that HPV is involved in BC development and progression, thus implicating a possible role for HPV vaccines in BC prevention.

Disclosures None

#261 USE OF A SUBCUTANEOUS WALL-RETRACTION DEVICE DURING LOW PRESSURE LAPAROSCOPIC PROCEDURES IN MORBIDLY OBESE PATIENTS WITH GYNECOLOGICAL PATHOLOGY
Antonino Ditto, Giulia Chiarello*, Umberto Leone Roberti Maggiore, Mariangela Longo, Fabio Martineilli, Giorgio Bogani, Francesco Raspagliesi. Fondazione IRCCS Istituto Nazionale dei Tumori, Gynecological Oncology Unit, Milan, Italy
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Introduction/Background Treatment of morbidly obese female patients still represents a challenge, due to cardiopulmonary function and hemodynamic changes that occur during minimally invasive surgery because of pneumoperitoneum and steep Trendelenburg position. The main reasons for LPT conversion in obese patients are inadequate viscera exposure due to adiposity and an intolerance of Trendelenburg.

The aim of this prospective study was to assess conversion to laparotomy and perioperative complications after low pressure laparoscopy (LPL) surgery using a new subcutaneous abdominal wall-retraction device called Laparo-Tenser in morbidly obese patients with gynecological pathology.

Methodology 30 consecutive obese patients (BMI > 35 kg/m2) were eligible for the study and enrolled from October 2020 to April 2023. 20 patients had endometrial cancer, 4 atypical endometrial hyperplasia and 6 BOT/adnexal mass. The exposure of the operating field was optimal in 28/30. One intraoperative complication occurred. An hematoma related to insertion of the subcutaneous needle of the wall lifter occurred. According to the Dindo Classification ≥ a 2, early complications rate was 16%.

Conclusion LPL technique using the LaparoTenser device is safe and feasible in obese patients. The wall-lifting device enables adequate viscera exposure creating a large intra-abdominal operative space avoiding the disadvantages of intraperitoneal high-pressure and C02 absorption offering greater benefit to obese patients with no effect on the hemodynamic and respiratory functions. LPL technique may assist both surgeon and anesthesiologist to reduce the laparotomic conversions rate. Further studies could confirm our results.

Disclosures None