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%); vaginal cancer in 20,756 (2.8%); vulvar cancer in 11,822 (1.6%); and HPV vaccination in 3,211 (0.4%). The #ovariancancer analysis showed a particular interest in spirituality (positivity, love, praying, and hope). The second most common hashtag was #cervicalcancer, and again its analysis yielded a particular focus on fighting the disease and spreading awareness. Preventive measures related to #hpvvaccination did not raise so much attention. Uterine cancer (#endometrialcancer; #uterinecancer; #wombcancer) ranked 3rd despite being the most prevalent GC in industrialized countries.

Conclusion: Instagram could be an effective social media platform for GC awareness. A strong campaign on GC prevention is still lacking on Instagram.

Disclosures: None

Abstract #238

HPV AND BREAST CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS
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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 researchers, 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 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

Abstract #261

USE OF A SUBCUTANEOUS WALL-RETraction DEVICE DURING LOW PRESSURE LAPAROSCOPIC PROCEDURES IN MORBIDLY OBESE PATIENTS WITH GYNECOLOGICAL PATHOLOGY
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Introduction/Background: Treatment of morbidly obese female patients still represents a challenge, due to cardiorespiratory 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 visceral 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 LaparoTenser 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.

Results: The mean age was 69, with a mean BMI of 39 kg/m2. The exposure of the operating field was optimal in 28 out 30 cases (93.3%). Laparotomy conversion rate was 6.6% (2/30). One intraoperative complication occurred. An hematoma related to insertion of the subcutaneous needle of the wall lifter occurred. According to the Dindo Classification ≥ 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 CO2 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