

margins is statistically significant, compared to a healthy margin of 1–3 mm ( $p=0,0363$ ).

**Abstract #96 Table 1** H-SIL surgical margins – recurrences of H-SIL

	NIS	≤ 1 mm	1 - 3 mm	> 3 mm	NS	Total
n (%)	23 (35,4)	10 (15,4)	24 (37)	2 (3)	6 (9,2)	65 (100)
Rec H-SIL (%)	8 (12,3)	1 (1,5)	2 (3,1)	0 (0)	1 (1,5)	12 (18,4)
p value	-	0,2166	0,0363	> 0,9999	0,6328	
Fisher exact test	-	NOS	SI	NOS	NOS	

n – number of patients; Rec H-SIL – recurrence of H-SIL; NIS – *non in sano*; NOS – nonsignificant; SI – significant

**Conclusion** Keeping the minimal healthy margin (1–3 mm) seems to be an acceptable risk of recurrence of HPV-associated vulvar intraepithelial neoplasia with positive cosmetic effect and minimal risk of disturbing the psychosexual function of women. Long-term regular follow-up is necessary.  
**Disclosures** I have no potential conflict of interest to report.

#99

#### EFFECTIVENESS OF PHOTODYNAMIC THERAPY WITH PHOTSENSITIZER PHOTOLON IN 150 WOMEN WITH CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION

Oлга P Matylevich\*, Tatsiana P Artsemyeva, Dmitry A Tzerkovsky, Oksana A Erochina. *NW Alexandrov National Cancer Centre of Belarus, Minsk, Belarus*

10.1136/ijgc-2023-ESGO.720

**Introduction/Background** Photodynamic therapy (PDT) is a minimally-invasive and high efficacy treatment for cervical intraepithelial neoplasia (CIN). The objective of the present study was to evaluate an organ-saving approach for the treatment of CIN using PDT with the chlorine-based photosensitizer (PS) applied in women with cervical high-grade squamous intraepithelial lesions (HSIL).

**Methodology** A total number of 150 patients aged 21–77 with morphologically proven diagnosis of HSIL were enrolled into the study. Photoirradiation with laser light at a wavelength of  $665 \pm 5$  nm was applied to the uterine cervix ( $100\text{--}130$  J/cm<sup>2</sup>,  $0,083\text{--}0,17$  W/cm<sup>2</sup>) and endocervical canal ( $50\text{--}100$  J/cm<sup>2</sup>,  $0,083\text{--}0,17$  W/cm<sup>2</sup>) of patients 2.5–3 hours after an intravenous injection of 2–2.5 mg/kg of PS «Photolon». Adverse events were assessed within 1 month after treatment. The main outcome measure was efficacy, defined as complete cytologic remission in 3 and 6 months after PDT.

**Results** Side effects were mild, the most common complaints were pain in the first days after irradiation and an increase in body temperature up to  $37,0\text{--}37,8^\circ\text{C}$ . A complete response, represented by a complete regression of tumor lesions, confirmed 3 and 6 months after treatment by the results of a morphological study, was detected in 94.4 and 86.8% of treated women, respectively. Relapses of the disease during the follow-up period from 7 months to 3 years were detected in 5.3% of cases.

**Conclusion** PDT can be a safe and efficient organ-preserving treatment in patients with cervical HSIL. PDT did not appear to create cervical damage and have negligible side effects.

**Disclosures** Authors have no any disclosures.

#178

#### RISK-REDUCING SALPINGO-OOPHORECTOMY IN BRCA MUTATION PATIENTS

<sup>1,2</sup>Vera Loizzi\*, <sup>3</sup>Francesca Arezzo, <sup>3</sup>Michele Mongelli, <sup>1</sup>Anila Kardhashi, <sup>1</sup>Erica Silvestris, <sup>1</sup>Ambrogio Cazzolla, <sup>3</sup>Tommaso Difonzo, <sup>3</sup>Marco Cerbone, <sup>3</sup>Gaia Battista, <sup>3</sup>Pietro Quarto, <sup>3</sup>Massimiliano Memmola, <sup>1,2</sup>Gennaro Cormio. <sup>1</sup>IRCCS Istituto Tumori Giovanni Paolo II, Bari, Italy; <sup>2</sup>Department of Interdisciplinary Medicine, University of Bari Aldo Moro, Bari, Italy; <sup>3</sup>University Of Bari, Bari, Italy

10.1136/ijgc-2023-ESGO.721

**Introduction/Background** BRCA1/2 are tumour-suppressor genes involved in DNA homologous recombination and ovarian cancer development. The study evaluated the risk of tumor cancer in women presenting the BRCA mutations.

**Methodology** Risk-reducing surgery (RRS) was performed in all patients carrying BRCA1 (aged between 30–73 years, median age was 51 years) and BRCA 2 mutation (aged between 36–70 years, median age was 53 years) referred at University of Bari, Italy. Fifty-eight percent of the patient population had previous history of breast cancer.

**Results** One hundred and ninty-one patients underwent risk-reducing surgery (RRS) for their BRCA1/2 mutations. Of them, 82% of the women underwent risk-reducing salpingo-oophorectomy (RRSO) through a laparoscopic minimally invasive approach, 7% underwent laparoscopic RRSO and contextual hysterectomy, 1% underwent RRSO through a laparotomic approach and 10 a laparotomic RRSO and hysterectomy. During laparoscopic RRSO, 5% of the patients underwent a prophylactic bilateral mastectomy. Early and late complication occurred in only 2 women. Five patients (3%) were found to have occult Serous Tubal Intraepithelial Carcinoma (STIC) and seven patients (4%) occult cancer.

**Conclusion** RRSO is safe and feasible in BRCA 1/2 mutation carriers. The procedure is effective for genetic prevention of ovarian cancer.

**Disclosures** No disclosures

#187

#### #HPVVACCINATION: IS THE TOPIC OF HUMAN PAPILLOMAVIRUS-RELATED MALIGNANCIES PRIMARY PREVENTION PRESENT ON INSTAGRAM? A EUROPEAN NETWORK OF YOUNG GYNAE ONCOLOGISTS (ENYGO) STUDY

<sup>1</sup>Joanna Kacperczyk-Bartnik\*, <sup>2</sup>Wasim Ahmed, <sup>3,4,5</sup>Esra Bilir, <sup>6</sup>Fabio Martinelli, <sup>7</sup>Nicolò Bizzari, <sup>8</sup>Sara Nasser, <sup>7</sup>Raffaella Ergasti, <sup>9</sup>Martina Aida Angeles, <sup>10</sup>Aleksandra Natalia Strojna, <sup>11</sup>Zoia Razumova, <sup>12</sup>Charalampos Theofanakis, <sup>13,14</sup>Gilberto Morgan, <sup>15</sup>Ane Gerda Eriksson. <sup>1</sup>Department of Obstetrics and Gynaecology, Medical University of Warsaw, Warsaw, Poland; <sup>2</sup>Stirling University Management School, Stirling, UK; <sup>3</sup>Department of Obstetrics and Gynaecology, Die Klinik in Preetz, Preetz, Germany; <sup>4</sup>Department of Gynecologic Oncology, Koc University School of Medicine, Istanbul, Turkey; <sup>5</sup>Department of Global Health, Koc University Graduate School of Health Sciences, Istanbul, Turkey; <sup>6</sup>Department of Gynecologic Oncology, Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milan, Italy; <sup>7</sup>UOC Ginecologia Oncologica, Dipartimento per la salute della Donna e del Bambino e della Salute Pubblica, Policlinico Agostino Gemelli IRCCS, Rome, Italy; <sup>8</sup>Department of Gynecology and Tumor Surgery, Charité Comprehensive Cancer Center, Berlin, Germany; <sup>9</sup>Gynecologic Oncology Unit, Vall d'Hebron Barcelona Hospital Campus, Barcelona, Spain; <sup>10</sup>Department of Gynecology and Gynecologic Oncology, Evangelische Kliniken Essen Mitte, Essen, Germany; <sup>11</sup>Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden; <sup>12</sup>Division of Gynaecological Oncology, 1st Department of Obstetrics and Gynaecology, Alexandra Hospital, National and Kapodistrian University of Athens, Athens, Greece; <sup>13</sup>Department of Medical Oncology, Skåne University Hospital, Lund, Sweden; <sup>14</sup>OncoAlert Network, Lund, Sweden; <sup>15</sup>Department of Gynecologic Oncology, Division of Cancer Medicine, Oslo University Hospital, Norwegian Radium Hospital, Oslo, Norway

10.1136/ijgc-2023-ESGO.722