Introduction/Background The identification of women with a hereditary predisposition to breast and ovarian cancer from the segregation of the presence of a familial known pathogenic variant in BRCA1 is a strategy that allows the recognition of ovarian cancer’s high-risk women, which may provide risk-reducing salpingo-oophorectomy, reducing the risk of cancer of the peritoneum, fallopian tubes and ovaries from around 71 to 96%. The objective of this pilot study is to evaluate the cost-effectiveness of family segregation of genetic pathogenic variants for BRCA1 in families with hereditary predisposition to breast and ovarian cancer in the Brazilian National Health System (SUS).

Methodology It will be calculated the treatment’s cost of Pernambuco’s Hereditary Cancer Program’s women diagnosed with ovarian cancer and a germline pathogenic variant in BRCA1; the cost of the genetic test for women in the family; the possible cost in the treatment of malignant neoplasms diagnosed in these women, calculating the penetration of ovarian cancer in this specific population, comparing the cost with the genetic tests and the risk-reducing surgeries.

Results An interim analysis reveals that the media of the treatment’s cost of women diagnosed with ovarian cancer and a germline pathogenic variant in BRCA1 was R$ 52286.7; The cost with the genetic tests and the risk-reducing surgeries were R$ 285 and R$ 975.4, respectively. These reduction strategy could avoid the cost of R$ 40478.71 for every prevented ovarian cancer.

Conclusion The primary analysis should be considered a cost-effectiveness of family segregation of genetic pathogenic variants for BRCA1 in Pernambuco’s families with hereditary predisposition to breast and ovarian cancer in the Brazilian National Health System (SUS).

Disclosures The authors has no conflict of interest.

#659 HPV VACCINE AS A GENDER NEUTRAL VACCINE IN JAKARTA, INDONESIA: PARENTAL KNOWLEDGE AND ADHERENCE

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Introduction/Background Introduction: Human papillomavirus (HPV) infection causes a variety of malignancies in both men and women. Cervical cancer is the fourth most frequent disease in women worldwide, while being one of the most preventable cancers. HPV vaccine is one method of prevention; however, it is still in its early stages in many countries including Indonesia. To reduce HPV infections in the population, a gender-neutral HPV vaccine strategy is required. This method can also help to eliminate vaccine-related stigma and improve gender fairness. The purpose of this study is to assess parents’ awareness and acceptability of HPV as a gender-neutral vaccine in Jakarta, Indonesia.

Methodology Methods: A cluster-randomized interview via questionnaire with parents of children or adolescents eligible for HPV vaccination (March – April 2023) in Jakarta population. We explored parents’ knowledge, understanding of HPV vaccine program, and HPV vaccine decision making. Data were collected and analyzed with SPSS 20.0.

Results Result; The average age of the 275 responders was 36.9 years old. Sixty percent of respondents learned about HPV vaccines mostly from the media or from health workers/health services. Around 77.5% agreed to vaccinate their children against HPV (85.5% for daughters and 78.6% for sons). However, just 15.3% of parents vaccinated their daughters, while only 6.5% immunized their sons. Respondents exhibited an excellent comprehension of both HPV infection and cervical cancer (more than 70% answered correctly). However, just 34.8% of responders received a cervical cancer screening. Antibiotics cannot be used to treat HPV, according to 61% of respondents, while the rest believe they can.

Conclusion Conclusion; This study shows there is discrepancies between knowledge and adherence to HPV vaccination. The discrepancies should be answered with national/regional system or strategy.

Disclosures No disclosures.

#721 ASSOCIATION OF HIGH-RISK HUMAN PAPILLOMA VIRUS INFECTION WITH INTRA-EPITHELIAL NEOPLASIA LINKED TO DELAYS IN DIAGNOSIS

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Introduction/Background Human papillomavirus is the most common viral sexually transmitted infection worldwide. Persistent HPV infection is the main cause of cervical cancer. The objective of study was to determine the frequency of HPV in cervical specimens received for diagnostic testing at the Aga Khan University Hospital Clinical Laboratories.

Methodology Retrospective review of 1062 test records from 2017 – 2022 was conducted. Testing of High-Risk HPV DNA was performed by DNA Hybrid Capture2 method. Laboratory data of pap smear and cervical biopsies was also reviewed.

Results Out of 1062 patients, 764(71.9%) underwent a Pap smear test, of which 14.9% (114/764) had abnormal epithelial changes. High-risk HPV DNA was detected in 180(16.9%) cases. Biopsy finding was observed in 118 of 1062 specimens (11.1%). There were 85.6% (101/118) with positive neoplastic changes and lesions in the epithelium and 17(14.4%) with benign histology. Cervical intraepithelial neoplasia (CIN) was the most common biopsy finding (43, 36%); followed by cervicitis/Mild Acute to Chronic Inflammation (36, 30.5%), squamous cell carcinoma (16, 13.6%) and adenocarcinoma was noted in 6 (5.1%) women.

HPV positivity was correlated with cervical cytology and biopsy. Out of those tested positive for HPV, 28.3% had LSIL and ASCUS and 14.2% had HSIL and ASC-H on pap smear. Similarly, on cervical biopsies of HPV positive women, 35.9% LSIL (CIN1), 32.8% HSIL (CIN 2/3) and 17.2% invasive carcinoma were diagnosed. Risk of high-risk positive HPV was six times more likely with pap smear high-grade lesion (OR=5.8) and nine times more with biopsy-proven high-grade lesion (OR=8.5).

Conclusion Our data shows a high association of HPV positivity with neoplasia in women tested in Pakistan, may be due to delayed diagnosis of HPV. Therefore, there is a strong recommendation for routine HPV testing for women to screen for cervical cancer as earlier detection of high-risk HPV types may improve triage and treatment.

Disclosures No disclosures.