INCIDENCE OF ABNORMAL PAP SMEAR IN VARIOUS COLPOSCOPY IMAGES IN MILD DYSPLASIA

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10.1136/ijgc-2023-ESGO.735

INTRODUCTION/BACKGROUND The incidence of cervical carcinoma in Serbia is 20,11/100000, which means fourth in place in Europe this year. We would like to see the incidence of abnormal Pap smears in patients with low-grade squamous intraepithelial lesions (LGSIL) compared with the colposcope findings and in relation to the year of the patient’s life

METHODLOGY This was a retrospective study evaluating the results of the conventional Pap smear in 728 patients with LGSIL verified by analyzing samples taken by target biopsy between January 2008 and January 2012.

RESULTS The most common colposcopy abnormal image was mosaic (39.6%), with patients who had two or more abnormal colposcopy images 24.4% patients, the acetate-white epithelium (AW) 11.9%, atypical zone transformation (AZT) had 11.2%, leucoplakia 7.1%, punctuation had 3.2% and ectropion had 2.6%. Patients were from 18 to 64 years old. Distribution per age was till 20–5,9%, from 21 -30 was 40,1%, 31–40;30,1%, 41–50;18,5% and over 51;5,4% patients. The number of patients with abnormal Pap smear compared to colposcope images was: ectopia;42%, a typic transformation zone;46,4%, two or more colposcopy images; 46,6, AW 35,3%, leucoplakia; 28,3%, punctuation (ATZ); 16,6% and mosaic 13,9%. Incidence of abnormal Pap smear in patients till 20 years was 25%, from 21 -30 years was 67,3%, from 31 to 40 years was 27,6% and from 41–50 29,6% and over 50 was 38,5%.

CONCLUSION Our study showed that patients with LGSIL had abnormal Pap smears usually in populations from 21 to 30 years old and in groups who had two or more different colposcopy findings. This is very important because we need to extract this population in the beginning stadium of dysplasia for better and more intensive monitoring.

DISCLOSURES Routine screenings in our country are cytology and coloscopy. Our problems are limited resources (women do not come to the examination) and HPV testing is not covered by regular insurance.

HPV AND ISTANBUL, AN INTERPRETATION OF THE HPV SCREENING IMPLEMENTED BY THE NATIONAL HEALTH MINISTRY

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10.1136/ijgc-2023-ESGO.736

INTRODUCTION/BACKGROUND Screening for HPV is essential because it can detect the virus before it causes any symptoms or leads to the development of cancer. HPV screening is crucial in detecting HPV infections before they lead to the development of cancer and reducing the incidence and mortality of HPV-related cancers. In this study we analysed HPV Screening data between 2015 and 2020

METHODLOGY In 2012 Turkish Ministry of Health started the screening program, and implemented HPV testing as the primary method for cervical cancer screening. In 2014 centralized HPV testing laboratories started to serve in Ankara and Istanbul. In order to achieve adequate coverage of population, screening procedures started to be performed by family health centers also all other government institutions. Cervical cancer screenings are performed in women the ages of 30–65 years. The interval for screening is 5 years. Two cervical specimens are collected simultaneously during the procedure, one for HPV isolation and sub-typing and one for the reflex cytologic evaluation if needed. Data gathered from National Health Ministry and HPVDNA data between 2015 and 2020 and the data was evaluated.

RESULTS The HPV DNA positivity rate increased from 4.29% in 2015 to 8.9% in 2020. During the COVID-19 pandemic, many healthcare resources were diverted towards managing and treating COVID-19 patients, leading to a reduction in routine health services, including cervical cancer screening. Majority (54.59%) of HPV positive individuals in screening population were infected with more than one HPV subtypes. Most common subtypes were HPV16 (16.52%), HPV51 (8.17%), HPV31 (7.53%), HPV52 (6.08%),HPV66 (5.24%). These findings remained consistent within each age groups.

CONCLUSION With improved testing and the increasing population if immigrants in Istanbul, we believe that HPV screening and preventative measures such as vaccinations are more important that ever in screening HPV and preventing cervical cancer.

DISCLOSURES There are no known conflict of interest among the authors.

TRICHLOROACETIC ACID FOR THE TREATMENT OF HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION OF THE CERVIX – A RETROSPECTIVE ANALYSIS

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10.1136/ijgc-2023-ESGO.737

INTRODUCTION/BACKGROUND Screening for HPV is essential because it can detect the virus before it causes any symptoms or leads to the development of cancer. HPV screening is crucial in detecting HPV infections before they lead to the development of cancer and reducing the incidence and mortality of
Introduction/Background High-grade squamous intraepithelial lesion (HSIL) is the compulsory precursor of squamous cell cervical cancer and usually treated with large loop excision of the transformation zone (LLETZ). However, LLETZ may increase the risk of premature delivery, and therefore, in young women with child bearing potential, ablative strategies to treat HSIL are recommended. Trichloroacetic acid (TCA) is analogue of acetic acid and showed remarkable efficacy in the treatment of LSIL in a prospective trial. This is the first large scale retrospective analysis that investigated TCA in the treatment of HPV positive HSIL.

Methodology This retrospective analysis included patients with HSIL (CIN II/III) treated with 85% TCA. After three months colposcopic, histologic and HPV evaluation was performed. If the evaluation revealed HSIL persistence, a second treatment with TCA was offered, and patients were evaluated again after three months. The primary endpoint was treatment efficacy defined as complete histologic remission after treatment. The secondary endpoint was HPV clearance.

Results In total 793 patients with HSIL were treated with TCA. After one TCA treatment 603 patients (76.0%) showed complete histological remission of HSIL, and 543 patients 70.3% showed HPV clearance. 134 patients underwent a second treatment with TCA. After the second treatment 98 patients (77.2%) showed complete histological remission, and 82 patients (64.6%) showed HPV clearance. In total, after two treatments with TCA 701 (88.4%) and 625 (78.8%) of 793 patients showed histologic complete remission of HSIL and HPV clearance, respectively.

Conclusion This is the first large scale retrospective analysis of patients with HSIL treated with TCA. This analysis shows remarkable activity of TCA in patients with HSIL. TCA could become a new, inexpensive and easy to perform treatment standard in patients with HSIL. A prospective randomized controlled multi-centre trial to compare TCA with LLETZ in the treatment of HSIL is planned.

Disclosures No Disclosures

Methodology We retrospectively reviewed, patients who applied to our colposcopy unit between January 1, 2018 and December 31, 2019 and who underwent colposcopy for the first time were included in the study.

Results In table 1, sensitivity, specificity, positive and negative likelihood (95% CI), and positive and negative predictive values of colposcopy results are given. The sensitivity of the Ridge sign was 9.06%, the specificity was 96.78%, the LR+ value was 7.40, and the LR- value was 0.92. Rag sign had a sensitivity of 21.25%, a specificity of 88.29%, an LR+ value of 3.71, and an LR- value of 0.92. Cuffed crypt had a sensitivity of 21.25%, a specificity of 88.29%, an LR+ value of 3.71, and an LR- value of 0.92. There is a significant relationship between HPV status and Colposcopy+Histology χ²(3) = 141.149, p<.001.

Conclusion The morphology of the four pathognomonic colposcopic criteria is highly associated with CIN 2 or CIN 3 and HPV status.

Disclosures We declare that we have no conflict of interest.

#821 A DATA-DRIVEN DISEASE BURDEN MODEL BASED ON MOLECULAR CLASSIFICATION IN ENDOMETRIAL CANCER PATIENTS IN FIVE EUROPEAN COUNTRIES

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Introduction/Background Endometrial carcinoma (EC) is the most common gynaecological cancer in Europe and has an increasing incidence. The latest treatment guideline has integrated molecular profile into risk stratification, and emerging therapies are increasingly dependent on actionable biomarkers. Unfortunately, there is a lack of information on disease burden estimates that factor in a combination of prognostic factors, such as biomarkers, histology, stage and treatment history. Methodology A flexible patient pathway framework was developed based on EC clinical practice guidelines and recommendations to assess disease burden by key biomarkers and other prognostic factors in 5 European countries: United Kingdom, Germany, France, Italy, Spain (EU5). Data pertaining to epidemiological outcomes and treatment utilization patterns was sourced from large cancer registry databases and the literature. Outcome measures were stratified by disease characteristics including biomarker, histology, stage and treatment history.

Results An estimated 46,475 women would be diagnosed with EC in EU5 in 2020. Of these, 18,966 (40.8%) were estimated to be high-risk, 23,630 (50.8%) were non-high-risk, and 3879 (8.3%) were advanced metastatic when molecular classification