

**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 98.78%, the LR+ value was 7.40, and the LR- value was 0.92. Rag sign had a sensitivity of 12.54%, a specificity of 95.37%, a LR+ value of 2.71, and a LR- value of 0.92. Cuffed crypt had a sensitivity of 21.25%, a specificity of 88.29%, an LR+ value of 1.81, and an LR- value of 0.89. There is a significant relationship between HPV status and Colposcopy+Histology  $\chi^2(3) = 141.149, p < .001$ .

**Abstract #813 Table 1** Sensitivity, specificity, positive and negative likelihood (95% CI), and positive and negative predictive values of colposcopy results

CIN 2+	Sensitivity (%)	Specificity (%)	LR+ (95 % CI)	LR- (95 % CI)	PPV (%)	NPV (%)
Ridge sign	9.06	98.78	7.40 (3.9–14.0)	0.92 (0.9–1.0)	65.0	81.2
Rag sign	12.54	95.37	2.71 (1.8–4.1)	0.92 (0.9–1.0)	40.4	81.3
Cuffed crypt	21.25	88.29	1.81 (1.4–2.4)	0.89 (0.8–1.0)	31.3	81.7

**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

### #813 ACCURACY OF COLPOSCOPIC MAJOR CHANGES IN PREDICTING HIGH-GRADE LESION

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**Introduction/Background** Early detection of preinvasive lesions and cervical cancer depend on the correlation of the cytology, HPV result and the colposcopic findings. Although recent advances in liquid-based cytology and HPV testing have led to better detection of cervical preinvasive lesions, however their effectiveness is limited by the diagnostic performance of colposcopy. In spite of its clinical significance, interobserver variability limits its efficacy and different results were reported for its accuracy. Therefore, for the identification of lesions that may progress to cervical cancer, defined colposcopic criteria which include pathognomonic and grading signs in guidelines and various studies. These pathognomonic criteria are inner border sign, ridge sign, rag sign and cuffed crypt openings. The primary goal of the present retrospective study was to evaluate the diagnostic accuracy of four colposcopic pathognomonic signs in detecting CIN2+ and association with HPV types.