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 (LEEP). 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
Conclusion Model estimates highlight the clinical burden of EC in patient sub-groups based on latest treatment guidelines, biomarkers and other prognostic factors across multiple countries in EU. This will help us understand burden better and help forecast treatment uptake patterns for novel therapies in EC more accurately.

Disclosures CM reports consulting fees from MSD, YL; KY; JL and RM are employees of MSD, GW, RH and CP are all employees of Adelphi Values PROVE™ who received consulting fees from MSD

#912 BOOSTING VS. NUDGING: A NETWORK META-ANALYSIS OF INTERVENTION STRATEGIES FOR IMPROVING HPV VACCINATION UPTAKE

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Introduction/Background Despite the Human Papillomavirus (HPV) vaccine’s crucial role in curtailing HPV-related diseases, global uptake is far from ideal. This network meta-analysis aims to disentangle and compare the effectiveness of boosting interventions, such as cancer and vaccine education provider training, and nudging interventions, like SMS or EHR reminder systems, in enhancing HPV vaccination rates.

Methodology An comprehensive search of databases, including PubMed, Embase, Cochrane Library, and Web of Science, was performed until January 2023. We included Randomized Controlled Trials (RCTs) that evaluated the effectiveness of boosting and nudging interventions to improve HPV vaccination rates. A Bayesian network meta-analysis approach was employed to synthesize both direct and indirect evidence. The GRADE approach was utilized to appraise the quality of the evidence.

Results Our network meta-analysis incorporated 30 RCTs, encompassing a total of 48,000 individuals. Boosting interventions improved HPV vaccination rates by 35% (OR=1.35, 95% CI 1.10 to 1.65), while nudging interventions, such as SMS or EHR reminder systems, amplified the rates by 50% (OR=1.50, 95% CI 1.30 to 1.73). Notably, nudging interventions demonstrated superior efficacy and were ranked as the most effective strategy. The certainty of evidence was rated as high.

Conclusion This robust network meta-analysis accentuates that both boosting and nudging interventions significantly elevate HPV vaccination uptake. However, nudging interventions, particularly SMS or EHR reminder systems, demonstrated superior efficacy. These findings underscore the potential of strategic interventions in combating HPV vaccine underutilization and offer valuable insights for future public health initiatives focused on increasing vaccination coverage.

Disclosures None

#933 THE LATEST UPDATES ON CERVICAL CANCER SCREENING AND RISK-BASED MANAGEMENT FOR ABNORMAL SCREENING TESTS AND PRECURSORS

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Introduction/Background Worldwide, cervical cancer is the fourth cancer in female patients and the fourth cause of death from cancer in women. The high mortality rate from cervical cancer globally (age standardized rate among women: 13.3/100 000 in 2020).

It well known that nearly 90–95% of cervical cancer is due to HPV infection, HPV types 16,18 are responsible for nearly 50% of high-grade cervical pre-cancers. Cervical cancer can be cured if diagnosed at an early stage and treated.

Methodology Comprehensive cervical cancer control includes primary prevention (vaccination against HPV), secondary prevention (screening and treatment of pre-cancerous lesions), tertiary prevention (diagnosis and treatment of invasive cervical cancer) and palliative care.

Different countries have different cervical screening recommendations, but most of them started to follow the ASCCP 2020 guidelines, which they started to use the HPV test alone every 5 years for everyone with a cervix from age 25 until age 65.

Results Recommendations of colposcopy, treatment, or surveillance will be based on a patient’s risk of CIN 3+ determined by a combination of current results and past history. Guidance for expedited treatment is expanded, Continued surveillance with HPV testing or cotesting at 3-year intervals for at least 25 years is recommended after treatment and initial post-treatment management of histologic HSIL, CIN 2, CIN 3, or AIS.

Surveillance with cytology alone is acceptable only if testing with HPV or cotesting is not feasible. Cytology is less sensitive than HPV testing for detection of precancer and is therefore recommended more often. Cytology is recommended at 6-month intervals when HPV testing or cotesting is recommended annually and annually when 3-year.

Conclusion Cervical cancer is one of important cancers that we have the chance to decrease its incidence and nearly to eradicate. So we need to keep up with guidelines and the recommendation what ever it is.

Disclosures No disclosure