was known. When p53 was not considered in the risk classification, only 32.4% patients were identified as high-risk vs 40.8%. Of the high-risk patients, an estimated 18,048 (95.2%) were expected to undergo surgery, of which 10,819 (59.9%) received adjuvant therapies and 6,434 had adjuvant chemotherapy with or without radiotherapy (RT) vs 4,385 had RT alone. Additionally, among all newly diagnosed EC patients, an estimated 27,278 (58.7%) patients would undergo 1L treatment, of which 13,061 (47.9%) had prior systemic therapy.

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

Introduction/Background Despite the Human Papillomavirus (HPV) vaccine’s crucial role in curtailting HPV-related diseases, global uptake is far from ideal. This network meta-analysis aims to dissect 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

Omar Aldewan*. Fujairah hospital, Fujairah, United Arab Emirates

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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 5 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 None

#950 THE ROLE OF CYTOLOGY IN PATIENTS AGED 25–30 WHO UNDERWENT COLPOSCOPY

1Canan Kabaca, 2Esra Keles, 3Serkan Akta*, 4Ugur Kemal Ozturk, 5Burak Gay, 1Department of Gynecologic Oncology, Medipol Hospital, Istanbul, Turkey; 2University of Health Sciences, Kartal Dr. Lutfi Kirdar City Hospital, Department of Gynecologic Oncology, Istanbul, Turkey; 3Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Marmara University Faculty of Medicine, Pendik Education and Research Hospital, Istanbul, Turkey; 4University of Health Sciences, Zeynep Kamil Women and Children Diseases Education and Research Hospital, Department of Gynecologic Oncology, Istanbul, Turkey; 5Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, School of Medicine, Koc University, Istanbul, Turkey

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