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.

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#912 Boosting vs. Nudging: A Network Meta-Analysis of Intervention Strategies for Improving HPV Vaccination Uptake¹

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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 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.

#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 whatever ever it is.

Disclosures No disclosure

#950 The Role of Cytology in Patients Aged 25–30 Who Underwent Colposcopy

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Introduction/Background Population-based screening that starts at the age of 30 and ends at the age of 65 is applied, and HPV DNA screening is not recommended under the age of 30 in our country. For this reason, in this study, we analyze our patients aged 25–30 years who underwent colposcopy in detail and discuss the possible benefits of HPV screening in this group.

Methodology Patients aged 25–30 years who applied to the Department of Gynecological Oncology, University of Health Sciences, Zeynep Kamil Women and Children’s Diseases Training and Research Hospital due to abnormal Pap smear and/or hr-HPV type(s) positivity, were included in the study. Patients who had previously undergone colposcopy or a diagnostic excisional procedure were excluded from the study. Statistical analysis was performed using IBM SPSS for Windows, Version 25.0. (IBM Corp., Armonk, NY, USA).

Results A total of 201 patients, 86 (42.8%) with normal cytology and 115 (57.2%) patients with abnormal cytology were included in the study. The cytology results of 42.8% of the patients were normal. HPV positivity was also present in 81.1% of the patients. CIN2 was detected in 17.9% of patients and CIN 3 was detected in 11% of patients in cervical biopsies, and loop electrosurgical excision procedure (LEEP) was performed in 10.5% of patients and cold knife conization (CKC) in 11.4%. There was a significantly higher rate of HPV negative (0.005) and a higher rate of benign colposcopic biopsy results (< 0.001) in the cytology normal group. Detailed analysis results are given in table 1.

Conclusion The rates of CIN2 and CIN3 between normal cytology and abnormal cytology groups were similar. Colposcopy could be recommended to detect high-grade lesion in 25–30-year-old women with normal cytology and HPV positive.

Disclosures The authors have no potential conflict of interest.

#963 ASSOCIATION OF HPV AND SEXUALLY TRANSMITTED INFECTIONS AMONG INDIVIDUALS WITH GENITAL WARTS AND ASYMPTOMATIC INDIVIDUALS: A CROSS-SECTIONAL STUDY

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Introduction/Background STIs can impact HPV infection and persistence, potentially predisposing HPV-related cervical cancer development. This study examines HPV genotype prevalence and co-occurrence with other STIs to inform targeted prevention and treatment strategies for reducing cervical cancer incidence.

Methodology 129 female patients aged 18–57 were enrolled based on the presence of anogenital warts, individuals with a history of risky sexual behaviors, having a partner with HPV infection, or voluntarily seeking HPV screening. Patients with a history of any STIs, prior HPV vaccination, systemic illnesses, or undergoing cancer treatment were excluded.

Results The STI positivity rate among HPV-positive patients was 63.9%, significantly higher than HPV-negative cases. In the genital warts group at admission, Ureaplasma Parvum (UP) was the most common STI (40.0%), followed by Ureaalplasma Urealyticum (UU) (28.5%), Mycoplasma Hominis (MH) (17.2%), and Chlamidia Trachomatis (CT) (11.4%). In the asymptomatic group, UP was also the most common STI (41.2%). The prevalence of UP was significantly higher (53.7%) in the HPV-positive group, suggesting a 6.96-fold greater risk of UP infection in individuals with HPV.

Conclusion This study demonstrates a high co-infection rate between HPV and UP, emphasizing the importance of genital infection screening for high-risk HPV-positive women.

Disclosures no disclosure

#964 KNOWLEDGE, ATTITUDE AND PRACTICE OF MAIN STAKEHOLDERS TOWARDS HUMAN PAPILLOMA VIRUS INFECTION AND VACCINATION IN NORTHEASTERN PART OF ROMANIA: A QUALITATIVE STUDY

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Conclusion This study demonstrates a high co-infection rate between HPV and UP, emphasizing the importance of genital infection screening for high-risk HPV-positive women.

Disclosures no disclosure