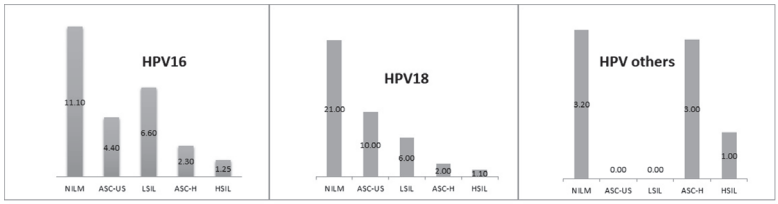

Abstract #217 Figure 1 The cervical intra-epithelial neoplasia risk according to the different HPV genotype and Pap smear results

Results In this study, 621 women were evaluated with a positive high-risk HPV (HPV-16 =184, HPV-18 =69, and HPV-others=368). From 184 positive HPV-16, 37 cases had CIN3 + (20%), which this rate was 8% in NILM, 20% in ASCUS, 15% in LSIL. Out of 69 positive HPV-18, 11 cases had CIN3 + (15.9%), which this rate was 4.7% in NILM, 10% in ASCUS, 16.6% in LSIL. Out of 368 HPV-others positive, only 7 cases had CIN3+ (1.9%), which this rate was 3.2% in NILM, with no case of CIN3+ in ASCUS, and LSIL.
Conclusion According to our findings, it seems colposcopy examination in patients with positive others high-risk HPV should be considered only in high-grade (ASCH, HSIL, and ACG) Pap smear results.
Disclosures The authors indicate no conflict of interest.

#223 RECURRENCE-FREE SURVIVAL OF CERVICAL ADENOCARCINOMA IN SITU FOLLOWING LLETZ, CONISATION OR HYSTERECTOMY

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Introduction/Background Internationally, there is little consensus about the best treatment for cervical adenocarcinoma in situ (AIS), i.e., large loop excision of the transformation zone (LLETZ), conisation, or (supplementary) hysterectomy after completion of childbearing. This study aims to compare the incidence of recurrent AIS and progression to adenocarcinoma following these treatments.
Methodology From the Dutch Nationwide Pathology Databank (Palga) AIS patients who underwent treatment between 2011 and 2021 in the Netherlands were identified. Their survival status was retrieved from the Central Bureau of Genealogy. Patients diagnosed with cervical cancer within 3 months after AIS treatment were excluded. The cumulative incidence of recurrent AIS and progression to adenocarcinoma following LLETZ, conisation, and hysterectomy were compared.
Results In total, 2,443 patients with AIS were identified, of whom 21,617 pathology reports were available. Primary treatment consisted of 1,069 LLETZ, 1,085 conisations, and 289 hysterectomies. Recurrent AIS was diagnosed in 73 patients and progression to adenocarcinoma occurred in 12 patients. The cumulative incidence of recurrent AIS after LLETZ was 6.0% (95% confidence interval (CI): 4.1–8.0), after conisation 2.6% (95% CI: 1.2–4.0), and after hysterectomy no recurrences occurred. The cumulative incidence of progression to adenocarcinoma was 0.6% (95%CI: 0.1–1.1), 0.8% (95%CI: 0.1–1.4), and 0.4% (95%CI: 0–1.3) following LLETZ, conisation, and hysterectomy, respectively. The cumulative incidence of recurrent AIS did not differ between LLETZ versus hysterectomy (p=0.992) and conisation versus hysterectomy (p=0.993), but the cumulative incidence of recurrent AIS was increased following LLETZ compared to conisation (HR2.27, 95%CI: 1.38–3.71; p=0.001). The rate of progression to adenocarcinoma did not differ between LLETZ, conisation and hysterectomy.
Conclusion Conisation is a safe treatment for AIS compared to hysterectomy. For LLETZ the recurrence and progression rates are slightly elevated but still low, indicating that LLETZ could be offered as superior fertility-sparing treatment in women motivated to adhere to stringent follow-up.
Disclosures Nothing to disclose.

#255 FACTORS ASSOCIATED WITH THE DIAGNOSIS OF ADVANCED STAGE OF UTERINE CERVICAL CANCER IN PATIENTS OF A SPECIALIZED ONCOLOGICAL INSTITUTE IN THE PERIOD 2020 TO 2022

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Introduction/Background Advanced cervical cancer is one of the leading causes of cancer-related mortality in the female population . Consequently, numerous studies have emerged worldwide in recent years with the aim of identifying determinants of late presentation in patients with cervical canc.

The present study aims to determine the factors associated with an advanced-stage diagnosis of cervical cancer in patients at the IREN center from February 2020 to December 2022.
Methodology A quantitative, observational, correlational, population-based retrospective cross-sectional study was conducted using a database constructed from secondary data. The study population consisted of 420 women over 18 years of age with a diagnosis of cervical cancer during the specified period and location. The sample was selected using a non-probabilistic census method while considering inclusion and exclusion criteria. The sample size obtained was 208 patients who were included in the analysis. Information was collected from the patient's digital medical records using a data collection instrument developed based on the relevant literature