Methodology  We have been prospectively collecting AGC-FN PAP smears (both conventional (CC) and liquid-based (LBC) signed out in Biopticka laboratory, Pilsen (BL), between 2017–2021. In the case of CC, it was supplemented by a subsequent LBC smear. Residual LBC material was used for HPV genotyping and methylation assay (QIAsure Methylation Test, QIAGEN). Patients were followed and treated according to current Guidelines. In case of surgery, histologic results were obtained.

Results  AGC-FN represented 0.08% PAP smears performed at BL between 2017–2021. Seventy-three patients fulfilled the inclusion criteria of the study. All patients in HPV+/methylation+ subgroup (53 patients) presented some cervical pathology (10 [18.9%] cervical cancer, 41 [77.3%] HSIL and/or AIS, and 2 [3.8%] LSIL. HPV+/methylation- subgroup consisted of 11 patients. Six of them (54.5%) presented AIS and/or HSIL and 4 (36.4%) were without dysplasia. There were six patients in the HPV-/methylation+ subgroup. Four of them (66.7%) had an invasive disease (3 endometrial cancer, 1 gastric type of cervical adenocarcinoma). HPV-/methylation- subgroup consisted of three patients (1 with HGSC – high-grade serous carcinoma of the endometrium, 2 without dysplasia).

Conclusion  AGC-FN PAP smear is frequently associated with cervical precancer/cancer and cancer of other parts of the female genital tract. We show that the HPV co-test can identify patients with a high probability of cervical pathology (HPV+). In the HPV negative subgroup we recommend an close examination of the uterine cavity and pelvic organs in addition to colposcopy/biopsy. In our experience, irrespective of HPV status, a positive methylation test predicts precancer or malignancy.

Disclosures  Study was supported by grant: FNPI 00669806/ Ministry of Health of the Czech Republic

#316  ASC-H CYTOLOGICAL RESULT: ACCURACY OF COLPOSCOPY IN PREDICTING LOW-GRADE AND HIGH-GRADE HISTOLOGICAL LESIONS

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Introduction/Background  Diagnostic workup and prevention of overtreatment of the patients diagnosed with a cytological diagnosis of atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion (ASC-H) may be challenging in clinical practice. We aimed to evaluate the histological outcome of ASC-H cytology and to evaluate the accuracy of colposcopy in predicting both low grade and high-grade histological lesions.

Methodology  A retrospective study was conducted from January 2014 to December 2022, in Akdeniz University Faculty of Medicine Hospital. We selected all cases with ASC-H diagnosed by cervical cytological examinations. Demographic characteristics, colposcopic findings, diagnostic procedures, and histological outcomes were analyzed using SPSS, version 23.0

Results  Seventy-six patients were included in this study. The mean age at diagnosis was 47.2 years (range, 25 to 77 years). The overall incidence of cervical dysplasia of any grade was 83.6% (n = 56). The incidence of high-grade lesions was 38.2% (n = 29) (including 5 cases of in situ carcinoma). A high-grade lesion was detected in only three of the patients who underwent endocervical curettage. HPV test was positive in 28.9% (n:22) cases, and negative in 32.9% (n:25) cases. Colpo-histologic concordance was 82.9,9% and 75,8% for grade 1-lower lesions and high grade lesions, respectively. The sensitivity, specificity, positive predicted value (PPV) and false negative ratio was%75,8, 82,9, %, 47,5%, and 14,8%, respectively.

Conclusion  ASC-H is associated with high-grade histological lesions. Colposcopy, when performed by expert clinicians, has great accuracy in detecting both low and high-grade lesions. Therefore, patients who do not have an indication for excisional treatment and who desire fertility can be followed up with colposcopy.

Disclosures  The authors have no conflict of interest.

Abstract #316 Figure 1  conflict of interest form

Conclusion  ASC-H is associated with high-grade histological lesions. Colposcopy, when performed by expert clinicians, has great accuracy in detecting both low and high-grade lesions. Therefore, patients who do not have an indication for excisional treatment and who desire fertility can be followed up with colposcopy.

Disclosures  The authors have no conflict of interest.

#326  BRACHYTHERAPY AND QUALITY OF LIFE: A CROSS-SECTIONAL STUDY OF WOMEN WITH GYNECOLOGICAL CANCER IN TUNISIA

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Introduction/Background  Brachytherapy can have significant side effects on a patient’s quality of life. This study aims to
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assess their physical, emotional, social, and functional well-being.

Methodology A cross-sectional anonymous survey was conducted on 25 patients with gynecological cancer treated with brachytherapy in the last 3 months at Salah Alzaiez Institute using two questionnaires, FACT-Cx and EORTC QLQ-C30.

Results The median age was 63 years (31–78). Thirteen patients (52%) received low-rate brachytherapy, while 12 patients (48%) received high-rate brachytherapy. For physical well-being, the majority of patients did not experience extended bedridden periods (65%), lack of energy (35%), or need assistance with daily tasks (75%). However, 80% of patients reported difficulty meeting their family’s needs, and all patients required rest. Only six patients (24%) had difficulty sleeping. Socially, 12 (48%) patients were satisfied with their communication with family and friends about their illness. Half of them reported that their physical condition or medical treatment interfered with their family and social life. Half of patients were afraid to have sex. In addition, 55% did not feel sexually attractive, and 85% were dissatisfied with their sex life. Emotionally, 70% of patients were nervous or worried about their condition, but 85% had not lost.

Financial difficulties related to medical treatment and physical condition were experienced by 60% of patients. As for side effects, 25% of patients were bothered by vaginal odor, 35% experienced vaginal discharge or bleeding, and only 7 patients reported constipation or diarrhea. The median rating of overall quality of life was 5 out of 7. The comparison of FACT-Cx scores between High-rate and Low-rate Brachytherapy revealed a mean average total score of 118 and 116, respectively.

Conclusion Brachytherapy may cause side effects affecting patients’ quality of life. Healthcare professionals should manage outcomes and provide supportive care to maintain patient well-being.

Disclosures Nothing to disclose.

ELEVATED VAMP8 EXPRESSION REGULATES THE PROGRESSION OF HPV16-INFECTED CERVICAL LESIONS BY PROMOTING CELLULAR AUTOPHAGY

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Methodology A cross-sectional anonymous survey was conducted on 25 patients with gynecological cancer treated with brachytherapy in the last 3 months at Salah Alzaiez Institute using two questionnaires, FACT-Cx and EORTC QLQ-C30.

Results The median age was 63 years (31–78). Thirteen patients (52%) received low-rate brachytherapy, while 12 patients (48%) received high-rate brachytherapy. For physical well-being, the majority of patients did not experience extended bedridden periods (65%), lack of energy (35%), or need assistance with daily tasks (75%). However, 80% of patients reported difficulty meeting their family’s needs, and all patients required rest. Only six patients (24%) had difficulty sleeping. Socially, 12 (48%) patients were satisfied with their communication with family and friends about their illness. Half of them reported that their physical condition or medical treatment interfered with their family and social life. Half of patients were afraid to have sex. In addition, 55% did not feel sexually attractive, and 85% were dissatisfied with their sex life. Emotionally, 70% of patients were nervous or worried about their condition, but 85% had not lost.

Financial difficulties related to medical treatment and physical condition were experienced by 60% of patients. As for side effects, 25% of patients were bothered by vaginal odor, 35% experienced vaginal discharge or bleeding, and only 7 patients reported constipation or diarrhea. The median rating of overall quality of life was 5 out of 7. The comparison of FACT-Cx scores between High-rate and Low-rate Brachytherapy revealed a mean average total score of 118 and 116, respectively.

Conclusion Brachytherapy may cause side effects affecting patients’ quality of life. Healthcare professionals should manage outcomes and provide supportive care to maintain patient well-being.

Disclosures Nothing to disclose.

AGE AND CERVICAL HISTOLOGY, THE MOST IMPORTANT FACTORS TO PREDICT HUMAN PAPILLOMA VIRUS CLEARANCE

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Introduction/Background: Cervical Cancer (CC) is a common cancer which is associated with HPV-infection. The aim of this study is to investigate the risk factors which affects HPV-clearance.

Methodology: This study was carried out on women with high risk HPV infection. All the patients underwent pap smears and cervical biopsy. Demographic data, marital status, vaccination history and consumption of tobacco, alcohol, opioids and oral contraceptive pills was asked through a questionnaire.

Results: The results showed that in one year follow-up, 142 (67.1%) patients showed HPV clearance. The HPV clearance decreased by increasing age (p=0.028) or higher CIN numbers (p=0.017). In case of parity, there was no significant difference in univariate analysis (p=0.147), but it was significant in multiple logistic regression analysis (95% CI: 0.413–0.941, OR=0624, p= 0.024).

Conclusion: Conclusion: It seems that age, cervical histology and parity at the start of HPV infection are the most important factors for HPV clearance.

Disclosures: No