

members were invited to respond voluntarily and anonymously through a coded and encrypted web form.

Results 67 women between the ages of 21 and 45 responded to the survey (median age 37 years). 55.22% were diagnosed with CIN 3, 19.4% were diagnosed with stage 1 Cervical Cancer, 5.97% with stage 2, 5.97% were diagnosed with stages 3–4, 13.43% did not know how to answer this question. 77.61% are sexually active with a singular known partner. 58.2% recall having a discussion with their attending physician regarding fertility preservation, before the beginning of the treatments. 32.83% recall such a discussion afterward treatments. 11.94% give birth after illness or had a child thanks to a surrogate mother.

Conclusion/Implications This study underscores the need for greater attention to patients' fertility preservation aspects before and after completion of treatments and the need in coordinate patients' expectations regarding birth planning with regards of the ability to do so after treatments. Research involving a larger sample size may help to better support the information needs of survivors.

EP342/#659

BUREAUCRATICAL DIFFICULTIES OF CANCER PATIENTS IN ISRAEL – A PRELIMINARY STUDY

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Introduction Cancer patients need to navigate their path in their journey and take into consideration many medical disciplines and other such as legal or social, hence having difficulties in their disease management.

Methods Personal interviews were preformed with 57 women cancer patients, treated in main medical centers in Israel, aged 32 to 82 years old (median 63 years old). 59.65% of patients have breast cancer, 28.07% have ovarian cancer, 14.04% have uterine cancer and 3.51% have cervical cancer. 5.26% of the patients have double malignancies. 61.4% of patients have an advanced disease. 87.72% of the patients under systemic treatment.

Results 84.21% of the patients had any actionable recommendation from the oncologist. 36.84% of the patients thought they needed help with executing oncologist's recommendations or achieving legal rights. 38.6% of the patients were seeking for help. 45.45% of patients seeking help, needed help with performing genetic or molecular testing, 40.91% needed help with booking appointments for doctors, imaging, or procedures. 18.18% needed help with claiming rights, 9.09% needed help with enrolling to a study, 4.55% needed help with possess drugs prescribed off label and in 4.55% needed help with booking a second opinion consultation.

Conclusion/Implications This preliminary study suggests that many patients need assistance in disease management to perform better in their patient journey. Thus, oncology institutes should offer assistance in executing oncologist's recommendations, enrolling in studies or achieving legal rights.

AS14. Pre-invasive disease

EP343/#352

COMPARISON BETWEEN MOBILE COLPOSCOPY AND CONVENTIONAL COLPOSCOPY IN DETECTING HIGH GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA

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Introduction The detection of high grade cervical intraepithelial neoplasia is traditionally done by conventional colposcopy. However, this procedure requires special equipment and needs to be performed by a specialist. Data on the performance of mobile colposcopy are still limited, so we aimed to evaluate the performance of mobile colposcopy in detecting high grade cervical intraepithelial neoplasia comparing with conventional colposcopy.

Methods Patients with abnormal cervical cancer screening tests were included in the study. Mobile colposcopy and conventional colposcopy were performed in all patients then biopsy was done following the standard recommendation. Images from mobile colposcopy were assessed by two independent doctors. The diagnostic performance was evaluated and the colposcopic results were compared between mobile colposcopy and conventional colposcopy.

Results Ninety-one patients were enrolled in the study. There were poor-quality mobile colposcopic images in 3 patients. The accuracy in detecting high grade cervical intraepithelial neoplasia were 76.14% using mobile colposcopy, and 79.12% using conventional colposcopy. The sensitivity, specificity, positive predictive value, and negative predictive value were 52.94%, 81.82%, 40.91%, and 87.88% in mobile colposcopy, and 61.11%, 83.56%, 47.83%, and 89.71% in conventional colposcopy, respectively. The concordance rate between mobile colposcopy and conventional colposcopy was 72.73%. There was a fair agreement between mobile colposcopy and conventional colposcopy (Kappa = 0.273, 95%CI 0.048–0.497).

Conclusion/Implications The diagnostic performance of mobile colposcopy was comparable to conventional colposcopy with a fair agreement between the two procedures. Mobile colposcopy may be an alternative option in the diagnosis of high grade cervical intraepithelial neoplasia.

EP344/#385

CLINICAL WORKUP AND TREATMENT FOR LOBULAR ENDOCERVICAL GLANDULAR HYPERPLASIA IN A REGIONAL GYNAEONCOLOGY CENTRE IN HONG KONG

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Introduction Lobular endocervical glandular hyperplasia (LEGH) is a rare benign disorder of the uterine cervix but it