

to 43.6% (range 25–47.7%). PDSA-6 (daily WhatsApp reminders to HCPs) had variable impact (43%; range 17.9–90%). However, sustenance was not feasible, as PMWs were posted for other clinical services and also separate facility interrupted the patient's flow. PDSA-7 (increased supply of kits along with counselling at entry point and stamp application on card) could increase the rates to 52.8% (range 35–98%), (figure 2)

**Conclusion/Implications** Sensitization and training of healthcare professionals and paramedical workers is essential. Novel, contextual interventions can improve screening uptake even in tertiary hospitals in developing countries.

EP370/#835

### DIAGNOSTIC ACCURACY OF CYTOLOGY TEST IN HPV-INDEPENDENT CERVICAL ADENOCARCINOMA

<sup>1</sup>Chi-Son Chang\*, <sup>2</sup>Jaewon Na, <sup>2</sup>Yoo Young Lee, <sup>2</sup>Tae-Joong Kim, <sup>2</sup>Jeong-Won Lee, <sup>2</sup>Byoung Gie Kim, <sup>2</sup>Chel Hun Choi. <sup>1</sup>Chung-Ang University Gwangmyeong Hospital, Department of Obstetrics and Gynecology, Gwangmyeong-si, Korea, Republic of; <sup>2</sup>Samsung Medical Center, Sungkyunkwan University School of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2023-IGCS.421

**Introduction** Human papillomavirus (HPV)-independent cervical cancer account for approximately 5% of cervical cancer, especially in adenocarcinomas. These subtypes have poorer prognosis and require clinical attention. Recent guidelines on cervical cancer screening recommend primary HPV screening rather than conventional cytology test. This study evaluated the accuracy of cytology test in HPV-independent (HPVI) cervical adenocarcinoma and compared it to HPV-associated (HPVA) cervical adenocarcinoma.

**Methods** Medical records of 94 patients with HPVI cervical adenocarcinoma were collected after pathologic review. Patients with HPVA cervical adenocarcinoma from January 2019 to November 2021 were set as a control group. Patients who had not performed cytology test before diagnosis were excluded. Pathologic report of cervical biopsy and the results of most recent cytology test prior to diagnosis were investigated. Histologic subtype of cervical cancer was divided according to 2020 WHO Female Genital Tumors classification.

**Results** Eighty-one patients in HPVI group and 110 patients in HPVA group were included in final analysis. Among HPV-associated adenocarcinoma, usual-type was the most common type (80.9%, 89/110). In HPV-independent adenocarcinoma, there were 59 (72.8%) cases of gastric-type, 10 (12.3%) cases of clear cell-type, 5(6.2%) cases of endometrioid-type, and 3 (3.7%) cases of mesonephric-type adenocarcinoma. Patients with HPV-associated cancer had abnormal cytology test result in 79.1% (87/110), with false-negative rate of 20.9% (23/110). In patients with HPV-independent adenocarcinoma, 63.0% (51/81) had abnormal cytology test result, with false-negative rate of 37.0% (30/81).

**Conclusion/Implications** The false-negative rate of cytology test was higher in HPV-independent adenocarcinoma than in HPV-associated adenocarcinoma. Cervical cytology test is not accurate for screening HPV-independent adenocarcinoma.

EP371/#384

### NATIONAL MAMMOGRAPHIC SCREENING PROGRAM FOR BREAST CANCER IN UZBEKISTAN: FIRST RESULTS

<sup>1</sup>Mirzagaleb Tillyashykhov, <sup>2</sup>Dinesh Pendharkar, <sup>3</sup>Sayde Djanklich\*, <sup>4</sup>Alksandr Ososkov, <sup>5</sup>Askar Adilkhodjayev, <sup>6</sup>Lola Alimkhodjayeva, <sup>7</sup>Saidov Gafur, <sup>8</sup>Sherali Dustov, <sup>8</sup>Uchkun Abdukurimov, <sup>4</sup>Shavkat Ibragimov. <sup>1</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Onco-urology, Tashkent, Uzbekistan; <sup>2</sup>Sarvodaya cancer center, Oncological, Faridabad, India; <sup>3</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Gynecologic, Tashkent, Uzbekistan; <sup>4</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Radiation Therapy, Tashkent, Uzbekistan; <sup>5</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Oncological, Tashkent, Uzbekistan; <sup>6</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Mammological, Tashkent, Uzbekistan; <sup>7</sup>Bukhara region branch of Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Oncological, Bukhara, Uzbekistan; <sup>8</sup>Bukhara region branch of Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Mammological, Bukhara, Uzbekistan

10.1136/ijgc-2023-IGCS.422

**Introduction** A state level national screening program was designed and decided to implement through a pilot in the Bukhara region, in age group of women from 45–65 years (incidence rate about 80 per 100 000 population).

**Methods** Bukhara region has 13 subdivisions. Every subdivision was equipped with a digital mammograph (13 fixed and 2 mobile units) with centralized real-time system of registration and reporting using specialized software (Uzfujiirunlek). All mammograms were sent to central reading center based at National Cancer Center in Tashkent in real time. Standard BIRADS scoring is used. Here we report data from the beginning of screening program (May 2021) to January 2023.

**Results** A total of 137 245 women were screened. Out of this group 398 (0.3%) were found to have BIRADs 5, 4 998 women (3.6%) were found to have BIRADs 4 and BIRADS 1–2 category was reported in 126 859 women (92.4%). All patients with BIRADs 0–4-5 (10 903) results were sent for the further examination. Breast cancer were detected in 377 (3.5% from BIRADs 0–4-5) women. 81 cases were diagnosed in stage I (22.4%), 214 in stage II (58.5%), 42 in stage III (8.5%) and 40 in stage IV (10.6%). The highest number of patients were between the age of 55–65 (51.4%), and 48.6% were in age 45–55.

**Conclusion/Implications** Screening at the population level in Uzbekistan proved to be feasible. Almost 80% of women were diagnosed at the early stages. It becomes possible to decrease mortality and increase survival rate of breast cancer patients in Uzbekistan.

EP372/#735

### HUMAN PAPILLOMAVIRUS INFECTIONS AMONG WOMEN WITH CERVICAL LESIONS IN UZBEKISTAN

<sup>1</sup>Nargiza Zakhirova, <sup>2</sup>Mirzagaleb Tillyashykhov, <sup>3</sup>Sayde Djanklich\*, <sup>3</sup>Viloyat Saidakhmedova, <sup>3</sup>Muzafar Otajanov, <sup>3</sup>Elnora Osmanova. <sup>1</sup>Tashkent Pediatric Medical Institute, Oncological, Tashkent, Uzbekistan; <sup>2</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Onco-urology, Tashkent, Uzbekistan; <sup>3</sup>Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Gynecologic, Tashkent, Uzbekistan

10.1136/ijgc-2023-IGCS.423

**Introduction** The prevalence of HPV types 16 and 18 was studied in healthy women, patients with concomitant and precancerous diseases of the cervix and cervical cancer women from Tashkent city.

**Methods** Totally 787 (100%) women were examined, and 79 (10%) of them were with cervical lesions and 21 (2.7%) - healthy. Out of the patients with cervical lesions, morphologically eroded ectropion, endocervicosis, polyps were registered in 26 (32.9%) women, CIN - 19 (24%) patients and cervical cancer - 24 (30.4%). The age of women ranged from 18 to 62 years. The material for the study was smears and biopsies from the cervix. HPV DNA detection with Genotyping was performed by PCR.

**Results** In 26.9% of women with concomitant cervical lesions, there was revealed HPV types 16 and 18. Out of CIN patients it was detected HPV DNA in 73.7% cases; out of cervical cancer patients - HPV was detected in 95.6% cases. Moreover, out of healthy women, without visual pathology of the cervix, HPV was detected in 19%. It was performed cervical conization by an electrosurgical method with systemic antiviral therapy for patients with concomitant diseases and CIN. Patients were monitored every 6 months by using HPV test of cervical smears. After treatment HPV DNA was present in 49.9% of smear samples.

**Conclusion/Implications** HPV has the ability to eliminate from the human body on its own, however, the results of the study showed that even after local and systemic therapy, HPV can persist in the body, finally lead to invasive cervical cancer.

EP373/#787

#### ELIMINATION OF CERVICAL CANCER: DOES COLPOSCOPY REALLY MATTER IN LOW RESOURCE SETTING?

Jannatul Ferdous\*, Shahana Rahman, Nazneen Choudhury, Ashrafun Nessa, Jakanta Faika. *Bangabandhu Sheikh Mujib Medical University, Gynecological Oncology, Dhaka, Bangladesh*

10.1136/ijgc-2023-IGCS.424

**Introduction** Cervical cancer (CC) is the second most common malignancy among women in Bangladesh which is preceded by a precancerous phase called CIN. This facilitates early detection of CIN and thereby making CC preventable. Colposcopic scoring systems can select patients who require treatment. This study was performed to compare between two colposcopic scoring system for selecting the patients with cervical pre-cancer for treatment as a single visit approach.

**Methods** This prospective study enrolled 300 women aged 18 years or over with abnormal cervical screening test. All women underwent colposcopy by both Reid colposcopic index and Swede score. Biopsy was taken in all cases. The performance of both scores was assessed.

**Results** A total of 54 (18%) CIN2+ lesions were detected. Reid colposcopic index at a cutoff of 5 had sensitivity, specificity, positive predictive value, and negative predictive value for detecting CIN2+ was 87.62%, 94.71%, 87.62%, and 94.71%, respectively. Using Swede score at a cutoff 5 sensitivity, specificity, positive predictive value, and negative predictive value were 96.59%, 89.58%, 77.27%, and 98.62%,

respectively and at cutoff 8 were 68%, 98.03%, 94.44%, and 86.2%, respectively. The strength of correlation between the two scores was 0.603.

**Conclusion/Implications** There was a good association between two colposcopic scoring. Swede score at cut off 5 can be used for screening, whereas cut off 8 can be used for treatment purpose as single visit approach. Thus colposcopy really matters in eliminating cervical cancer in low resource setting where the high performance test for the screening are still evolving.

EP374/#148

#### PREVALENCE OF HIGH-GRADE LESIONS OR CANCER AND THEIR ASSOCIATED FACTORS AMONG WOMEN AGED > 60 YEARS WITH ABNORMAL CERVICAL CANCER SCREENING

<sup>1</sup>Nida Jareemit\*, <sup>2</sup>Warangkana Kolaka, <sup>3</sup>Nuttavut Kantathavorn, <sup>1</sup>Perapong Inthasorn, <sup>4,5</sup>Siriwan Tangjitgamol. <sup>1</sup>Faculty of Medicine Siriraj Hospital, Mahidol University, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Bangkok, Thailand; <sup>2</sup>National Cancer Institute, Gynecologic Oncology, Bangkok, Thailand; <sup>3</sup>Princess Srisavangavadhana College of Medicine, Chulabhorn Hospital, Chulabhorn Royal Academy, Obstetrics and Gynecology, Bangkok, Thailand; <sup>4</sup>Faculty of Medicine Vajira Hospital, Navamindradhiraj University, Obstetrics and Gynecology, Bangkok, Thailand; <sup>5</sup>MedPark Hospital, Obstetrics and Gynecology Section, Bangkok, Thailand

10.1136/ijgc-2023-IGCS.425

**Introduction** This study was to explore the prevalence and associated factors with high-grade lesions or cancer in women aged > 60 years with abnormal cervical cancer screening.

**Methods** Medical records of women aged > 60 years who had abnormal cervical cancer screening from 8 Thai cancer centers during 2009–2021 were retrospectively reviewed. Baseline characteristics, prior and current cervical cancer screening and subsequent histopathology were collected. Logistic regression analysis was performed to identify associated factors with high-grade lesions or cancer.

**Results** A total of 1,622 women were included. The mean age was 68.2±7.2 (range 60–100). Twenty one percent (251/1,175) were immunocompromised, 10% (55/511) still had sexual activity. Forty percent (527/1,293) had never had screening test. History of high-grade lesions or cancer were reported in 48.9% (128/262). The current abnormal screening results were normal cytology with positive high-risk HPV 0.9%, ASCUS 38%, LSIL 11.8%, ASC-H 11.9%, HSIL 12.6%, AGC 19.7%, SCCA 4.7% and adenocarcinoma 0.3%. Subsequent histopathology revealed high-grade lesions and cancer in 12.6% and 14.4% respectively. By univariable analysis, factors associated with high-grade lesions and cancer were older age, immunocompromised women, never had screening, and prior high-grade lesions or cancer. By multivariable analysis, the only independent significant factor was prior high-grade lesions or cancer (adjusted OR = 5.04, p<0.001).

**Conclusion/Implications** The risk of high-grade lesions and cancer in elderly women with abnormal cervical cancer screening was substantial. Continuing cervical cancer screening at age beyond screening recommendation should be considered especially in women with history of high-grade lesions or cancer.