

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?

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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

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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.