

respectively. 4.7% of women of the target population were reached by call, and 21.1% of women attending the screening campaigns were eligible. Acceptability was 74.4%, 94.7%, and 92.8% with the phone calls, in-person invitation, and screening campaigns respectively. The compliance with the diagnostic work-up was 100.0% and 53.3% in arms 1 and 2. Treatment compliance was not assessable.

Conclusion/Implications HPV self-collection is highly acceptable; however, coverage of hard-to-reach populations is challenging for scenarios without organized programs.

EP380/#723

IS IT NECESSARY TO EXPAND THE SCREENING AGE MARGIN FOR DIAGNOSIS OF CERVICAL CANCER AT A REGIONAL LEVEL? THIRD REGION, CHILE

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Introduction Current WHO recommendation remarks screening with high-performance tests of women with ages between 35–45 years to accelerate the elimination of cervical cancer. Our local cervical cancer screening program recommends PAP screening for women between 25 and 64 years of age.

Methods Retrospective review with statistical database analysis using clinical records, protocols, and biopsies of the gynecology oncology committee of diagnosed patients with cervical cancer between November 2020–April 2023. A bleeding, friable, exophytic lesion in the cervix was considered clinical suspicion.

Results Total of 95 patients with diagnosis of cervical cancer; 19 patients (20%) outside the recommended screening range for age: 17 patients >64 years and 2 patients <25 years. 2 patients referred with atypical pap smear results (unknown reason why PAP was done) and 17 due to clinical suspicion. On the physical examination 95% (18) had an obvious lesion. 3 patients were in stage Figo I (IA2, IB2 and IB3), 6 in stage II (2 IIA2, 4 IIB), 5 in stage III (1 III B, 4 IIIc1) and 4 in stage IV B, 1 in non-specific stage (lymphoma). Histological type: 74% (14) squamous, 21% (4) adenocarcinomas and 5% (1) lymphoma.

Conclusion/Implications We believe this to be an important finding to promote change on the prevention strategy at the regional level regarding the age of screening, since 20% of the population in approximately 3 years demonstrated to have a fatal pathology that is clearly preventable as the studies say due to timely and adequate screening.

EP382/#190

LIMITATIONS OF CERVICAL CYTOLOGY AS A SCREENING TEST IN THE DIAGNOSIS OF CERVICAL CANCER

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Introduction In Japan's Cervical Cancer Screening Guidelines (2020), the cervical cytology alone method is recommended to be performed every 2 years as a cervical cancer screening. On

the other hand, its sensitivity and specificity are varied, respectively, and approximately 6% of the results are false-negative. In this study, we investigated the status of cervical cancer screening in the 2 years prior to diagnosis in our cervical cancer cases, and examined risk factor(s) for underestimation by screening.

Methods Cervical cancer patients who underwent initial treatment at our hospital between January 2012 and February 2022 were included in the study. Patient backgrounds (age at diagnosis, previous history, history of vaginal delivery, menstrual history, etc.) and cervical cancer screening status and results in the two years prior to diagnosis were extracted from medical records, and statistical analyses were conducted for patients whose cytological diagnosis was underestimated.

Results There were 323 cervical cancer cases during the study period. Of these, 22 patients (6.9%) were in the underestimated group who had undergone cervical cytology screening in the 2 years prior to diagnosis and had been diagnosed as normal. A history of cervical conization was found in 3 patients (13.6%) of the underestimated group and in 10 patients (3.3%) of the control group (n=301), which was statistically significant (p=0.0175).

Conclusion/Implications It is well known that cervical cancer screening is necessary even after conization for CIN3. Moreover, we hypothesize that results of cervical cytology screening alone may be underestimated in patients with a history of previous cervical conization.

EP383/#755

THE SIGNIFICANCE OF HPV TEST FOR CERVICAL CANCER SCREENING IN LOW-GRADE ABNORMAL CYTOLOGY GROUP USING SOUTH KOREAN DATA

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Introduction This study aimed to evaluate the significance of HPV testing as a screening test for cervical cancer.

Methods Between April 2010 and September 2021, women initially diagnosed with ASCUS or LSIL and having HPV infection were included. They underwent cytology and HPV testing every 6 months until disease progression. Cytology results were categorized as ASCUS/LSIL positive or HSIL positive. HPV infection patterns were divided into high-risk 1 (16, 18, 31, 33, 45, 52, 58), high-risk 2 (35, 39, 51, 56, 59, 66, 68), low-risk 3, and regression 4 (HPV regression within 6 months). Sensitivity for cytology and HPV testing at 1, 2, and 3-year intervals was evaluated, along with Cox analysis for disease progression.

Results Total 1,273 participants were included, and 98 women (7.7%) experienced disease progression. The best AUC for cytology was 0.85 with a sensitivity of 0.735 over 3 years in the HSIL positive group. For HPV testing, the best AUC was 0.778 and sensitivity was 0.765 over 3 years in the high-risk 1 group. Disease progression significantly differed among the HPV groups, with a hazard of 11.4 (p=0.001) in the high-risk 1 group. HPV regression showed no disease progression.