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.

Among participants under 30, no statistically significant progression was observed as HPV infection pattern.
Conclusion/Implications In women diagnosis for ASCUS/LSIL, HPV test showed slightly higher sensitivity compared to cytology. Considering survival analysis, it is recommended to add HPV test of high-risk 1 for women over 30 years.

EP384/#667 A SIX MONTH REVIEW OF ALL RAISED CA125 BLOOD TEST REFERRALS TO THE SUSPECTED CANCER PATHWAY IN A UK TRUST

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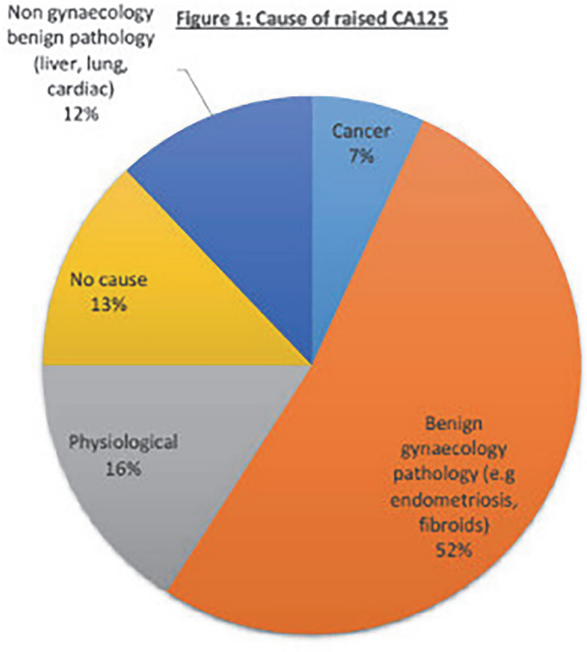
Introduction In the UK, a CA125 blood test is advised for anyone presenting to general practice with symptoms suggestive of ovarian cancer. If raised, they are referred for further investigation. Not all patients with a raised CA125 will have cancer. We have noticed a range of practice in our Trust and this likely relates to the lack of guidance on raised CA125 management in the absence of cancer, particularly in the premenopausal population.
Methods Retrospective review of all patients referred on the suspected cancer pathway to Chelsea and Westminster Hospital NHS Foundation Trust, UK between July 1st2022 and 31st December 2022, to identify management and outcomes.
Results 134/1895 patients were referred with a raised CA125. Only 5/19 ovarian cancer diagnoses in this time period were referred with a raised CA125. 4 patients had a diagnosis of non-ovarian cancers. Figure 1 shows the remaining causes. All patients who had a CA125 of over 3000 had cancer. No patient with a CA125 less than 60 had cancer. 81 patients were premenopausal. All patients underwent a pelvic ultrasound scan and amongst this group, management varied with only 40 removed from the suspected cancer pathway at first attendance. The remaining 40 underwent further investigation: Repeat CA125 (n=22), MRI (n=18).
Conclusion/Implications Lack of guidance for the management of raised CA125 reflects there being no level which is diagnostic of ovarian cancer. Raised CA125 may be physiological or due to benign conditions. Further research is needed to determine whether management pathways should differ depending on menopausal status or age.



Abstract EP384/#667 Figure 1 Cause raised CA125

EP385/#290 A COMPARATIVE STUDY OF SELF-COLLECTED VERSUS CLINICIAN-COLLECTED SPECIMENS IN DETECTING HIGH-RISK HPV INFECTION: A PROSPECTIVE CROSS-SECTIONAL STUDY

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Introduction The primary endpoint of this study aimed to investigate the correlation between self-collected vaginal specimens versus clinician-collected cervical specimens in detecting high-risk HPV infection. Furthermore, the secondary endpoint was the satisfaction of self-collection for HPV testing.
Methods From October 2021 to September 2022, 104 women with HPV16 or HPV18-positive or other 12 high-risk HPV-positive with cytology $\geq$ ASCUS were enrolled. The primary endpoint of the study was the assessment of the level of agreement and correlation between human papillomavirus (HPV) testing results obtained from self-collected vaginal specimens and those obtained from clinician-collected cervical specimens in detecting high-risk HPV infections, which was accomplished using Cohen's Kappa coefficient (k). The secondary endpoint was the satisfaction of women with the vaginal self-collected method. Data analysis was using STATA (StataCorp LLC, College Station, TX), with results considered statistically significant at a P-value of less than 0.05.
Results Paired self-collected and clinician-collected specimens were obtained from 104 women with previous HPV-positive results. The agreement in detecting HPV infection was 'substantial' with a kappa coefficient of 0.75. More than 90% of participants rated self-collection as a very good to excellent method because of convenience and safety. For methods of further follow-up, 51% of participants chose self-sampling, the remaining preferred collection by clinicians. There were no complications with the intervention observed.
Conclusion/Implications Self-collected HPV testing is substantially correlated with clinician-collected specimens in detecting cervical high - risk HPV infection. This cell collection method appears to be highly satisfactory and may provide better compliance in the detection of cervical HPV infection.