screened, 11% were hrHPV positive and 68% were willing for follow-up. Table 1: Characteristics of ASHAs and Patients

Conclusions

Conclusion: The current study highlights a novel strategy incorporating the role of telemedicine in training ASHA worker for the self-sampling of HPV for cervical cancer screening, with promising results. The study is funded by American Society of Clinical Oncology.

W003/#1413

RESOURCE STRATIFIED SECONDARY CERVICAL CANCER PREVENTION: PRAGMATIC APPROACH FOR BASIC LEVEL OF SERVICE

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Introduction The American Society of Clinical Oncology (ASCO) produced a guideline for Resource Stratified Secondary Cervical cancer prevention that recommended the use of Visual Inspection with Acetic Acid (VIA) only with the goal of developing the basic settings if HPV testing is not available. We hereby present ongoing attempts at instituting organized cervical cancer prevention programs in basic settings.

Methods We leveraged the pre-implementation activities of the pilot HPV screening of 5,000 women in Kebbi State to train the staff of 3 non-state-owned health facilities: Police Cottage Hospital, Kebbi Command, Haske Dominican Hospital, Dabai and Medical Reception Station, Dukku Barracks. The progress made was assessed against resource stratified secondary cervical cancer prevention in the basic settings.

Results The cervical cancer screening programs at the three facilities effectively kick started after training within an organized screening program. Although none currently use HPV-based screening due to cost, staff are trained to perform HPV testing and are ready to upgrade if resources permit. All three facilities currently refer screen-positive cases to a tertiary health facility for treatment in a hub-spoke model.

Conclusions The resource-stratified model offers an opportunity for low-resource settings to establish sustainable cervical cancer prevention services within their economic constraints and prepare facilities for future introduction of HPV screening Program. We proposed a flexible model that allows upgrading to HPV in response to available resources.

W004/#1411

SUPPORT FOR STANDARDIZATION: ULTRASOUND RISK STRATIFICATION MODELS ACCURATELY DISCRIMINATE BENIGN FROM MALIGNANT ADNEXAL LESIONS IN THE HANDS OF NOVICE OPERATOR

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Introduction It is unclear whether ultrasound risk stratification models for adnexal lesions perform well when used by novice providers. We aim to compare the performance of four

![ROC curves comparison](image)