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O-1
Proffered Papers

The International Experience Of Interval Cancer Rate Calculation In Cervical Screening Programmes

Professor Noirin Russell[1,2], Professor Patricia Fitzpatrick[1], Ms Therese Mooney[1], Ms Yvonne Williams[1], Ms Grainne Gleeson[1], Dr Caroline Mason Mohan[1]
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Introduction / Background
In 2018, after a crisis in the Irish national cervical screening programme (CervicalCheck), precipitated by the non-disclosure of results of an audit of interval cancers, an Expert Reference group (ERG) was established to advise on the future of cervical interval cancer audit in Ireland. The ERG recommended that calculation of an interval cervical cancer rate should be part of future quality assurance monitoring of the programme.

Aims / Methodology
This international study was undertaken to determine if a consensus regarding interval cervical cancer rate calculation exists. A web-based questionnaire was sent to 22 cervical screening programmes fulfilling the inclusion criteria: (1) a national or regional population-based cervical screening programme; (2) a country or region with a population ≥ population of Ireland; (3) programmes located in Europe, Australia or Canada; (4) an identifiable contact email. Ireland was included in the survey.

Results
Of 10 respondents, four calculated an interval cancer rate, four did not calculate interval cancer rates but had guidelines and two programmes neither calculated interval cancer rates nor had any guidelines related to this. Eight included invasive cancers in the screening age group as numerator, with four including microinvasive disease; one included cancer in women below and one in women above screening age. Two reviewed clinical data on the cancers before inclusion. The time period used to attribute an interval cancer ranged from 3 to 10 years. Denominators include (i) per women years, (ii) per number of screens, and (iii) per total cancers in screened population.

Conclusion

There is variation in all parameters used in interval cancer rate calculations internationally. To allow benchmarking of performance, there is a need for an internationally standardised method calculation. The International Agency for Research in Cancer (IARC) in working to agree a consensus definition as part of a collaboration with Ireland.

O-2

Cervical Excision Outcomes In Over 50's – Do LG Excisions Show More Evidence Of HPV Pos/ Abnormal Cytology Post-Treatment

Dr Selina Chiu, Miss Deirdre Lyons
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Introduction

HPV infection has a bimodal distribution with age with the second peak occurring in the fifth or sixth decade of life. Several studies have suggested that patient's age is an independent factor influencing regression and progression rates of CIN. Older women generally seem to have lower rates of spontaneous regression and remission. Persistence of HPV is the major cause of cervical cancer.

Aims/Methodology

A retrospective detailed analysis of women over the age of 50 who underwent excisional treatment in colposcopy between 2006–2021 at Imperial College Healthcare NHS Trust. Data was collected from colposcopy database/regional reporting database.
We wished to know outcomes of treatment and if there was greater HPV positivity in women following excision of high-grade CIN than low grade CIN.

Results

The total number of women undergoing excisional treatment received was 105 over 15 years. The treatment outcomes are below. DNA post-treatment was 6.2% (n=2) of HG excisions and 2.8% (n=2) LG excisions. Overall DNA rate 3.8%.

Grade of abnormality	**Median age (Years)**	**Clear margins on 1st excision**	**Follow-up HPV screen positive**	**Follow-up +ve cytology (incl. pre-2012)**
High grade (32) (30.5%)	63.5 (50-83)	68.8% (n=22)	15.6% (n=5)	12.5% (n=4)
Low grade (73) (69.5%)	55 (50-75)	97.3% (n=71)	19.1%(n=14)	26.7% (n=19)
P value		0.00002	0.94	0.12

Mean depth of excision for HG – 16mm (5-30mm)
Mean depth of excision for LG – 14mm (6-26mm)

All High grade (HG) disease with positive margins on excision were offered a repeat excision – including hysterectomy. 5/10 declined a repeat excision. No patient had progressed to microinvasive or invasive cancer on second excision.

Complete excision was associated with increased clearance of HG disease (72.7%) compared to LG disease (61%).

Conclusion

Our data, while showing a trend in having more positive hrHPV tests after LG excision (p0.05).

There is evidence of more positive margins in higher grade excision, thus emphasising the importance of depth of excision in treatment of HG disease.

Some of patients who were HPV positive, post-treatment and declined re-excision, did have HPV negative test – 5-8 years after index treatment.

This is an interesting group for further study, in terms of HPV negativity post-treatment.

O-3

Cervical Screening Barriers And Attitudes In Previous Non-Attenders Completing Self-Sampling In The Youscreen Study: Preliminary Findings From A Cross-Sectional Survey

Miss Hannah Drysdale[1], Dr Jo Waller[1], Dr Laura Marlow[1], Dr Anita Lim[1]
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Title: Cervical screening barriers and attitudes in previous non-attenders completing self-sampling in the YouScreen study: preliminary findings from a cross-sectional survey

Introduction / Background
YouScreen was an implementation feasibility clinical trial which integrated HPV self-sampling for non-attenders within the NHS cervical screening programme for the first time. The trial recruited women who were at least 6 months overdue for screening via GP practices in five London boroughs with consistently low cervical screening coverage. Here we report preliminary analyses of a postal questionnaire sub-study examining previous barriers to screening and attitudes to HPV self-sampling among women returning a self-collected sample.

Aims / Methodology
The questionnaire assessed experience of cervical screening, confidence and trust in the self-sampling procedure and results, and attitudes towards alternative sampling methods. Women were also asked to indicate whether any of thirteen possible barriers had put them off screening in the past. Confidence in having taken the self-sample correctly and trust in the results were measured using single items with 5-point response scales.

Results
Of 8,333 eligible women returning a self-sample, 2,660 (31.9%) completed a questionnaire. Forty percent (n=1,075/2,660) were from an ethnic minority background and the mean age was 41.1 years. The most commonly endorsed barriers to previous participation were worry about pain/discomfort (48.6%, n=1,294/2,660) and difficulty taking time off work (44.1%, n=1,172/2660). Most participants (82.6%; n=2,198/2,660) were confident that they had taken the self-sample correctly (confidence rating: 4-5 out of 5) and 79.9% (n=2,126/2,660) trusted the test results. Seventy-one percent (n=1,896/2,660) indicated that they would prefer self-sampling in the future, 10.5% would prefer clinician screening and 15.2% reported no preference. If offered a choice of urine vs. vaginal self-sampling in the future, 41.9% would prefer urine, 15.5% would prefer vaginal and 39.1% reported no preference.
Our findings suggest self-sampling has the potential to overcome time- and procedure-related barriers to cervical screening. In addition, urine sampling may be more acceptable than a vaginal swab.

O-4

USE OF KC65 INFORMATION TO INFORM UNIT AND REGIONAL COLPOSCOPY CAPACITY ISSUES. POTENTIAL AND ASSISTANCE FOR PLANNING SERVICES

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Introduction / Background

KC65 data returns include referral timelines, for referrals into Colposcopy Units. National guidance on referrals recommends 99% of all referrals should be offered an appointment within 6 weeks and 93% HG moderate dyskaryosis +, should be offered an appointment within 2 weeks.

The impact of COVID 19 on services, followed by the increase in referrals secondary to primary HPV screening has caused challenges in terms of capacity management. The original expected increase in referrals has been surpassed in most Units, post- implementation of primary HPV screening. Managing capacity in colposcopy, requires data management and assessment, to inform staffing and clinic requirement.

Aims / Methodology

Data from 2019.20, 2020.21 and 2021.22 was analysed, using Part A totals per Unit and also using Part A – 6 weeks. This was analysed per Unit and overall for the 26 London Units.

The numbers given appointments, is part of Part A returns. Thus taking this figure, will only include referrals within the one quarter that first appointment is offered. This can assist in managing capacity within Units.

Results

2019.20 and 2020.21 were impacted by COVID 19 pandemic, following implementation of HPV primary screening. 2021.22 – has seen a 54.9% increase in referrals over 2020.21. This obviously caused a challenge to many Units in terms of capacity management.

Statistics were analysed per Unit/ per sector and overall in London.

Year of referral	Appointment over 6 weeks	Total Referrals
2019.2	524	11271
2020.21	5197	36317
2021.22	13235	56289

Challenges in capacity vary between Units and based on statistics above – if taken overall for London, from 2019.20 – 4.6% referrals were offered an appointment > 6 weeks, 14.3% >6 weeks for 2020.21 and 23.5% > 6 weeks 2021.22.

For 2021.22 – the requirement for extra clinics in London, based on 42 week year and 8 patients/ clinic – would be estimated at 39 extra clinics/ week, this would allow achievement of 6 weeks target, this would take a year to achieve national standards.

O-6

New Aspects To Prevent Cervical Cancer With An Adsorbent And Antioxidative Physiologically Acidic Vaginal Gel Containing Activated Selenium

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Introduction / Background
This study aims to evaluate the course of p16/Ki-67-positive low-grade cytology (ASC-US, LSIL) and hr-HPV in women who are treated with DeflaGyn® vaginal gel. The presence of p16/Ki-67 indicates loss of cell cycle regulation and oncogenic disruption by hr-HPV. The National Cancer Institute defines an increased risk as a 4% or higher immediate risk of CIN3+. Combinations with a positive hr-HPV test show that for ASC-US, the immediate risk of CIN3+ is 4.4%, and for LSIL, it is 4.3%. The 5-year risk of CIN3+ with hr-HPV persistence is 7.2% for NILM, 9.5% for ASC-US, and 8.5% for LSIL (*Egemen D, 2020*).

Aims / Methodology
134 women with a cytological diagnosis of p16/Ki-67-positive ASC-US or LSIL were selected from a randomized controlled study based on women with a histological diagnosis of CIN2 or p16-positive CIN1 lesions. For three months, 57 patients in the active arm (AA) applied 5 ml of DeflaGyn® vaginal gel daily, while 77 patients in the control arm (CA) underwent no treatment ("watchful waiting"). The endpoints were cytological evolution, p16/Ki-67, and hr-HPV-clearances.

Results
After 3 months, cytological regression was observed in 74% (42/57) of patients in the AA compared with 18% (14/77) in the CA. Progression occurred in 7% (4/57) of the AA compared with 18% (14/77) of the CA. The p16/Ki-67 status change was significantly ($p<0.001$) in favor of the AA, with 83% (47/57) becoming negative compared to 18% (14/77) in the CA. hr-HPV prevalence decreased significantly ($p<0.001$) in the AA by 51%, while 9% in the CA.

Conclusions
DeflaGyn® vaginal gel significantly clears hr-HPV and p16/Ki-67, thereby offering effective treatment and protection for oncogenically transforming HPV infections. Available data suggest that prevention with the gel containing activated Selenium is a viable treatment option for women with hr-HPV-positive or p16/Ki-67-positive low-grade cytology (ASC-US/LSIL).

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O-7

Factors Associated With Failed 'Test Of Cure'. A Retrospective Cohort Study

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Introduction / Background

It is well accepted that human papillomavirus (HPV) is responsible for the development of cervical intraepithelial neoplasia (CIN) and cervical cancer. The presence of hr-HPV following treatment for CIN, or CGIN, is a risk factor for disease persistence or recurrence. Whilst persistence of any hr-HPV infection results in 'test of cure' (TOC) failure, the influence of the different hr-HPV genotypes on treatment outcomes is poorly understood.

Aims / Methodology

This study aims to determine predictive factors associated with failed TOC and add to the body of evidence in favour of type-specific HPV reporting. All patients undergoing treatment by large loop excision of the transformation zone (LLETZ) between 1st April 2014 and 1st April 2019 at the Jessop Wing Colposcopy Unit, Sheffield, UK were included. The Trust based integrated clinical environment (ICE^{TM}) system and Open Exeter (web-enabled database) were searched for subsequent HPV and cytology results at six to twelve months post treatment.

Results

Patients referred with a singular HPV genotype of HPV 16, HPV 18, or HPV Other's were significantly more likely to pass TOC than those referred with multiple HPV genotypes ($p < 0.0001$). Those with HPV genotypes including HPV Other's were significantly more likely to fail TOC as compared to those with genotypes of solely HPV 16 and / or 18 ($p<0.0001$).

Patients aged >51 years were significantly more likely to fail TOC when compared to all other age groups ($p<0.0001$).

Conclusion

Age >51 yrs and infection with multiple hr-HPV types were predictors of post treatment hr-HPV persistence. Knowledge of HPV genotype at referral and following treatment, could allow a more individualised, and patient-centred approach to the management and follow up of CIN. HPV genotype should be reported on all cervical screening sample results. The term HPV 'Other's' should not be utilised and instead actual HPV genotype should be reported.

Posters

P-01

Developing A Technological Solution To Support National Clinical Data Submissions

Miss Tracy-Louise Appleyard[1], Mr Scott Curley[1], Mr Suraj Sanjeevan[1], Miss Meg Ward[1], Mrs Jeanette Hall[1]
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Introduction / Background
A suitable information technology solution was required to facilitate collection of data for the BSCCP minimum data set and submission of the National Standard data submission (KC65).
The project formed part of the introduction of a new trust wide electronic patient record and aimed to replace clinical data that was being captured in siloed databases. It needed to integrate with an external database, Cyres. Any solution that was developed had to allow for secure data transfer into this database.

Aims / Methodology
Clinical transformation design principles were used. A review of other commercially available Software applications was conducted but these were found to be incompatible with the system that the trust had procured and did not meet the aim of replacing siloed sources of data. Current and future state processes were mapped.
A working group was convened consisting of the Lead Clinician and form owner; Digital Developers; a Data Analyst; and a Senior Clinical Transformation Specialist. Technical evaluation of the new form and the data transfer for accuracy formed part of the iterative design, and collaborative conversations with the clinicians ensured that the data fields captured all the required information for submission.

Results
The close-knit working group with named people in IM&T and Colposcopy developed trust and mutual respect of each person's knowledge through active listening, facilitating efficient translation of information and processes to be developed. This was especially important as the implementation coincided with a time of high staff absence and remaining Covid restrictions. As the new system was implemented at the end of one period for data submission, two systems had to run in parallel.
The new system is a seamless bespoke design, technically well-supported, quick, responsive and inclusive of integrated letters. The system could be made available to other trusts that use SystemC products.

P-02

A 12 Month Audit Of Lletz Procedures Against National Standards In A Southern England Health Trust: Does Inadequate Excision Depth Increase Risk Of A Positive Test Of Cure?

Dr Natasha Craig[1], Miss Chloe Sanford[1], Mr Tamer Abdelmoniem[1], Mr Obinna Mba[1], Mr Dimitrios Miligkos[1]
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Introduction / Background
Large loop excision of the transformation zone (LLETZ) is an excisional procedure to treat cervical intraepithelial neoplasia (CIN). Performance of LLETZ treatments were assessed against the NHS Colposcopy and Programme Management Guidelines (February 2020).

Aims / Methodology
All outpatient LLETZ procedures carried out in the colposcopy unit at Princess Anne Hospital, Southampton 1st January-31st December 2020 were included. Data was collected from our local database and follow up test of cure (TOC) results obtained from Open Exeter.

Results
210 outpatient LLETZ procedures took place over the period audited. All patients who underwent LLETZ had colposcopic assessment (target 100%). 71.4% specimens were removed as a single sample (target 80%). The proportion of patient's whose LLETZ histology was CIN2 or more severe was 93.3% (target ≥90%). Specimen dimensions and severity status were recorded in 99.5% of cases (target 100%).
Where excision was achieved in a single sample, the depth was adequate for 52.9% patients with a Type-1 transformation zone (TZ), 29.6% with a Type-2 TZ and 2.9% with a Type-3 TZ (target ≥95%). Clear margins were achieved in 33.3% cases, and clear endocervical margins in 73% cases. 86.8% patients attended for a TOC smear, and of these 85.4% had negative HPV/cytology; 3.4% needed further treatment (moderate dyskaryosis or more).
Inadequate depth of excision did not appear to affect the likelihood of a negative TOC: Where excision depth was shallower than the recommended depth, 77.2% had a negative TOC, compared to 76.6% whose excision depth met the standard.
Many of the national standards are being met or close to being met in our unit, except for excision depth, where the deeper excisions required for TZ types 2 and 3 have proved difficult to achieve. The shallow excisions however, did not appear to increase the risk of a positive TOC smear.

P-03

Improving Diagnostic Timelines And Outcome For Women Referred As 2wr (2 Week Referral) With Suspicion Of Invasive Smear Test.

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Introduction / Background

At Lancashire Women and Newborn Centre, there has been ongoing concerns with delay in pathology reports for women referred as 2WR. This is particularly relevant for women referred with ?Invasive smear and ?Glandular neoplasia.

Clinically suspicious lesions detected on out-patient hysteroscopy are prioritised directly to Royal Preston Hospital. However, there is no such consensus for colposcopy where clinical suspicion is not obvious. The biopsy is first reported locally and subsequently directed to Preston, attributing to diagnostic delays. This can have significant implications on patient care, in meeting national cancer deadlines, and also result in undue patient anxiety.

Aims / Methodology

We aim to assess histological outcomes for women referred with suspicion of invasive smear and recommend direct dispatch of histopathology specimens to Royal Preston Hospital thereby reducing diagnostic delays and improving clinical outcomes. Times scales for diagnosis and patient information are benchmarked against national standards.

A retrospective review of outcomes in women with smear tests showing possible invasion (P5) and ?Glandular neoplasia (P6) was conducted for the duration between January 2020 to August 2022.

Main outcome measures assessed:

- Final histological diagnosis
- Time scales for appointment, diagnosis and patient information
- Primary diagnostic procedure
- 2nd LETZ and histology on 2nd LETZ

Audit standards (National) :

- 93% of people referred with highly suspicious smear result must be offered colposcopy within 2 weeks.
- Diagnosis and patient information within 28 days for all patients referred with suspected cancer.

Results

30 patients were referred with smear codes P5 and P6 within the study period. Interim analysis of data suggested 7 out of 30 were referred with possible invasion and 23 out of 30 referred with ?Glandular neoplasia. Majority of the referred patients were reviewed at colposcopy within 2 weeks. Final results with quality improvement recommendations will be discussed in the poster.

P-04

An Evaluation Of The Scottish Cervical Screening Service:

From Liquid-Based Cytology Screening To High-Risk Human Papilloma Testing

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Introduction / Background

The cervical screening in Scotland recently changed from liquid based cytology to high-risk human papilloma testing with cytology triage. The effect of these two techniques have yet to be quality controlled across all age groups in Scotland by the Public Health England standards. The two techniques have a difference in specificity and selectivity and the number of high-grade disease referrals have differed in publications.

Aims / Methodology

To assess the two techniques that were used in Scotland using laboratory standards such as positive predictive values and abnormal predictive values as well as the incidence rates and total number of cases received.
Data from the National Colposcopy Clinical Information and audit system which is automatically anonymised and grouped. This was analysed using already established and reviewed formulas and using the standards set by Public Health England.

Results

There was an increase in the new attendance of women in the high-risk Human papilloma virus testing group but the incidence rates of disease for cervical intraepithelial neoplasia 1, 2 or 2+ was similar in both groups. The positive predictive values also saw a similar trend and no cohort achieved minimum threshold standards. The abnormal predictive values saw an increase in the newer human papilloma testing cohort except in the oldest group. The referral values for both techniques was similar across the board except for the youngest age group (using human papilloma testing) where five women would have to be screened to find one case of high grade disease.
The positive predictive values highlights a possible over referral of women for colposcopy, a lack of Scottish laboratory quality control or an overall drop in prevalence of disease. More research is needed to ascertain the source of this problem are necessary evaluation of the Scottish cervical screening service.

P-05

Moderate Dyskaryosis: Is It As Bad As It Used To Be?

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Introduction / Background

The implementation of HPV DNA testing has been a breakthrough in screening for cervical cancer. The involvement of HPV in the development of cervical cancer and CIN is well proven [1].

A new question, raised in this new era of HPV testing, is that of how impartial Cytologists remain against a positive HPV test, when interpreting the cytology findings and has this affected Cytologists' PPV for high grade (HG)CIN histology and the Colposcopists' PPV too?

This audit aims to compare specifically the cytology results of Moderate Dyskaryosis before (2018) and after (2021) the local implementation of primary HPV screening testing (in 2019).

Aims / Methodology

We examined all cases referred to our Trust with moderate dyskaryosis Jan-July 2018 and compared with Jan-July 2021, using Infoflex IT system.

We examined the results of the colposcopy attendances, including the histology result, how many were referred to MDT and subsequently downgraded to low grade cytology,- as shown in the Table.

Results

Year (Jan-July cohort)	No of cases with Moderate dyskaryosis	Colposcopic Opinion of HG	Histology result of HG CIN (1st visit)	Referred to MDT due to mismatch	Downgraded at MDT to LG cytology
2018	**67**	**48/67 (71%)**	**51/62 (82%)**	**13/67 (19%)**	**7/13 (54%)**
2021	**99**	**62/99 (62%)**	**48/90 (53%)**	**21/99 (21%)**	**16/21 (76%)**

The results show that after HPV primary screening was introduced, a patient referred with moderate dyskaryosis and known hrHPV+ , was less likely to have HG CIN (53% in 2021 vs 82% in 2018), and was more likely that the Cytology result would be subsequently downgraded to low grade dyskaryosis at MDT (76% in 2021 vs 54% in 2018) (with the exception of 1 case, upgraded to severe dyskaryosis). PPV were also subanalysed. See & Treat has become less likely too (43 % in 2021 vs 70% in 2018) Our data is limited by small numbers. Our audit suggests that Cytologists' results may be affected by knowledge of HPV status, - indeed suggesting that a result of "Moderate dyskaryosis is not as bad as it used to be"

(287 words)

P-06

Correlation Of Colposcopy With Histological Results Of Biopsy Of Atypical Squamous Cells Of Undetermined Significance

Ream Langhe[1], Ms Michelle Byrne[1], Ms Anne Redmond[1], Dr Francois Gardeil[1], Dr Sandhya Babu[1], **Dr Asma Fagear Mohamed[2]**

[1]Wexford General Hospital, Wexford, Ireland, [2]Egh, ,

Correlation of Colposcopy with Histological results of Biopsy of Atypical Squamous cells of Undetermined Significance

Background

Atypical squamous cells of undetermined significance (ASCUS) is the most common abnormal cytologic changes detected in a smear test. It refers to the changes that are suggestive of a squamous extra epithelial lesion, however, lack the criteria for definition interpretation. Colposcopy offers an accurate way to diagnose CIN and to differentiate high-grade lesions from low-grade abnormalities.

The purpose of this study is to evaluate the role of colposcopy and its correlation with cervical biopsy in management of ASCUS.

Methods & materials

This is an observational study of 102 women, who were referred over a period of 3 months (from 1/8/22-31/10/22) with ASCUS to colposcopy unit in Wexford General Hospital. Extracted information included colposcopy impression and histology result of biopsy. All information was obtained from COMPUSCOPE.

Results

Colposcopy findings in this study: 60 (58.9 %) cases were low-grade CIN, 19 (18.6%) cases were high grade CIN, 15 (14.7%) had unsatisfactory colposcopy, and 8 (7.8%) cases were normal. Histological results: 58 (57%) cases were low grade, 23 (22.5%) cases were high grade, 11(10.8%) cases were normal and 10 cases (9.7%) were undocumented. The correlation was77.8 percentage in the low-grade category and 33.3% in the high grade.

Conclusion

This study shows good correlation between colposcopy and histology in low-grade cervical lesion. This is comparable with results from similar studies in the literature. The accuracy of colposcopy could be improved by taking multiple colposcopy-guided biopsies.

P-07

LLETZ Under GA In WGH JULY 2013-July2022

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Background
Large Loop Excision of the Tranzformation Zone (LLETZ) is the most commonly used excisional treatment modality for pre-cancerous lesions of the cervix. BSSCP standards recommend that >80% of these procedures be carried out under local anaesthetic in outpatient settings. Cervical Check Ireland, has set the standards higher at >90%.

Aim
This is a re-audit aimed to assess the indications for conducting LLETZ under General Anaesthetic (GA) in Wexford General Hospital, Republic of Ireland based on a locally developed audit tool based on an audit in 2013.
Secondary aims were to analyse the immediate and long term outcomes of treatment in this specific cohort of patients.

Materials and Methods
All cases where LLETZ was performed under general anaesthesia between July 2013-July 2022 inclusive have been reviewed. Data was retrieved from Compuscope, digital data storage system for colposcopy as well as through review of Hospital charts.

Results
A total of 1528 women underwent LLETZ during this period. 96 women (6.28%) had the procedure done under GA. In the vast majority (66.66%) of women in this group, GA was recommended by the colposcopist based on anticipated difficulty for conducting the procedure under LA. In 30 women (30%), the patient needed another gynaecology procedure to be done under GA and hence LLETZ was also performed at the same time. In only three women the procedure was done under LA based on patient request.

In 3 women the procedure could not be done under GA . A further 5 women also subsequently needed hysterectomy as they failed to achieve LLETZ under GA.
Cancer was detected in 3 cases. Just over 50% (49/96) of these women were discharged to routine care following the LLETZ.

Discussion
In the original audit, done between January 2010 to July 2013, 970 LLETZ procedure were performed in the Colposcopy unit Wexford General Hospital of which 145 (14.5%) were done under GA. The re-audit has shown a substantial reduction in the number of women undergoing LLETZ under GA.

Conclusion
Undoubtedly, the use of a categorization audit tool and the principles involved help to reduce the number of LLETZ procedures performed under GA.

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P-08

Patients EXPERIENCE OF COLPOSCOPY SERVICE AT Lewisham AND Greenwich Nhs Hospital London

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Introduction / Background

There is evidence that women suffer negative psychological effects from receiving an abnormal smear result and the need for subsequent investigation. Women have negative reactions to the intrusiveness of gynaecological examination and those attending for Colposcopy are particularly anxious. Provision of information regarding the procedure aids compliance and may alleviate anxiety.

Aims / Methodology

This study was designed to gain insight into women's experience of Colposcopy to ascertain whether changes to practice or environment were required.
This survey was conducted using questioner agreed by the trust. The questionnaire was three pages long and is comprised of 12 questions, 11 of which are multiple choice and 1 a free text request asking "if you have any comments or suggestions let us know."
The questionnaire was handed to women who attended their appointment. The questionnaires were handed to women by the member of staff in clinic. Women were asked to complete the survey and hand it back or mostly on line and submit.
The survey was conducted during October and January at University Hospital Lewisham

Results

84% received appointment letter before including a leaflet about colposcopy prior to their appointment, 71% said they were given a contact name and telephone number before the clinic appointment in case they had questions, they also receive a reminder text or phone call prior to their appointment. 93% said on arrival the staff were friendly, 3% disagree and 4% neutral and 82% said the department was easy to find.

91% were seen within 30minutes. 97% said everything was fully explained to them prior to procedure, 97% said they had enough time to ask questions. 100% said their privacy and dignity was respected during the visit. 100% said staff informed them how and when they will receive result, 86% were given name or contact number of someone to contact if they had queries, 98% said they left the clinic feeling adequately informed about their treatment and future care
91% Found the procedure comfortable and 5% found it uncomfortable while 4% had no expectations

92% felt they were provided with adequate information about HPV Most women were happy with the care received. However, there remains scope for improvement in the delivery of information regarding colposcopy prior to colposcopy appointment and in the primary care setting

P-09

Cold Coagulation For Treatment Of CIN 2-3 With Crypt Involvement In Young Women.

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INTRODUCTION

Cold coagulation is an ablative technique developed by Kurt Semm in the 1960s. A Thermosound probe is heated to 100^0C and applied to the transformation zone of the cervix for 30 seconds. It has been demonstrated to have a success rate of over 95% in treating CIN of all grades [1,2]. Furthermore, it is well tolerated by women and has minimal side effects and no documented long-term impact on fertility [3,4,5]. The commonest excisional technique used for treating cervical intraepithelial neoplasia (CIN) is large loop excision of the transformation zone (LLETZ). It can increase risks of preterm labour and mid-trimester miscarriage compared to cold coagulation [6,7]. Alarmingly, despite this data, LLETZ is still used in almost 90% of women to treat CIN in all age groups [8]. We have previously advocated for cold coagulation to be regarded as the gold standard for treating CIN in young women [9].

AIM

The aim of this audit was to establish whether cold coagulation could successfully treat high grade CIN of the cervix with crypt involvement on biopsy in women of reproductive years. The 6- month cervical screen post treatment being HPV negative was regarded as test of cure.

METHODS

A retrospective review of women under 40 years of age with biopsy proven CIN 2/3 with crypt involvement treated by cold coagulation between 2020-2021 in our colposcopy unit. All women were treated by BSCCP accredited colposcopists. The cervix was infiltrated with 2-3 vials of lignospan as a local anaesthethic prior to application of the thermal probe at 100^0C using 1-3 applications depending on the size of the transformation zone. Test of cure was regarded as a normal cervical colposcopy review at 6 months, with a HPV negative smear test.

RESULTS

13 women under 40 years of age met the inclusion criteria of CIN 2/3 with crypt involvement on cervical biopsy and treated by cold coagulation to the cervix. The mean age was 32years old (Range 28-37y). 11 women (85%) had normal colposcopy and HPV negative smear at 6 months (HPV1). One woman was HPV positive at 6 months, but HPV negative at 18 months (HPV2). One woman was HPV positive and HSIL smear at 6 months and underwent a LLETZ showing CIN1 with positive margins. Her smear at 6 months post LLETZ was HPV negative (HPV1 post LLETZ). The results are detailed in Table 1.

DISCUSSION

The development of cervical incompetence post LLETZ leading to mid-trimester miscarriage or pre-term labour is a major concern in treating women of reproductive years for cervical CIN. Studies have shown that deeper excision (>10mm) increases the risk of pre-term delivery in subsequent pregnancies[7]. More recent data also suggests an increased risk of first trimester miscarriage after LLETZ[10].

During cold coagulation, on average 4-7mm depth of cervical tissue is ablated[11], providing cure rates of over 95% for CIN of all grades[1,2]. Furthermore a similar conversion to HPV negative of over 80% in treating high grade CIN has been demonstrated for both cold coagulation and LLETZ[12].

In our small review we found a high cure rate for treating high-grade cervical CIN with proven crypt involvement in a cohort of young women based on HPV negative smear at 6-month review. This is now the subject of a longer prospective study.

CONCLUSION

We would advocate for the use of cold coagulation in preference to LLETZ for treating all grades of CIN in young women of reproductive age.

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P-10

Did The COVID Pandemic Impact LLETZ Procedures Under GA?

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Introduction / Background

In colposcopy, we try to provide most of the service in an outpatient setting. We perform large loop excision of transformation zone (LLETZ) of the cervix to investigate and treat pre-cancer cervical lesions. We analysed LLETZ procedures performed under general anaesthesia (GA) two years prior to onset of COVID pandemic restrictions, and compared this with those during pandemic restrictions which lasted almost 2 years. Our aim was to find out the impact of COVID pandemic on the LLETZ procedures under GA.

Aims / Methodology

We conducted a retrospective analysis of LLETZ procedures performed under GA during March 2018 to February 2020 (Pre-COVID) and compared it those done during March 2020 to February 2022 (COVID).

We accessed medical records of all patients who had LLETZ under GA during March 2018 to February 2022 for data collection. We used Excel for analysing data. We used the X^2 test to calculate the 'p' value.

Results

Out of 536 LLETZ procedures done during March 2018 to Feb 2020 (Pre-COVID), 19 were done under GA and 517 under local anaesthesia. Out of 542 LLETZ procedures done during March 2020 to Feb 2022 (COVID), 13 were done under GA and 529 done under local anaesthesia. We did not find any difference in the two cohorts with respect to patient characteristics. There was also no difference in the procedure outcomes, histology results, test of cure results and follow-up outcomes.

Conclusions

There wasn't a significant difference in LLETZ treatment before and after (536 vs 542), i.e the Covid pandemic did not show an impact on incidence of HPV related cervical dyskaryosis. There was no statistically significant difference in the number of patients needing LLETZ under GA-13 (2.4%) Vs 19(3.5%), p value = 0.27. The indications for the GA procedures also did not differ.

P-11

The Effect Of The Covid-19 Pandemic On Colposcopy Services At The Whittington Hospital For Patients With High-Grade Cervical Intraepithelial Neoplasia.

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The effect of the COVID-19 pandemic on colposcopy services at the Whittington Hospital for patients with High-Grade Cervical Intraepithelial Neoplasia

M.Kenber, S Khinder, T. Freeman-Wang

Introduction

Early detection of high-grade cervical intraepithelial neoplasia (CIN) through colposcopy is crucial for preventing the development of cervical cancer and ensuring timely treatment. The COVID-19 pandemic has resulted in delays and disruptions to routine screening programs, as well as the provision of diagnostic and therapeutic services, leading to concerns about the impact on the management of cervical cancer.

A retrospective audit was conducted to evaluate the management of patients with high-grade CIN at the Whittington Hospital between April 2021 and March 2022. The study included 234 patients who underwent colposcopy and biopsy for high-grade CIN, with 173 patients going on to have subsequent treatment including LLETZ, laser cone and laser vaporisation.

Results

The study found a high level of concordance (70%) between biopsy and treatment histology results for those with high-grade CIN. 47 of the 173 patients were found to have low-grade or HPV-related changes at treatment likely due to remaining lesions being smaller having been removed at biopsy.

Among the 48 patients who did not receive any treatment, six did not have any follow-up or appointments despite having high grade CIN at colposcopy. A further four patients were unable to be contacted or did not attend their follow-up appointments.

The audit highlighted extended waiting times for treatment, with an average waiting time of 12 weeks between colposcopy and treatment. One patient waited 10 months for treatment with no follow-up in between and had developed cervical cancer by the time of treatment.

Conclusion

The audit has important implications for the management of high-grade CIN, highlighting the importance of accurate diagnosis and timely treatment. The biopsy histology is a reliable indicator of the severity of cervical abnormalities and supports the use of biopsy histology to guide treatment decisions. The prolonged waiting times are likely due to the impact of the COVID-19 pandemic on healthcare services, and raise concerns about the potential impact on patient outcomes. The findings of this audit provide a valuable contribution to the ongoing efforts to improve the management of cervical abnormalities and reduce the risk of cervical cancer among women.

P-12

AUDIT OF HG CYTOLOGY REFERRAL OUTCOMES IN WOMEN OVER 50 YEARS OLD IN LONDON – EFFECT OF CHANGE TO PRIMARY HPV SCREENING

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Introduction / Background

Primary HPV Screening commenced for London in December 2019, with a consequent increase in referrals to London Units.

The PPV for London laboratory is published at 76.06%.

HPV primary screening has been shown to be increase sensitivity for HG disease, although decreasing PPV[1].

Aims / Methodology

London Units, have seen an increase in referrals following introduction of primary HPV screening.

A group of patients, who present challenges are women over 50. They often have a Type 3 TZ, thus limiting colposcopy diagnostic capability.

This review analyses if primary HPV testing had an effect on referrals with HG moderate+ and the PPV for HG disease in these patients.

16 Units provided data, extracted from Cyres, collected, collated and analysed. Two time cohorts - 2018.2019 (pre-HPV testing) and 2021.2022 (post- HPV primary screening)

Results

Median age at referral - 56 yo both time cohorts.

There was an increase in HG referrals in women over 50 (1.5 – 4.9 times 2018.19 figures). The increased HG+ referrals in women over 50 was not statistically significant, when taken as percentage of all HG referrals (2018.19 – mean – 7.85%, range 5.1- 14.5%), (2021.22 – mean 9.04%, range 5.7 -15.3%)(p=0.954).

PPV outcomes –

Calculation of PPV for two time cohorts - divided into HG moderate+/ HG severe+. The PPV outcome data for HG moderate+ was not significantly different between two time cohorts (p= 0.843)

HG severe+ PPV was higher in both cohorts, but no significant difference seen in the two time cohorts (86.5 in 2018.19 and 81% in 2021.22, p=0.73).

Conclusion

Overall there was an increase in HG moderate dyskaryosis+ referrals to the 16 Units, however this was in line with the overall increase in HG moderate+ and not significantly higher in over 50's.

The PPV was not significantly changed by the move to primary HPV screening.

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P-13

An Audit To Assess The Local Management Of Glandular Abnormality Smears In A Scottish Colposcopy Unit.

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Introduction / Background

Glandular abnormality has poorer outcome compared to squamous lesion, potentially more difficult to treat.

As outlined in NHSCSP Publication Number 20, cervical glandular intraepithelial neoplasia (CGIN), cannot be diagnosed optimally by colposcopy or cervical biopsy alone. Therefore, an excisional biopsy should always be taken where appropriate.

Aims / Methodology

This audit is to establish whether the local unit has followed the national guidelines on management of smear with glandular abnormality.

The data was collected retrospectively in a colposcopy unit within Greater Glasgow and Clyde NHS Trust between April 2020 and September 2022. Women referred with smears containing Glandular Abnormalities were included. Their colposcopy record was reviewed. The data was stored in Excel worksheet with further analysis made.

Results

43 cases were identified within 29 months, with mean age of 40.

37 cases (86%) had LLETZ performed in their first visit; 16 confirmed CGIN (8 had incomplete margin – all had second LLETZ to ensure completion), 4 had adenocarcinoma, 11 had CIN (3 low grade, 8 high grade), and 6 with normal pathology.

There were 6 cases where cervical biopsy was performed instead of LLETZ. Of the 5 cases that were appropriately managed, all had clinical evidence of malignancy with histology confirming adenocarcinoma.

Only 1 case has biopsy performed instead of LLETZ inappropriately. This case was identified during a local audit (3 months after initial visit). As the patient was already pregnant, hence, is keep under colposcopy surveillance until delivery.

All cases were managed as per guideline except one. Half of the first LLETZ performed confirming CGIN required a second procedure, further review on reasons for repeat procedure may be useful on improving future practise. Audit outcome will be distributed within the colposcopy unit. Further audit will be repeated in 1 year to ensure good compliance.

P-14

A One-Year Review Of Non High-Grade Cervical Excisions- Are These Justified?

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A one-year review of non high-grade cervical excisions- are these justified?

In 2021, there were 305 cervical excisions performed at the Whittington, equivalent to 12.5% of all referrals (305/2432). On histopathological examination, 39% showed non high-grade disease. Treatment and diagnostic excisions were performed for a range of indications, in line with national guidance.

This retrospective study examined 119 cases of women who received a cervical excision where histology showed non high-grade CIN disease. Collected data included cytology, colposcopy, biopsy and MDT discussion. The histology comprised of CIN 1 (63.9%), Inflammation (16.0%), No evidence of malignancy (15.13%), Squamous metaplasia (3.4%), Normal (0.8%), and Atrophy (0.8%).

There were 79/119 (66%) high-grade cytology referrals. Of these, 33% had both high-grade colposcopy and biopsy. Within the high-grade cytology group, 13% excisions were for high-grade colposcopy with low-grade biopsy, and 13% for low-grade colposcopy and high-grade biopsy. In addition, 27% excisions were in cases of low-grade or normal colposcopy and biopsy. Diagnostic cervical excision due to a type 3 transformation zone made up 14% cases.

There were 40 non-high grade cytology referrals (40/119, 33.6%).
There were 19 (19/40) cases of low-grade cytology with abnormal colposcopy and/or biopsy. However, the majority of low-grade cytology referrals who received an excisional treatment (n=21) had persistent low-grade cytology and/or colposcopy, or an inadequate colposcopy.

The majority of non high-grade excisions (39.5%) were performed for biopsy showing CIN2 (n=39) or CIN3 (n=8). For lesions occupying no more than two quarters of the cervix it is possible that the area with the lesion was removed during the punch biopsy, hence national guidance that these lesions could be managed conservatively.

There were 21 diagnostic loop biopsies for women with high-grade cytology, and 17 for women with persistent low-grade cytology, as well as 15 for women with inadequate colposcopy.

P-15

Colposcopy Mdt Outcome Plans - Implemented Or Not

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Introduction / Background

The primary purpose of the MDT meeting is to plan the management of patients with discordant histology, cytology and colposcopic findings. The outcome of MDT discussion should be recorded in the patient notes and reported to the managing clinician/administrator, in order to ensure that this recommendation is implemented.

The new SQAS standard on auditing MDT outcome implementation was launched in 2021, due to serious incidents in other institutions, when MDT outcomes were not undertaken as planned

Aims / Methodology

The aim of this initial QIP was to ensure all Colposcopy MDT outcomes were carried out in order to meet the new SQAS standard.

Data collection from May to June 2022 were retrieved from infoflex and patient's notes. A total of 64 notes were sampled. This was a retrospective review of patients reviewed at colposcopy MDT at James Cook University Hospital within a 4 months' time frame.

Results/Conclusion

The tables below show Outcomes to be audited and Outcome implementation.

Types of Outcomes to be audited	N=64
Appointments for Colposcopy surveillance	32 (50%)
Discharged to the GP for continued surveillance– in writing to GP and CSAS	15 (23%)
Appointments for LLETZ LA/GA	3 (5%)
Appointment for discussion with patient	2 (3%)
Referral to Gynae Oncology Team	2 (3%)

Discharged/Ceased from the Cervical screening programme – in writing to CSAS	2 (3%)
Completed cancer audit and sent to SQAS (4 alive and 3 deceased)	7 (11%)
No documentation	1(2%)

MDT Outcome Implemented	No documentation
57	7

MDT Outcome was implemented in 57 of the 64 patients (89%) reviewed compared to SQAS standard of 100%.

In 6 of our patients, implementation of MDT outcomes was uncertain and in 1 patient there was no documentation regarding the intended MDT clinical outcome

We noticed that in these 6 patients all had completed cancer audit but did not have documentation available to confirm implementation of MDT Outcome (it was not possible to easily audit if these cases had been completed/sent to SQAS).

Overall, this was a good compliance 98% (57/58) excluding the 6 patients who had completed cancer audit).

Recommendations

- We advised that all MDT outcomes should be documented in one accessible place in order to promote implementation and its audit. For example, using infoflex for completion of Cervical Cancer Audit and for patients directly added to CSAS discharge list.
- We also suggested a need for ongoing audit –contemporaneously monitoring MDT outcomes are truly implemented.
- The action for the one patient that had no MDT Outcome documentation has been addressed.

P-16

Cervical Cancer Cases And Their Cervical Cancer Screening History

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Introduction / Background

Women between the ages of 25 and 64 years in UK are invited for regular cervical screening under the NHS cervical screening programme.

Screening can save or improve quality of lives through early identification and treatment of precancerous lesions.

According to the Public Health England cervical screening analysis in the year 2020 and 2021, the uptake rate was 72.2%. COVID-19 pandemic has had an impact on cervical cancer screening uptake as well. It is important to find the ways how to improve the uptake rate as cervical cancer screening is acknowledged as currently the most effective approach for cervical cancer control, and it is associated with reduced incidence and mortality from the disease.

Aims / Methodology

The aim of this study is to know the cervical screening history in the cervical cancer patients in the in the Isle of Man community and to find out the ways to improve the cervical screening uptake rate.

The cervical smear history of 17 cervical cancer cases presented to the gynaecology clinic in the year 2021 and 2022 at the Noble's Hospital were reviewed.

Results

Total cervical cancer cases were 17 and their ages ranged between 29 to 92 years. Among them, 7 patients did not have history of taking cervical smear in their lives. The youngest age of the patient who never took screening was 38years.

Most of the patients did not attend for the screening invitation voluntarily. Some mentioned they did not receive the invitation letter.

Routine invitation letter alone is not enough to increase the uptake rate. To improve that, further recommendations include increasing the awareness, identifying and addressing the barriers, improving the screening experience to be comfortable, outreaching to the specific population such as ethic minority who are less likely to attend and increasing the accessibility.

P-17

Audit On The Management Of Low-Grade Cytology Referrals (Borderline And Mild Dyskaryosis Hpv Positive)

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Introduction / Background

- According to the national standards the positive predictive value of a colposcopy diagnosis should be at least 35% for referrals apart from high-grade cytology. Low grade cytological abnormality (low grade dyskaryosis or less) and a low grade or negative colposcopy examination do not require biopsy if there is no atypical transformation zone present. Performing too many colposcopy directed biopsies will not only increase the running cost of colposcopy services but also have a direct negative impact on the histopathology 7 days turnaround time target.

Aims / Methodology

- The purpose of this audit was to determine the Positive Predictive Value (PPV) of colposcopy diagnosis of CIN2, CIN3 and cancer amongst cases referred with borderline or low grade dyskaryosis and HPV positive. Moreover, we analyze the biopsy rate of these referrals and the incidence of CIN2 or worse in histology. Lastly, we ascertained if patients had colposcopy examination within 6 weeks of referral.

- This was a retrospective review of 363 cases of low grade cytology referrals across the two sites of the Northern Lincolnshire and Goole NHS Foundation Trust, Scunthorpe General Hospital (SGH) and Diana Princess of Wales Hospital (DPOW), between 1st of January 2022 and 1st of July 2022. The results were compared to the previous trustwide audit.

Results

The overall biopsy rate at NLAG was 21.76% with an overall PPV of 18.99%. SGH improved from a PPV of 0% to 10.2%. The biopsy rate at SGH increased from 15.7% to 26.3% which is over a two-third increase. Compared to this, the biopsy rate at DPOW decreased from 33.67% to 16.95%, showing almost half a reduction in the rate of biopsies, while the PPV for DPOW was 33.3% which is close to standard. Out of the 363 referrals, 270 referrals (74.38%) were seen within 6weeks.

P-18

Audit On The Management Of Borderline Endocervical Cytology Referrals

Dr Konstantinos Palaiologos[1], Dr Sahana Subbiah[1], Mr Saleem Qureshi[1]

[1]*Northern Lincolnshire & Goole NHS Foundation Trust, Scunthorpe, United Kingdom*

Introduction / Background

This is an audit on the management of the borderline endocervical cytology referrals in the colposcopy service of the Northern and Lincolnshire and Goole NHS Foundation Trust. According to the national standards borderline endocervical referrals require urgent colposcopy examination and excisional biopsy. For the individuals with a negative colposcopy examination they should be discussed in MDT.

Aims / Methodology

This is a trustwide retrospective study across the two sites of Diana Princess of Wales Hospital (DPOW) and Scunthorpe General Hospital (SGH) from April 2020 till August 2022. 12 cases of patients were referred within this period with borderline endocervical cytology.

Results

All 12 patients with borderline endocervical smear were seen in Colposcopy within 2 weeks from referral. Although 5 out of 12 patients were not discussed in the MDT, two of them were managed appropriately. Only 41.6% of the patients had a LLETZ which is the recommended management. 5 patients had negative colposcopy findings but only 2 discussed in the MDT. All patients were seen in the clinic within two weeks from referral. Out of the total 12 cases, 5 patients had no MDT, 4 had MDT and their smears were downgraded and 3 patients had MDT and decision for further biopsy/follow-up. Out of the 5 patients who had negative colposcopy findings,3 were not discussed in MDT and no biopsy taken, and 2 were discussed in MDT , 1 whose smear was downgraded, and the other had further cone biopsy. Out of the 5 patients who had positive colposcopy findings, 2 patients had punch biopsy , and three patients had LLETZ biopsy. The three patients that were not managed appropriately will be discussed again in the MDT and duty of candour will be offered to them.

P-19

Test Of Cure After Treatment Of Cin/Cgin With Lletz At Ashford And St Peter's Nhs Foundation Trust (Dgh) Over A Six-Month Period

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Introduction / Background
Cervical intraepithelial neoplasia (CIN) and cervical glandular intraepithelial neoplasia (CGIN) are precancerous lesions of the cervix that can progress to cervical cancer if left untreated. After treatment, a test of cure is recommended to ensure complete eradication of the lesions and reduce the risk of recurrence.

Aims / Methodology
In this audit, we aim to evaluate the compliance with the test of cure recommendations following treatment for CIN and CGIN. The audit will involve the review of medical records of all patients who underwent treatment for CIN or CGIN from July to December 2021 at Ashford and St Peter's NHS Foundation Trust, a district general hospital. We will collect data on the type of treatment received, the number of pieces in which the lesion was excised, the timing of the test of cure (TOC), and the results of TOC. Compliance with the standard recommendations will be assessed and any factors that may have contributed to non-compliance will be identified.

Results
A total of 166 patients had treatment in the 6 months period with 3 of them being CGIN. 90% of the specimens were removed as a single sample (standard 80%). Average duration of TOC was 8.2 months (standard 6 months). 75% of the patients had a follow up 6 months post treatment. Nearly 95% women had a successful TOC test.
The results of the audit will be used to improve compliance with the test of cure recommendations and reduce the risk of recurrence of CIN and CGIN. Strategies to improve compliance with TOC timelines will be developed and implemented, and the audit will be repeated in 12 months to assess the effectiveness of these strategies.

P-20

Lletz Under General Anaesthesia. Does One-Size Fit All When Measuring Against Auditable Standards?

Ms Chloe Banfield[2], Mr Om Merchant[3], Mr Viktor Cassar[1], Ms Derya Iliman[1], Ms Sharon Denise Clark[1], Mr Porfyrios Korompelis[1], Mr Stuart Rundle[1]

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Introduction / Background

Large loop excision of transformation zone (LLETZ) is the mainstay of treatment for high risk-HPV associated cervical intra-epithelial neoplasia (CIN). The aim of LLETZ is the excision of the entire cervical lesion in a single piece and preferably under local anaesthesia. Outpatient procedures are less costly requiring less staff, less resource-intensive technologies, infrastructure with improved patient convenience. The NHS-CSP guidance for diagnosis and treatment recommends that fewer than 15% of LLETZ are performed under general anaesthesia (GA) and that fewer than 10% should be an achievable target. Whilst these targets are reportable through quality assurance returns, no grade A evidence exists for harm at higher rates of LLETZ under GA and neither is individual colposcopist caseload complexity is considered.

Aims / Methodology

The primary objective is to identify the reasons for LLETZ under GA at a high-volume colposcopy clinic co-located with regional gynae-oncology and complex multi-zone intra-epithelial neoplasia services. The secondary objectives are to measure our practice against auditable standards. Patients who underwent LLETZ under GA from June 2020-June 2022 were identified from prospective data. Indications for GA and the TOC outcomes were investigated.

Results

From June 2020-June 2022 (2 years) 613 patients underwent LLETZ under the care of the Colposcopy Unit in QE Hospital,Gateshead. 72/613 (12%) had the procedure under GA. Though the auditable standard of fewer than 15% of procedures performed under GA was reached, it is notable that a significant minority (20%) of these were undertaken due to: the co-incidental need for another procedure that required GA or that the patient was deemed unsuitable for treatment in the clinic due to co-morbidities. Other reasons for GA were difficult examination with poor access (60%) and, anxiety and/or pain (20%). This demonstrates the need to consider case-load complexity within the quality standards for LLETZ under GA.

P-21

Co-Design Consultation With Patient Representatives Affected By The Crisis In Cervical Screening In Ireland

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Introduction / Background
In 2018, after a crisis in the Irish national cervical screening programme (CervicalCheck), precipitated by the non-disclosure of results of an audit of interval cancers, an Expert Reference group (ERG) was established to "define the future audit processes and review guidance for interval cancers in the National Screening Service based on international evidence and best practice".
The National Screening Service (NSS) wanted to learn from the experience of women in the 221+ groups who were affected by the 2018 CervicalCheck crisis.

Aims / Methodology
The main objectives:

- Capture and document the lived experience of members of 221+ who have been directly affected by the CervicalCheck audit and disclosure processes
- Formulate person-centred recommendations for the NSS that prioritise women's' wellbeing and aims to improve the future experience for women diagnosed with cervical cancer

Methods
Codesign Methodology
A small engagement group with four 221+ members, the 221+ coordinator, two NSS staff and an external facilitator was formed to co-design a consultation with 221+ members. All decisions on design of the consultation, appointing a research provider, overseeing the research, and defining recommendations were shared.
Research Methodology
The research was conducted using a mixed-methods approach, combining qualitative interviews with a quantitative survey.
Qualitative interviews with 5 x 221+ members lasting 1 hour duration
Quantitative survey distributed to all members of 221+
20 questions, of which 7 were open-ended
24 completed questionnaires returned

Results
The consultation resulted in detailed recommendations across the screening pathway to improve the information and supports provided to people throughout the audit and disclosure process. As well as a set of principles to be applied in all audit and disclosure processes to improve patient experience and transparency. These were presented to NSS Interval Cancer Steering Committee.

P-22

Analysis Of Colposcopy Multidisciplinary Meeting - Is It Fit For Purpose. Does It Serve Clinicians Or Patients Or Both?

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Colposcopy multidisciplinary team meeting (MDT) is considered to be part and parcel of high-quality colposcopy service as set out at the NHSE Agenda. In this context we have analysed our MDT performance in last 9 months (June 2022 to February 2023) at the Queen Elizabeth Hospital NHS FT, King's Lynn.

Aim is to improve our service by bench marking our MDT service against the NHSE NHSCSP Guidelines.

Findings
54 cases were discussed during that period. Discrepancy between the cytology and biopsy were the most common referral (40%). In 80% the cytology was kept as noted on the initial report but 20% it was downgraded. 30% of the women discussed were over 50 years of age and another 30% of the women who were younger below 30 years of age when despite CIN2 on biopsy they were discussed for feasibility of the conservative management. Unsatisfactory colposcopy where transformation zone (TZ) was not entirely visible were also brought into the MDT for further management. In 10% of discussions where multiple LLETZ procedures were performed. There were 3 cases where hysterectomy was suggested when there was persistent CIN noted in post-menopasual women.

Conclusions
When significant discrepancies exist between cytology, colposcopy and biopsy it is important to evaluate the possibilities of the discrepancies and formulate the best management practice. It is important that the colposcopists should present their cases and discuss their colposcopy findings. We have a monthly robust colposcopy MDT meeting along with the presence of various team members. We feel that presence of the slides and explanations by the pathologists and the cytologists are important to explain their findings like the colposcopists. MDT not only facilitate the high-quality service for the patients but also supports clinicians in decision making specially in complex clinical situations.

P-23

Lessons Learnt From Auditing The Depth Of Excision For Large Loop Excision Of Transformation Zone (Lletz) As A Quality Indicator In Colposcopy Programme.

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Lessons learnt from auditing the depth of excision for Large Loop excision of Transformation Zone (LLETZ) as a quality indicator in Colposcopy programme

Introduction/Background
The Colposcopy and Programme Management Guidelines for the NHS Cervical Screening Programme, states that the aim of colposcopic-guided excision is to remove all the abnormal epithelium in the transformation zone. Thus, to ensure this is achieved, excisional techniques should remove tissue to a depth of more than 7 mm. In conjunction with this, it is important not to excise a depth more than 10 mm in women of reproductive age with Type I cervical transformation zone and more than 15 mm for those with Type II cervical transformation zone

Aims
Aim to determine compliance of colposcopy excision depth to our local and national guideline to achieve effective treatment (>7mm) and in the same time maintain cervical competency in women in reproductive age with the depth excised not exceeding 15 mm in Type I and II cervical TZ (excluding CGIN or invasive lesions).

Methodology
An Audit with a retrospective data collection. Cases from the UHNM colposcopy database from 1st April 2021 to 31st March 2022. All patients who had colposcopic LLETZ for abnormal TZ in CTS under local or general anaesthetic. ***Exclusion Criteria:*** LLETZ for any indications other than abnormal TZ

Results
Only one Colposcopist out of a total of 14 Colposcopists met the standard. However, looking at overall correlation between caseload and percentage of depth >7mm there is a mildly positive correlation between a higher caseload and an increased percentage of depth >7mm. Our other standard (continues to improve 98.8% from 97.5% last year.

Conclusion
There is a need to identify the difficulties that may be facing colposcopists and to address any causes that prevent out trust from meeting the required standard for excisional depths.

P-24

Creating A List For Referral Of Cases To The Clinical Pathology Correlation (Cpc) / Colposcopy Multidisciplinary Meeting – Do We Have The Best Indications?

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Creating a list for referral of cases to the Clinical Pathology Correlation (CPC) / Colposcopy Multidisciplinary Meeting – Do we have the best indications?

Introduction/Background
According to NHSCSP Guidance the primary purpose of the meeting is to plan the management of patients with discordant histology, cytology and colposcopic findings.

Aims
Purpose is to provide guidance for trained and trainee Colposcopist and the Colposcopy Administrator as to the rationale, indications, organisation, and selection criteria for referral to the Clinical Pathology Correlation Meetings (CPC), as well as the documentation and communication processes.

Methodology
REASONS FOR CPC DISCUSSION
1- UNSATISFACTORY SMEARS/COLPOSCOPY (INCLUDING CERVICAL DILATATION)
2- CONSERVATIVE MANAGEMENT
3- WITHDRAWAL/CEASE FROM SCREENING PROGRAMME
4- BORDERLINE ENDOCERVICAL, GLANDULAR, CGIN & SMILE
5- INVASION OR SUSPECTED INVASION
6- VAIN OR ABNORMAL VAULT CYTOLOGY
7- INPATIENT HYSTERECTOMY, SMEAR OR LLETZ UNDER GA
8- INCOMPLETE EXCISION MARGINS
9- RECURRENT, PERSISTING OR REPEAT TREATMENT
10- TEAM FEEDBACK
11- Discrepancies: SHCD OR REVIEWS
12- COMPLEX AND DIFFICULT CASES MANAGEMENT

Conclusion
Creating strict indication as drop-down list can help streamlining indications for MDT discussion and help auditing indications to manage future meetings.

P-25

Management Of Glandular Cytology Referrals During The Covid-19 Pandemic At Guys And St Thomas Hospital.

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Introduction / Background

The prevalence of glandular abnormalities is around 0.5 – 0.8 cases per 1000 and accounts for 2.1 % of excisional procedures. During the covid-19 pandemic, there was a screening pause and the follow-ups were reduced.

Aims / Methodology

The objective of this audit was to determine the impact of the covid-19 pandemic on the management of women referred with glandular cytology and ensure robust failsafe during pandemic at GSTT Colposcopy unit. The colposcopy database viewpoint was reviewed from 1rst January 2019 to 31 December 2021. Cyres was used for quality assurance. The following parameters were assessed: number, histopathological subtype and surgical margins, treatment received, documented colposcopy MDM discussion, type of excision, repeat excisional procedure, follow-up, test of cure (HPV and cytology).

Results

Twenty four patients were reffered for glandular abnormalities. One in four patients were seen within 2 weeks. Colposcopy impression confirmed HGCGIN n=13, adenocarcinoma n= 1 rest were normal or ectropion. Punch biopsies n=14 (58%) LLETZ confirmed HGCGIN n=13, adenocarcinoma n=1, 58% correlation with cytology including one which had HGCGIN and CINII. CINI n=2, HPV n=2, cervicitis n=1. The average depth of the cone was 14.4 mm (Range 8 -31 mm. Five patients were treated under general anaesthetic and 16 under spinal. Complete excision n=11 (52%), margins involved n=10 (48%) Repeat LLETZ n=8 (38%), hysterectomy n=3. All patients discussed in colposcopy MDT, n=3 also discussed in gynaeoncology MDT. 1st test of cure at 6 months n=16 (80%) 2nd TOC n=8 (40%).

Conclusion

Only 25% of patients referred with glandular cytology were seen within 2 weeks (patient declined appointments, reduced clinics). Patient uptake of see and treat was poor. 100% compliance to colposcopy multidisciplinary team meetings. Uptake of test of cure at 6 months was 80% and 3 patients were discharged from the colposcopy clinic for community testing.

P-26

Audit Of 'See & Treat Clinic ' In Colposcopy Unit Of A Teaching Hospital In London

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Background

An audit done in 2020, increased number of high grade referrals – not all referrals could be accommodated in time, and FDS targets were not being achieved.
Of the referrals, 69% turned out to be more than or equal to CIN 2.
Therefore, a 'see & treat ' clinic was started in April 2021

Aim

- To comply with FDS criteria (28 days from referral to diagnosis)
1. To meet the national standard , (the histological finding to match the colposcopic and the referral smear findings in at least 90% of the cases)
2. To save time and resources

Standard

The proportion of individuals treated at the first visit who have evidence of CIN2, CIN3, or CGIN on histology, must be ≥90%.

Methods

- Retrospective data collected from hospital records, from the start of the clinic (mid April 2021) to July 2021, for 50 patients.

-All women with high grade moderate (> 40 yrs) and severe smears (any age) , or CGIN were triaged into the 'see and treat clinic.

Results

95 % of the patients treated had colposcopy finding which corresponded to histological diagnosis
(2 patients, > 45 yrs, for diagnostic LLETZ , excluded)

*In the normal pathway, time taken from referral to treatment was **3 to 6 weeks** average – 31 days)*
In the 'see & treat pathway, this interval was 0 -13 days (6.7 days average)
Therefore waiting time cut down 4-5 times

Conclusion

See and treat clinic in our unit is a good initiative
- national standard of adopting 'see & treat' clinic met
- Significantly improved patient compliance. (only 2% DNA in see and treat clinic, compared to the 12.4% otherwise).
- Significantly reduced time from referral to treatment (from 31days to 6.7 days)
- 2nd appointment for the same patient not needed– can now be given to other patients

P-27

Lletz And Mirena Coil: What Happens The Coil? A Consensus Of Practice In Irish Colposcopy Units

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LLETZ Abstract.pdf (could not be inserted)

P-28

A Three Year Review Of Lletz In The 50+ Years Age Group. Presence Of Cin3 At The Endocervical And/Or Deep Lateral Margins Should Not Be The Only Indication For Repeat Lletz

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Introduction

There is a second peak of HPV infection in the 55+ years age group. This population also have lower chances of spontaneous HPV regression. Furthermore, adequate colposcopy assessment in this population can be challenging. This results in the likely recommendation of LLETZ for either high-grade or persistent low-grade disease, or inadequate colposcopy. We reviewed all LLETZs in those 50+ years old to identify the burden of disease and outcomes over a 3-year period.

Method

Retrospective review of all LLETZ in those 50+ years old at Chelsea and Westminster Hospital NHS Foundation Trust between February 2020 and February 2023.

Results

There were 79 LLETZ performed in the 50+ age group. The majority were referred with a high-grade screening smear (51/79). 25 were referred with a low-grade screening smear and 3 were referred with clinical concerns. The final histology were: 4 cancers, 1 CGIN, 22 high-grade CIN, 26 low-grade CIN, 26 no CIN. All patients with CIN3 present at the endocervical and/or deep lateral margins on LLETZ specimen were offered a repeat procedure.

Of the HPV test of cures available (46), only 29 (63%) were HPV negative. Of the abnormal test of cures, 6/46 (13%) were a high-grade abnormality. These 6 cases were reviewed: All had been referred with a high-grade smear, which was not reflected in the final histology in 4 cases, and only 2 had a LLETZ to a depth of more than 10mm. All 6 patients have since undergone or awaiting repeat LLETZ.

Conclusion

When reviewing the LLETZ results of patients over 50, the depth of the specimen needs to be reviewed in the context of the transformation zone. Even if this is sufficient, if the final histology does not explain the cytology, especially a high-grade smear, there should be MDT discussion and repeat treatment should be considered.

P-29

A Three Year Review Of Lletz For High-Grade Cytology Referrals In The 50+ Years Age Group To Guide Local Practice. Should We Consider Treatment At First Visit For All Referred With Severe Dyskaryosis And Glandular Abnormalities?

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Introduction

High-grade screening smears are referred on the suspected cancer pathway. Although biopsies can be taken at the first appointment, these may be non-diagnostic or the colposcopy inadequate which may impact upon meeting the faster diagnostic standard, timely management of disease and patient anxiety. Treatment at first visit – "see and treat" is a possible solution. We reviewed all LLETZ in those 50+ years who were referred with a high-grade smear over a 3-year period, to help guide how we can streamline our use of "see and treat".

Method

Retrospective review of all LLETZ in those 50+ years referred with a high-grade smear to Chelsea and Westminster Hospital NHS Foundation Trust between February 2020 and February 2023.

Results

There were 51 LLETZ in patients who were referred with a high-grade smear (1 ?invasive squamous cell cancer, 34 severe dyskaryosis, 14 moderate dyskaryosis, 2 ?glandular neoplasia of endocervical type). Only 10 (20%) underwent LLETZ at first visit, of which 90% had a final diagnosis of CIN (7), CGIN (1) or cancer (1).

Although the proportion of CIN was similar in those with severe and moderate dyskaryosis (27/34 (79%) vs 10/14 (71%)), there was a greater proportion of high-grade CIN in those with severe compared to moderate dyskaryosis (19/34 (56%) vs 3/14 (21%)).

Conclusion

Those who are 50+ years with severe dyskaryosis are more likely to have high-grade CIN and perhaps this group should be offered "see and treat" compared to those with moderate dyskaryosis to reduce the risk of overtreatment. Increasing the numbers of treatments at first visit would reduce the need for a timely follow up appointment for treatment. It would increase the speed at which we obtain a diagnosis and offer treatment to not only optimise patient care, but to allow the faster diagnostic and treatment standards to be met.

P-30

A Three Year Review Of Lletz For Low-Grade Cytology Referrals In The 50+ Years Age Group To Guide Local Practice. Is There A Risk Of Persistent Hpv And Repeated Treatments?

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Introduction

Although the risk of CIN3+ in HPV+ women with low-grade cytology is low, the older population have lower chances of spontaneous HPV regression and are at greater risk of an inadequate colposcopy. This likely results in a LLETZ for persistent low-grade disease. Despite treatment the smear may remain HPV+ and future colposcopy of the postmenopausal cervix may be challenging. We reviewed all LLETZ in those 50+ years, referred with a low-grade smear to identify the outcomes over a 3-year period.

Method

Retrospective review of all LLETZ in those 50+ years referred with a low-grade smear to Chelsea and Westminster Hospital NHS Foundation Trust between February 2020 and February 2023.

Results

There were 25 LLETZ in patients who were referred with a low-grade smear. 3 patients underwent LLETZ for high-grade CIN identified in punch biopsies. 1 patient was diagnosed with glandular cancer and was referred to the cancer centre. The remaining underwent follow-up and subsequent LLETZ due to persistence/worsening of cytology/histology abnormalities.

The majority of LLETZ specimens did not have any evidence of CIN (14/24). 10 specimens contained CIN (7 CIN1, 3 CIN2), all of which were completely excised. Only 11 HPV test of cure results are available: 7 were HPV negative; 2 were initially HPV+ which have since reverted to HPV negative. 2 smears remain abnormal (borderline in squamous cells and HPV+ with negative cytology) and these are undergoing follow-up. No patients have required a repeat treatment/hysterectomy (excluding the patient with cancer).

Conclusion

Despite our small sample size, these findings will be useful in counselling our patients. Our population should be reassured it is unlikely a low-grade smear is suggestive of CIN3+. We can also advise our patients that based upon local data, there is no evidence they are more likely to undergo repeated treatments/hysterectomy for persistent abnormal smears.

P-31

Correlation Between Depth Of Lletz And Toc Results

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Introduction / Background

Large loop excision of transformation zone(LLETZ) is treatment for high grade CIN(cervical intraepithelial neoplasia. The recommended depth for LLETZ treatment varies according to the type to transformation zone(TZ). Deeper the squamo-columnar junction, deeper the LLETZ should be, to ensure full excision of the disease. However deeper LLETZ in younger population, if repetitive treatment LLETZ increases the risk of pre-term labour 8-18%.

Aims / Methodology

To assess the LLETZ cases with regards to depth and test of cure(TOC) results. The depth is recommended to be 7mm or more for at least 95%, deeper excision recommended for or transformation zone 2 and 3.

We retrospectively analysed LLETZ cases in a timescale of between January to June 2021 collected and analysed through Masey database, Electronic patient records and open Exeter.

Results

We have Total 85 cases, 81 cases included for study (2x cases non-screening PCB so not TOC. 1x case uterine sarcoma, 1x case diagnostic LLETZ for abnormal looking cervix - LLETZ negative) 92% (75/81) had diagnostic. We have 6 cases with depth <7 with failed TOC rate of 33.3% (4/6), and positive margins noted in 50%(3/6). The 2 cases that failed TOC, in the <7mm category were one case known on immunosuppressants and the other was a case that was persistent low grade TZ3, that had a diagnostic LLETZ, HPV only TOC.

Amongst cases of depth >7, 14 cases no TOC was found. Failed TOC rate was 32%(15/46), margins involvement was 21.3%(16/75).

In Conclusion no significant difference in TOC result rate seen between both groups. However margins positive rate was higher in the <7mm group. Therefore adequate depth depending on the type of transformation zone or grade of CIN is to be followed as per national guidance.

P-32

A Rare Presentation Of Chronic Vulval Sinus:A Case Report

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Aim

We report an unusual case of chronic vulval sinus in a postmenopausal woman.

Background

A sinus could be a blind end track that extends from the skin to an underlying area or cavity (1). It can develop spontaneously or secondary to vulval trauma, infection, foreign body A discharging Vulval sinus could be distressing to the patient. Hesitancy to seek timely help may lead to treatment delays resulting in scarring and perineal disfigurement.

Case Report

A 59 years old woman, mother of three was referred for evaluation of persistent blood stained vulval discharge over 12 months. She is a known smoker and attends colposcopy regularly for HPV positive smears. There was no significant past medical, surgical or family history other than three caesarean sections. Imaging did not reveal deep structure involvement.

Examination under anaesthesia revealed an isolated 9 cm sinus tract. An intraoperative general surgical input was taken to out rule extension or involvement of deeper perineal structures. The tract was completely excised by the team.

A clinical diagnosis of hidradenitis suppurativa was made as the discharge resembled sebum. However, histopathology showed skin with a deep dermal sinus tract showing oedematous and heavily inflamed granulation tissue. There was no evidence of hidradenitis.

Postoperative review at 8 weeks showed complete closure of sinus tract and resolution of symptoms.

Conclusion

This was an unusual case of spontaneous unifocal vulval sinus. A persistent discharging sinus needs to be thoroughly explored. Accurate detection of any associated deep abscess or complex deep extensions of the sinus tract is paramount for successful treatment. (1)

References

1. Bailey and Love's Short practice of surgery: 24th edition: Sinuses 209-210

P-33

Association Of Different Grades Of Cervical Intraepithelial Neoplasia & Microinvasion
With Hr Hpv Dna Load In A Tertiary Colposcopy Clinic.

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ASSOCIATION OF DIFFERENT GRADES OF CERVICAL INTRAEPITHELIAL NEOPLASIA & MICROINVASION

WITH Hr HPV DNA LOAD IN A TERTIARY COLPOSCOPY CLINIC

Abstract

Background

Human Papillomavirus (HPV) is the cause of 99.7% of cervical cancer. The natural history of HPV infection shows that 80.0% of High-risk HPV (Hr HPV) infections are transitory. Another 20.0% of cases needed 2 to 4 years to develop productive infection and 10 to 30 years to develop cervical cancer. High-risk HPV DNA viral load has been suggested as a marker of non-transient infection.

Aims

To evaluate the association of the Hr HPV DNA viral load with different grades of Cervical Intraepithelial Neoplasia and Microinvasion.

Methods

This cross-sectional analytical study was conducted in the colposcopy clinic, Gynecological Oncology department of Bangabandhu Sheikh Mujib Medical University, Dhaka, from March 2021 to February 2022. Fifty women 30 to 60 years of age who were VIA positive referral cases and had colposcopically suspected were enrolled in this study. The Hybrid Capture 2 (HC2) method was used to measure the viral load of Hr HPV DNA. HC2 high-risk HPV DNA test cutoff 1 pg/ml is equivalent to 100000 copies/ ml. RLU/ cutoff value ratios ≥1.0 were considered "Positive". Statistical analyses of the results were obtained using window-based computer software devised with Statistical Packages for Social Sciences (SPSS-22). **Results:** The mean Hr HPV DNA viral load was 1.0±1.8 pg/ml with IQR from 0.29 to 0.81 pg/ml in chronic cervicitis, 9.6±35.8 pg/ml IQR from 0.30 to 2.65 pg/ml in CIN I, 82.4±176.9 pg/ml IQR from 0.29 to 205.38 pg/ml in CIN II, 952.3±986.2 pg/ml IQR from 140.59 to 2081.00 pg/ml in CIN III and 1712.8±1077.3 pg/ml IQR from 619.75 to 2670.00 pg/ml in microinvasion. There was a positive significant Spearman correlation (r=0.543; p=0.001) between Hr HPV DNA viral load with histopathological findings. So Hr HPV DNA viral load was strongly associated with the histologic higher grade of the lesions, being highest for microinvasion followed by CIN III, CIN II, CIN I and lowest for chronic cervicitis.

Conclusion

Hr HPV DNA viral load could be used as a marker of the risk of finding CIN and Microinvasion.

Keywords

Cervical Intraepithelial Neoplasia, Microinvasion. High-risk human papillomavirus, Viral load.

P-34

Mesonephric Adenocarcinoma Of The Cervix: A Case Report And Review Of The Literature

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Background
Mesonephric adenocarcinoma (MNAC) is a rare tumour of the female genital tract, which originates from mesonephric duct remnants. It mainly occurs in the lateral wall of cervix. Differential diagnosis from other cervical carcinomas is difficult and little is known regarding its biological behaviour, prognosis, and the optimal management strategy. We present a 41-year-old woman with persistent CIN for 2 years, who was found to have a stage IB MNAC of the cervix diagnosed on LETZ.

Case Presentation
An asymptomatic 38-year-old woman referred to colposcopy clinic with moderate dyskaryosis in January 2019. She was para 3 delivered vaginally, non-smoker, and no relevant medical history noted. Colposcopy examination was low grade and satisfactory. Cervical punch biopsy reported "mostly mild with moderate dysplasia and crypt involvement". She was advised conservative management. Her six-month follow-up was cancelled due to pregnancy with confinement in February 2020 as COVID 19 epidemic started. She was re-referred in August 2021 with mild dyskaryosis. Colposcopy was satisfactory and low grade including on histology. Patient discharged to GP for repeat smear in 12-months. She was re-referred in August 2022 with mild dyskaryosis. Colposcopy with histology reported the same as in August 2019. In view of her age and persistent CIN with previous moderate dysplasia, outpatient LETZ was performed in December 2022. Histological reported MNAC involving the endo-cervical and radial margin. The immune profile showed negative staining for oestrogen receptor (ER), TTF1 and GATA 3 and positive staining for P16. CT chest abdomen pelvis reported disease confined to pelvis with no distant or lymph node metastasis. MRI pelvis reported a residual 5 cm tumour on posterior wall of cervix. She continues her care with Gynaecology Oncology MDT.

Conclusion
In retrospect, if our protocol was followed, she should have been offered LETZ following her diagnosis for moderate dysplasia in view of age more than 30 years and parity of 3. This may have resulted in early detection and better outcome. The cervical screening program is designed to detect the most common squamous cell carcinoma of the cervix; other cancers are a bonus but good practise is to follow protocol.

P-35

Outcome Of Cytology Negative High Risk Hpv Positive Smear Results

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Introduction / Background

Women with smears positive for high risk HPV with negative cytology are referred for colposcopy after 3 positive tests. Presence of HPV is more sensitive in identifying cervical intraepithelial neoplasia (CIN) than abnormal cytology**.**

Aims / Methodology

Aim; To study the outcome of smear results where cytology is negative but High risk HPV is positive.
Methods: Retrospective study conducted in a medium sized DGH (Colchester general hospital-East Suffolk & North Essex NHS Foundation trust). 186 women, who had colposcopy with smear showing cytology negative with high risk HPV positive, were studied. This includes women who were referred due to persistent HPV with negative cytology and women following test of cure.

Results

28% (51/181) of women were smokers. 66% of them had previous abnormal histology. Amongst the non smokers, 47% had previous abnormal histology. Incidence of high grade CIN following colposcopy was similar in smokers (33%) & non smokers (29%).
Normal colposcopy findings were noted in 56, low grade/HPV was noted in 88, high grade was noted in 9. Colposcopy was deemed inadequate in 33.
33% of high grade colposcopy had high grade CIN2,3 on histology. 11% of low grade colposcopy findings had high grade CIN2,3 on histology. 0.05% of normal colposcopy had low grade CIN on histology, none of them had high grade histology.
12 (6.4%) women needed LLETZ. 41 had CIN. 28/186(14%) had CIN1, 13/186 (7%) had CIN2,3. One woman had CGIN, for which she had hysterectomy later. None of the women had invasive cancer.
118/186 (63%) had colposcopy first time as smear was high risk HPV positive with negative cytology. 29/118 (24.5%) had CIN, CGIN. 3 women needed LLETZ when they were reviewed following test of cure.
Conclusion: Women who smoked are likely to have recurrent CIN. 6.4% of women with HR HPV but cytology negative needed LLETZ. 22% had CIN/CGIN even though cytology was negative.

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Exploration Of Biomarkers In Multi-Zonal Intraepithelial Neoplasia: Understanding Epithelial Transformation (Minuet)

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Introduction / Background

Rates of lower anogenital tract (LAGT) squamous cell carcinoma (SCC), such as vulval and anal cancer, have risen steadily in women over recent years. All LAGT zones are susceptible to HPV-related dysplasia, and certain high-risk groups of women are vulnerable to LAGT neoplasia and cancer. In some women, high-grade squamous intraepithelial lesions (HSIL) occur in more than one LAGT zone concurrently, designated multizonal intraepithelial neoplasia (MZN). Because all HSIL have the potential to progress to SCC without treatment, timely risk assessment and management of MZN is a clinical challenge. Although DNA methylation analysis has been useful in prognosing other LAGT HSIL, few studies have assessed this approach in MZN. Elucidation of the molecular nature of MZN is needed to determine if biomarkers can assist in MZN triage.

Aims / Methodology

We conducted a study on 12 women with MZN where at least one LAGT HSIL progressed to SCC. DNA methylation of host gene EPB41L3 and late regions of HPV16, 18, 31, 33 was assessed in biopsies: from the cancer zone prior to progression to SCC; from the cancer zone at the time of SCC; and from other LAGT zones that did not progress to invasive disease.

Results

123 multi-timepoint samples from 12 women were analysed in total, including 15 invasive SCCs in the anal canal (n=4), peri-anus (n=6), vulva (n=2) and vagina (n=3). DNA methylation profiling of SCC with respect to time and zone is currently in progress.

Multizonal disease is under-researched yet complex to manage clinically. DNA methylation has previously been useful to predict oncological transformation and disease progression, suggesting its usefulness in triaging cases of MZN. Future studies will conduct a full methylome analysis on qualifying samples. Identification of biomarkers and their application in the triage of HSIL may improve the objectivity of MZN treatment.

P-37

Are “High Risk Hpv Positive And Cytology Negative For Third Time” Missing Cin2+S Or Wasting Colposcopy Time? - A Single Centre Retrospective Data Analysis

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ABSTRACT

TITLE

Are “High Risk HPV Positive and Cytology Negative for Third time” Missing CIN2+s or Wasting Colposcopy Time? - A Single Centre Retrospective Data Analysis

INTRODUCTION

High risk Human Papilloma Virus (hr-HPV) testing has got high sensitivity and negative predictive value for detection of high-grade cervical intraepithelial neoplasia (CIN2+), even when used alone and of course understandably with conjunction with cytology. Testing cervical cytology samples for HR-HPV increases the negative predictive value for detection of high grade CIN2+. However, can patients be reassured in terms of having no precancerous disease when they have a normal cervical cytology screening if they have an active HR-HPV? NHS cervical screening programme refers patients for colposcopy, plus or minus cervical biopsy, after 3 consecutive cytology negative/HR-HPV positive results.

AIMS/METHODOLOGY

In this retrospective review, we assessed the colposcopy, cervical and LLETZ biopsy results for cervical cytology negative/HR-HPV positive (x3 times) patients referred to our unit between 01/01/2022 and 28/02/2022. Our main purpose to identify the number of patients who had negative cervical cytology on smear but diagnosed with high grade CIN2+ on colposcopy. In our colposcopy units at Gloucester Royal and Cheltenham General Hospital, we reviewed the date of 49 patients. The patients referred to our unit with repetitive negative cervical cytology but positive HR-HPV results on their cervical screening at community. The data collected from Infoflex, TrakCare and Sunrise EPR digital medical records and assessed on Microsoft Excel.

RESULTS

Fourteen patients had normal colposcopic examination therefore no cervical biopsy taken and subsequently discharged, 26 patients had low grade, 5 patients' high grade, and 4 patients had unsatisfactory examination impression on colposcopy had diagnostic LLETZ.

Grand total of 34 cervical biopsies taken. Four patients had CIN2+ on cervical biopsy, therefore had LLETZ. Only one LLETZ biopsy result confirmed CIN2 on histology, rest were CIN1 or less. Our data showed that the risk of high-grade CIN is small in cervical cytology negative/HR-HPV positive cohort.

(Word Count: 292)

P-38

The Role Of Circulating Viral And Tumour Dna In The Diagnosis And Management Of Hpv Associated Anogenital Cancers, A Systematic Review And Meta-Analysis

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Introduction / Background
The clinical burden of cancers with an HPV aetiology is increasing, this can be mitigated with early detection and treatment. Measurement of cHPV DNA and ctDNA may hold promise as a tool for the diagnosis and monitoring of cancer, particularly given the development of highly sensitive, high-throughput detection technologies such as next-generation sequencing. However, estimates on clinical performance of these molecular tests in the literature are relatively broad and there is a paucity of information on certain cancer types.

Aims / Methodology
To perform a systematic review of the literature to assess the clinical performance of circulating DNA (tumour and HPV) as a tool for the detection of HPV-associated anogenital disease (cervix, anus, vagina, vulva, penis). We performed a systematic review of the literature spanning 20 years and 7 databases. We identified 300 studies which were screened against predetermined inclusion and exclusion criteria. Data were extracted from the included studies and statistical meta-analysis of diagnostic accuracy and a structured quality assessment, including an assessment of publication bias, was performed.

Results
15 studies were included in the quantitative analysis which assessed circulating HPV (cHPV) DNA in patients with cervical and anal lesions. Notably, no studies on vulval, vaginal or penile cancer met inclusion criteria. The sensitivity for cHPV DNA ranged widely from 0.07 to 1 for cervical carcinoma to 0.88 to 1.0 for anal carcinoma. Sensitivity was higher in papers published from 2016-2021 compared with earlier years which likely reflects contemporaneous improvements in molecular techniques. Quality assessment showed no evidence of publication bias. Full data will be presented.
Conclusion: The measurement of ctDNA represents an important molecular test that could enhance the early diagnosis of HPV-associated carcinomas, particularly when contemporary technologies are applied. The analysis makes the case for greater efforts to determine the performance of ctDNA in vulval, vaginal and penile disease.

P-39

Review Of Anal Cancer Patients Referred To Colposcopy For Baseline Lower Genital Tract Assessment

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Introduction / Background
Anal cancer in women is increasing and estimated doubling in incidence by 2035[1.] Anal cancer is mainly a HPV related cancer (87%) and commoner in older women. Clifford et al[2] estimated the increased risk of anal cancer in women diagnosed with other lower genital tract neoplasia.
Women with anal cancer, may have metachronous or synchronous lower genital tract disease. Patients with anal cancer are not regularly referred for other lower genital tract assessment

Aims / Methodology
Women diagnosed with anal cancer were reviewed and some of these were referred for baseline lower genital tract assessment. This also allowed assessment of any prior/ present lower genital tract neoplasia. The time cohort for this study was 3 years.

Results
23 women were diagnosed with anal cancer, (EPR diagnosis). 14 were referred for baseline lower genital tract assessment. The age range was 39-82 years old.
6 patients had a prior diagnosis of CIN, 2 patients had synchronous VIN and 3 patients had invasion of anal cancer into the vagina at the time of diagnosis.
12 out of 14 had cervical HPV testing undertaken at the time of their baseline colposcopy visit - 9 were HPV negative. 2 patients had LG dyskaryosis and one had a HG abnormality.
Conclusion
61% women diagnosed with anal cancer were referred for a baseline lower genital tract assessment. 75% of these were HPV negative on cervical cytology. Further study should be undertaken to assess if other treatable lower genital tract disease, can be evaluated at the time of diagnosis of anal cancer.

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P-40

Knowledge Of Cervical Screening And Cervical Cancer Among The Irish Public: Findings From A National Survey

Dr Róisín McCarthy[1], Dr Mairead O'Connor[1], Dr Thérèse Mooney[1], Ms Grainne Gleeson[1], Ms Fiona Ness[1], Dr Caroline Mason Mohan[1], Professor Patricia Fitzpatrick[1], Dr Noirin Russell[1]
[1]*National Screening Service, 200 Parnell St, Ireland*

Introduction / Background
Since 2008, the national cervical cancer screening programme (CervicalCheck) has significantly reduced cervical cancer incidence in Ireland. Negative publicity since a high-profile screening controversy in 2018 has impacted public trust in cervical screening. We aimed to examine the knowledge and awareness of cervical screening and cervical cancer among those eligible for screening.

Aims / Methodology
In 2021, an online survey examining views on screening was sent to a quota-based sample of 18+year olds in Ireland. Survey response data on cervical screening and cervical cancer knowledge were analysed using cross-tabulation. Only those eligible for cervical screening were included in this analysis.

Results
Of 2,000 respondents, 782 (39%) were eligible for cervical screening. 38% (n=298) believed they were knowledgeable about cervical cancer. 51% (n=399) felt cervical screening is the best way to reduce cervical cancer risk with 17% (n=133) believing that HPV vaccination was another way to reduce risk. Although 29% said they had a good understanding of cervical screening, 74% of women believed cervical screening is diagnostic. There was no significant difference in perceived levels of importance for regular cervical screening between different age groups (57%: 25-35; 65%: 36-44; 69%: 45-65, p=0.381). Approximately 40% of respondents <44 years believed people aged 20-30 are more at risk of cervical cancer whereas 58% of older women (45-64) believed all ages carry equal risk. 41% (n=321) were confident in recognising symptoms, with no significant difference between younger and older cohorts (44%: 25-35; 39%: 45-65, p=0.443).

Conclusion
Most respondents felt they were not knowledgeable about cervical cancer. Confusion around the difference between screening and diagnostic tests is evident. There appears to be gaps in the knowledge around recognising signs and symptoms of cervical cancer as well as the age group most at risk of developing it. Future communications should continue to focus on clarifying these messages.

P-41

Motivators And Barriers To Cervical Screening In Ireland: Findings From A Nationally Representative Survey

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Introduction / Background
The aim of CervicalCheck is to reduce the population incidence and mortality for cervical cancer. Almost half of women in Ireland diagnosed with cervical cancer are aged ≤45. 40% of cervical cancers occur in women who have never participated in screening. We aimed to examine the motivators and barriers to participation in cervical screening in Ireland.

Aims / Methodology
An online survey using quota sampling was conducted through a market research company to adults 18+ years in Ireland in 2021 to examine attitudes and knowledge of screening. Data on motivators and barriers of cervical screening were analysed using cross tabulation. Only those eligible for cervical screening were included in this analysis.

Results
Of the 2,000 respondents, 782 (39%) were eligible for cervical screening. From this sample, 51% (n=399) believe peace of mind is the main motivator to attend cervical screening with 42% (n=325) motivated by fear of developing cervical cancer, and 41% (n=317) motivated by receiving an invitation to screening. The main barriers to attending screening are fear of finding something wrong (45%: n=352), finding the screening process uncomfortable (40% n=312) and having a fear of the screening process (35% n=271). Older cohorts are non-significantly more likely to find screening embarrassing (32%: 25-35; 42%:45-65, p=0.117) and less comfortable (36%: 25-35; 44%: 45-65, p=0.226). Over half (65%) aren't clear what is meant by the limitations of cervical screening. 25% believe limitations means the inability of the test to be 100% accurate. The most trusted sources of information are a trusted healthcare professional (71%) and the HSE/CervicalCheck website (58%).

Conclusion
These results highlight that attending cervical screening provides peace of mind. The main barrier to screening is fear of finding something wrong. To address this, interventions should focus on improving information to participants and including more specific information on the limitations of screening.

P-42

Exploring The Challenges Faced By Polish, Latvian And Romanian Women In Accessing The Nhs Cervical Screening Program

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Introduction / Background
Only 70.8% of women and people with a cervix aged 25-49 years take up an invitation to participate in the NHS Cervical Screening Programme in 2019-20. This coverage rate has remained relatively static over the past decade and further work is needed to identify barriers to screening to inform strategies to increase participation.

Aims / Methodology
Three separate focus groups were held with Polish women (5 participants), Latvian women (5 participants) and Romanian women (7 participants) as part of the study 'Exploring the challenges faced by Eastern European ethnicity individuals to taking part in cancer research studies'. The focus groups were conducted virtually using Microsoft Teams and interpreter support. Data on experiences and attitudes towards cervical screening were analysed utilising reflexive thematic analysis.

Results
Cervical screening was viewed as important in cancer prevention, however for some women it was viewed as an integral component of a regular gynaecological check-up. Some individuals reported that it took many years to engage with NHS services and for many, interpreter services were still needed for English language invitation letters and text messages. Women also reported having to ask a family member, notably daughters, to translate or otherwise the invitation letter would be disposed of or "go in the bin". Change of residence frequency was also seen as a barrier to receiving postal invitations. Several Polish participants expressed a preference to have screening performed in Poland because of greater trust with Polish doctors and absence of language barriers.
Language remains a barrier in engaging Polish, Latvian and Romanian individuals with the NHS cervical screening program. Consideration should be given to the development of greater range of European language information and culturally responsive resources that can be available through different avenues of access.

P-43

High-Risk Human Papillomavirus Infection Among Women In Urban And Rural Population Of Bangladesh

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Introduction / Background
Cervical cancer screening is available in all districts and almost three fourth of the sub-districts in Bangladesh. The government of Bangladesh (GOB) adopted the visual inspection of cervix with acetic acid (VIA) method for cervical cancer screening for women of 30-60 years age. Studies on high-risk (HR) HPV genotype distribution and its regional variation are very few in Bangladesh. This study was performed to find out the prevalence of HR-HPV genotypes by polymerase chain reaction (PCR) among women in urban and rural populations of different regions of Bangladesh.

Aims / Methodology
This cross-sectional study was carried out at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka (July 2021-June 2022). Cervical samples (N= 3856) were collected from women of 30-49 years age attending VIA screening from eight divisions of Bangladesh. HPV tests were performed by a fully automated real-time PCR amplification and detection analyzer at BSMMU. Ethical clearance was received from the Institutional Review Board (IRB) of BSMMU Ethics and Scientific Review committee.

Results
Among 3856 asymptomatic women, the overall prevalence of HR-HPV was 3.6% with 49 (1.3%) women with HPV 16, 12 (0.3%) HPV 18, and 65 (1.7%) with Other HR-HPV positive reports. A significant variation of HR-HPV prevalence among the divisions (P=.001) was found with highest infection (7.1 %) among women of rural Sylhet and lowest in rural Mymensingh (0.5%). No significant difference in HR-HPV prevalence was found between the urban and rural women except Mymensingh.

Conclusions
The low prevalence of HR-HPV (3.6%) among Bangladeshi women with regional variation should be considered by policymakers during the development of cervical cancer prevention policies. The developed VIA-based screening infrastructure should be utilized during the introduction of HPV tests for primary screening or co-testing. Large implementation research is necessary to provide better information to policymakers.

P-44

Review Of A Cohort Of Young Women Aged 12-13 Offered The Hpv Vaccine In The Year 2008-2009: Outcomes From Their First Cervical Cancer Screening Test

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Introduction / Background

In the UK, the HPV vaccine has routinely been offered to girls aged 12-13 since September 2008 and a register based observational study published in the Lancet in 2012 has shown that the incidence of cervical cancer in this group has been reduced by 87% and CIN3 rates by 97%.

Aims / Methodology

Objective

To describe the screening results and colposcopy outcome of women who had received the HPV vaccine at age 12 -13 and referred to the colposcopy clinic with abnormal smear results.

Methods

Retrospective data collection from the hospitals electronic data base which includes the community electronic health information exchange (HIE). There were 164 patients in this cohort referred to the colposcopy clinic Milton Keynes University Hospital with abnormal smears between 1st January 2021 to December 31st 2022 . However, data was collected from only 61 patients with documented evidence of HPV vaccination.

Cytology was recorded as negative (no evidence of disease), borderline, low grade dyskaryosis, moderate or severe high grade dyskaryosis. Histology was recorded as negative (no CIN detected), CIN 1, CIN 2, and CIN 3 or other (ectropion or inlammation). Women who did not require a biopsy were categorised as 'no biopsy' . The outcome of colposcopy was coded as 'discharged to GP(for smear in 1 year), 'LLETZ done' and 'conservative management (of CIN 2).

Results

The sample comprised of 61 girls, 51% were aged 12, and 49% aged 13. Of these patients, 60(98%) received 3 doses of the vaccine and 1(2%) received only 1 dose. Fourty-two (69%) were referred with low grade disease(borderline or low grade dyskaryosis) and 4(7%) patients had high grade moderate dyskaryosis on cytology report. There was no cytological diagnosis of grade severe dyskaryosis. A cervical punch biopsy was done in 30(49%) patients. Biopsy report showed that 3(5%) women had CIN2 and a further 3(5%) had CIN3. Overall, 55(90%) women were discharged to the GP for a smear in a years time, 2(3%) had conservative management of CIN 2 and 4(7%) of these women had LLETZ treatment.

P-45

Cost-Effectiveness Of Vaccination For Prevention Of Hpv-Attributable Diseases In Women Surgically Treated For Cin2+ Pre-Cervical Cancer

Miss Kelly Lee[1], Miss Olga Ovcinnikova[1], Mrs Cody Palmer[2], Mrs Vincent Daniels[2]
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Title**: Cost-effectiveness of vaccination for prevention of HPV-attributable diseases in women surgically treated for CIN2+ pre-cervical cancer**
Authors: Kelly Lee, Olga Ovcinnikova, Cody Palmer, Vincent Daniels

Introduction / Background
Women who have developed high grade cervical intra-epithelial neoplasia (CIN) are particularly sensitive to HPV and can rapidly re-acquire infections after local surgical treatment. The existing evidence showed these women have an increased risk of recurrent CIN and other HPV-related malignancies and hence could greatly benefit from HPV vaccination.

Aims / Methodology
The aim of this study was to assess the cost-effectiveness of Gardasil® 9 plus cervical cancer screening program versus cervical cancer screening program only in women undergoing local surgical treatment for cervical CIN. Markov models were developed to evaluate impact of Gardasil® 9 on various clinical outcome of interests attributed to HPV including cervical infection, other associated cancers (i.e. cervical, vaginal, vulvar, anal, head and neck), and diseases (i.e. genital warts and RRP).

Results
In the base-case when 3.5% discount rate was adopted for both costs and health outcomes with the list price vaccine, the estimated ICER was approximately 23k £/QALY. When adopting 1.5% discount rate, the estimated ICER was reduced to 11k £/QALY.

Conclusion
The analysis suggested provision of Gardasil® 9 to women after surgical treatment for CIN2+ in prevention of HPV-related diseases could be potentially cost-effective if it was procured as part of the current HPV national immunization program.

P-46

Association Between P16/Ki-67 Dual Stain Cytology Results 6 Months After LLETZ Treatment And The Follow Up Regimen After 3 Years: A Retrospective Cohort Study.

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Introduction / Background
After treatment for CIN, women are advised to undergo HR-HPV with liquid-based cytology (LBC) testing after 6 months, with further follow up depending on results of these assays. By our knowledge, no study has investigated the role of p16/kI-67 dual stain testing (DST) for post-treatment follow-up.

Aims / Methodology
Investigate the association between DST results, obtained 6 months after LLETZ, and the return to routine screening after 3 years. This is a secondary analysis of a prospective cohort study on the diagnostic accuracy of the DST for predicting CIN2+ in women referred for a LLETZ in 2017 at the University Hospital of Leuven, Belgium.
All women were invited to attend a 6 month follow up visit. A cervical cytology sample was obtained for HR-HPV testing, LBC and DST. Medical records of all women attending follow up were reviewed in 02/2023 to document the follow up regimen after 3 years. This was defined as a binary outcome, i.e., women had either been advised to return to routine follow up, or were still in more intensive (more frequent) follow up.

Results
110 participants were originally included and 83 attended follow-up (75.5%). Mean duration between treatment and follow-up was 187.91 days (SD 21.47). The follow-up regimen was recorded for 80 women; 51 were advised to return to routine follow up (63.8%). A positive DST significantly increased the odds of requiring more intensive follow up at 3 years (OR6.62, 95%CI: 2.31-18.93, p=0.0004). Presence of HR-HPV at follow-up resulted in even higher odds (OR17.89, 95%CI: 5.66-56.57, P<0.0001), whereas an abnormal LBC result, resulted in the lowest odds (OR3.53, 95%CI: 1.26-9.90, p:0.02).

Conclusion
The strongest association was observed between persistent HR-HPV infection and need for more intensive follow up 3 years after LLETZ treatment. The role of DST in the context of post-treatment follow-up needs further investigation.

P-47

The Effect Of Hpv Vaccination On The Rate Of High-Grade Cytology In 25-Year-Old Women Attending For Cervical Screening In Ireland

Mr Michael Rourke[1], Dr. Thérèse Mooney[1], Professor Patricia Fitzpatrick[1], Professor Nóirín Russell[1], Dr. Caroline Mason Mohan[1], Dr. Cara Martin[2], Dr. Lucy Jessop[3]

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Introduction / Background

The Irish cervical screening programme commenced in 2008. For the first 11 years, screening was based on primary cytology. In March 2020, the programme transitioned to HPV screening with reflex cytology. In 2010 the national school-based HPV vaccination programme (Gardasil4) was introduced for girls aged 12-13 with a 3-year catch-up commencing in 2011/12 academic year for 17/18-year-olds. We aim to examine the changes in detection of high-grade (HG) cytology outcomes in 25 year olds screened from 2010 to 2022 compared to the population data on HPV vaccination.

Aims / Methodology

Screening cytology results for women aged 25 at screening from 2010 to 2022 were obtained from the CervicalCheck database. HG results are expressed as a percentage of total results for that cohort in the period. Inconclusive/unsatisfactory results were excluded. HPV vaccination rates were obtained from national uptake reports

Results

The first year that vaccinated women were screened was 2019. Results show an increase in HG cytology in 25-year-olds from 2.7% to 4.6% in 2010-2014, followed by a reduction from 4.4% to 2.3% in 2015-2019. The reduction becomes steeper as further vaccinated cohorts become eligible in 2019-2022 (2.3% to 1.0%). The HPV vaccination rates in 25-year-old women varied from 44.8% in 2021 to 81.9% in 2022.

Conclusion

This study provides early evidence that Ireland is on track to satisfy the WHO recommendations for elimination of cervical cancer as a public health problem. Despite lower vaccination uptake in the initial catch up group we are seeing early signs of the positive protective effect of vaccination in women on their first cervical screen. As the higher vaccination coverage cohort become eligible for screening, we expect a greater impact on HG disease. Plans to incorporate individual-level vaccination status for women on the screening database will allow more detailed assessment of the impact of vaccination.

P-48

Impact Of Hpv Testing On Smears Reported As Borderline Endocervical (Code 9 Or 8gc)

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Introduction / Background
Referrals to colposcopy clinic for borderline change in endocervical cells (BCEC) are rare but are difficult to manage as we run the risks associated with under and over treatment. In Wales, Reflex HR-HPV test was introduced in the management of low-grade smear abnormalities in June 2016, followed by Primary HPV testing in September 2018. This study was initiated to determine the impact of HR-HPV testing on BCEC referrals.

Aims / Methodology
All women were identified from the CANISC database. We analysed BCEC smears referred to Bridgend, Neath Port Talbot and Singleton colposcopy clinics from 1st January 2012 – 31st December 2021. Data was obtained onto Excel spreadsheet. Community follow-up smear information was obtained from Welsh clinical portal. We divided the 2 groups into Pre and Post HPV testing. Pre-HPV group include referrals from 01/01/2012 – 31/06/2016 and Post-HPV group included referrals from 01/07/2016 – 31/12/2021. Excluded from the study were those who did not attend for follow-up for at-least a year and HR-HPV negative women who had a BCEC smear reported.

Results
There were 175 women referred in the Pre-HPV group whereas 59 referrals were received in the Post-HPV group. A slight increase in the 25-34 age group was observed in the Post-HPV group. There was no significant difference in the groups in relation to parity, smoking history or contraception use. The proportion of women who had previous abnormal smears and/or treatments was also similar (26% versus 29%). A significant increase was observed in women undergoing treatments in Post-HPV group (27% vs 54%). However, the proportion of loops reported as 'no CIN' and HG remains the same in both groups. We observed a marked increase in MDT reviews in post HPV group (88% vs 36%). No cervical cancer has been reported in the post HPV group where as two cervical adenocarcinomas were diagnosed in the Pre group. There appears to be a reduced incidence of glandular abnormalities picked up on loops when compared to pre-HPV test group.

Word Count 326 (max 300)

P-49

The Goldilocks Test: Getting It Just Right In Colposcopy Simulation

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Introduction / Background

Colposcopy training requires the acquisition of new surgical skills. Performing a LLETZ procedure can be a challenge for those with little prior exposure in performing surgical procedures. We developed simulation materials to assist trainees acquire the skills and confidence required to safely perform a LLETZ.

Aims / Methodology

To develop a realistic LLETZ simulator for trainee colposcopists.

A simulated vagina was constructed from cardboard tubing into which could be inserted a standard vented speculum at one end and a simulated cervix in the other.

Several products were chosen for evaluation as a potential 'pseudo-cervix': Chicken breast (cooked and uncooked), cooked and uncooked sausage (beef and meat-free) and Frankfurter.

These were subject to 'LLETZ' by 2 experienced consultants and a trainee nurse colposcopist and were evaluated according to 3 criteria: ease of use including application of the return electrode, smoke production and the ease with which the loop passed through the tissue – termed 'glide'.

Results

Sausages were ideal for insertion into the simulated vagina. Attachment of the return electrode was also much superior compared to the chicken breast (cooked and uncooked)

The cooked beef sausage was too firm and the uncooked too soft to accurately simulate LLETZ. The high fat content in the meat sausage generated excessive amounts of smoke. Smoke production was better in the meat-free sausage but texture and glide were sup-optimal in both cooked and uncooked forms. The frankfurter sausage proved ideal with the texture and glide remarkably similar to a human cervix and acceptable smoke production.

Conclusion

Creating a realistic simulator for LLETZ treatment has been a highly worthwhile exercise and has allowed the safe acquisition of complex skills for our trainees. Whilst other sausages were too firm or too soft for LLETZ simulation, the Frankfurter was just right.

P-50

Qualitative Analysis Of Acceptability Of Outpatient Treatment For Cin. Lletz Vs Thermal Ablation

Mrs Jenna Paton[1], Doctor Kalpana Ragupathy
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Introduction / Background
Within NHS Tayside we offer two treatment modalities – LLETZ and Thermal Ablation. Both are performed most commonly in the outpatient setting with administration of intra-cervical local anaesthetic.

LLETZ is currently a more popular and more widely performed procedure within Scotland and the rest of the UK – hence there is more information available on patient acceptability surrounding this treatment. There is paucity of data surrounding thermal ablation and patient acceptability so our study aims to collect relevant data and compare the patient reported outcomes.

Kola et al. (2016) conducted a study looking into the sensory descriptors used by women undergoing Colposcopy and found that "providing women with the sensations they are likely to experience prior to the procedure, ensures expectations are appropriately met and may also lower the pain experienced during colposcopy".

Aims / Methodology
Patients completed a short questionnaire directly after their appointment. A Likert scale was used to score pain/anxiety. We selected 50 patients, (25 had undergone Thermal Ablation, 25 LLETZ)

Study aim:
- To assess patients' perceptions and acceptability of outpatient treatment within an outpatient Colposcopy clinic.
- Gain a deeper understanding of patients' experiences and physical sensory descriptors in order to better inform patients of what they are likely to experience prior to the procedure.
- To compare patient acceptability LLETZ vs Thermal Ablation

Results
- Overall, women having Thermal Ablation were more likely to report a sensation of warmth rather than pain
- Our study has been the first to report on patient reported outcomes of LLETZ vs TA.
- This study proves TA is a very acceptable, well tolerated procedure & further adds to the evidence that it should be adopted more widely and offered as a choice of treatment for CIN alongside LLETZ

P-51

Hpv Awareness And Understanding In Ireland– 3 Years After The Introduction Of Primary Hpv Cervical Screening Programme

Professor Noirin Russell[1,2], ms Mairead O'Connor[1], Ms Roisin McCarthy[1], Professor Patricia Fitzpatrick[1], Ms Therese Mooney[1], Ms Fiona Ness[1], Ms Grainne Gleeson[1], Dr Laura Heavey[1]
[1]Cervicalcheck, Cork, Ireland, [2]University College Cork, Cork, Ireland

Introduction / Background
Aims / Methodology
Results

Background
CervicalCheck, Ireland's national cervical screening programme, transitioned to primary HPV screening in March 2020, in line with international best practice. Previous research has found that misconceptions and poor understanding exist around HPV. Our aim was to examine current understanding around HPV and HPV screening among those eligible for screening.

Methods
An online survey, nationally representative of the population aged 18+yrs, was conducted in Ireland in 2021. The survey, examining cancer screening views, was shared among a market research panel provider via email invitation. Survey responses were collated, and cross-tabulations used to analyse data on HPV. Only those eligible for CervicalCheck were included in this analysis.

Results
782 of 2000 (39%) respondents were eligible for cervical screening. 52% felt they knew very little/nothing at all about HPV. Younger women were more likely to feel they had better HPV knowledge than older cohorts (23% aged 25-35 years: 16%; 36-44; 12% 45-65; p = 0.011). While 68% were aware that HPV can cause cervical cancer, 38% were unsure whether or not HPV can be passed by genital skin-to skin contact. 51% were aware of the switch to primary HPV screening with older women less likely to be aware of this change than younger cohorts (39% aged 45 -65years; 67% aged 36-44 years and 53% aged 25-35 years; p= 0.001). Overall, 31% were aware of new screening intervals in the HPV programme (38% aged 25-35; 41% aged 36-44; and 22% aged 45-65; p <0.001).
Conclusion: Findings from the survey highlight gaps in HPV understanding and are similar to findings of a 2010 survey, suggesting understanding has not improved over the last decade. Older women are less knowledgeable and may require targeted information campaigns. Work is needed to ensure those eligible for cervical screening are aware of HPV and its association with cervical cancer.

P-52

Cervicalcheck Screening Education For Sampletakers

Professor Noirin Russell[1,2], Dr Rachael Comer[1], Dr Sarah Fitzgibbon[1], Ms Grainne Gleeson[1]
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Introduction / Background
Aims / Methodology
Results

Introduction
The CervicalCheck Screening Training Unit (STU) is responsible for the development, coordination, monitoring and evaluation of the education and training requirements of healthcare professionals involved in delivering cervical screening. Our research shows that GPs and practice nurses remain the most trusted source of information for Irish women. Since 2009, the STU delivers education and training to sampletakers through an academic partnership with four Higher Education Institutions (HEIs). A report in September 2021 demonstrated that approximately 44% of our 4000+ registered sampletakers had completed an accredited cervical screening education programme.

Methods
A comprehensive review included engagement with external stakeholders via a sampletaker questionnaire to ascertain motivators and barriers for completing an approved cervical screening education course and internal stakeholders via establishment of an Education Advisory Group to consider perspectives of sampletakers, Public Health specialists, different education providers, clinical experts in education delivery and patient advocates.

Results
550 sampletakers responded to the survey - 97% of respondents found the cervical screening education course equipped them with excellent communication and counselling skills and the practical skills of sample taking. Suggestions to improve uptake and accessibility of our education programme included delivering the course more regularly, local to sampletakers, via blended learning and at a lower cost. The review also prompted the STU to launch fortnightly lunch-and-learn webinars attended by >2000 sampletakers.

Conclusion
In response to the engagement an Education Strategy was developed. An integral component of this work was the development of comprehensive education standards providing consistency in education. A free CervicalCheck Screening Blended Education programme which meets the needs of both novice and experienced sampletakers is commencing in April 2023. The STU are also developing a suite of clinical updates which contributes to Obstetrics and Gynaecology Basic Specialist Training. Ensuring comprehensive training requires input from sampletakers to understand their needs.

P-53

Perception Of 'Normal/Abnormal' Smears Among Patients And Gynaecologists, Particularly Post Primary Hpv Screening

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Introduction / Background

Primary HPV screening was fully implemented in December 2019 with all laboratory sites consolidated by March 2020. Even though the staff involved in taking these smears were aware of the implications of a smear showing high risk HPV without any cytological abnormalities, we were not sure how well the information was cascaded to our gynaecologist colleagues and patients.

Aims / Methodology

AIM: To understand if national guidance for follow up of patients with pre-hysterectomy smear abnormalities were adhered to after introduction of primary HPV screening.

OBJECTIVES:

- To evaluate if smear abnormalities were correctly noted by clinicians before a hysterectomy
1. To analyse follow up smear plans for these patients from the gynaecology clinic on discharge
2. To recommend actions to improve the understanding and management of abnormal smears by gynaecologists

METHODOLOGY: Retrospective data collection for 119 patients who had a hysterectomy at East Lancashire Hospital Trust between 1.1.2021 and 30.6.2021

Results

Out of the 104 patients eligible for smears 28 of them had abnormal smears/ no smears/ out of date smears pre-hysterectomy. Unfortunately, none of them were picked up by the clinician booking the hysterectomy.

16 out of the 28 had no smear history noted and the other 12 had wrong dates (> 1 year) or noted as normal when they were not.

4 patients had HPV positive smears with no cytological changes, and they were contacted by phone with a questionnaire to understand their perception of the smear results which showed none of them were aware that they had abnormal smears.

None of the gynaecologists in our department were aware of the changes to follow up of patients with HPV positive smears pre-hysterectomy and there was no documentation in the discharge sheet.

Patients are not always aware of their smear abnormalities, particularly HPV only smears. They should not be relied on for a smear history.

All smear results and dates should be checked by the clinician booking a hysterectomy, and a smear should be taken in the gynaecology clinic when indicated.

The new national guidance for follow up of patients with vault smears post hysterectomy should be cascaded to all gynaecologists in departmental teachings/ audits.

P-54

Cervical Carcinoma With Normal Smear History And Uncommon Presentation

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Cervical carcinoma is the third most common malignancy worldwide however, due to its insipidus presentation it is often diagnosed late with severe disease progression. Risk factors include sexual activity, with risk increasing the younger the age of first sexual encounters due to its association with high-risk human papilloma virus. Many cases are asymptomatic and therefore detected solely through screening, but other symptoms include abnormal vaginal bleeding, abnormal vaginal discharge, change in bladder and bowel function, loss of appetite, fatigue and weight loss. Its diagnosis in young women can often be overlooked as medical professionals investigate more common occurring diagnoses such as miscarriage and polyps. The objective of this case report is to highlight an unusual presentation of cervical cancer and provoke considerations to improve outcomes. It explores common mismanagement within the presentation of cervical malignancies which could lead to the delay in diagnosis and subsequent poor prognosis. We herein report a presentation of cervical malignancy in a 30 year old fit and healthy woman who presented with abnormal bleeding resulting in anaemia and abdominal pain. Ultrasound scan reported a bulky ovary with vascularity unable to exclude ovarian torsion alongside a fetal pole with no fetal heart pulsations. However, beta-human chorionic gonadatrophin was negative. The patient underwent a combined diagnostic laparoscopy which confirmed ovarian torsion, and a hysteroscopy in which biopsies were taken. Biopsies were reported as poorly differentiated carcinoma with focal glandular differentiation. CT, MRI Pelvis and MRI Spine showed a bulky uterus and cervix with bilateral adnexal masses, metastatic pelvic and retroperitoneal lymph nodes, liver, omental and peritoneal metastases and a bony metastasis in the iliac bone. MDT discussion categorised this lady as having FIGO Grade IVB Non-Specific Cervical Carcinoma. She was referred to the local oncology centre for palliative chemotherapy.

P-55

Lletz Depth 7-10mm For Type 1 Transformation Zones: Myth Or Reality?

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Introduction / Background

Evidence shows deeper LLETZs do not have any significant oncological impact, both with regards to positive endocervical margins or persistent disease. However, larger excisions, particularly over 15 mm or 2.66 cm^3, are associated with a doubling of the risk of both preterm and very preterm births. In 2021 our unit was using loops with a minimum depth of 12mms. To change the practice of doing unnecessary deep LLETZS we introduced loops of shallower depth in 2022 (10 and 8mms).
This study was conducted to note the impact of the change on LLETZ depths and to recommend action plans for future to enable the service to optimize the depth, without increasing reproductive morbidity.

Aims / Methodology

In this project we retrospectively collected and analysed data for all LLETZ procedures with type 1 TZ between January to March 2021 (before introduction of shallower loops) & between July to September 2022 (after the introduction of shallower loops).

Results

In 2021, there were 69 women who had LLETZ with type 1 TZ. Only 27% of them had an excision depth of </= 10mm. The median depth of excision was 13.33mm with a standard deviation of 3.2mm. The range of excision depth was 7 to 20mm. In 2022, 55 women had LLETZ with a type 1 TZ. Of them 49% had an excision depth of </= 10mm. The median depth of excision was 11.42mm with a standard deviation of 3.6mm. The range of excision was 4-20mm. This reduction in depth was analysed using unpaired T test (two tailed) and the reduction in depth was statistically very significant with a P-value of 0.0016 (95% CI 0.74 to 3.09).

Even though we fell short of the target of 50% of eligible patients to have a LLETZ depth of </=10mm, we have achieved significant improvement in a year and hope to improve the numbers by generating more awareness amongst the clinicians about the usefulness of the shallower loops.

P-57

To Determine If Lletz (Leep) Performed Under Naked Eye Or Colposcopy Aided Vision Is Associated With Differing Rates Of Completeness Of Excision Of Cin.

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[1]*Bedfordshire Hopsitals NHS Trust, Bedford, United Kingdom*

Introduction / Background
To determine if LLETZ (LEEP) performed under naked eye or colposcopy aided vision is associated with differing rates of completeness of excision of CIN.

Aims / Methodology
A retrospective audit of all LLETZ undertaken in a University Hospital Colposcopy Department between 2019-2021. The colposcopy unit is one of the busiest in the UK with over 1000 new abnormal cytology referrals per annum.

A standard of histopathology reported as complete at all margins was used.

Specimens were reported on 3 axis of ectocervical, endocervical, and deep/lateral.
Involvement or uncertainty of any margin with CIN was classed as incomplete.

Results
372 LLETZ were performed by 6 colposcopy practitioners of equitable experience:

226 under colposcopy guidance and 146 under naked eye.

Colposcopy Guidance	73.0 % complete excision.
Naked eye	69.1 % complete excision.

Conclusions.

There appears to be no significant difference in completeness of excision of LLETZ whether performed under naked eye or colposcopy aided vision.

All colposcopy practitioners had similar results with no outliers.

This may represent a change in LLETZ practice given understanding of obstetric manifestations of deep excisional procedures.

P-58

Alternative Treatment Options To Surveillance For Persistent Hpv Following A Positive Result From The Cervical Screening Programme: A Systematic Review Of The Literature

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ALTERNATIVE TREATMENT OPTIONS TO SURVEILLANCE FOR PERSISTENT HPV FOLLOWING A POSITIVE RESULT FROM THE CERVICAL SCREENING PROGRAMME: A SYSTEMATIC REVIEW OF THE LITERATURE

Introduction / Background

In March 2020, the Scottish Cervical Screening programme changed from cervical cytology testing (test of disease) to high-risk human papillomavirus (hr-HPV) testing (test of risk). This change has effectively led to a 'new disease' as women are now aware of having a potentially pre-cancerous virus, where they would have been unaware previously. While current management involves a 'watch and wait' approach and no active treatment, the anxiety associated with having hr-HPV has prompted some women to seek 'treatments,' outside the screening programme.

Aims / Methodology

1. to identify the treatment options available for women with persistent hr-HPV and/or low-grade cervical intraepithelial neoplasia (CIN), i.e. no greater than CIN 1.

2. to determine the clinical effectiveness of these treatments to clear hr-HPV.

We searched MEDLINE, PubMed, EMBASE, Web of Science and the Cochrane Library. We included cohort studies and randomised controlled trials (RCTs) only. Records (n=2135) were screened in Rayyan by two independent reviewers. The ROBINS-I tool (Risk Of Bias In Non-randomised Studies - of Interventions) was used to assess the quality of the non-randomised studies. The ROB-2 tool (Risk Of Bias for randomised trials) was used to assess the quality of the randomised studies.

Results

17 studies (4 cohort studies and 13 RCTs) met our inclusion criteria. The studies identified several treatment options, including 7 studies with oral medications, 5 with topical medications, 1 with vaccination, and 3 with non-surgical device treatments. Preliminary analysis of the studies revealed that some therapeutic interventions, including vaginal gels, photodynamic therapy, and some oral medications, may lead to earlier resolution of persistent hr-HPV and regression of low-grade CIN, when compared with natural clearance.

Conclusion

This review can better inform discussion with hr-HPV + women and answer their questions about alternatives to surveillance.

P-59

Ultrasound Guided Lletz, A Novel Technique To Perform A Challenging Repeat Cervical Treatment

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Introduction
Repeat LLETZ can be challenging, particularly in the postmenopausal population due to an atrophic cervix. Following one treatment, the ectocervix can appear flush with the vaginal vault. This can increase the need for a hysterectomy to manage incompletely excised CIN3, persistent hrHPV or abnormal cytology/histology and/or inadequate colposcopy.

We describe what we believe is a novel technique where we used ultrasound guidance to perform a repeat LLETZ in a patient who may otherwise have been offered a hysterectomy. This patient required a repeat LLETZ for hrHPV and severe dyskaryosis on a HPV test of cure. Outpatient assessment had suggested a repeat LLETZ would not be possible.

Method
The patient underwent an examination under anaesthesia. On speculum examination the cervix appeared flush with the vaginal vault. However there did appear to be a cervix palpable with adequate length on vaginal examination. Transabdominal ultrasound identified the uterus and a pipelle was passed into the cervical canal under ultrasound guidance to the level of the internal cervical os. This identified there to be approximately 30mm of cervical length. There was a small amount of ectocervix visible to identify the lateral and anteroposterior borders of the cervix. A standard LLETZ procedure was carried with a 20x20x15mm loop and the excised specimen sent for histological assessment. There were no complications.

Results
The final histology results identified completely excised CIN3. The depth of the specimen was 17mm (type 3 transformation zone). This patients HPV test of cure is awaited. She is delighted that at present, there is no indication for a hysterectomy.

Conclusion
We have presented what we believe is a novel technique to perform a challenging repeat LLETZ with ultrasound guidance, and plan to incorporate it into our practice to reduce the need for hysterectomy to manage CIN.

P-60

See And Treat

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Introduction / Background
Standards set by National Colposcopy and Programme Management Guideline 2021 states:
1. Colposcopy clinics can offer treatment at first visit to colposcopy for a high grade referral.
2. Treatment at first visit to colposcopy for a referral of hrHPV positive and cytology negative, borderline squamous changes or low grade dyskaryosis should not be offered except where the abnormality is known to be long-standing.
3. The proportion of individuals treated at the first visit who have evidence of CIN2, CIN3, or CGIN on histology must be ≥90%.

Aims / Methodology
To follow national guidelines provide safe and high quality care for women who are treated during their first appointment.
OBJECTIVES:
To provide safe and high quality care assessment of following was undertaken
1. Referral cytology
2. Age
3. Colposcopy opinion
4. Depth of excision according to transformation zone.
5. Removal of specimen as single specimen.
6. Histology diagnosis
7. MDT discussion
8. Repeat treatment

Methods
Data was collected from cyres/viewpoint database of colposcopy unit at Guy's hospital from 1st January 2022-23rd September 2022 of patients who were treated in first visit.

Results
Total number of LLETZ procedures (n=470), Select and treat cases n=33 (7%).
Referral indications mild (n=3) moderate (n=2) severe (n=22), glandular (n=2) ?invasive (n=2), suspicious (n=1) one had initial colposcopy in another hospital for CINII.
Age ranged between 26years to 65 years, average age 41 years
(50% patients were nulliparous. 30% patients were found to be smokers). ?remove
Colposcopy opinion of 33 patients- HGCIN n=24, 8 unsatisfactory TZ3, 1 normal, (small fibroid).
TZ1 n= 20 and 90% of those had depth of excision >7mm.
TZ2 n=5 out of those 3 (40%) were less than 10mm, 1 (30%) (10-15mm), 1 (30%)(>15mm).
Total number of TZ3 were 7, all were <15mm.
88% specimen were removed as single specimen.
Histology results included CIN1 (n= 2), CIN2 (n= 2), CIN3 (n= 21), Invasive (n= 2), HGCGIN (n=2), Benign (n= 2).
88% were CINII or worse.
30% were discussed in MDT.
7% of patients required repeat treatment.

Conclusion

Select and treat rather than See and treat is practised in the colposcopy unit as only 7% were treated on the first appointment. All colposcopists who performed treatment followed select and treat.

The reasons are multifactorial: a) high grade referrals seen within 2 weeks preferred treatment on follow up appointment, b) unable to open up link for appropriate leaflets, c) had unprotected intercourse, d) social issues like travel, work etc.

According to BSCCP, adequate depth of excision for CIN is less than 95% in all types of transformation zone for this cohort of women however appropriate multidisciplinary review was undertaken.

Compliance with specimen removed as single sample was in more than 80% cases.

Standard the proportion of individuals treated at the first visit who have evidence of CIN2, CIN3, or CGIN on histology must be ≥90% is for high grade referrals.

P-61

A Conservative Treatment Of Cin 2 Using A Coriolus Versicolor-Based Vaginal Gel: An Observational Study

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Introduction/Background

Human papilloma virus (HPV) is behind 95% of cervical cancer cases and its precursor lesions. According to the American Society of Colposcopy and Cervical Pathology (ASCCP), 50% of CIN 2 cases managed conservatively spontaneously regress at 2 years especially in women under 30 years of age. The aim of this study was to evaluate the effect of a *Coriolus versicolor*-based vaginal gel in the conservative management of CIN 2 lesions.

Aims/Methods

A one-cohort, prospective, single-centre, observational study including ≥ 18 years-old women, with CIN 2 diagnosis were treated with 1 cannula/day for 1 month + 1 cannula/alternate days for 5 months of a *Coriolus versicolor*-based vaginal gel. Inclusion criteria have been based on the Spanish Society of Colposcopy and Cervical Pathology (AEPCC) guidelines for CIN 2 conservative treatment: colposcopy image with visible transition zone, completely visible lesion affecting less than 2 quadrants, non-affected endocervix and accepting cytology/colposcopy after 6 months. Baseline and 6-month biopsies were performed.

Results

A total of 44 women 35.5 years-old on average were included. After a 6-month treatment period, 68.2% of them showed a regression by biopsy, 11.4% persisted on CIN 2 and 18.2% progressed to CIN 3. Three patients were considered null and not included in the data analysis because they did not have a biopsy taken after 6 months.

Conclusions

The *Coriolus versicolor*-based vaginal gel 6-month treatment seems to increase the regression of the lesions (68.2% at 6 months) compared to spontaneous resolution (44% in women older than 30, at 24 months in a published meta-analysis) and could represent a clinical advantage compared to the "wait and see" approach in patients meeting the conservative treatment criteria for CIN 2 lesions.

P-62

Effect Of A Multi-Ingredient Coriolus Versicolor-Based Vaginal Gel In A Hpv18+ Pregnant Woman With Cin 2/3 Lesions

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Introduction/Background

Human papillomavirus (HPV) infection is one of the most frequent sexually transmitted infections. Although most of the infections are short-lived, several factors such as pregnancy, increase the risk of persistent HPV infection, which is higher in pregnant women compared to aged-matched counterparts. HPV persistence increases the risk of cervical cancer. The current accepted approach during pregnancy consists in preventing the evolution to cervical cancer with the minimal intervention level, as surgical procedures are not recommended because they increase the risk of preterm birth and perinatal death. In this context, new conservative approaches to treat HPV lesions in the pregnant subpopulation are needed.

Aims/Methods

A clinical case of a 30-year-old pregnant woman, smoker, diagnosed HPV serotype 18, colposcopy and acetowhite staining revealed HSIL lesions, biopsy confirmed extensive CIN 2/3 lesions and intense positivity for Ki67 and p16. Given the patients' profile, a non-invasive treatment with a *Coriolus versicolor*-based vaginal gel was decided (1 cannula/day for 1 month + 1 cannula/alternate days for 5 months) and a watchful waiting approach with periodic colposcopy control was implemented.

Results

After 11 weeks of treatment with the *Coriolus versicolor*-based vaginal gel, colposcopy images showed a clear regression of the affected area with a transformation zone 1, which was confirmed by cytology (CIN 1). The patient continued to be positive to HPV 18.

Conclusions

A conservative non-invasive treatment with the *Coriolus versicolor*-based vaginal gel for 11 weeks has shown to be effective for HR-HPV cervical lesion regression in a pregnant 30-year-old woman and no adverse events were observed in this clinical case.

P-63

Real-Life Efficacy Of A Multi-Ingredient Coriolus Versicolor-Based Vaginal Gel In Women With Hpv–Dependent Cervical Lesions: A Sub-Analysis Of The Papilobs In Women Over 40.

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Introduction/Background

HPV clearance and resolution of cervical lesions become difficult in peri and postmenopausal women. Therefore, therapies that are effective at dealing with this condition in this population are essential. Papilocare®, a *Coriolus versicolor*-based vaginal gel has proven to be effective and safe in repairing low-grade cervical lesions and enhancing HPV clearance in studies of various designs. However, no multicentric prospective studies had been performed in a real-world setting.

Aims/Methods

The Papilobs study (NCT04199260) was an observational, multicentric, prospective, non-comparative clinical study conducted on HPV-positive women with ASCUS or LSIL cervical cytology and concordant colposcopy images, to evaluate the effectiveness of Papilocare® in repairing low-grade cervical lesions and clearing HPV in routine clinical practice conditions. This study was approved by the Ethics Committee of Puerta de Hierro Majadahonda Hospital and all patients signed the Informed Consent Form. Patients received one cannula/day for 21 days (first month) + one cannula/alternate days (five months). Results of a sub-analysis in patients over 40 years old are presented.

Results

The Papilobs study included 201 patients. When solely looking patients over 40, and patients over 40 with high-risk HPV, 74 and 69 patients accounted for the analysis, respectively. 82.4% of patients over 40 and 81.2% of patients over 40 with HR-HPV, repaired their cervical lesions after treatment with Papilocare®. Additionally, a total of 75.3% and 73.5% of patients over 40; and patients over 40 with high-risk HPV, respectively, were observed to clear HPV.

Conclusion

The *Coriolus-versicolor* based vaginal gel has been shown to successfully repair HPV-dependent low-grade cervical lesions and lead to HPV clearance in those patients over 40, and over 40 with HR-HPV. These results are in line with those observed in the PALOMA clinical trial and in other observational studies, which strengthens the role of Papilocare® as a beneficial alternative to the watchful waiting approach in HPV-related low-grade cervical lesions.

P-56

To Determine If Lletz (Leep) Performed Under Naked Eye Or Colposcopy Aided Vision Is Associated With Different Performance Outcomes.

Ms Claire Goodwin, Mr Jullien Brady[1]
[1]*Bedfordshire Hopsitals NHS Trust, Bedford, United Kingdom*

Introduction / Background
To determine if LLETZ (LEEP) performed under naked eye or colposcopy aided vision is associated with different performance outcomes.

Aims / Methodology
A retrospective audit of all LLETZ undertaken in a University Hospital Colposcopy Department between 2019-2021. The colposcopy unit is one of the busiest in the UK with over 1000 new abnormal cytology referrals per annum.

The following UK standards were used as a measure of outcome:
% LLETZ removed as a single specimen. Standard 80%
% LLETZ to a depth of greater than 7mm. Standard 95%

Results
372 LLETZ were performed by 6 colposcopy practitioners of equitable experience:

226 under colposcopy guidance and 146 under naked eye.

Single Specimen	89.3% Colposcopy guided vs 89.0% naked eye.
Depth Greater than 7 mm	84.5% Colposcopy guided vs 92.9% naked eye.

Conclusions
There appears to be no significant difference in performance outcome of LLETZ whether performed under naked eye or colposcopy aided vision.

All colposcopy practitioners had similar results with no outliers.

The standard of single specimen was achieved by both groups.

The standard of depth greater than 7mm was met by neither group. This may represent a change in LLETZ practice given understanding of obstetric manifestations of deep excisional procedures