

**Disclosure** Nothing to disclose

**EP1083 DNA METHYLATION OF L1 REGION OF HPV 16, 18 AS AN APPROACH FOR HRHPV-POSITIVE PREGNANT WOMEN TRIAGE**

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**Introduction/Background** Recognition of high-grade severe cervical intraepithelial neoplasia (CIN2+) during pregnancy is a matter of concern in areas where pregnant women are covered with well-arranged screening, but generally cervical screening is rather opportunistic due to low awareness among population about its vital significance (like in Ukraine). According to guidelines during pregnancy CIN2+ are left untreated with next check-up when puerperal period comes to the end, unless invasive cancer is suspected. But if CIN2+ was misconstrued as low-grade lesion and a patient was not properly alerted, she may fail to come for check-up. Reliable tools for recognition CIN2+, especially those destined to progress are very important for cervical triage during pregnancy

**Methodology** Study comprised 85 HPV16,18-positive pregnant women, all of them underwent colposcopy. Every cervical sample was tested for expression of p16INK4A, Ki-67, HPV L1, DNA methylation of L1 region of HPV 16 and 18. Results were collated with colposcopy conclusion verified by biopsy.

**Results** Colposcopy revealed 47,1% patients with occult LSIL and 39,4% with occult HSIL (normal PAP-smear). Hypermethylation of L1 region was detected in all cases of CIN2+, being much more significant in CIN3. L1 gene methylation matches colposcopy in capacity to recognize CIN2+ (positive PV >95%) but less affected by human mistake. L1 gene methylation proved to be much more informative for distinguishing LSIL from mimics than p16INK4A. Alarming expression of p16INK4A, Ki-67 was spotted sporadically and its sensitivity for CIN2+ fell behind sensitivity of L1 gene methylation.

**Conclusion** DNA methylation of L1 region of HPV 16 and 18 can improve workflow for hrHPV-positive pregnant women triage because of its high sensitivity and specificity for CIN2+. It is plausible, that CIN3 lesions destined to progress were consistent with higher level of methylation comparatively to those of indolent entity, but further study is necessary in order to confirm that assumption.

**Disclosure** Nothing to disclose

**EP1084 THE CHANGE OF OPINIONS ON HPV VACCINATION IN JAPAN: A 5-YEAR FOLLOW-UP SURVEY OF OBSTETRICIANS AND GYNECOLOGISTS REGARDING THEIR OPINIONS ABOUT THE HPV VACCINE**

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**Introduction/Background** In Japan, the governmental recommendation for the HPV (Human papillomavirus) vaccination

has been suspended since June 2013 because of Japanese media reports of so-called adverse events.

As a result, the HPV vaccination rate in Japan was almost 70% before suspension of recommendation, but has decreased to less than 0.5% in recent years.

We conducted surveys on the opinions about the HPV vaccine of obstetricians and gynecologists three times between 2014 and 2019. Here, we report the change of opinions in a 5-year follow-up survey.

**Methodology** We posted our questionnaire on HPV vaccine in August 2014, January 2017, and June 2019 to 500–600 obstetricians and gynecologists in Osaka, Japan. We used the same structured format questionnaire, including questions about their personal opinions about HPV vaccination, cervical cancer screening, and the HPV vaccination status of their own daughters.

We compared results of three surveys and investigated their thoughts regarding whether the government should restart its recommendation for the vaccine and their intentions to recommend HPV vaccination to adolescence.

**Results** The rate of responders with thoughts that the Japanese government should restart its HPV vaccine recommendation was increased significantly, from 61.0% in survey of 2014 to 73.6% in 2017 (p=0.0027). The rate of doctors intending to recommend the HPV vaccine for teenagers also increased, from 65.2% in survey of 2014 to 70.1% in 2017 (p=0.26). The same tendency was observed in survey of 2019.

**Conclusion** Our three surveys indicated that opinions about HPV vaccination of obstetricians and gynecologists in Japan have been changed positively toward recommendation of HPV vaccination during 5 years. We must make an effort to give a correct understanding to not only obstetricians and gynecologists but all of women and healthcare providers.

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**EP1085 SURGICAL MARGINS OF LARGE LOOP EXCISION OF THE TRANSFORMATION ZONE: HISTOLOGICAL COMPARISON WITH PATIENT CHARACTERISTICS AND COLPOSCOPIST'S EXPERIENCE**

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**Introduction/Background** Large loop excision of the transformation zone (LLETZ) is a standard procedure for the treatment of cervical intra-epithelial neoplasia (CIN). This audit aims to assess compliance with the NHS Cervical Screening Programme (NHSCSP) at Southend University Hospital, regarding recommended minimum excision depth of 7 mm and specimen removal as a single loop. The results were correlated to the experience of the colposcopist.

**Methodology** Retrospective audit identifying 224 patients who underwent LLETZ in 2015 from a colposcopy database. Patient age, colposcopist experience, margin involvement, depth excised, fragmentation, and recurrence at one year analysed. Patients were allocated to groups based on years of colposcopist experience - Group A (<5 years), Group B (5–10 years), Group C (>10 years). Results were compared to the NHSCSP guidelines.