E-poster viewing: Pre-invasive disease

EP323/#723 CERVICAL GLANDULAR INTRAEPITHELIAL NEOPLASIA; INCIDENCE, MANAGEMENT AND OUTCOMES OVER 1 YEAR IN A TERTIARY IRISH HOSPITAL

[1]Aoife Corcoran*, [1]Vicky O'Dwyer, [2]Claire Thompson. *[1]The Rotunda Hospital, Obstetrics and Gynaecology, Dublin, Ireland; [2]The Rotunda Hospital, Colposcopy, Dublin, Ireland*

10.1136/ijgc-2022-igcs.413

Objectives To assess the characteristics of the CGIN patient cohort diagnosed in the Rotunda Colposcopy Unit. To identify the number of patients referred with and diagnosed with CGIN in our unit in 1 year. To establish the outcomes of all cases of CGIN our unit.

Methods Audit approval was obtained from the Rotunda Clinical Audit Department. In the Rotunda Colposcopy Unit, all cases of CGIN are discussed at MDT. A list of all cases of CGIN diagnosed in our unit in 2021 was established from Colposcopy MDT reports. A retrospective chart review was performed. Data was collected and analysed using Microsoft Excel.

Results 2073 women were referred to the Rotunda Colposcopy Unit in 2021, 12 of whom were diagnosed with CGIN giving an incidence of 0.6%. 75%(n=9) women had High Grade cytological changes on their referral cervical smear, and 25%(n=3) had Low Grade changes. 83%(n=10) patients were diagnosed via cervical punch biopsy and the remaining 2 patients were diagnosed via LLETZ. 3 patients underwent 1 LLETZ procedure, 6 patients underwent 2 LLETZ, and 3 patients had 1 LLETZ followed by Hysterectomy. 3 patients underwent Total Laparoscopic Hysterectomies, one of whom was referred to Gynae-oncology with SCC in situ. 1 patient has had her second TOC, 5 patients have had their first TOC, and 3 patients are awaiting their first TOC.

Conclusions The HPV screening programme is detecting CGIN, which is universally associated with HPV and high grade squamous abnormalities. Treatment of CGIN is complex and supported by MDT involvement.

EP324/#386 A DOUBLE-BLIND, 4-BLOCK RANDOMIZED, PLACEBO-CONTROLLED, ADAPTIVE PHASE 2/3 TRIAL TO CONFIRM EFFICACY OF BLS-ILB-E710C IN PATIENTS WITH CERVICAL INTRAEPITHELIAL NEOPLASIA 2/3 WITH EXTENSION STUDY

[1]Jae Kwan Lee*, [2]Seung Hun Song, [3]Young Tae Kim, [4]Chi-Heum Cho, [5]Tae Jin Kim, [6]Seong Su Min, [6]Do Young Lee, [6]Young-Chul Park. *[1]Korea University Guro Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; [2]CHA Bundang Medical Center, CHA University, Comprehensive Gynecologic Cancer Center, Bundang, Korea, Republic of; [3]Institute of Women's Medical Life Science, Yonsei University College of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; [4]School of Medicine, Keimyung University, Obstetrics and Gynecology, Daegu, Korea, Republic of; [5]Konkuk University School of Medicine, Obstetrics and Gynaecology, Seoul, Korea, Republic of; [6]BL Corporation, R&d Division, Yongin, Korea, Republic of*

10.1136/ijgc-2022-igcs.414

Objectives Current treatments for cervical intraepithelial neoplasia 2/3(CIN 2/3) are ablative, so non-invasive treatments are needed as alternatives. For the development of alternative treatment, we designed adaptive phase 2/3 trial to confirm efficacy of BLS-ILB-E710c in patients with CIN 2/3.

Methods Safety and efficacy of BLS-ILB-E710c are assessed in a double-blind, 4-block randomized, placebo-controlled, seamless two-part, adaptive phase 2/3 study. The adaptive phase 2/3 trial consists of two parts. In phase 2, the optimal dose of BLS-ILB-E710c is determined based on the histopathological regression. In phase 3, the efficacy of BLS-ILB-E710c is assessed.

Results In a previous clinical trial, there was no difference in the rate of histopathological regression in the group taking the BLS-ILB-E710c 1000 mg per day compared to the placebo group at Week 16. However, in the sub-group analysis of CIN 3 patients, the rate of histopathological regression in the experimental group increased statistically significantly at Week 32 compared to Week 16. Additionally, a significant change in CD8+ T cells in the cervix was observed in the experimental group at Week 32. Based on these results, we'll add a group taking BLS-ILB-E710c 1500 mg per day and confirm the histopathological regression at week 32 instead of week 16.

Conclusions Conclusion/Implications – In order to improve the results of the existing clinical trial, stratified randomization will be performed using age and baseline CIN as factors. Additionally, to discover biomarkers of CIN, an extension study will be conducted only on patients with histopathological regression.

EP325/#716 MEDICAL MANAGEMENT OF ATYPICAL ENDOMETRIAL HYPERPLASIA – OUTCOMES AT A TERTIARY CENTRE IN SINGAPORE

[1]Shi Hui Lee*, [1]Pearl Wee Ling, [2]Charissa Goh, [3]Felicia Chin. *[1]KK Women's and Children's Hospital, Department of Obstetrics and Gynaecology, Singapore, Singapore; [2]KK Women's and Children's Hospital, Department of Reproductive Medicine, Singapore, Singapore; [3]KK Women's and Children's Hospital, Department of Gynaecological Oncology, Singapore, Singapore*

10.1136/ijgc-2022-igcs.415

Objectives Medical management of atypical endometrial hyperplasia (AEH) includes oral or intrauterine progestins. This study aims to evaluate the oncological and reproductive outcomes of these patients.

Methods This retrospective study included women diagnosed with AEH on endometrial biopsy between January 2015 to October 2017, and treated with at least 8 weeks of the same progestin. Statistical analysis was performed with Pearson $\chi 2$ test or independent sample t test as appropriate.

Results 42 patients met the inclusion criteria. Median follow up was 39 months (range 2–72). 28 patients (66.6%) achieved complete regression (CR) with a median time of 6 months (range 3–23). 7 recurred with EH (25%) and 1 recurred with endometrial carcinoma (3.6%). Median time to recurrence was 4 months (range 3–7). 4 (9.5%) progressed to grade 1 endometrioid adenocarcinoma with a median time of 6 months (range 3–16). Age of diagnosis was significantly lower in patients who achieved CR as compared to those who did not (39.32±6.50 vs 45.4±6.27, p=0.006). Patients below 39 years old had a significant higher chance of CR (12/13 vs 16/29, p=0.018). There was no significant difference in mean body mass index (30.0±7.96 vs 33.4±9.03, p=0.227) or parity (p=0.716). Probability of CR plateaued at 9 months at 0.63 (95% CI 0.47–0.79). 9 patients were trying to conceive. Clinical pregnancy rate was 44.4% (n=4) and live birth rate was 22.2% (n=2).