IS-22  The status of recognition and acceptance related to HPV vaccine in Uygur women in China

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Objectives: To study the status of recognition and acceptance related to HPV vaccine in Uygur women in China. Methods: There are 883 Uygur women in China who accepted the investigation and high risk HPV test. Results: There are only 18.41% Uygur women who have heard of HPV, there are 42.61% and 27.64% women who have known that HPV is accounted for cervical cancer occurrence and cervical cancer is a kind of sexually transmitted disease. For the willingness of HPV vaccination, there are 97.46% women who are willing to accept HPV vaccine. There are 96.08% of women would prefer their daughters inoculated with HPV vaccine. For the related factors in terms of HPV HPV vaccination, the people who will accept the vaccination recommendation which comes from health education, doctors and nurses occupied 44.29% and 43.27%. For the factors of the age of vaccination, the people who have the willingness to be vaccinated in the 16-18 years occupied the highest proportion of females (36.06%), and the people who have the the willingness to be vaccinated in 12 years is the lowest (17.16%). Conclusions: The knowledgeable of HPV and HPV vaccine related to cervical cancer in Uygur women is rare. The willingness of HPV vaccine in Uygur women is very high and affected by education, age, income and the type of advertisement.

IS-23  DISTRIBUTION OF HIGH-RISK HUMAN PAPILLOMAVIRUS GENOTYPES AMONG OLDER WOMEN

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Objective: Human papillomavirus (HPV) infection is considered to play an important role in the development of cervical carcinoma and cervical intraepithelial neoplasia. It is known that HPV types 16 and 18 are associated with 70% of all cervical cancers. However, distribution of HPV genotypes among older women remains unclear. Methods: Women with abnormal pap smear or screening were enrolled. 10,035 specimens (1,608 aged 57-89 and 8,428 aged 19-56) obtained during liquid-based cytology were analyzed for HPV genotyping using HPV DNA chip test. The HPV DNA chip test harbor 24 HPV probes (15 high-risk types and 9 low-risk types) and has the advantage of being able to detect 24 HPV types simultaneously. Results: Among older women (aged 57-89), 18.39% had multiple type infections. HPV type 16 or 18 was present in 35.0% of all high-risk HPV genotyped women. HPV genotype 16, 58, 18, 31, 33, 35, 45 were detected in 25.6%, 19.6%, 9.4%, 6.9%, 5.2%, 2.4%, 1.8% and 0.9%, respectively. Among women without uterus, the most common HPV high-risk genotypes were 58 (15.4%), 16 (13.2%), 18 (8.5%) and 33 (4.7%). Conclusion: 40.9% of normal women aged 57-89 (35.9% aged 19-56) was found to have high-risk HPV genotype, and most common HPV genotypes was HPV 16, 58, 18, 31, 33, respectively. There was no differences in the prevalence of HPV genotypes among younger women.


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Objective: We sought to determine the efficacy of adjuvant chemotherapy following concurrent chemoradiation (CCR) using paclitaxel and carboplatin in cervical cancer. Methods: All 24 patients with FIGO stage IB1 to IVA cervical cancer were treated with CCR using paclitaxel (135 mg/m2) and carboplatin (AUC 5.0) every 3 weeks. Then, 3 cycles of adjuvant chemotherapy using paclitaxel (175 mg/m2) and carboplatin (AUC 5.0) were administered every 3 weeks after CCR. Among them, 10 (group 1) and 14 patients (group 2) underwent primary surgery followed by CCR and primary CCR, respectively. Results: Complete response rates were 100% and 71.4% in groups 1 and 2. Common grade 3 or 4 acute hematological toxicities were leukocytopenia (63.3% and 42.4%) and neutropenia (56.7% and 42.4%) in groups 1 and 2, which was manageable by supportive care. On the other hand, grade 3 or 4 acute non-hematological toxicities were peripheral neuropathy (8.7% and 10.2%) and constipation (8.3% and 1.7%) in groups 1 and 2. Moreover, grade 3 or 4 late complication rates were 10% and 14.3% in groups 1 and 2. The estimated 3-year progression-free survival rate was 77.1% (95% CI 25.1-41.5%) and 65.7% (95% CI 24.1-36.1%) in groups 1 and 2. Conclusions: Adjuvant chemotherapy after CCR using paclitaxel and carboplatin may be well tolerated and efficient in spite of relatively common leukocytopenia and neutropenia, which can be controlled by conservative management. However, the efficacy of this treatment should be evaluated in large-scale clinical trials.