Abstract P76 Table 1 Rates of equivocal GC and CT results according to gender and site

Gender and site of EAC2 test result	No. of patients with equivocal GC result	No. of patients with equivocal CT result
Women		
EC	6	18
SSVS	2	15
RS	1	0
TS	1	1
Urine	0	1
Men		
RS	29	20
TS	60	14
Urine	30	22
Other	1	1

EC, endocervical; RS, rectal swab; SSVS, self-collected vaginal swab; TS, throat swab.

P77 COLPOSCOPY OF CERVICAL WARTS

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Background BASHH guidelines for the management of genital warts do not recommend colposcopy for women with cervical warts unless there is diagnostic uncertainty or clinical concern. Our local cervical cytology guidelines advise colposcopy regardless of cervical cytology result.
Aim To review the colposcopic outcome of women referred from our genitourinary medicine department because of cervical warts.
Method Retrospective case note review of women referred for colposcopy because of cervical warts from December 2005 to November 2010.
Results 25 women with cervical warts underwent colposcopy. The median age was 22 years (range 17–52 years). Four of the 25 were found to have a normal cervix at the time of colposcopy. 21 of 25 had persistent cervical warts, three consistent with benign human papilloma virus (HPV) infection and in whom no further action was taken. 18 of 21 with persistent cervical warts underwent biopsy. Histological results indicated 10 had HPV only, six had CIN 1, one had CIN 2, and one had normal histology. The woman with CIN 2 and one with CIN 1 had a complete LLETZ excision of the lesion. All women with CIN were under 25 years old.
Conclusion A third of the women biopsied had CIN, however only one had a high grade abnormality. No invasive cancers were found. Conservative management for young women with CIN 2 is acceptable in current colposcopic practice. Our study indicates unscheduled screening or referral to colposcopy is unrewarding.

Viral STIs

P78 THE ACCEPTABILITY OF DIGITAL SELF-EXAMINATION IN MEN WHO HAVE SEX WITH MEN (MSM) AT RISK OF ANAL INTRAEPITHELIAL NEOPLASIA (AIN)

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Background AIN is a pre-cancerous change in the anal mucosa caused by human papilloma virus (HPV) which untreated, may progress to anal squamous cell carcinoma with 500 new cases per year in the UK. There is currently no evidence about the efficacy of self-examination, but this may be a quick, cheap and effective screening tool to aid early diagnosis and prevent cancer.
Methods Patients attending a GU/HIV clinic were given a questionnaire exploring knowledge and risk factors of AIN and attitudes to self-examination. They were then given an educational leaflet on what to do and feel for. Inclusion criteria were males >18 years old who identified as MSM. Results on an SPSS database were analysed using standard statistical methods.
Results 103 questionnaires were returned, 60 (58%) were HIV positive. 10/103 (9.9%) were aware of AIN. 68/93 (73.1%) who were unaware of AIN wanted more information about the condition. 95/103 (92.2%) thought digital self-examination was acceptable. 55/103 (53.4%) self-examined regularly. Of people who self-examined 26/55 (47.3%) had a history of warts, compared to 12/48 (25%) with no history of warts (p=0.02). 38/48 (79.2%) who did not self-examine wanted more information compared to just 34/55 (61.8%) who regularly self-examined (p=0.06).
Discussion This study highlights a lack of awareness about AIN and the acceptability of self-examination for this condition. Over half were regularly self-examining but only a small proportion had heard of AIN, suggesting that although they are happy to self-examine, they are unsure what to look for. Most MSM wanted more information. Digital self-examination may therefore provide a rapid, cheap, effective and acceptable screening tool. This may help to diagnose AIN earlier and allow education about self-examination and information regarding AIN to be regularly incorporated into clinic visits for MSM. Further research into the efficacy of this technique for detecting AIN is required.

P79 COLPOSCOPIC MANAGEMENT OF CERVICAL WARTS

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Background There is a paucity of evidence and guidance for genitourinary medicine (GUM) clinicians on the management of cervical warts (CW). These patients are either treated in a routine clinic without colposcopy examination (CE) or referred to gynaecology.
Aim To describe the management of patients in a GUM diagnostic colposcopy service where a CE (×7 magnification) performed before and after application of 5% acetic acid to the cervix to identify flat acetowhite epithelium (AWE) in addition to the CW.
Methods Notes of patients who attended the service with a diagnosis code of C11 between June 2006 and December 2011 were reviewed and 48 patients with CW were identified. Details of demographics, presenting features, associated STI, cervical cytology, biopsy results, treatment and follow-up were analysed.
Results Median age of 48 patients was 24 years (range 16–63); 23 (47.9%) were Caucasians, 16 (33.3%) Afro-Caribbeans. 25 patients had no prior cervical cytology as they were under 25 years of age. Of the 23 patients who had a previous cervical cytology, six had a history of abnormal smears. 17 (35.4%) had CW alone, 31 (64.6%) also had vulvo-vaginal/perianal warts. Seven (14.3%) had other concomitant STIs.15 (30.6%) had AWE that on biopsy showed histopathological evidence of HPV and, 10/15 (66.7%) also had evidence of CIN1/2. Of the 33 patients with no AWE, histopathology was available on 23 CW which showed CIN1/2 in 16/23 (69.5%). 10/48 (20.8%) patients were treated with electrocautery, 11 (22.9%) with excision biopsy and 26 (54.2%), with both. 31 patients responded after the first treatment; nine had a further 1–3 treatments. One recurred after 6 months. 26 patients with associated CIN were referred to gynaecology.
Discussion We report a high prevalence of CIN in CW and in associated subclinical lesions in this predominantly young cohort of women, suggesting the need for colposcopy to assess cervical warts or more careful follow-up with cervical cytology.